Verified Professionals

Education Packet B

(Verified Professional to review and keep)

HIPPA, Patient Rights and Information Security

HIPAA stands for Health Insurance Portability and Accountability Act of 1996. Its intent is to protect health insurance coverage and improve access to healthcare consumers by reducing the incidence of fraud and abuse, improving the quality, efficiency, and effectiveness of healthcare, protecting privacy and security of patient health information.

How HIPAA Protects Patient Privacy

Establishes standards giving patients new rights and protection against the misuse and disclosure of their health information, sets boundaries on others for the use and release of medical information, provides resources if privacy protections are violated, including civil and criminal penalties to those who knowingly violate HIPAA regulations.

Information that HIPAA Protects:

- Protected Health Information (PHI) may be individually identifiable when any of the following are present:
- Name, Address including street, city, county, zip and geo-codes
- Names of relatives, Name of employers, Birth date
- Electronic e-mail addresses, Social security number
- Medical record number, Medical history interviews
- Account number, Certificate or license number Vehicle or other device serial number
- Finger or voice prints, Photographic images and
- Any other unique identifying number, characteristic, code, etc

What does this mean to the healthcare worker?

Facilities must identify a process for patient's family members/friends, designated by the patient to obtain clinical information. You may still share information without patient authorization as it relates to TPO (Treatment, payment or business operations) only. HCIR and all healthcare providers may only access patient's Protected Health Information (PHI) under the "need to know" bases.

Patient Rights

All patient care and patient-related functions shall be performed with an overriding concern for the patient and his dignity as a human being. All DHP shall at all times and in all acts observe and respect the moral and legal rights of each patient and patient's guardian, next of kin, or legally authorized representative has the right to the extent permitted by law, to exercise the rights delineated on behalf of the patient if the patient has been adjudicated incompetent in accordance with the law, and is found by his/her physician to be medically incapable of understanding the proposed treatment or procedure, is unable to communicate his/her wishes regarding treatment, or is an unemancipated minor. Patient may refuse treatment and his wishes should be granted to the extent as permitted by law.

Information Security

Keep Passwords Confidential

- Never write down or post your passwords.
- Do not share your password with others including IT. Passwords uniquely identify you within our systems.
- Never use someone else's password.
- If you suspect someone has learned your password, call the IT Service Desk to change the password right away.

Safeguard Portable Media (CD, Disk, PDA, Flash Drive*)*

- Do not store patient information on media, unless absolutely necessary.
- Lock up media when it is not being used.
- Keep media in your possession when not locked up.
- When you need to dispose of media, contact your IT department. Please do not throw media in the trash.

Protect Electronic Patient Information

- Before you walk away from an application or computer, ensure no patient data is on the screen.
- Only access patient information necessary for your job responsibilities. You are not permitted to access information about yourself or a family member.
- Do not share patient information with others unless you are certain they are authorized to have the data.

Encrypt Sensitive Emails

- We are required to encrypt email messages with sensitive information sent outside of HCA.
- To encrypt an email, simply type **[encrypt]** at the start of the email subject line. This will automatically encrypt the message and the attachments.

Report Potential Violations and Suspicious Activity

- It is important to report potential security violations and suspicious activity immediately.
- Security incidents could include any of the following: Lost or stolen computer, unauthorized access to a system, bypassing security controls, mis-directed email, virus, disclosure of password, unusual email.

When you have security questions or need to report a security incident, please contact the supervisor for Facility Information Security Official (FISO) or Director of Information Security Operations (DISO).Environment of Care and Fire Safety

Emergency Codes

HCA Healthcare communication codes related to events that impact safety may vary from facility to facility. Knowing these codes is important in assuring safety for you and others. Learning these codes is part of your initial orientation process to the facility where you are assigned to work. It is recommended that you frequently confirm use of the same codes with a facility manager or supervisor. Some general safety concerns that are referenced by a code name may include:

- Cardiopulmonary arrest
- Pediatric cardiopulmonary arrest
- Neonatal arrest
- Fire
- Hazardous waste spill
- Inclement weather
- Bomb threat
- Order to evacuate building
- Missing infant
- External emergency
- Threatening person
- Missing patient

MRI and Radiation Safety

Magnetic resonance imaging (MRI) was applied to health care in the late 1970s and today, more than 10 million MRI, or MR scans are done in the United States each year. Five MRI-related cases in the Joint Commission's Sentinel Event database resulted in four deaths and affected four adults and one child. One case was caused by a projectile; three were cardiac events, and one was a misread MRI scan that resulted in delayed treatment.

The most common injuries in the MRI suite are burns and the most common objects to undergo significant heating are wires and leads. Other objects associated with burns are pulse oximeter sensors and cables, cardio-respiratory monitor cables, safety pins, metal clamps, drug delivery patches (which may contain metallic foil), and tattoos (which may contain iron oxide pigment). Less common injuries involve pacemakers.

Radiation Safety

The primary health risk associated with radiation exposure is an increased incidence of cancer. A single procedure poses little risk to healthcare personnel. However, some healthcare personnel perform many radiation procedures. If they do not take appropriate precautions, their long-term exposure to radiation may reach dangerous levels. This can pose significant health risks.

Three key factors for limiting healthcare provider's exposure to radiation are **time**, **distance** and **shielding**: Minimize the amount of **time** that you are exposed to the source. Maximize the **distance** between yourself and the source. Use appropriate **shielding** to absorb the energy of radioactive particles and prevent them from hitting you. Wear gloves and a lab coat at all times when handling radioactive materials or potentially contaminated materials. Wash hands after removing gloves.
Always work at the greatest distance possible from any source of radiation. Use shielding whenever possible.

Follow facility radiation precaution policy and procedure to ensure healthcare worker and patients safety when working around Radiation Therapy and minimizing any unnecessary exposures.

Fire Safety

Fire alarms are never to be taken lightly. All fire alarms are to be treated as REAL fires as fires are a constant threat to everyone and can strike at any time. Hospitals are susceptible to fires because of the presence of flammable chemicals and materials as well as the large amount of electrical equipment used. If patients, visitors, or staff is in immediate danger from fire, move them from the area. Send ambulatory patients to their own room and have them keep their doors closed or move them beyond the nearest smoke door out of hallway traffic.

Patients confined to bed should be moved by hospital personnel as necessary to a safe location outside of the fire zone.

In case of fire close all doors and:

R - Rescue patient if in immediate danger A - Alarm by pulling the fire alarm
C - Confine the fire, close doors and windows E - Extinguish use the appropriate extinguisher

When using the fire extinguisher:

P - Pull the pin
A - Aim at the base of the fire S
- Squeeze the handle
S - Sweep from side to side

Electrical Safety

To get an electrical shock, the body must, in some manner become a part of an electrical circuit. Potential means that an electrical force exists that will cause current to flow if a path is provided. Electricity always tries to reach the ground. Excellent conductors include people, water, damp floors, or metal.

Human errors are the major cause in most electrical accidents. Lack of familiarity with the item, improper usage, lack of caution, and inattention to good safety practices are contributing factors in most occurrences.

Medical Emergency Care and Rapid Response Teams – (RRT)

An appropriate response to medical emergencies requires rapid assessment and prompts intervention to avoid further deterioration of the patient. Hospital medical emergencies are usually announced through pre-designed codes in use by the facility.

Rapid Response Teams have been implemented throughout the HCA hospital systems. These teams, the make-up of which varies, may consist of a critical care nurses, an intensivist or hospitalist, and respiratory therapists. The concept is to give the bedside caregiver additional assistance when a patient begins to deteriorate and before cardiac arrest. The nurse does not waste precious moments trying to locate the attending physician and the team works with and communicates with the attending when the patient is stabilized. The Rapid Response Teams have helped decrease the number of cardiac arrests in hospitals and decreased morbidity and mortality statistics.

OSHA Safety Precautions

Employee Rights Under the Law and Hazard Communication "Right to Know"

In compliance with the Employee Right to Know Law, employers are required to inform the employees of the hazardous chemicals to which they are exposed in the workplace and to provide training in safe handling practices and emergency procedures. Facilities in which you work are required to communicate location of MSDS, name and location of hazardous materials to which you may be exposed, appropriate protective measures required to lessen or prevent exposures, and an explanation of the labeling system used.

Material Safety Data Sheets

Material Safety Data Sheets (MSDS) provide information the manufacturer considers necessary for users to know to determine what chemicals are in a product and what steps should be taken to use the product safely. MSDS from various manufacturers look different, but they all contain the same type of information. You need to be familiar with work area to locate the MSDS if needed.

How Chemicals Enter the Body

There are four "routes of entry" or paths that a chemical can take:

- Inhalation (Breathing)
- Absorption (through the skin)
- Ingestion (swallowing)
- Injection

Personal Protective Equipment

Personal protective equipment (PPE) will be available for your use thru out the facility.
The facility provides, maintains, launders, disposes, replaces, and assures the proper use of PPE. The facility is responsible for ensuring that workers have access to the PPE, at no cost, including proper sizes and types that take allergic conditions into consideration.
Appropriate PPE must be used whenever occupational exposure may occur.

Labeling

All chemicals on-site are to be stored in the original or approved containers that have proper labels attached. Chemicals may be dispensed from their original container into a smaller quantity for immediate use. The container must be labeled with the contents and first aid requirements for the product. ***NEVER USE ANY CHEMICALS THAT ARE NOT PROPERLY LABELED.***

Tuberculosis (TB) and Exposure Control Plan

The transmission of tuberculosis is a recognized risk in the healthcare setting. In order to provide adequate protection for both patients and healthcare workers, a plan has been implemented for identification, education, environmental controls, work practice controls, surveillance, personal protective equipment (PPE) and employee health guidelines. The plan is designed to incorporate each component in order to provide a safe working environment and healthcare setting and to reduce the spread of tuberculosis. The plan uses CDC and OSHA guidelines.

Mycobacterium Tuberculosis is carried through the air in infectious droplet nuclei (small airborne particles less than 5 micros in size) which are produced when persons with tuberculosis of the lung or larynx sneeze, cough, speak, or sing. Normally, persons at high risk of acquiring infection with tubercle bacilli are in close contact with and daily breathe the potentially infectious air from a person with undiagnosed or untreated pulmonary tuberculosis.

The tuberculin skin test is used to identify persons who have been infected with tubercle bacilli. A significant skin test reaction can normally be detected within 2-10 weeks of infection. Some individuals may progress rapidly to clinical illness while most people will not experience illness for months, years, or even decades.

Signs and symptoms indicating a possible TB infection are weight loss, night sweats, fever, productive cough, hemoptysis, anorexia, shortness of breath, and history of TB or exposure to someone with active TB. The risk of progressing to active disease is markedly increased for persons with HIV infection.

The lungs are the most common sites for clinical tuberculosis. However, it is a systemic disease and may occur as a pleural effusion, military disease (disseminated tuberculosis) in the lymphatic or genitourinary systems, or in any other body organ or tissue. Tuberculosis can be diagnosed by skin test, chest x-ray or AFB sputum smears. People at risk for TB: All individuals with acute medical conditions which increase the risk of TB. Foreign born from high prevalence countries, low income populations, high risk minorities, alcoholics and intravenous drug users, residents of long term care facilities and prisons, and persons that are HIV positive.

