

# Environment of Care

# Environment of Care

- ◎ **Disciplines of the Environment of Care**
  - **Safety**
  - **Security**
  - **Hazardous materials**
  - **Emergency Management**
  - **Fire Safety**
  - **Medical Equipment**
  - **Utilities**

# Environment of Care

**The Safety Management Plan at Good Shepherd Medical Center provides a process to effectively manage and reduce safety-related risks to patients, staff, and visitors.**

# Environment of Care

## Safety Management Goals

- Comply with all safety-related regulatory requirements.
- Provide a safe, secure, and therapeutic environment for patients, staff, and visitors.
- Integrate safety practices into daily operations.
- Identify opportunities to improve performances in the safety management program.

# Environment of Care

This facility has an **Environment of Care Committee (EOCC)** that monitors training and competence of staff and assesses physical and operational conditions of the infrastructure and grounds and equipment through building inspections, environmental rounds, safety inspections, and various performance improvement initiatives.

# Healthcare Security

## Functions of security include the following:

- > To protect staff, patients, visitors, and property.
- > To investigate and record incidents, thefts, disturbances, vandalism, accidents, and traffic accidents.
- > To provide special services including escorts, battery boosts, and lock and unlock doors.
- > To respond to emergencies such as fire, disaster, and bomb threat.

# Healthcare Security

## Phone numbers for Security

- > **Security: ext. 3376/2196**
- > **If you are inside the hospital, you may dial “0” and ask the operator to call Security on the radio. (Preferred method)**

# Healthcare Security

## Secure your valuables

- Lock valuables in work areas.
- Keep valuables out of sight in your car or trunk.
- Weapons – No weapons (firearms, clubs, knives with long blades) may be carried on property.
- Escorts and Parking Lot Safety– always try to walk with a group, rather than alone, to your vehicle. Use the “Buddy System.”

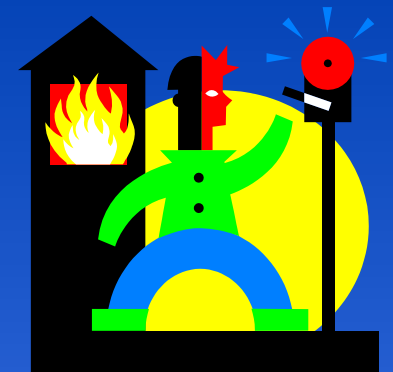
# Healthcare Security

- **Badges – always wear your ID badge.**
  - Badges must be either worn on the upper left chest by being attached to a collar, lapel or shirt pocket or attached to a GSHS approved lanyard.
  - Badges are that are damaged due to misuse, wear and tear or are lost will be replaced at a charge of \$5.00 to the employee.
  - Badges are also to be used as access cards for the employee parking lots.
- **Suspicious persons or activities – Report any suspicious persons or activities immediately by calling “0” and alerting the operator or call security at x3376.**

# Fire Safety

## General Guidelines

- To report a fire, call 3000 and report **CODE RED**
- Enforce “no smoking” rules.
- Use only approved extension cords.
- Keep flammable materials away from ignition sources.
- Enforce policies about unauthorized appliances and equipment.
- Keep general housekeeping in order.
- Report or correct any fire hazards.



# Fire Safety

## Flammable Materials

Keep flammable materials away from ignition sources.

- Class A fires involve normal combustibles such as **wood, cloth, paper, rubber, upholstery, and plastics.**
- Class B fires are related to flammable **liquids, gases and greases**, such as **oils, paints, and gasoline.**
- Class C fires are related to **electrical equipment** such as **fuse boxes, circuit breakers, machinery, and appliances... computers, televisions and mechanical equipment.**



# Fire Safety

## Fire Extinguishers

All extinguishers in this hospital are rated for  
**Class A, Class B, or Class C fires.**

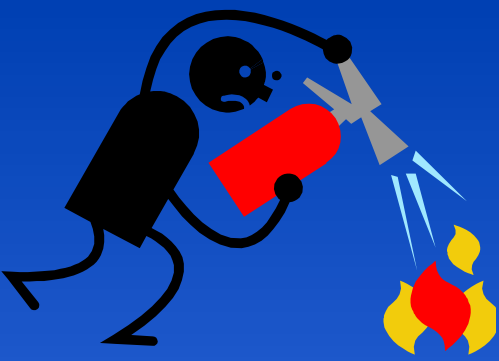
Good Shepherd uses the PASS method of operating  
a fire extinguisher:

Pull the pin

Aim at the base of the flame

Squeeze the handle

Sweep from side to side



# Fire Safety

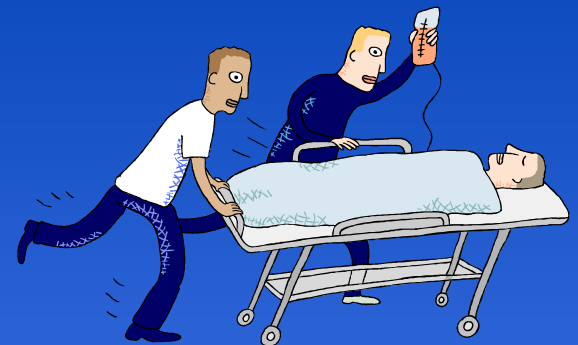
Good Shepherd uses the **RACE** method of dealing with a fire:

Rescue (Move Patients past 1<sup>st</sup> Fire Door)

Alarm (Pull Station or Call Operator)

Contain Fire

Extinguish/Evacuate



# Emergency Preparedness

## Code Words

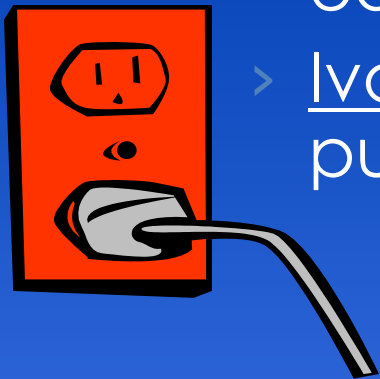
- Emergency number 3000 use for all emergencies
- Operation Baker – Emergency Evacuation
- Code Gray – Bomb Threat
- Code Adam – Abduction in the hospital
- Code Yellow – Bioterrorism event
- Code Black – Tornado
- Code Red – Fire
- Code Blue – Cardiac Arrest
- Code Pink – Neonatal Resuscitation
- Code Stroke – Response to Stroke Patient
- Operation Able – Mass Casualty
- Charlie Brown – Combative individual
- Duress Word – ADVICE



# Electrical Safety

When normal power is interrupted, and emergency power system takes over.

- > The system is powered by diesel-fueled generators.
- > The emergency power system comes online within 10 seconds when normal power is interrupted.
- > Plugs for emergency power are to be easily seen. (red-outlets)
- > Ivory outlets: Normal power-general purpose.



# Utilities Management

**Utilities at Good Shepherd are protected by back up provisions in case they fail.**

- ◎ **Emergency Power System** – takes over when normal power is interrupted.
- ◎ **Emergency system is powered by seven generators** – four in the hospital and two in the Medical Plaza and one in the Customer Service Center. Plugs for emergency power are either red or labeled appropriately.

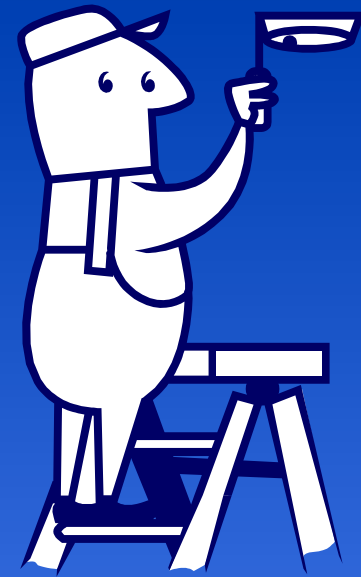
# Utilities Management

## Fire Detection System

The Plant Operations Department has a fire detection system that is computerized and monitored 24 hours a day. These systems are routinely inspected and tested annually.

*On the individual unit or floor, you have a:*

- > Pull station
- > Smoke detector
- > Fire extinguisher
- > Chiming light or horn and light
- > Fire doors



# Medical Equipment Management

If there is any chance the equipment has harmed a patient in any way

- > remove the item from service immediately, with accessories.
- > label it as defective
- > complete an incident report.

**DO NOT** try to repair it yourself, and do not allow it to be worked on or examined by someone else.

***Immediately report malfunctioning equipment to BioMed at x4532***

# Hazard Communication

- ⦿ All hazardous materials have a Material Safety Data Sheet (MSDS) available through your department, your supervisor or on Gsnet
- ⦿ *Right to Know* assures employees are aware of possible exposures in their work environment
- ⦿ All hazardous materials must have a label naming the chemical and have adequate hazard warning. Report any unlabelled containers to your supervisor.