The OSHA respiratory protection standard requires that fit testing be performed before an employee first starts wearing a respirator in the work environment or whenever a different respirator face piece is used. The N-95 particulate filter respirator is used in the HCA facilities.

Exposure Incident Procedures

Should any exposure incident occur, the HCIR will be offered post exposure evaluation and treatment, to include psychological counseling when needed. The medical evaluation will be confidential and performed by or under the supervision of a licensed healthcare professional at no cost to the employee.

Bloodborne Pathogens/Compulsive Hand Hygiene

The OSHA standard is designed to protect employees from occupational exposure to blood and other potential infectious materials. An occupational exposure means a "reasonable anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of the employee's duties."

Standard Precautions

The single most important measure to control transmission of HBV and HIV is to treat all human blood and other potentially infectious materials as if they were infectious. Standard precautions require health care workers to wear gloves and other protective barriers to reduce the risk of parenteral, mucous membranes, and non-intact skin exposures to blood and other body fluids. All blood or other potentially infectious

material will be considered infectious regardless of the status, actual or perceived, of the source individual. Equipment contaminated with blood or other potentially infectious materials will be cleaned with the appropriate cleaning agent as soon as possible after contamination. Biohazardous waste is removed from the facilities routinely. Waste containers are closed and labeled according to facility procedure.

Follow hospital Infection Control Policy and Procedures established at all times.

Exposure Incident Procedures

Should any exposure incident occur, the HCIR will be offered post exposure evaluation and treatment, to include psychological counseling as needed. The medical evaluation will be confidential and performed by or under the supervision of a licensed healthcare professional at no cost to the employee.

Compulsive Hand Hygiene

The most common mode of transmission of pathogens is through our hands. Compulsive Hand Hygiene is required to all healthcare providers. Hand Hygiene is the single most important factor in preventing the spread of pathogens and antibiotic resistance infections in the healthcare settings. Hand hygiene should occur before any patient contact, prior donning gloves, prior any invasive procedures, and after contact with a patient's skin, contact with any body fluids or excretions, non- intact skin, wound dressing, and after removing any form of PPEs.

MRSA and C Diff

MRSA

MRSA (Methicillin Resistant Staphylococcus Auerus) is a potentially deadly strain of common bacteria that frequently inhabits the skin or nostrils of healthy persons. One way of reducing MRSA is to screen high-risk patients. This is called "Active Surveillance".

Obtaining the nasal swab, documentation of interventions and maintaining the environment of care are key elements in caring for patients with MRSA.

Isolation / Environmental Control for MRSA patients

- Contact precautions at a minimum (gown and gloves) throughout hospitalization
- Masks used if potential splashing of facial contamination may occur
- Droplet precautions implemented with a + sputum culture
- All linens handled and dietary trays using standard infection control measures
- All patient care equipment must be patient specific and NOT shared between patients
- All equipment must be cleaned and disinfected before removal from the patients room

Clostridium Difficile (c-diff)

Clostridium difficile (c-diff) is a bacterium that causes diarrhea and more serious intestinal conditions such as colitis. Healthcare workers can spread the bacteria to other patients or contaminate surfaces through hand contact. Hospital-onset healthcare-facility-associated Clostridium difficile infections (CDI) have increased in incidence and have surpassed methicillin-resistant Staphylococcus aureus (MRSA) infections, according to a new study of a large cohort of patients from community hospitals.

HCA C Diff Bundle:

- ***A***ppropriate Antibiotic Selection
- ***B***arrier precautions: Glove and gown use; Private room/barrier precautions/Isolation (until symptoms resolve or 22 days after diarrhea ceases; Dedicated equipment when possible
- ***C***ompulsive hand hygiene: soap and water hand washing every patient, every time

- ***D***isinfection of environment: Environmental cleaning; disinfection with 1:10 hypochlorite in epidemic situations
- ***E***xecutive ownership

Healthcare Workers and Support Staff "To Dos"

- Competency of Clostridium difficile disease process and specimen collection/rejection criteria.
- Compulsive hand hygiene between patient contact – every patient, every time.
- Put on gloves and gowns upon entry to the room when in direct contact with the patient, environmental surfaces or patient care items.
- Utilize evidence based treatment guidelines for Clostridium difficile.
- Consistently record number of loose stools in nursing documentation.

Hospital Acquired Conditions and Aim for Zero

Never Events

For discharges occurring on or after October 1, 2008, hospitals will not receive additional payment for cases in which one of the selected conditions was not present on admission. That is, the case would be paid as though the secondary diagnosis were not present. A collection of tools have been assembled to assist you in your efforts to eliminate these conditions. We have categorized the selected conditions as follows.

Never Events / Rare Occurrences	Infection Prevention	Patient Safety
Delivery of ABO-incompatible blood products	Surgical Site Infections - Mediastinitis after coronary artery bypass graft (CABG) surgery - Orthopedic surgeries - Bariatric surgery	Falls and fractures, dislocations, intracranial and crushing injury and burns
Object left in during surgery	Vascular catheter-associated infections	Pressure ulcers
Air embolism	Catheter-associated urinary tract infection	Glycemic Control
		DVT/Pulmonary Embolism

Serious Preventable Adverse Events (SPAEs)

The National Quality Forum (NQF) published a report in 2002, *Serious Reportable Events in Healthcare*, which identified 27 adverse events that are serious, largely preventable, and of concern to both the public and healthcare providers

Surgical Events

- Surgery performed on the wrong body part
- Surgery performed on the wrong patient
- Wrong surgical procedure performed on a patient
- Unintended retention of a foreign object in a patient after surgery or other procedure
- Intraoperative or immediately postoperative death in an ASA Class I patient

Product of Device Events

- Patient death or serious disability associated with the use of contaminated drugs, devices or biologics provided by the healthcare facility
- Patient death or serious disability associated with the use or function of a device in patient care in which the device is used or functions other than as intended
- Patient death or serious disability associated with intravascular air embolism that occurs while being cared for in a healthcare facility

Patient Protection Events

- Infant discharged to the wrong person
- Patient death or serious disability associated with patient leaving the facility without permission
- Patient suicide, or attempted suicide, resulting in serious disability while being cared for in a healthcare facility

Care Management Events

- Patient death or serious disability associated with a medication error (e.g. errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation or wrong route of administration)
- Patient death or serious disability associated with a hemolytic reaction (abnormal breakdown of red blood cells) due to the administration of ABO/HLA – incompatible blood or blood products

- Maternal death or serious disability associated with labor or delivery in a low-risk pregnancy while being cared for in a healthcare facility
- Patient death or serious disability associated with hypoglycemia, the onset of which occurs while the patient is being cared for in a healthcare facility
- Death or serious disability associated with failure to identify and treat hyperbilirubinemia (condition where there is a high amount of bilirubin in the blood) in newborns
- Stage 3 or 4 pressure ulcers acquired after admission to a healthcare facility
- Patient death or serious disability due to spinal manipulative therapy
- Artificial insemination with the wrong donor sperm or wrong egg

Environmental Events

- Patient death or serious disability associated with an electric shock while being cared for in a healthcare facility
- Any incident in which a line designated for oxygen or other gas to be delivered to a patient contains the wrong gas or is contaminated by toxic substances
- Patient death or serious disability associated with a burn incurred from any source while being cared for in a healthcare facility
- Patient death or serious disability associated with a fall while being cared for in a healthcare facility
- Patient death or serious disability associated with the use of restraints or bedrails while being cared for in a healthcare facility

Criminal Events

- Any instance of care ordered by or provided by someone impersonating a physician, nurse, pharmacist, or other licensed healthcare provider
- Abduction of a patient of any age
- Sexual assault on a patient within or on the grounds of a healthcare facility
- Death or significant injury of a patient or staff member resulting form a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare facility

Team Communication and SBAR(R) in Healthcare

Defining SBAR(R): SBAR is a standardized way of communicating with other healthcare givers. It promotes patient safety because it helps physicians and nurses communicate with each other. Staff and physicians can use SBAR to share what information is important about a patient.

SBAR is an acronym that stands for:

S – Situation: What is happening at the present time?
B – Background: What are the circumstances leading up to this situation?
A – Assessment: What do I think the problem is?
R – Recommendation: What should we do to correct the problem?
(R) – Read Back and Verify the telephone order!

Standardize Communication: Because clinical teamwork often involves hurried interactions between human beings with varying styles of communication, a standardized approach to information sharing is needed to ensure that patient information is consistently and accurately imparted. This is especially true during critical events, shift handoffs, or patient transfers. SBAR offers hospitals and care facilities a solution to bridge the gap in **hand-off communication** through a standardized approach to patient reporting at shift changes and during patient transfers.

Why SBAR? Communication breakdowns between health care providers are a central feature in episodes of avoidable patient harm. The safe and effective care of patients depends on consistent, flawless communication between caregivers. Hand-offs, or the process of passing on specific Information about patients from one caregiver team to another, is an area where the breakdown of communication between caregivers often leads to episodes of avoidable harm to a patient.

HCA adopted the SBAR communication tool to enhance communication efficiency among caregivers and to decrease potential errors related to communication.

SBAR creates a shared mental model for effective information transfer by providing a standardized structure for concise factual communication among clinicians — nurse-to-nurse, doctor-to-doctor, or between nurse and doctor. Other tools like critical language, psychological safety and effective leadership are central to providing safe care.

Back Safety/Body Mechanics

Healthcare workers are the riskiest occupation for back injury, more so than truck drivers, construction workers, stock handlers, and baggers. The two main risk factors for healthcare-related back injuries are transferring and lifting patients and bed making.

Good lifting and transferring techniques may help decrease the potential for back injury. These

include:

- Always ask for help if the patient is too heavy
- Tell patient of intention for lifting or transferring.
- Let the patient see the destination during the transfer or lift
- Lock wheels to prevent slipping
- Patient should be wearing appropriate shoes that resist slipping
- Stand close to the patient facing him or her
- Have the patient roll onto one side, swing legs over the side of the bed and use his or her elbow and hand to push up. The key points of control are the patient's hips and shoulders or reach under the patient's arms and grasp his or her back
- Bend your knees, not your back
- Grip the patient firmly
- Bring the patient close to your body when lifting
- Keep your trunk square with the patient, back straight
  - Lift head and shoulders first with your back straight, then use the strength of your legs to slowly and smoothly push up
  - Do NOT twist your body! A torquing action can be especially dangerous
  - Move your feet first to change direction
  - Bend your knees to lower the patient
  - Lower the patient slowly and smoothly
  - Check all tubes, cords, etc to assure they are untangled and unkinked
  - Place call bell, phone, TV control, etc within reach of the patient

Quality and Risk Management

CORE Measures

When talking about CORE Measures it is critical to understand how these are actually integrated into direct patient care. Based on a national assessment of trends and occurrences the Hospital Quality Alliance, CMS and The Joint Commission have established a set of CORE Measures to impact quality patient care.