# Hazard Communication

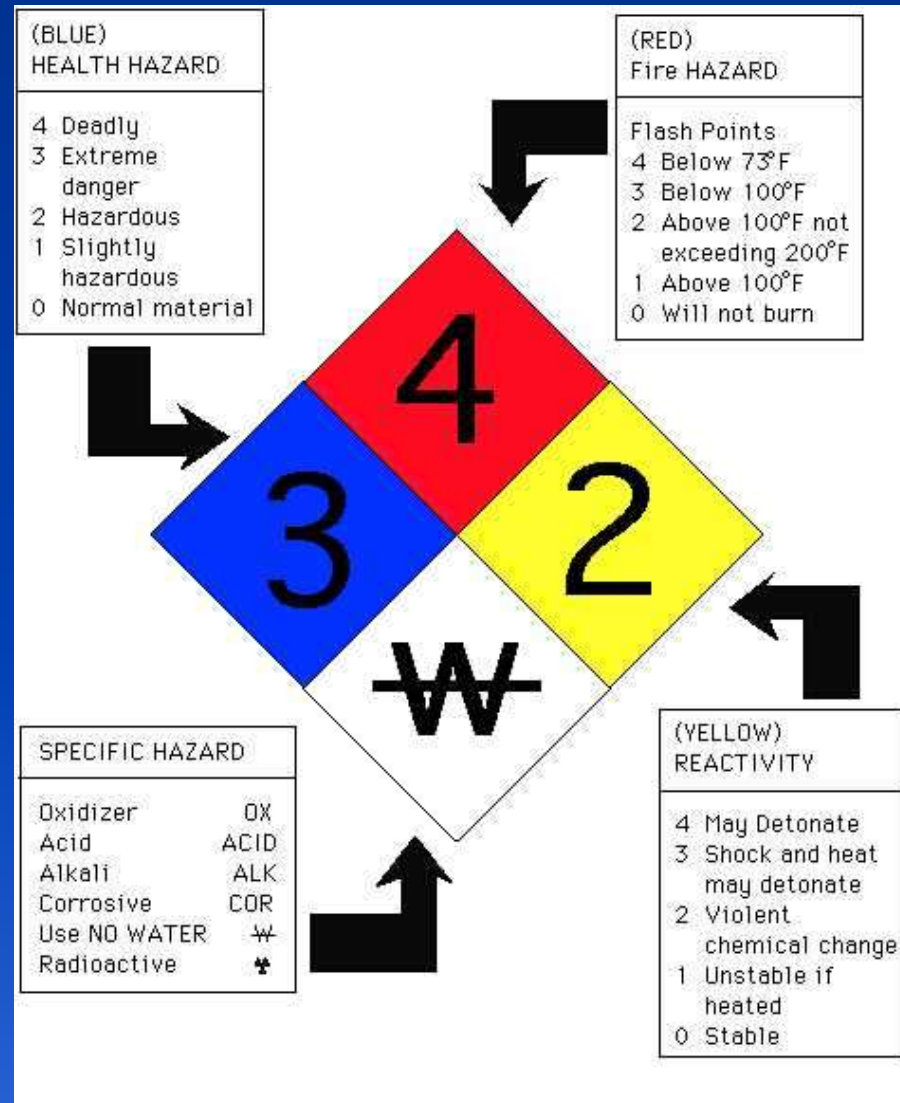
## The National Fire Protection Association's (NFPA) placard system provides a simple system of hazard identification.

placard system provides a simple system of hazard identification.

The placard is diamond in shape.

(blue, red, white, yellow)

Color coded for type of hazard.  
Number coded for severity of the hazard.



# Hazard Communication

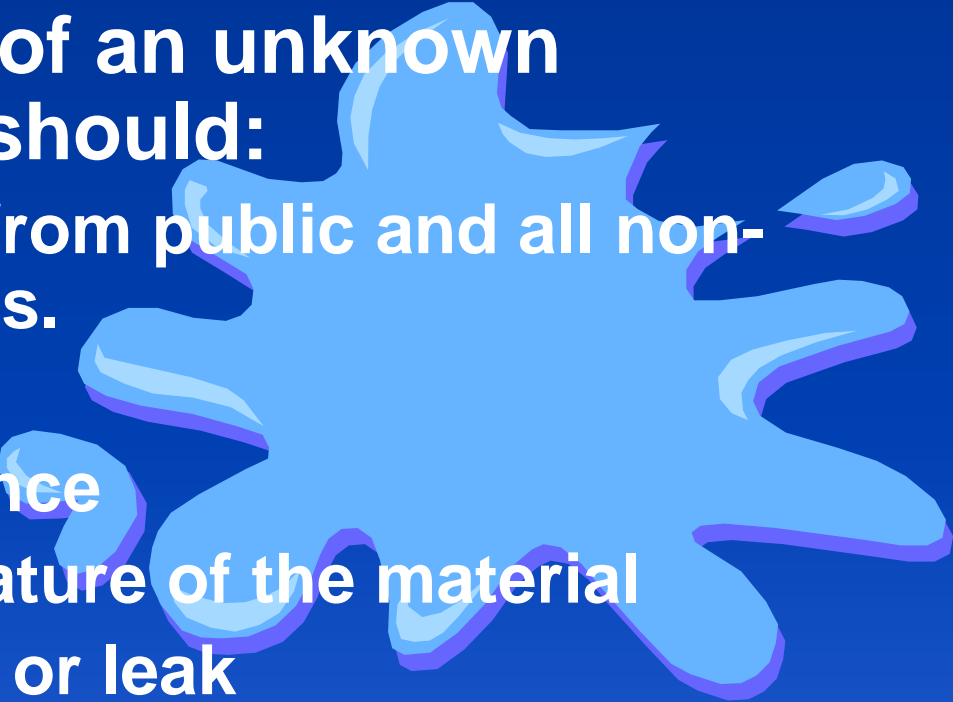
- ⦿ **Keep disposable empty compressed gas cylinders separate from other trash and secured in the proper location for your area.**
- ⦿ **Cylinders should be chained or secured when not in use**
- ⦿ **Dispose of cylinders as directed at your facility.**



# Hazard Materials

## Spills or Leaks of Unknown Substances

For spills or leaks of an unknown substance, you should:

- > Isolate the area from public and all non-essential persons.
  - > Secure the area
  - > Request assistance
  - > Determine the nature of the material
  - > Contain the spill or leak
- 

# Hazardous Material Response Team

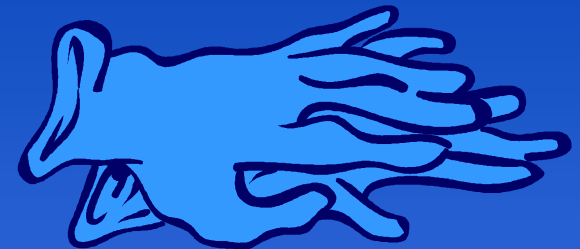
- ◎ **Good Shepherd has policies on GSNet in the HazMat Manual on hazardous materials and spills.**
- ◎ **Nursing has policies on GSNet regarding chemotherapy safe handling and usage.**

# Hazard Materials

## Blood or Body Fluid

### Spills

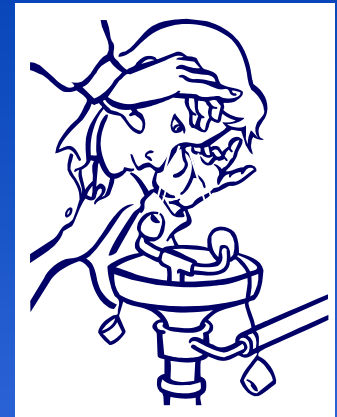
- Minimize your risk of exposure by containing, removing, and disinfecting all blood or body fluid spills as quickly and effectively as possible.
- Wear gloves and other appropriate Personal Protective Equipment (PPE).
- Use a dry absorbent material to
  - > Solidify larger fluid volumes
  - > Transform them into an easily handled semi-solid state



# Hazard Materials

## Eyewash Station

- Employees who may be exposed to hazardous corrosive chemicals should know how to use emergency eyewash equipment.
- If the spill is on protective equipment, remove the equipment (gloves, glasses, goggles, clothing) after the eyewash is activated.
- Rinse away chemicals remaining on the equipment.



# Body Mechanics

*Injuries on the job can be prevented by using the Five Principles of Body Mechanics.*

- 1. Posture** – keep your chin level and slightly tucked, keep chest up but not out, stomach muscles tight, knees not locked
- 2. Keep objects close to your body**
- 3. Face the object**
- 4. Symmetry** – use both sides of your body equally, use both hands whenever possible
- 5. Wide base of support**
  - > **Standing** – Legs should be at least shoulder-width apart. They can be either side to side or one in front of the other.
  - > **Sitting** – Keep weight evenly distributed.



Patient Safety First  
at GSMC!

# Basics of Patient Safety

## Patient Safety:

Actions undertaken by individuals and organizations to protect health care recipients from being harmed by the effects of health care services.



# Patient Safety First at GSMC!

- Patient safety is a priority at Good Shepherd Medical Center.
- Our staff and physicians are committed to improving quality of life and providing safe and healthy surroundings for patients, visitors, and staff.
- Many procedures are in place to protect the well-being of our patients and to secure the best medical outcome possible.
- Everyone has a role in patient safety.