- AMI (Acute Myocardial Infarction)
- CHF (Congested Heart Failure)
- Pneumonia
- SCIP (Surgical Care Improvement Project/Surgical Care Infection Prevention)

Risk Management

Abuse or Neglect Identification and Reporting

	Children **Less than 18**	**Young and Middle Adults** **18-59**	**Older Adults** **60 or older**
Presentation or Manifestation	Behavioral issues (truancy, acting out) Nightmare s Insomnia Inappropriate family reactions Sexual acting out Withdrawal Bruises, cuts, cigarette burns Frequent UTIs STDs No proper parental care (young child left alone)	Fatigue Anxiety Depression Possible suicide attempt Extent or type of injury inconsistent with patient's explanation Frequent ED visits Problem pregnancies Feeling trapped	Bruises, especially on upper arms from where shaken; Laceration to the face; injuries at various stages of healing; Flinching, especially if sees abuser; Depression; Poor eye contact; Delay in treatment (caretaker not giving meds, not being taken to appointments); Over-sedated; Unclean appearance
Who do I call?	Per facility procedure, may be hospital case manager, social worker or nursing supervisor	Per facility procedure, may be hospital case manager, social worker or nursing supervisor	Per facility procedure, may be hospital case manager, social worker or nursing supervisor
Does the law require Social Services to be notified?	Know the laws in the state you work.	Know the laws in the state you work.	Know the laws in the state you work.
What do I do if I suspect a criminal act has occurred? (e.g. use of firearm, knife or sharp instrument, sexual assault)	Notify the appropriate party per facility procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.	Notify the appropriate party per facility procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.	Notify the appropriate party per facility procedure. May be hospital social worker or nursing supervisor. Requires reporting to the police by either the physician or hospital designated representative.
Since my job requires documenting in the patient record, what do I have to document?	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; conversations related to injury. Refer to facility procedure for specifics.	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; referrals provided; that patient encouraged to report domestic violence; conversations related to injury. Refer to facility procedure for specifics.	All pertinent documentation including patient quotes regarding circumstances; specific location and size of injuries or bruises; conversations related to injury. Refer to facility procedure for specifics.

HCAHPS Survey

Survey Method

HCAHPS is a standardized survey instrument and data collection methodology for easmuring patients' perspectives of hospital care. The Centers for Medicare and Medicaid Services (CMS) partnered with the Agency for Healthcare Research and Quality (AHRQ) to develop HCAHPS.

HCAHPS is a core set of questions that allows consumers to make comparisons to support consumer choice. The HCAHPS survey is composed of 27 items: 18 substantive items that encompass critical aspects of the hospital experience (communication with doctors, communication with nurses, responsiveness of hospital staff, cleanliness and quietness of hospital environment, pain management, communication about medicines, discharge information, overall rating of hospital, and recommendation of hospital); 4 items to measure patient appropriate questions; 3 items to adjust for the mix of patients across hospitals; and 2 items to support congressionally-mandated reports. CMS has mandated that hospitals use the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) patient experience survey to receive full payment update and, eventually, to determine performance payments.

IMPaCT (Improving Patient Centered Treatment)

IMPaCT is a new initiative focused on HCA's commitment to improve the patient experience and HCAHPS performance. This initiative will provide tools and resources for improvement in the following domains:

- Nursing Communication
- Cleanliness of Environment
- Pain Management
- Staff Responsiveness
- Communication with Physicians
- Medication Communication
- Quietness of Environment
- Discharge Information

The Care Model

A set of five behaviors that demonstrate caring from the perspective of the patient; A way of doing the work we do every day; A “back to basics” orientation; An “it’s OK to talk about the touchy-feely stuff”; A proven method for improving patients’ perception of their nursing care and hospital stay and Job enriching for nurses.

Caring Model Behaviors:

- Introduce yourself to patients and explain your role in care today.
- Call the patient by his/her preferred name.
- Sit at the bedside for at least 5 minutes per shift to plan/review care.
- Use touch: handshake, a touch on the arm.
- Compliment a member of the care team to the patient each shift.

If your beeper goes off and you cannot respond within 3 minutes, please call the nurses station and explain this.

Hospital Compare

On July 7th, 2010, the Centers for Medicare and Medicaid Services (CMS) updated their website, *Hospital Compare*, and published a recent comparison of hospital performance on a number of quality measures. Anyone who goes to the website will find that HCA is one of the highest performing health systems in the country. For clinical measures of performance in caring for patients with heart attacks, heart failures, pneumonia, or undergoing surgery, HCA’s performance exceeds that of some of the best in the nation.

National Patient Safety Goals (Joint Commission)

See The Joint Commission current Patient Goals on **Hospital Internet**

Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

Below is The Joint Commission program-specific versions of Updated Universal Protocol, which is *effective January 1, 2009*. The Universal Protocol was revised based on feedback received at the Wrong Site Surgery Summit in 2007.

A. Conducting a Pre-Procedure Verification Process

The pre-procedure verification is an ongoing process of information gathering and verification, beginning with the decision to perform a procedure, continuing through all settings and interventions involved in the pre-procedure preparation of the patient, up to and including the time-out just before the start of the procedure. The purpose of the pre-procedure verification process is to make sure that all relevant documents and related information or equipment are:

- Available prior to the start of the procedure.
- Correctly identified, labeled and matched to the [patient]'s identifiers.
- Reviewed and are consistent with the [patient]'s expectations and with the team's understanding of the intended [patient], procedure and site.

B. Marking the Procedure Site

Marking the procedure site allows staff to identify without ambiguity the intended site for the procedure.

C. Performing a **Time-Out**

The purpose of the time-out immediately before starting the procedure is to conduct a final assessment that the correct [patient], site, positioning and procedure are identified and that, as applicable, all relevant documents, related information and necessary equipment are available.
The time-out is consistently initiated by a designated member of the team and includes active communication among all relevant members of the procedure team. It is conducted in a standardized fail-safe mode (that is, the procedure is not started until all questions or concerns are resolved).

Population Served and Culture Competency

Population Served

The Joint Commission emphasizes the correlation between a staff's population-specific competence and the delivery of safe, high-quality care in hospitals. Properly trained staff and clinicians play the key role in improved care for geriatric populations, pediatric populations, developmentally-challenged populations, special needs populations, physically-challenged populations, and so forth. Organization will be able to reduce errors in treatment and meet Joint Commission standards for population-specific care when Age and Population specific competencies are assessed for patient caregivers and staff who come in contact with patients.

Clinicians Knowledge can be assessed by taking an exam. Skills should be observed and may include intervention and patient outcome.

The employee may be given tests to assess their knowledge of some aspects of age-specific competencies and other competencies. Tests may not be used as a sole basis of determining competency. Direct observation of skills will be completed by the department director, manager, supervisor or proctor.

Cultural Competency

Cultural Competence is very important for Health Professionals. Lack of awareness about cultural differences can make it difficult for both providers and patients to achieve the best, most appropriate care. When cultural perspectives or customs are not understood, conflicts can arise. Despite all our similarities, fundamental differences among people arise from nationality, ethnicity and culture, as well as from family background and individual experiences. These differences affect health beliefs, practices and behavior on the part of both patient and provider and also influence the expectations that patients and providers have of each other.

Healthcare providers should be open-minded and non-judgmental towards cultural differences. Research has shown that effective communication (including cross-cultural communication) is directly linked to improved patient satisfaction, adherence and subsequently, healthy outcomes.

Critical Thinking/Chain of Command/Report Adverse Events

A DHP is to follow the established chain of command when anything unusual happens to patient and or self, and when not sure what to do in any situation like fire, code blue and adverse events reporting while working at the facility.

- All concerns related to the patient must be reported to facility immediate supervisor or charge nurse, notify the physician and other team member to ensure safety.

- Any body fluids exposure or injury on the job must be reported immediately to the hospital supervisor, then to your employer via occurrence reporting system available at the facility.

- Any adverse events, errors and or potential errors (near misses) must be reported to hospital supervisor immediately, per established hospital policy as required.

HCA

Hospital Corporation of America

To Verified Professionals,

Although you are not employed by an HCA facility, we feel it is important that you share in the Mission and Values that guide our staff. It is our expectation that as a member of our healthcare team, you will work beside us to deliver healthcare compassionately and to act with absolute integrity. The purpose of this Code of Conduct information is to ensure you understand our ethical standards and comply with applicable laws and regulations.

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we strive to deliver high quality, cost-effective healthcare in the communities we serve. In pursuit of our mission, we at HCA believe the following value statements are essential and timeless:

- We recognize and affirm the unique and intrinsic worth of each individual.
- We treat all those we serve with compassion and kindness.
- We act with absolute honesty, integrity and fairness in the way we conduct our business and the way we live our lives.
- We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect, and dignity.

A summary of certain provisions of the HCA Code of Conduct as they may apply to your provision of care and services in our facilities has been attached. If you have any questions regarding the Code or its application in the facility to which you are applying for privileges, please contact the CEO of the facility. Should you desire to review it, the entire Code is available on the HCA website (www.hcaethics.com).

Depending on the role you will play and the length of time you may be in our facility(ies), you may be required to take Code of Conduct training.

On behalf of the leadership of HCA, we wish to thank you for your interest in privileges at an HCA facility. We trust you will find our colleagues dedicated to our mission and values, particularly in terms of our commitment to the care and improvement of human life.

HCA

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SUMMARY OF KEY HCA CODE OF CONDUCT INFORMATION

PATIENTS

Quality of Care and Patient Safety: As a general principle, HCA aspires to a standard of excellence for all caregivers within its facilities, including the entire facility team, which is committed to the delivery of patient-centered care and services. There are increasingly numerous measures that relate in some way to the quality of patient care. These include, for example, the Conditions of Participation of the Centers for Medicare and Medicaid Services (CMS), the standards and surveys of the Joint Commission (TJC), the consensus measures of the National Quality Forum, the principles of the Leapfrog Group for Patient Safety, and the quality and patient safety initiatives of the Institute for Healthcare Improvement. HCA is attentive to all of these standards and seeks to establish systems that reflect the best practices required or implied by these various standard-setting efforts. This commitment to quality of care and patient safety is an obligation of every HCA colleague.

Patient Rights: We make no distinction in the availability of services; the admission, transfer or discharge of patients; or in the care we provide based on age, gender, disability, race, color, religion, sex, sexual orientation, gender identity or national origin. The hospital respects the patient's right(s) to:

- Effective communication.
- Make decisions regarding medical care,
- Refuse or accept treatment,
- Informed decision-making,
- His or her health information maintained by the facility

Patient Information: Consistent with HIPAA, we do not use, disclose or discuss patient-specific information with others unless it is necessary to serve the patient or required by law. In accordance with our appropriate access and information privacy policies and procedures, which reflect HIPAA requirements, no HCA colleague, affiliated physician, or other healthcare partner has a right to any patient information other than that necessary to perform his or her job.

Confidential Information: The term "confidential information" refers to proprietary information about our organization's strategies and operations as well as patient information and third party information. Improper use or disclosure of confidential information could violate legal and ethical obligations. HCA colleagues may use confidential information only to perform their job responsibilities and shall not share such information with others unless the individuals and/or entities have a legitimate need to know the information in order to perform their specific job duties or carry out a contractual business relationship, provided disclosure is not prohibited by law or regulation. HCA colleagues must protect sensitive information when it is e-mailed outside the Company or otherwise stored, posted, or sent through the Internet; stored on portable devices such as laptops, tablets, and mobile phones; or transferred to removable media such as CD or USB drive. These policies and standards require, among other things, that the individual and/or entity be validated and the information be encrypted.