# The Patient's Perspective

- ⦿ Don't hurt me
- ⦿ Heal me
- ⦿ Be nice to me



# Take Action to Reduce Risk

- Proactive: Monitor patient safety and redesign high-risk processes to prevent an event from occurring.
- Reactive: Investigate significant patient incidents.

# Culture of Safety

## Root Cause Analysis

- > *We intensely analyze any error that does occur.*

## Based on findings we:

- > Redesign systems
- > Test new designs
- > Educate staff on changes
- > Follow-up to see if new design is effective

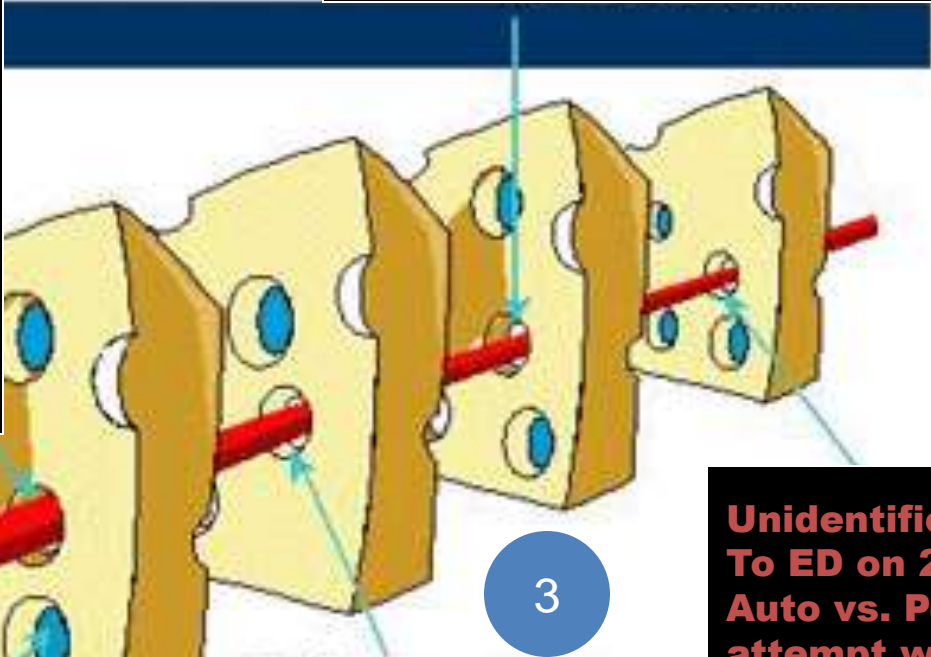
# Near Miss – Two Similar Unidentified Male Patients

2

“Lime Lime” #1 required evac of SDH. Expired on 2/7/09. PACs not changed to actual name when identity known, remains “Lime Lime” in PACs

“On call” Neurosurgeon in OR. Same neurosurgeon who operated on “Lime Lime” #1 Goes to ED for consult on “Lime Lime” #2. Images pulled up in PACs using “Lime Lime”. #1’s images viewed, surgery scheduled.

Surgeon noted similarities and looked again!



1

4

Unidentified male pt To ED on 2/6/09 post Auto vs. Ped suicide attempt with massive Head injury. Assigned “Lime Lime”. Use of “Lime Lime” not Documented on log. CT done.

“Lime Lime” #2 admitted for Observation vs. Craniotomy!

Unidentified male pt to ED on 2/9/09 post MVA and suicide attempt with head Trauma. Assigned “Lime Lime”. CT done.

5

**Near Miss! Close Call!**  
**No negative outcome!**



# Patient Safety Hotline

**903-315-BUZZ (2899)**



- Encourage patients, families, staff and physicians to report safety concerns on the hotline
- Close calls, near misses, share ideas
- Available 24 hours a day, 7 days a week
- Anonymous
- Leave name and number for follow-up
- Ideas of merit qualify for recognition or rewards

# Red Socks for Fall Prevention

- > Patients at risk for falls have a “Red Socks” magnet placed on the door frame outside the patient’s door. This symbol indicates to all staff that the patient is at risk for falls.
- > The patient receives a pair of red treaded socks.
- > All efforts are made to move the patient as close as possible to the nurses desk.
- > Family or friends are encouraged to stay with patient, if unable may consider a sitter.
- > Communicate “at risk” patients during patient report and hand off between units.



# Rapid Response Team



# Rapid Response Team

- > Call Rapid Response anytime you are worried about the patient!
- > Clinical and non-clinical staff, patients and families can activate the Rapid Response Team.
- > The team can respond and assist with stabilizing the patient before a cardiopulmonary or respiratory arrest occurs.

**Call early, Call often**

# Partnering for Safety

When patients partner with the health care team, it helps us ensure a safer health care experience for all of us.

Patients are encouraged to be actively involved in their own care for safety reasons.

# 2010 National Patient Safety Goals

**Goal 1 Improve the accuracy of patient identification**

**Goal 2 Improve the effectiveness of communication among caregivers**

**Goal 3 Improve the safety of using medications**

**Goal 7 Reduce the risk of healthcare-associated infections**

**Goal 8 Accurately & completely reconcile medications across the continuum of care**

**Goal 15 The hospital identifies safety risks inherent in its patient population**

**UNIVERSAL PROTOCOL: The organization meets the expectations of the Universal Protocol for Preventing Wrong Site Surgery**

# Improve the Accuracy of Patient Identification

To make sure the right person is receiving the intended care, treatment, and services we must use at least two patient identifiers.

- Name
- Birth date

When confirming a patient's name, staff members should not state the name and ask the patient to confirm it. Instead, staff members should ask the patient to state his or her name and birth date.



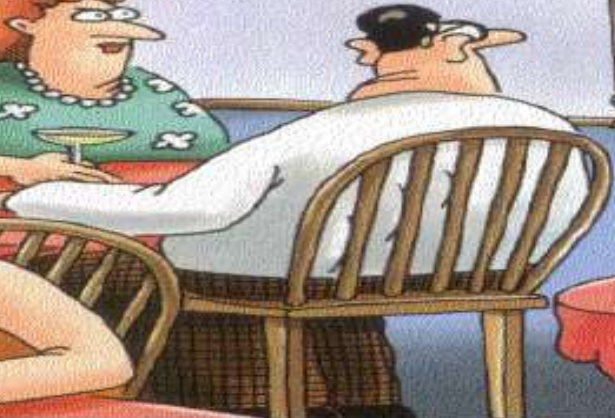
# Reduce the Risk of Healthcare-Associated Infections

## CDC Guidelines

- Alcohol-Based Hand Sanitizer
  - when hands are not visibly soiled
  - apply to palm of hand and rub hands together covering all surfaces of hands and fingers until hands are dry
- Soap and Water
  - when hands are visibly soiled
  - patient has Clostridium Difficile (C-Diff)
  - after going to the restroom
  - before eating
  - at least a 15-second scrub
- Gloves
  - the use of gloves does not eliminate the need for hand hygiene and hand hygiene does not eliminate the need for gloves



Larson



**DIDN'T WASH  
HANDS**



MEN





Is everybody's business!

Questions?

# Variance Reporting

# Variance Reporting

Hospital employees and medical staff members participate in a hospital wide variance reporting program.

## Types of Variance Reports:

- **Falls** – Fall Safety Report
- **Patient Complaints**
- **Medication Errors** – Medication Safety Report
- **Other occurrences not in the above categories** – Variance Report

# Patient Rights

# Patient Rights

- When and where are patients informed of their rights? *At the time of Registration*
- Rights include:
  - > Considerate and Respectful Care
  - > Advance Directives
  - > Confidentiality
  - > Hospital Policy & Procedures
  - > Patient Complaint Process



- Notice of Patient Rights posted in Registration area and available on [www.gsmc.org](http://www.gsmc.org)
- Ethics Committee – Good Shepherd Medical Center Ethics Committee’s goal is to facilitate ethical reflection and decision making by persons involved in the case, focusing on the patient’s values and wishes versus imposing a decision. Their role is consultative in nature rather than decision making. (consent/refusal to treatment, withholding life support, DNR)

Chaplain, nurse, physician and others convene to render decision.

- > Decision can be accepted or denied
- > Contact your Supervisor to convene the Ethics Committee

# Cultural Diversity

# Cultural Diversity

*All people are NOT alike  
regardless if they are of  
the same culture.*

*Avoid stereotyping*



## **Cultural Diversity**

*Good Shepherd Medical Center represents a diverse population of people from our staff to our patients.*

*You will be asked to take a new look at the population served by learning about cultural values, beliefs, norms, and practices of particular cultural groups.*

# Keys to Success:

- Communication Styles – be sensitive to body language when addressing patients:

- > Facial expressions – frowning, smiling, etc.
- > Gestures – pointing, hand signals, etc.