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WORKPLACE CONDUCT

Controlled Substances: Prescription and controlled medications and supplies must be handled properly and only by authorized individuals to minimize risks to us and to patients. If one becomes aware of inadequate security of drugs or controlled substances or the diversion of drugs from the organization, the incident must be reported immediately. HCA facilities strictly enforce reporting of any violations of diverting medications by facility staff or privileged practitioners.

Copyrights: HCA colleagues may only copy and/or use copyrighted materials pursuant to the organization's policy on such matters.

Electronic Media: All communications systems, including but not limited to computers, electronic mail, Intranet, Internet access, Company-provided telephones, and voice mail, are the property of the organization and are to be used primarily for business purposes in accordance with electronic communications policies and standards. Passwords, tokens and SecureID cards shall never be shared or disclosed.

Diversity and Equal Employment Opportunity: HCA actively promotes diversity in its workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity, and respect.

Harassment and Workplace Violence: Each HCA colleague has the right to work in an environment free of harassment and disruptive behavior. We do not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in our workplace. Sexual harassment is prohibited. Moreover, verbal or physical conduct of a sexual nature that interferes with an individual's work performance or creates an intimidating, hostile, or offensive work environment has no place at HCA. Harassment also includes incidents of workplace violence. Workplace violence includes robbery and other commercial crimes, stalking, violence directed at the employer, terrorism, and hate crimes committed by current or former colleagues.

Health and Safety: All HCA facilities comply with all government regulations and rules, HCA policies, and required facility practices that promote the protection of workplace health and safety. Colleagues must become familiar with and understand how these policies apply to their specific job responsibilities and seek advice from the supervisor in the area where you are providing services. Immediately advise this supervisor of any serious workplace injury or any situation presenting a danger of injury so timely corrective action may be taken to resolve the issue.

Ineligible Persons: We do not contract with, employ, or bill for services rendered by an individual or entity that is excluded or ineligible to participate in Federal healthcare programs;

suspended or debarred from Federal government contracts; or has been convicted of a criminal offense related to the provision of healthcare items or services and has not been reinstated in a Federal healthcare program after a period of exclusion, suspension, debarment, or ineligibility, provided that we are aware of such criminal offense.

Relationships with Subcontractors and Suppliers: HCA is the majority owner and managing general partner of HealthTrust Purchasing Group (HPG). On behalf of its member entities, including HCA, HPG negotiates contracts with supply and service vendors. HPG has a Code of Conduct and Business Relationship Statement that outline its commitment to ethical and compliant behavior and its expectations of the same by its contractors. Copies of the Code and Statement are available on HPG's website at: www.healthtrustpg.com. HPG participates in the Healthcare Group Purchasing Industry Initiative as a founding member. This is an umbrella group of the largest healthcare group purchasing organizations in the country intended to promote the highest standards of business conduct in these activities. Those seeking to be suppliers of HCA should understand that virtually all of the system-wide procurement effort is executed, in effect, by the HealthTrust Purchasing Group. As in any large organization, once central procurement decisions have been made, it is anticipated that local facilities will utilize the negotiated contracts. Organizations that compete unsuccessfully through HPG for national agreements with HCA, or, for whatever reason, elect not to compete in such processes, should not be disappointed by efforts of those in the HCA supply chain to maintain compliance with negotiated national agreements. We encourage those with new technologies or product innovations to be certain that HPG fully understands their capabilities. We must manage our consulting, subcontractor, and supplier relationships in a fair and reasonable manner, free from conflicts of interest and consistent with all applicable laws and good business practices. We promote competitive procurement to the maximum extent practicable. Our selection of consultants, subcontractors, suppliers, and vendors will be made on the basis of objective criteria including quality, technical excellence, price, delivery, adherence to schedules, service, and maintenance of adequate sources of supply. Our purchasing decisions will be made on the supplier's ability to meet our needs, and not on personal relationships and friendships. We employ the highest ethical standards in business practices in source selection, negotiation, determination of contract awards, and the administration of all purchasing activities. We comply with contractual obligations not to disclose vendor confidential information unless permitted under the contract or otherwise authorized by the vendor.

License and Certification Renewals: Colleagues, individuals retained as independent contractors, and privileged practitioners in positions which require professional licenses, certifications, or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with Federal and state requirements applicable to their respective disciplines. To assure compliance, HCA requires evidence of the individual having a current license or credential status. HCA does not allow any colleague or independent contractor to work without valid, current licenses or credentials.

Personal Use of HCA Resources: Organization assets are to be maintained for business-related purposes. As a general rule, the personal use of any HCA asset without prior supervisory approval is prohibited.

Relationships Among HCA Colleagues
In the normal day-to-day functions of an organization like HCA, there are issues that arise which relate to how people in the organization deal with one another. It is impossible to foresee all of these, and many do not require explicit treatment in a document like this.

Substance Abuse and Mental Acuity: To protect the interests of our colleagues and patients, we are committed to an alcohol and drug-free work environment. All colleagues must report for work free of the influence of alcohol and illegal drugs. Reporting to work under the influence of any illegal drug or alcohol; having an illegal drug in a colleague's system; or using, possessing, or selling illegal drugs while on HCA work time or property will result in immediate removal from the property and notification to your employer.

Business Courtesies: We recognize there will be times when a current or potential business associate, including a potential referral source, may extend an invitation to attend a social event in order to further develop a business relationship. An HCA colleague may accept such invitations, provided: (1) the cost associated with such an event is reasonable and appropriate, which, as a general rule, means the cost will not exceed $150.00 per person; (2) no expense is incurred for any travel costs (other than in a vehicle owned privately or by the host entity) or overnight lodging; and (3) such events are infrequent. The limitations of this section do not apply to business meetings at which food (including meals) may be provided. Prior to accepting invitations to training and educational opportunities that include travel and overnight accommodations at reduced or no cost to a colleague or HCA, consult our policies and seek appropriate approvals. HCA colleagues may accept gifts with a total value of $75.00 or less in any one year from any individual or organization who has a business relationship with HCA. For purposes of this paragraph, physicians practicing in HCA facilities are considered to have such a relationship. Perishable or consumable gifts given to a department or group are not subject to any specific limitation. HCA colleagues may accept gift certificates, but may never accept cash or financial instruments (*e.g.*, checks, stocks). Finally, under no circumstances may an HCA colleague solicit a gift.

Resources for Guidance and Reporting Concerns
It is an expected good practice, when one is comfortable with it and thinks it appropriate under the circumstances, to raise concerns first with the supervisor of the area in which you are providing service. If this is uncomfortable or inappropriate, you may discuss the situation with the Facility ECO, or another member of management at the facility or an identified individual within your own organization. You may also contact the Ethics Line at 1-800-455-1996. HCA makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any colleague who deliberately

makes a false accusation with the purpose of harming or retaliating against another colleague is subject to discipline.

Personal Obligation to Report

HCA is committed to ethical and legal conduct that is compliant with all relevant laws and regulations and to correcting wrongdoing wherever it may occur in the organization. Each colleague has an individual responsibility for reporting any activity by any colleague, physician, subcontractor, or vendor that appears to violate applicable laws, rules, regulations, accreditation standards, and standards of medical practice, Federal healthcare conditions of participation, or this Code. If a matter that poses serious compliance risk to the organization or that involves a serious issue of medical necessity, clinical outcomes or patient safety is reported locally, and if the reporting individual doubts that the issue has been given sufficient or appropriate attention, the individual should report the matter to higher levels of management or the Ethics Line until satisfied that the full importance of the matter has been recognized. If a matter that poses concern regarding the safety or quality of care provided to a patient in the hospital is identified and was reported locally but thought to be unresolved, an additional avenue for reporting is available through notification to the Joint Commission. There will be no retaliatory disciplinary action taken against an employee who reports concerns to the Joint Commission.

HCA

DEPARTMENT:	POLICY DESCRIPTION: Vetting Dependent Healthcare Professionals and Other Non-Employees
PAGE: Page 40 of 4	REPLACES POLICY DATED: 4/1/15
EFFECTIVE DATE: May 1, 2017	REFERENCE NUMBER: CSG.QS.003
APPROVED BY: Ethics and Compliance Policy Committee	

SCOPE: All non-employee Dependent Healthcare Professionals (DHPs) who provide patient care services in any Company-affiliated facility or subsidiary, including, but not limited to, hospitals, ambulatory surgery centers, outpatient imaging centers, and physician practices. Included within the scope of this policy are any DHPs who are providing patient care services using telehealth technology (*e.g.*, RNs performing telephone triaging for a Company-affiliated emergency department from an off-site location). In addition, all non-employees accessing safety- or security-sensitive areas of any Company-affiliated facility or subsidiary are included within the scope of this policy.

OUT OF SCOPE: There may be individuals who are out of scope for this policy, but who would be required to adhere to other procedures related to access, and/or other procedures for vetting their training, qualifications and competencies:

- Health profession students currently enrolled and participating in training at a Company-affiliated facility;
- Volunteers or auxiliary members;
- Employees of a Company-affiliated facility or subsidiary;
- Individuals who provide services that involve only non-clinical operations and are not in scope for Licensure and Certification policies (*e.g.*, CSG.QS.002, CSG.QS.003) but who require access to a Company-affiliated facility's or subsidiary's network and/or information systems regardless of whether services are provided virtually or at a facility (*e.g.*, HR outsourcing partners, IT&S contingent workforce); and
- Individuals within the scope of Licensure and Certification Policy CSG.QS.002 (*e.g.*, physicians, dentists, podiatrists and other licensed independent practitioners, or advanced practice professionals who are credentialed and privileged through the medical staff credentialing process).

PURPOSE: To ensure that access and provision of patient care services to Company-affiliated facilities is provided by DHPs who are qualified, competent, oriented to the facility setting, appropriately supervised, and periodically evaluated in their provision of safe, effective, efficient and appropriate care, treatment or services, and to assure that access to any safety- or security-sensitive areas of a Company-affiliated facility is granted only to authorized non-employees.

DEPARTMENT:	POLICY DESCRIPTION: Vetting Dependent Healthcare Professionals and Other Non-Employees
PAGE: Page 2 of 4	REPLACES POLICY DATED: 4/1/15
EFFECTIVE DATE: May 1, 2017	REFERENCE NUMBER: CSG.QS.003
APPROVED BY: Ethics and Compliance Policy Committee	
POLICY: Any non-employee who provides patient care, treatment, or services within a Company-affiliated facility or subsidiary (referred to as a DHP) is required to demonstrate proof of the qualifications, training, skills, and competencies	

to perform the permitted patient care, treatment or services that are deemed necessary by the Company-affiliated facility or subsidiary for the scope of patient care being requested. Individuals who are not licensed independent practitioners or advanced practice professionals (*e.g.,* physician assistant, nurse practitioner) and are not therefore credentialed by the medical staff of the facility, nor are employees who are credentialed through the human resources process, must be credentialed by a process established by the facility for Tier 2 or Tier 3 DHPs.

All other non-employees who access safety- or security-sensitive areas of any Company-affiliated facility or subsidiary must go through a Tier 1 process.

The facility reserves the right to determine which patient care, treatment, and services shall be provided in the facility or for patients of the facility, based on an assessment of whether the facility has sufficient space, equipment, staffing and financial resources to support the service, and whether the facility's patient population would benefit from such services. Planning for such services shall focus on patient safety and healthcare quality. Patient care, treatment, and services shall be offered only with the prior approval of administration and the governing body of the facility.