*Example: American people widen their eyes to show anger, Chinese people narrow theirs. Some cultures view making eye contact as rude versus being polite.*

- Personal Space – be aware of the dynamics of your impact on:

- > Distance - backs a way
- > Touch – May want or not want to be touched

*Example: American culture expects people to stand about an arm's length apart when talking, Hispanics favor being closer and moving away might be perceived as being "cold."*

- Relevance of Time

- > Immediate versus later

*Recognize that differences in time consciousness may be cultural and not a sign of laziness or resistance.*

# Cultural Diversity

GSMC supports Cultural Diversity by:

Religion -Chaplaincy services available for all denominations

Language – Cyracom telecommunication for over 300 languages, ASL, interpreters.

Food Requests – Special diets available on request.

# Spiritual Care

## Offered to all patients, families, staff and volunteers:

- Non-denominational spiritual counselor providing spiritual support and counseling
- Bereavement support
- Sacraments
- On-call clergy available for pastoral care
- Stress management
- Services for special occasions
- Chapel – First floor, across from Waiting area



# *A spiritual care consult can be obtained by:*

- *Physician Order*
- *Employee/Volunteer request*
- *Patient/Significant other request*

**Consult the Chaplain  
through phone extension 2636,  
Pager # 903-232-5588  
Or  
Through the hospital operator**



# Confidentiality & HIPAA

# Health Insurance Portability & Accountability Act of 1996 (HIPAA)

- ◎ Federal law imposed on all health care organizations:
  - > Hospitals, physicians offices, home health agencies, nursing homes, etc.
  - > Clearinghouses, HMOs, private health plans and public payers – Medicare & Medicaid

# Confidentiality & HIPAA

## ◎ *HIPAA's Privacy Rule*

- > *Punishes individuals and organizations that fail to keep patient information confidential*
- > *Gives patients federal rights to gain access to their medical records and restrict who sees their health information*

# Confidentiality & HIPAA

- ◎ *Penalties for breaking HIPAA's Privacy Rules*
  - > *Criminal penalties: Maximum of 10 years in jail and \$250,000*
  - > *Civil penalties: Maximum fine of \$25,000 per violation*
  - > *GSMC – Disciplinary action or dismissal per policy  
Confidentiality of Patient Health Information and  
Release of Information*

What is confidential? *Any information written on paper, saved on computer, spoken and*

- > Name
  - > Address
  - > Age
  - > Social Security Number
  - > Phone number
  - > E-mail address
- Diagnosis  
Medical History  
Medications  
Observation of health  
Medical record number  
and more.....

# Confidentiality & HIPAA

## ◎ *Patient Directory*

- > *You may tell name and location*
  - *Susie Smith, Room 4222*
- > *Patient's General condition*
  - *Stable, Good, Fair, etc.*

*Patients may opt out as "NO PUB"*

- > *Listed as a "C" in the directory*
- > *Armband name highlighted in*

**yellow**

# *Minimum information necessary*

*Ask yourself:*

- *Do I need this information to do my job and provide good patient care?*
- *What is the least amount of information I need to do my job?*
- *Acceptable use of confidential information of assigned patient:  
Treatment, payment, healthcare operations and upon permission of the patient*

## Confidentiality & HIPAA

- ① Authorization – Must obtain from patient for research, marketing, fundraising
- ② Accounting of disclosures – Lists all recipients of patient's health information back to prior six years
- ③ Amendments – Patient can view and amend record through proper process
- ④ Copying & Viewing Information – Patient may request copies of record and information stored on computers. Some exceptions apply – CDC, Psychiatric records

# Confidentiality & HIPAA

## ◎ Right to Complain:

- > If you receive a complaint from patients or visitors, do not try to handle the complaint on your own:
  - Notify your Supervisor who will address the complaint according to policy
  - If the complaint cannot be resolved, refer to the GSMC's Privacy Officer:
    - [Director of Health Information 315-2009](#)

# Scenario #1

You are working in the emergency department when you see that a neighbor has just arrived for treatment after a car crash and you hear someone saying that he will be taken to surgery soon. Your neighbor's wife works in another part of the hospital. ***Should you notify the neighbor's wife that her husband has arrived in the emergency department?***

# Scenario #1 Answer

No. The correct course of action is for you to tell the nursing staff that you know the patient and his wife, and let them know that if they need to locate her, you can help by providing information.

## Scenario #2

You hear a rumor that a member of the executive team has been admitted to the hospital and you would like to know if it is true. ***Should you ask around or look for records about this person?***

# Scenario #2 Answer

No. You are not allowed to satisfy your curiosity. If you do look at patient records to satisfy curiosity, or for any non-business reason, it is cause for termination and possible legal consequences. Remember that this rule applies not just to people without access to medical records, but to everyone.