An individual DHP's approval to provide patient care services within the facility is a privilege which shall be extended only to professionally competent DHPs who continuously meet the qualifications, standards and requirements as defined by the facility.

Failure to comply with this policy may be grounds for termination of an individual DHP's approval and result in exclusion from the facility. Failure of a DHP's employer/company to comply with the requirements of this policy, such as by failing to provide needed information to validate a DHP's qualifications and competency, may be grounds for contract termination by the facility or HCA.

The standards of The Joint Commission ("TJC"), the Accreditation Association for Ambulatory Health Care ("AAAHC"), and the Centers for Medicare and Medicaid Services ("CMS") require a facility to ensure that all staff members, including contract workers, are qualified and competent for the scope of care, treatment or services they are permitted to provide.[i] Since DHPs vary significantly in the level of services they provide to a facility, this policy is intended to tailor the approach to the level of service provided by a DHP while ensuring compliance with CMS, TJC, and AAAHC requirements.

DEPARTMENT:	**POLICY DESCRIPTION:** Vetting Dependent Healthcare Professionals and Other Non-Employees
PAGE: Page341 of 4	**REPLACES POLICY DATED:** 4/1/15
EFFECTIVE DATE: May 1, 2017	**REFERENCE NUMBER:** CSG.QS.003
APPROVED BY: Ethics and Compliance Policy Committee	

DEFINITIONS:

Company-affiliated Facility or Subsidiary: As applicable for this Policy, these are facilities or entities that are 1) affiliated with HCA, and 2) are locations where patient care, treatment or services are being provided. For purposes of this Policy, facilities or subsidiaries specifically included in this definition are: affiliated hospitals, ambulatory surgery centers, free-standing emergency departments, and urgent care centers.

Non-employee Dependent Healthcare Professionals (DHPs): These are individuals not employed by the facility who are permitted both by law and by the facility to provide patient care services under an approved scope of practice. These individuals may be employed by a contractor, a temporary staffing agency, a privileged practitioner or practitioner group or be directly contracted by a patient for a specific service. DHPs are a subset of all "staff" providing services at the facility, as defined in the Glossary of the Comprehensive Accreditation Manual for Hospitals, published by TJC. This concept of staff and the related facility responsibilities is consistent with the requirements of AAAHC and CMS.

Tier 3 DHP: An individual who meets the definition of a DHP and who provides clinical services and/or direct hands-on care requiring the involvement and supervision of a physician or other licensed independent practitioners (LIP) in the services they provide. As the medical staff oversees patient safety and quality of care provided in association with medical care, a designated medical staff leader shall be responsible for determining the qualifications and competence of Tier 3

DHPs (*i.e*., medical director of the radiology department for the approval of the DHP radiation physicist). Vetting and authorization procedures for Tier 3 DHPs shall include, in addition to administrative approval, the review and approval by a designated medical staff leader, with oversight by the governing body.[ii]

Tier 2 DHP: An individual who meets the definition of a DHP and who provides clinical services and/or direct hands-on care requiring the involvement and supervision of a member of the clinical staff of the facility (*i.e*., CNO/CNO designee for the approval of DHP nurses), in the services they provide. This Tier includes DHPs who will provide clinical instruction to the clinical staff of the facility (*e.g.,* vendors providing product instruction to physicians, nurses, or other clinical staff) that would directly impact their delivery of patient care. Vetting and authorization procedures for Tier 2 DHPs shall include administrative approval with oversight by the governing body.[iii]

Tier 1 Non-Employee: This Tier of non-employees may provide services other than patient care services but to do so, would need to enter a safety- or security-sensitive area of the facility. Since a Tier 1 Non-employee does not meet the TJC definition of "staff," the vetting and authorization procedures are limited to serving the purposes of ensuring safety, security and access control. Processing and approval of Tier 1 Non-Employees shall be done in accordance with the Background Investigations Policy, HR.OP.002, any applicable HCA safety and security policies, and the safety and security policies and procedures of the facility as would apply to the services of the Tier 1 Non-Employee.

DEPARTMENT:	**POLICY DESCRIPTION:** Vetting Dependent Healthcare Professionals and Other Non-Employees
PAGE: Page 4 of 4	**REPLACES POLICY DATED:** 4/1/15
EFFECTIVE DATE: May 1, 2017	**REFERENCE NUMBER:** CSG.QS.003
APPROVED BY: Ethics and Compliance Policy Committee	

PROCEDURE:

Each facility shall establish procedures consistent with the Implementation Guidelines for CSG.QS.003 for the preparation of a request to have a DHP or Tier 1 Non-Employee present in the facility or any patient care area and for review and approval of the request by the appropriate administrator and/or member of the medical staff. These procedures shall be uniformly applied to all DHPs and Tier 1 Non-Employees according to their Tier assignment in the collection and verification of information.

Before a DHP is allowed to provide patient care, treatment or services, the facility shall confirm that the DHP has the required qualifications and competencies to perform the patient care, treatment or services to which they are assigned. If the DHP will be performing the same or similar patient care, treatment or services as performed by facility-employed individuals, the DHP shall have the same qualifications and competencies required of the employed individuals.[iv]

While the ultimate responsibility for oversight of the services of a DHP rests with the governing body, the facility shall identify a department who will supervise and coordinate the application process, and assign appropriate leaders with the responsibility for review of DHP qualifications and granting permission to access the facility and provide services as appropriate to the DHP's scope of service and Tier assignment.

In addition to the review of an individual DHP's qualifications, facility procedures shall also exist for assuring equipment and technology safety for devices or equipment brought by a DHP. Medical equipment and other complex devices brought into the facility by a DHP must be reviewed and approved prior to their use by the facility's biomedical department as appropriate.

Access to patient information for a DHP shall be in accordance with the Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information (Privacy Standards), 45 CFR Parts 160 and 164, the Health Information Technology for Economic and Clinical Health Act (HITECH) component of the American Recovery and Reinvestment Act (ARRA) of 2009, and any and all other Federal regulations and interpretive guidelines promulgated thereunder. Any DHP or Tier 1 non employee who has access to Protected Health Information (PHI) must sign the Confidentiality and Security Agreement (CSA), per IS.SEC.005. Additional HCA Policies and Procedures may be

applicable based upon the duties and functions to be assigned to the DHP or to the Tier 1 Non-employee.
REFERENCES: Background Investigations Policy, HR.ER.002 Information Confidentiality and Security Agreements Policy, IP.SEC.005 Implementation Guidelines for CSG.QS.003 Health Insurance Portability and Accountability Act (HIPAA), Standards for Privacy of Individually Identifiable Health Information, 45 CFR Parts 160 and 164 American Recovery and Reinvestment Act of 2009, Title XIII, Subtitle D Patient Privacy Program Policies, HIM.PRI.001-HIM.PRI.013

[1] CMS Conditions of Participation §482.11(c); §482.12(e);TJC, Management of Human Resources Chapter; AAAHC, Administration Chapter, Quality of Care Provided section

[1] The Joint Commission, MS.01.01.01, EP 8; LD.04.01.05, EP 1 – 9

[1] The Joint Commission, LD.04.01.05, EP 1 – 5; NR.02.03.01, EP 6

[iv] The Joint Commission, HR.01.02.05, EP 7

FUNCTION: Human Resources	**POLICY DESCRIPTION:** False Claims
PAGE: Page 40 of 45	**REPLACES POLICY DATED:**
APPROVED: December 12, 2006	**RETIRED:**
EFFECTIVE DATE: January 1, 2007	**REFERENCE NUMBER:**

SCOPE: All Company-affiliated hospitals and all employees, management, and any contractor or agent of such facilities.

PURPOSE: The purpose of this policy is to comply with certain requirements set forth in the Deficit Reduction Act of 2005 with regard to federal and state false claims laws.

POLICY: Company-affiliated hospitals must ensure that all employees, including management, and any contractors or agents are educated regarding the federal and state false claims statutes and the role of such laws in preventing and detecting fraud, waste, and abuse in federal health care programs.

FALSE CLAIMS LAWS

One of the primary purposes of false claims laws is to combat fraud and abuse in government health care programs. False claims laws do this by making it possible for the government to bring civil actions to recover damages and penalties when healthcare providers submit false claims. These laws often permit qui tam suits as well, which are lawsuits brought by lay people, typically employees or former employees of healthcare facilities that submit false claims.

Revised State False Claims Statutes Policies (LL.XX.00X)

The False Claims Statutes policies for all 50 states have been updated. The purpose of these policies is to comply with certain requirements set forth in the Deficit Reduction Act of 2005 with regard to federal state false claims laws. The policies were **revised** to bring them up to date with regard to their respective state laws. In all of the policies, the civil penalties range was **revised** from the previous $5,500 to $11,000 to the current $10,957 to $21,916. Each of the policies was updated to provide greater detail

Generally, the federal False Claims Act applies to any federally funded program. The False Claims Act applies, for example, to claims submitted by healthcare providers to Medicare or Medicaid.

One of the unique aspects of the federal False Claims Act is the “qui tam” provision, commonly referred to as the “whistleblower” provision. This allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government. The purpose of bringing the qui tam suit is to recover the funds paid by the Government as a result of the false claims. Sometimes the United States Government decides to join the qui tam suit. If the suit is ultimately successful, the whistleblower who initially brought the suit may be awarded a percentage of the funds recovered. Because the Government assumes responsibility for all of the expenses associated with a suit when it joins a false claims action, the percentage is lower when the Government joins a qui tam claim.

However, regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower's share of the proceeds if the court finds that the whistleblower planned and initiated the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the preparation or submission of the false claims, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.

The federal False Claims Act also contains a provision that protects a whistleblower from retaliation by his employer. This applies to any employee who is discharged, demoted, suspended, threatened, harassed, or discriminated against in his employment as a result of the employee's lawful acts in furtherance of a false claims action. The whistleblower may bring an action in the appropriate federal district court and is entitled to reinstatement with the same seniority status, two times the amount of back pay, interest on the back pay, and compensation for any special damages as a result of the discrimination, such as litigation costs and reasonable attorney's fees.

A similar federal law is the Program Fraud Civil Remedies Act of 1986 (the "PFCRA"). It provides administrative remedies for knowingly submitting false claims and statements. A false claim or statement includes submitting a claim or making a written statement that is for services that were not provided, or that asserts a material fact that is false, or that omits a material fact. A violation of the PFCRA results in a maximum civil penalty of $5,000 per claim plus an assessment of up to twice the amount of each false or fraudulent claim.

Many states have also adopted other false claims statutes that are intended to prevent fraud and abuse in any department or agency of the state, including state Medicaid programs. These laws generally prohibit the filing of any false or fraudulent claim or documentation in order to receive compensation from the applicable department or agency or the state Medicaid program.

REPORTING CONCERNS REGARDING FRAUD, ABUSE AND FALSE CLAIMS

The Company takes issues regarding false claims and fraud and abuse seriously. The Company encourages all employees, management, and contractors or agents of the Company's affiliated hospitals to be aware of the laws regarding fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. The Company, therefore, encourages its affiliated hospitals' employees, managers, and contractors to report concerns to their immediate supervisor when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the facility's human resources manager, the facility's ECO, another member of management, or with the Company's Ethics Hotline (1-800-455-1996).