# Federal and State False Claims

# Federal And State False Claims Laws

- ⦿ Laws to prevent and detect fraud, waste and abuse in federal and state health programs, such as Medicare and Medicaid.
- ⦿ Civil lawsuits may be filed to recover damages and penalties from healthcare providers who submit false claims
- ⦿ Any person may file a lawsuit who has knowledge of false claims

# Federal and State False Claims Laws

- Healthcare provider that commits fraud and abuse against Medicare/Medicaid may be fined \$5000 - \$11,000 for each false claim
- May be liable for payment up to three times the government's damages
- May be liable for payment of costs of civil action against the healthcare provider

# Federal and State False Claims

## Laws

- Individuals are encouraged to report misconduct under the “whistleblower” provision
- Individuals may bring a civil lawsuit on behalf of the US Government to recover funds paid by Medicare/Medicaid false claims
- Government may determine if the lawsuit has merit and may or may not join the lawsuit
- “Whistleblower” may receive reasonable expenses for attorney’s fees and percentage of amount recovered

# Federal and False Claims Laws

- “Whistleblower” discovered to be involved in false claims, the share of the recovered amount may be reduced
- “Whistleblower” convicted of criminal conduct related to the submission of the false claim will be dismissed from the lawsuit with no compensation
- “Whistleblowers” are protected from employer retaliation
- “Whistleblowers” subjected to retaliation may bring civil lawsuit in federal court and will be entitled to:
  - > Reinstatement of job with same seniority
  - > Two times the amount of back pay with interest
  - > Additional damages such as attorney’s fees

# Federal and State False Claims LaWS

## ◎ What is Fraud?

- > Fraud is knowingly and willfully executing, or attempting to execute, a scheme to defraud any federal or state health care program or obtain by false means or fraudulent pretenses any money or property owned by or under control of federal or state health care programs.

# What is Fraud?

- ◎ Examples of HealthCare Fraud
  - > Billing for services not provided
  - > Billing for services performed by another entity not eligible to be paid under Medicare/Medicaid
  - > Using an incorrect or inappropriate provider number in order to be paid
  - > Signing blank records or certification forms that are used by another entity to obtain Medicare/Medicaid payment
  - > Selling or sharing patients' Medicare/Medicaid numbers to make false claims

# What is Abuse?

- Abuse may directly or indirectly result in unnecessary costs to Medicare/Medicaid, improper payments, or payments for services which fail to meet professional standards or care or that are medically unnecessary.
- Abuse involves payment for items or services when there is not legal entitlement payment, although the provider not knowingly or intentionally misrepresented facts to obtain payment.

# Examples of Health Care Abuse

- Collecting more than the coinsurance or deductible allowed by Medicare/Medicaid.
- Using procedure or revenue codes that describe more extensive services than those provided
- Requiring a deposit or other payment from a Medicare beneficiary as a condition for admission, continued care, or provision of service
- Billing for services grossly in excess of those needed or required by the patient (EX: Billing for complete lab profiles when only a single diagnostic test is necessary)

# Reporting Compliance Issues

- Good Shepherd asks and encourages anyone to report suspected problems or issues dealing with fraud, waste and abuse in federal and state health care programs.
- Good Shepherd Compliance policy has detailed information for your use regarding these circumstances available on [www.GSnet.org](http://www.GSnet.org)

# Reporting Compliance Issues

- You may call the Compliance Officer 903-315-5147
- You may call the GSHS Compliance Hot Line 903-315-5053 (Voicemail phone line available 24 hours a day and the call may be anonymous)
- You may send a letter addressed to:
  - > Compliance Officer, Good Shepherd Health System  
700 East Marshall  
Longview, Texas 75601

# Reporting Concerns Through Joint Commission

- The Joint Commission on Accreditation of Healthcare Organizations (Joint Commission) is an independent, not-for-profit, national body that oversees the safety and quality of healthcare and other services provided in accredited organizations.
- Employees and the public may report concerns about safety or the quality of healthcare being provided at GSHS to the Joint Commission at 800-994-6610.
- Concerns regarding accreditation and the accreditation performance on individual organizations can be obtained through the Joint Commission website at [www.jcaho.org](http://www.jcaho.org).

Congratulations!!

# Please print this slide

*You have successfully completed online orientation for Good Shepherd Medical Center.*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Return to Jennifer Bray, RN Career &  
Academic Advisory Coordinator

Thank you!!