The State False Claims Statutes Policies are available on the Ethics & Compliance Atlas Connect site at: http://connect.medcity.net/web/ethicsandcomplianceoverview/false-claims-act-state-policies. Human Resources is currently revising the State Employee Handbook Language for the FCA Policies documents and the updated handbooks will be available on the HCAhrAnswers portal within the next few months. The course numbers for these policies is Policy Review [Policy Number] (Eff 9/1/2018), for example, the course number for the Alaska False Claims Statutes Policy is Policy Review LL.AK.001 (Eff 9/1/2018).

Action Items: Ensure that all employees, including management, and any contractors or agents receive and review their respective states' False Claims Statutes Policy. Ensure that the revised version of the policy is used in New Hire Orientation as part of the Code of Conduct Orientation training.

Marked versions of State False Claims Statutes Policies are available on the Ethics and Compliance Atlas Connect site at: http://connect.medcity.net/web/ethicsandcomplianceoverview/ll001-state-false-claim-marked-policies

Para informacion en espanol, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580

(b) FCRA – Summary of Rights

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and a phone number of the agency that provided the information.

- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688 (1-888-5OPT OUT).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

Notice of Amendments to the Fair Credit Reporting Act

The Summary of Your Rights provided above does not reflect recent amendments contained in the Consumer Reporting Employment Clarification Act of 1998. Of importance to you are the following changes to the law:

- Conviction of a crime can be reported regardless of when the conviction occurred.

- If you apply for a job that is covered by the Department of Transportation's authority to establish qualifications and the maximum hours for such job and you apply by mail, telephone, computer or other similar means, **your consent to a consumer report may validly be obtained orally**, in writing, or electronically. If an adverse action is taken against you because of such consumer report wherein you give your consent to the consumer reporting agency over the telephone, computer, or similar means, **you may be informed** of such adverse action and the name, address and phone number of the consumer reporting agency, **orally**, in writing, or electronically. These amendments were retroactive to September 30, 1997.

States may enforce, the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051

Surgery Ventures
Powered by HCA Healthcare®

2025 Annual Education

Medical Staff Services

01/2025

Above all else, we are committed to the care and improvement of human life.

In recognition of this commitment, we strive to deliver high quality, cost effective healthcare in the communities we serve.

Introduction & Table of Contents

This presentation contains education for our Surgery Ventures Group Medical Staff members, Graduate Residents, Interns, and Students. Thank you for reviewing these important topics.

Please note, not all topics may be applicable to your position or center.

- Your surgery center's specific info
- Components of the Quality, Risk, and Patient Safety Program
- Risk Management
  - Risk Identification
  - Serious Safety Events
  - Targeted Strategies
- 2025 Clinical Agenda
- Drills & Code Events
  - Plain Language Codes
- Fire Safety
- Environment of Care
- Equipment Safety
- Security
- Occupational Safety
- Workplace Violence/Sexual Harassment
- Service Excellence
- Cultural Diversity
- Infection Prevention
- OSHA Bloodborne Pathogen Standards
- Influenza & TB
- COVID-19
- Safe Injection Practices
- Safe Medication Practices
- Hazardous Drugs
- Medication Diversion
- Pain Management
- Radiation Safety

Your Surgery Center's Specific Information

See your Center Administrator to review the following for your applicable site of care:

Rules & Regulations

Facility Access/Parking

Acceptable Abbreviations

Privacy Training from Center's FPO (Facility Privacy Official): HIPAA Privacy Training for Physicians.pptx

Applicable Agreements/Contracts

Life Safety Plans

Note where your facility's smoke compartments are and/or applicable fire barriers. What types of evacuation routes are available? *(i.e. Horizontal, Vertical, etc.)*

Alarm Panel Locations

Note where your facility alarm panels are for medical gases and the generator.

Spill Kits

Note where your facility spill kits are and what type they are.

OneSource (SDS)

Note your facility's username and password

Quality, Risk Management, & Patient Safety

Components of our Program:

Surveys: Accreditation & Licensure

Policies & Procedures

Data Collection

Reporting

Learning from Events

Ensuring Quality of Care Provided

- Physician Peer Review
- Nursing Peer Review

Driving Improvement - Quality Studies

Life Safety-Emergency Preparedness: Drills, Disasters

Culture of Safety

Clinical Safety Improvement Program (CSIP)

Clinical Agenda

Patient Safety Organization (PSO)

Environment of Care

Infection Prevention Practices

Quality Improvement Committee Meetings

Risk Identification

- Variance Reports
- Close Call Reports
- Rounding Results
- Monthly Metrics
- Medical Device Reporting (SMDA)
- Medical Staff Credentialing
- Audit Results
- Risk Assessments
- Culture of Safety Surveys
- Accreditation & Licensure Survey Results
- Complaints
- Grievances
- Patient Satisfaction
- Ethics & Compliance Hotline
- Gap Assessments
- Recalls

Surgery Ventures Group now uses an electronic platform for event reporting called VigiLanz.

Serious Safety Events (SSEs)

What is a SSE?

A SSE is an adverse patient event that is mostly, if not entirely, preventable and not directly related to the natural progression of the patient's illness or underlying condition. This event leads to death, severe physical harm (regardless of duration), permanent physical or psychological harm (regardless of severity), or highlights a critical gap in safety systems, policies, or processes that significantly increases the risk of a future SSE.

Includes but is not limited to: Wrong events (wrong side, wrong site, wrong patient, wrong procedure, wrong physician, etc.) mortalities, burns, fire, retained item

Management of SSEs

- Identification
  - Identify patients meeting the criteria
- Notification & Transparency
  - Notify center leadership immediately or as soon as possible
  - Requires disclosure to patient and/or family as soon as feasible, with center leadership present
- Investigation
  - Participate in the Serious Event Analysis (SEA) process
  - Identify and understand the factors that contributed to the event (such as human factors, communication, technology, culture or underlying process failures).
  - Improve the facility's culture, systems, and processes with the intent to prevent recurrence and improve safety systems.

Risk Management Strategies

We need your support to mitigate risk in these areas

Wrong Prevention Focuses

Blocks

- Anesthesia provider to mark the site of the regional block in addition to the surgeon's site marking
- Center staff member must participate in the block process
- Ensure a time out is performed prior to any block

Lenses

- Provide only TYPED orders for lenses
- Only one lens in the OR
- Start lens verification process in Pre-Op
- Lights on in OR for lens handoff
- No reps may pull lenses or open to field

Risk Management Strategies

We need your support to mitigate risk in these areas

Burn Prevention- Focus on Electrocautery

- Bovie Holstered when not in use
- Utilization of Fire Risk Score during Time Out process
- Utilization of insulated instruments when possible

Retained Surgical Items (RSI)- Focus on Packing

- Special attention should be given to any item placed in an endocavity.
- Communication to the peri-operative team, use of de-brief/hand-off
- Documentation on the white board and medical record when the item is placed in the cavity and accounted for when removed
- Clear orders for removal
- Engagement and education of patient through the entire perioperative process
- Use of only radiopaque surgical items with loop for visual identification in the vaginal cavity

Safe Procedural and Surgical Verification Policy

Verification

Occurs Multiple Times:

- Scheduling
- Pre-Admissions
- Any assessment, handoff, or transition of care, and at the time the patient leaves pre-op to enter the procedure/ surgical room

Verification of correct patient, procedure, site/side.

Must involve requesting the patient to state their name, DOB, procedure, side/site.

Match the patient's arm band and relevant documents.

Site Marking

All procedures where laterality or specific levels apply

Performed by Surgeon/Proceduralist

May be delegated to PA or NP if present and assisting during procedure

Should be the initials of the person marking

Site marking for regional blocks will be performed by individual performing block

The site marking should be visible after prep & drape.

Pre-Anesthesia Time Out

(sometimes called "Brief")

Should occur immediately before administration of any type of anesthesia/sedation.

Includes

- Identification of patient
- Verification of Surgeon/Proceduralist, procedure, site
- Allergies
- Safety check of anesthesia machine
- Anesthesia Risks

Surgical Time Out

Surgeon/Proceduralist must initiate.

All activity must cease

Active engagement from all team members

All team members are present

Resolve any discrepancies

Utilize HCA Healthcare standardized checklist and ensure all applicable components are covered.

De-Brief

Before surgeon/proceduralist leaves the room

Results of Counts

Confirmation of procedure performed, diagnosis, specimens

Key concerns

Medication Waste Disposal

2025 Surgery Ventures Group Clinical Agenda

The goal of the clinical agenda is to promote a safe clinical experience for every patient and colleague through education, sound approaches to delivering care and collective accountability

EDUCATION

Promote the development and competency of patient safety leadership

- ❑ Enhance medication management processes by implementing a structured approach to medication diversion team meetings and education of controlled substance occurrences.
- ❑ Support the development of patient safety leadership by providing focused educational resources regarding infection prevention.

CARE DELIVERY

Improve patient safety and reduce patient harm.

- ❑ Prevent patient harm events with a focus on shared learning and best practice implementation.
- ❑ Eliminate patient falls by sustaining a multifaceted approach that includes the patient in their own care.
- ❑ Utilization of evidenced based practices to employ appropriate medication protocols.

ACCOUNTABILITY

Reduce the incidence of adverse events.

- ❑ Drive accountability through engagement of key stakeholders participation in rounding and quality meetings.
- ❑ Promote collective ownership for patient care by active process validations to ensure safe practices are implemented and sustained.

Drills & Code Events

Your center must conduct regular drills that may include, but are not limited to:

- Code Blue [adult/pedi]
- Fire
- MH
- Blood Utilization
- Disasters
- Weather
- Pediatric Abduction
- Active Shooter
- Impaired/incapacitated healthcare provider, etc.

Your participation in drills is key to our success

Plain Language Codes

4 Categories of Alerts:

- Medical
- Facility
- Weather
- Security

Remember when there is a code situation:
CMS requires the operating physician/surgeon to write orders for transfer of a patient to a higher level of care.

Plain Language Codes

Description	Medical Alert	Example
Cardiopulmonary Arrest	Code Blue + (Location)	Code Blue. OR 4. (state pediatric if applicable)
Fire	Facility Alert + Fire Alarm Activation + Descriptor (Location)	Facility Alert. Fire Alarm Activation. Breakroom.
External/ Internal Disaster	Facility Alert + Emergency Plan Activation + Descriptor (Location)	Facility Alert. Emergency Plan Activation. Shelter in Place. Pre-Op.
Building Evacuation	Facility Alert + Evacuation Plan Activation + Descriptor	Facility Alert. Evacuation Plan Activation + Visitors, Please calmly exit the building.
Haz Mat Incident/ Chemical Spill/Release	Facility Alert + Hazardous Spill + Descriptor (Location)	Facility Alert. Hazardous Spill. Pharmacy First Floor.
Severe Weather	Weather Alert + Descriptor (Threat/Location) + Instructions	Weather Alert. Severe Weather Warning. Tornado Imminent. Take Shelter Away from Windows.

Description	Security Alert	Example
Armed Violent intruder/Active Shooter/Hostage Situation	Security Alert + Descriptor (Threat/Location)	Security Alert. Active Shooter. Fourth Floor.
Suspicious Package	Security Alert + Descriptor (Threat/Location)	Security Alert. Suspicious Package. Main Lobby.
Missing Person	Security Alert + Descriptor (Threat/Location)	Security Alert. Missing 2-month-old boy. Last seen in Pre-Op.
Assistance Needed/ Combative Person	Security Alert + Descriptor (Threat/Location)	Security Alert. Combative Individual. Business Office.
Civil Disturbance	Security Alert + Descriptor (Threat/Location)	Security Alert. Civil Disturbance. Parking Lot Outside Main Entry.
Lockdown	Security Alert + Descriptor (Threat/Location) + Instructions	Security Alert. Aggressive Person. Rear Entrance. Lockdown all Doors and Exits.

Fire Safety

Fire Evacuation Plan:

After all persons are relocated to a fire safe zone, staff should begin to prepare all persons in the building for evacuation to a designated location and shut off all gas and utilities

Using a Fire Extinguisher:

P- Pull the pin

A- Aim the nozzle at the fire

S- Squeeze the handle

S- Sweep the flames

Fire Safety Plan:

R- Remove/rescue all persons from immediate danger

A- Activate the fire alarm

C- Confine the fire by closing the doors

E- Extinguish the fire with a fire extinguisher

Environment of Care

Power Outages

- The emergency generator will turn on automatically in the event of a power failure
- Back up battery operated lighting should be available at all times
- Red electrical outlets are located throughout the facility in patient care areas and are specifically designed to connect to the generator, ensuring uninterrupted power.
- All critical patient care equipment must be plugged into a red outlet at all times

Medical Gas

- All medical gas supplies are stored in a designated and secured medical gas supply room
- Medical gases have a dual supply system [a left bank and a right bank]
- When one side of the bank runs empty the other side will automatically become active
- Each gas will send alarms to the respective alarm panel located throughout the facility
- Portable tanks for oxygen are available. Each Pre-op/PACU bay has oxygen capability.
- Reserved tanks are stored in the medical gas supply room
- Alarm Panel Locations will vary by center. See attached for more information.
- An alarm should never be silenced or ignored without notifying a member of leadership to ensure any necessary action is taken.
- Only designated individuals may turn off the medical gas system and turn on the generator
  - Center Leadership
  - Approved (Med Gas/Generator) Vendor
  - Facilities/Building Management

Equipment Safety

- ✓ DO NOT use equipment with frayed or exposed electrical wires
- ✓ DO NOT use unapproved extension cords in any patient care areas
- ✓ DON'T attempt to operate unfamiliar equipment
- ✓ DON'T use equipment with an expired inspection sticker
- ✓ DON'T use equipment that has been unintentionally dropped in or exposed to fluid
- ✓ All borrowed or loaned equipment must be inspected by a biomedical professional prior to use
- ✓ It is the center's responsibility to locate and follow the IFU for borrowed equipment
- ✓ It is YOUR responsibility to check the inspection sticker prior to use
- ✓ All malfunctioning equipment must be tagged, reported, and taken out of service

Equipment Failure involving Patient Injury

- ✓ Provide care to the patient
- ✓ Immediately report the event to your Risk Manager/Dept. Manager
- ✓ Sequester all suspected devices and remove them from service
- ✓ Collect and package all disposable items with all the packaging used with the equipment
- ✓ Complete a variance report
- ✓ Give all equipment and packaged disposables and variance report to the RM/Dept. Manager
- ✓ According to facility policy and the Safe Medical Device Act, equipment that has contributed to an adverse event should be reported

Security

I.D. Badges are required to be worn by all personnel in the building including vendors and visitors

Suspicious items or behavior must be reported to a supervisor immediately

Occupational Safety

Chemicals

- For eye injuries, flush the eye at the eye wash station for 15 minutes
- For spills, immediately remove any danger
- Place proper signage
- Locate and use the appropriate spill kit as directed in the packaging
- See attached for spill kit locations and types

Safety Data Sheets (SDS)

- Formally called MSDS sheets
- All centers use One Source as the resource for Safety Data Sheets online at: https://search.onesourcedocs.com/login
- See attached for your center's log in and password information

Biohazard Waste

- Biohazard waste must be segregated and disposed of in designated containers [red bags and/or sharps containers] immediately after use
- Containers must be placed in the designated storage area to await pick up and removal and not stored in any other area of the building

Workplace Violence including Sexual Harassment

- The center takes workplace violence (WPV) seriously and prohibits all verbal or physical behavior that is abusive, threatening, intimidating, harassing or demeaning.
- Preventing WPV is everyone's responsibility in order to maintain a workplace atmosphere of mutual respect and civility towards others
- Definition: an act or threat occurring at the workplace that includes any of the following:
  - Physical assault
  - Verbal or non-verbal threats, which are intimidating, harassing, bullying or humiliating words or actions
  - Sexual harassment, which involves unwelcomed sexual advances, requests for sexual favors and other verbal or physical harassment of a sexual nature
  - Sabotage
- If you are the recipient of such, or observe it happening to someone else, please report the matter to the center Administrator and/or Medical Director, or the market Vice-President of Operations. You can also contact HCA Healthcare's Ethics Line at 1-800-455-1996.

ASC Commitment to Service Excellence

HCA's 7,000 surgery center colleagues care for more than 800,000 patients annually

Physician Engagement

Qualtrics conducts annual physician surveys to obtain perspectives on operational opportunities.

Patient Experience

HCA Healthcare has partnered with Press Ganey who is recognized as a pioneer and thought-leader in patient experience measurement and performance improvement solutions.

Employee Engagement

Qualtrics administers our employee engagement surveys twice a year to gather insight about the level of employee satisfaction and leadership effectiveness. Our staff also participate in multiple quality surveys administered by CMS.

Social Engagement

HCA Healthcare's partnership with Reputation allows real-time monitoring of online reviews to optimize the patient experience.

Cultural Diversity

- When we think of diversity, we often think of differences in race, ethnicity, gender, and age. These along with religion, disability, and sexual orientation are the primary dimensions of an individual
- In addition, people in your workplace also differ in:
  - Marital and parental status, job position and income, education and skill level, work experience, military experience, geographic origin, beliefs, attitudes, values, personality, learning and working styles.
- **Diversity** is the process of valuing individuals differences through actions. Individual differences include all characteristics and experiences that define an individual
- The dimensions of diversity are related to an individual's personal status such as:
  - Beliefs, Perceptions, Life Experiences, Cultural background, Ethnicity

Cultural Diversity

To value diversity, we must learn to:

- Accept and appreciate differences among people
- Understand our colleagues
- Avoid treating some coworkers as insiders and others as outsiders
- Acknowledge the strengths and weaknesses of each person
- Work together as a team

Employees who work for an organization with a positive diversity climate have a positive attitude. They:

- Are more committed to the organization
- Feel empowered
- Build trusting relationships with colleagues
- Are adaptable

Organizations that value diversity comply with laws that prohibit workplace discrimination.

Laws prohibiting discrimination against an employee or potential employee include, but are not limited to:

- Title VII of the Civil Rights Act of 1964
- The Pregnancy Discrimination Act
- The Equal Pay Act of 1963 (EPA)
- The Age Discrimination in Employment Act of 1967 (ADEA)
- Titles I and V of the Americans with Disabilities Act of 1990 (ADA)
- Sections 501 and 505 of the Rehabilitation Act of 1973
- The Civil Rights Act of 1991

Infection Prevention

Standard Precautions

- Using standard precautions is a priority for all who are involved in patient care regardless of age, diagnosis, disease state, or infectious status.
- Proper Protective Equipment [PPE] must be worn at all times during patient care or those at risk of coming in contact with potentially infectious materials.

Personal Protective Equipment [PPE] includes:

- Gloves
- Gowns
- Masks
- Hair/Facial Hair Covers
- Shoe Covers
- Goggles/Face Shields

Ensure Hand Hygiene

- ✓ Before touching a patient
- ✓ Before applying gloves for a procedure
- ✓ After exposure to blood/body fluids
- ✓ After touching a patient
- ✓ After touching patient surroundings
- ✓ After removing gloves, including sterile gloves following a procedure

Infection Prevention

Appropriate Attire- OR

- Clean surgical scrubs provided by the facility should be worn. After use, personnel should change back to street clothes prior to leaving the facility
- Soiled scrubs must be changed as soon as possible
- Masks must be worn in all operating rooms prior to and during the case and removed when leaving the OR
- Sterile gowns and gloves must be donned immediately after a surgical hand scrub prior to the procedure
- Clean shoe covers (if applicable) must be worn in the OR at all times and removed prior to leaving the facility
- Hair must be fully covered at all times
- Jewelry must be non-visible and not in contact with the work area

Appropriate Attire- Endo

- Clean attire should be worn.
- Facility policy must be followed, including any requirements for facility-provided scrubs (if applicable), whether personnel need to change upon arrival, and the correct laundering procedures for scrubs.

Food and drinks are NOT permitted in the following areas:

Operating/Procedure Rooms

Corridors outside the operating rooms

Anesthesia work areas

Sub-sterile areas

Sterile supply areas

Medical equipment/sub-waiting areas

Central sterile processing

Infection Prevention

OSHA Blood Borne Pathogen Standards:

Blood borne pathogens are infectious microorganisms present in the blood and body fluids that can cause disease in humans.

These pathogens include: Hepatitis B virus [HBV], Hepatitis C virus [HCV], Human immunodeficiency virus [HIV].

Workers exposed to these pathogens through breaks in the skin or splashes to mucus membranes should do the following:

- ✓ Rinse the affected area completely and thoroughly
- ✓ Control any bleeding if necessary
- ✓ Report the incident to an immediate supervisor
- ✓ Fill out a variance report
- ✓ Follow up with employee health nurse for further instructions

Influenza & Tuberculosis (TB)

Influenza

- ✓ Employees are required to have an annual flu shot or wear a mask when in the facility at all times if not receiving the flu shot
- ✓ If flu-like symptoms are present, please report off duty to your supervisor to prevent spread of infection to others

Tuberculosis

- ✓ Tuberculosis [TB] is caused by Mycobacterium tuberculosis and can be fatal if not treated properly
- ✓ TB Symptoms:
  - ✓ Productive cough lasting 3 weeks or more
  - ✓ Chest pain or coughing up blood
  - ✓ Fever, chills, night sweats
  - ✓ Weight loss and fatigue
- ✓ TB is spread by:
  - ✓ A person with active TB disease in the lungs or throat coughs, sneezes, speaks, or sings within close proximity to others
- ✓ TB is NOT spread by:
  - ✓ Casual contact with individuals – by touching or touching things they have come into contact with.

COVID-19

HCA Healthcare follows the CDC guidance for return to work protocols for COVID-19 for Healthcare Personnel.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Anyone can have mild to severe symptoms. Possible symptoms include:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. Symptoms may change with new COVID-19 variants and can vary depending on vaccination status. CDC will continue to update this list as we learn more about COVID-19. Older adults and people who have underlying medical conditions like heart or lung disease or diabetes are at higher risk for getting very sick from COVID-19.

The surgery center has implemented a respiratory protection program to ensure all personnel who enter the surgery center have access to respiratory protection as needed and/or required.

The plan is available upon request from your administrator.

Safe Injection Practices

Prevention and Intervention for Sharp Injuries:

- ✓ Establish a safe zone with all the scrubbed team members
- ✓ Transfer scalpels using a “no touch” technique
- ✓ Improper use of sharps or inattention to yourself and folks around you puts you and others at risk for injury and exposure to blood borne pathogens
- ✓ Proper disposal of all sharp objects is mandatory
- ✓ Notify your immediate supervisor and Risk Manager immediately if you have been injured

Safe Injection Practices

Always practice aseptic technique:

- Proper hand hygiene
- Clean medication storage area
- Use of a designated medication prep area
- Medications should never be kept or transported in pockets or clothing

Syringes

- Store needles and syringes in original wrap, remove from package just prior to use
- Do not prepare medication in one syringe to transfer to another syringe

Vials/Ampules

- Always use a new sterile syringe and needle when entering a vial
- Swab vials with alcohol after opening and before every access, allow to dry before inserting into the vial
- Always use filter needles to withdraw solution from an ampule
- Do not combine leftover contents of vials for later use
- Never leave a needle or spike device inserted into a medication vial
- Use single-dose vials whenever possible
- Do not use bag or bottles of IV solution as common source of supply for multiple patients

Multi Dose Vials

- Dispose of MDVs 28 days after opening
- Date and Initial opened MDVs
- Use 28 day expiration date, or both date opened and expiration
- Keep MDVs out of the immediate patient care environment
- Immediate patient care areas include patient bays, the OR, and procedural rooms
- Doses may be drawn up in a designated medication prep area
- Any MDV opened or accessed in the immediate patient treatment area must be dedicated to that patient and discarded after a single use
- Never spike a bag, vial, or bottle with a dispensing device and leave that device in place to withdraw medication for multiple patients

Safe Injection Practices

Compounding is defined by USP <797> as "combining, admixing, diluting, pooling, reconstituting, repackaging, or otherwise altering a drug product…to create a sterile medication." [1]

- Preparations must be limited to 3 different sterile products
- All sterile preparations must be administered within 4 hours

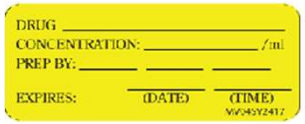
- This applies to:
  - Injections and infusions
  - Irrigation for wounds and internal body cavities
    - Note: irrigations for the mouth, rectal cavity and sinus cavity do not have to be sterile
  - Ophthalmic preparations
  - Preparations for pulmonary inhalation
  - Baths & soaks for live organs and tissues
  - Implants

*Medications prepared/reconstituted, which do not qualify as compounded products, should be administered as close to the time of preparation as possible, and within 4 hours of preparation.

Safe Injection Practices

Labeling:

- Applies to all prepared drugs that are not immediately administered by the person who prepared them:
  - Syringes
  - Admixtures
  - IV bags
- Label must include:
  - Names and amounts of all active ingredients
  - Initials of the person who prepared the preparation
  - Beyond use information
    - USP 797 guidance for sterile compounds
    - Per approved manufacturer labeling
    - 28 day expiration date on MDVs (when not accessed in direct patient care area)



The United States Pharmacopeia (USP) 800: Hazardous Drugs

This chapter outlines how hazardous drugs must be handled in healthcare settings. The National Institute for Occupation Safety & Health (NIOSH) maintains and updates a list of antineoplastic and other Hazardous Drugs.

Drugs considered hazardous are those that exhibit one or more of the following characteristics in humans or animals:

- Carcinogenicity, teratogenicity, reproductive toxicity, organ toxicity at low doses, or genotoxicity.

This list includes:

- Chemotherapy (mitomycin, gemcitabine), phenytoin, estrogen, warfarin, oxytocin, misoprostol and several other medications that have hazardous properties

Requirements

- The center must maintain a list of items it carries that are on the NIOSH list, and ensure staff are properly educated on safe handling.
- Hazardous Drugs (HDs) stocked at the center will be in their final dosage form whenever possible.
- Personal Protective Equipment (PPE) must be worn when handling HDs. This includes receiving, transporting, administering or cleaning up of the drug, procedure room a drug is used in, or during a spill.
- When chemotherapy gloves are required, they must be ASTM D6978 compliant. Two pairs of gloves are required for administration/handling of chemotherapy agents, as well as a chemo resistant gown and face/respiratory protection if needed.
- A spill kit will be maintained in any area that an HD may be present.
- An assessment of risk (AoR), a detailed policy on handling, administration, PPE, and clean up procedures, and an annual competency are required.
- All facility staff and medical staff must sign an acknowledgement of risk.
- See center leadership, the center's hazardous drug coordinator, or the regional pharmacist for details.

Medication Diversion Prevention: A Priority for HCA

- HCA Healthcare has taken a proactive stance on preventing medication diversion in all sites of care
- Medication diversion, or the utilization of legal drugs for illegal purposes, contributes to prescription drug abuse in the United States
- Substance abuse, often associated with medication diversion by healthcare workers, compromises employee and patient safety
- HCA Healthcare's persistent efforts to eliminate medication diversion are having positive results

Duty to Report, Detection, and Reasonable Suspicion

An employee, student, physician or allied health professional must notify his or her supervisor whenever he or she is taking a prescribed or over-the-counter drug that the individual has been advised is likely to impair job performance (*e.g.*, drowsiness or diminished ability to focus).

Additionally, an employee, student, physician or allied health professional must notify his or her supervisor if they have reasonable concerns that another employee, student, physician or allied health professional has violated any policy.

- Three standard policies have been implemented:
  - Controlled Substances Monitoring Policy (COG.MM.001)
  - Substance Use in the Workplace Policy (HR.ER.060)
  - DEA and State Controlled Substance Diversion and Loss Reporting (COG.MM.006)

Ensure you have signed the HCA Medication Access form that acknowledges your compliance with these policies and approves your access to handling medications at the center.

Pain Management

Pain Management is very important to patients. The facility manages each patient's pain and works to meet each patient's expectations.

Medicare sends patients a satisfaction survey following discharge, with two questions on pain management:

- Some ways to control pain include prescription medicine, over-the-counter pain relievers or ice packs. Did your doctor or anyone from the facility give you information about what to do if you had pain as a result of your procedure?
- At any time after leaving the facility, did you have pain as a result of your procedure?

In addition, please keep the following pointers in mind to assist the nursing staff in receiving the correct information on pain management orders.

- Don't order duplicate pain medications unless there is a written indication for when specific medications should be given to the patient. Therapeutic duplication is a common cause for Regulatory citations during center survey activity.
- When writing discharge instructions or prescriptions for patients, legibility and patient-understandable language is important.

Pain Management Best Practices

Pain management and safe opioid prescribing is a priority

A Shift in Strategy

- Old approach:
  - Start with the strongest opioid at the highest dose based on pain score, then titrate dose & drug down until discharge
  - Goal for discharge: pain score of zero
  - No or little pre-operative conversation with patient about expectations for pain

- New approach:
  - Use non-opioid drugs first
  - Use lowest effective doses of opioids
  - Use oral medications as soon as tolerated
  - Goal for discharge: tolerable pain level
  - Before surgery, discuss realistic expectations for pain levels

Pain Management Best Practices

Pain management and safe opioid prescribing is a priority

Immediate Post-Op Pain Management: Optimize Non-Opioid Options

- Optimize multimodal options:
  - Acetaminophen, ibuprofen, ketorolac, etc.
- When appropriate, give non-opioid drugs time to have effect
  - If still needed, use opioids as 2nd line treatment, or as rescue treatment for breakthrough pain
- Use the lowest effective dose of opioids
  - As pain levels respond to treatment, titrate to lower doses and transition to less intense opioids or back to non-opioid drugs
- Continue use of non-opioids as the mainstay of post-operative pain control

Radiation Safety

10 Safety Rules for Minimizing Fluoroscopic Risk

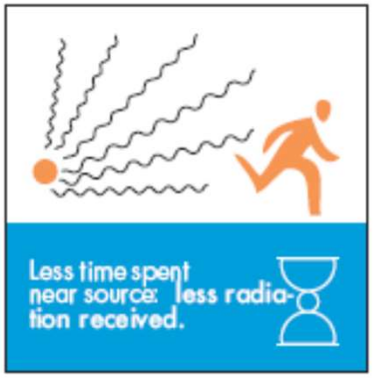
1. Remember dose rates are greater and dose accumulates more rapidly as patient size and as tissue penetration thickness increases.
2. Set equipment controls for the best compromise in image quality and dose and in radiation dose accumulation.
3. Minimize the beam-on time to a single area of the skin to the lowest level commensurate with the benefits of the procedure- The Golden Rule!
4. Keep the patient at maximum practicable distance from the x-ray tube (small end of the C-arm).
5. Keep the image receptor as close to the patient as practicable (big end of the C-arm).
6. Don't overuse magnification and collimate to the area of interest only.
7. Remove the grid during procedures on small patients or when the image receptor cannot be placed close to the patient.
8. Remain at least 6 feet from fluoroscopic area (when possible) and wear RPE.
9. Monitor fluoro time/dose and maintain a quality control program to review for appropriateness.
10. Commensurate with their duties, be sure personnel have mastered radiation safety and management through education and competency checks.

Radiation Safety

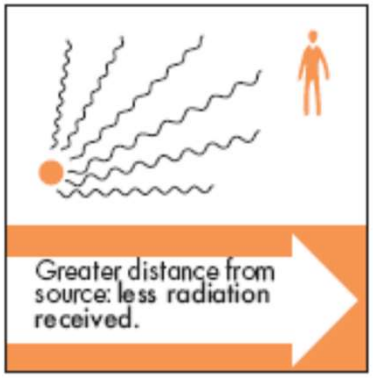
There are time-tested principles to radiation safety that are foundational to any program and should be used to help maximize personal safety.

These time-tested principles will lower dose and increase personnel safety.

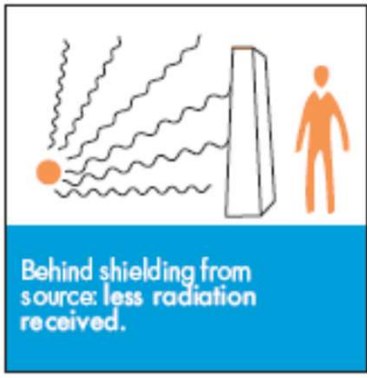
Time



Distance



Shield



Awareness

Radiation Safety

Pledge for Imaging Professionals

Yes, I want to *image wisely*.
By reading and acknowledging this pledge, you wish to optimize the use of radiation in imaging patients and thereby pledge:

1. To put my patients' safety, health, and welfare first by optimizing imaging examinations to use only the radiation necessary to produce diagnostic-quality images;
2. To convey the principles of the Image Wisely program to the imaging team in order to ensure that my facility optimizes its use of radiation when imaging patients;
3. To communicate optimal patient imaging strategies to referring physicians, and to be available for consultation;
4. To routinely review imaging protocols to ensure that the least radiation necessary to acquire a diagnostic-quality image is used for each examination.
5. To monitor examination radiation dose indices to enable comparison to established diagnostic reference levels.

Thank you!

This information was emailed to you as part of the requirement for annual Medical Staff Education.

By receiving this email you acknowledge receipt of the information and that you have read the material.