2023

Mountain Division
Dependent Healthcare Professional (DHP)
Orientation Booklet

Alaska Regional Hospital
Brigham City Community Hospital
Eastern Idaho Regional Medical Center
Cache Valley Hospital
Lakeview Hospital
Lone Peak Hospital
Mountain View Hospital
Ogden Regional Medical Center
St. Mark's Hospital
Timpanogos Regional Hospital
West Valley Medical Center

INTRODUCTION

We wish to welcome and thank you for your interest in working at one of our HCA Mountain Division facilities. This document has been created to assist you in understanding the key components of our hospital environments, patient safety tips, important facility specific information and general instructions. At the back of the document, you will find facility specific information. Please review this information carefully, as it will guide you through your shift and help you to be comfortable and productive during your time with us.

You need to complete the on-line Attestation within the eDHP system so it can be stored and referenced by regulatory and auditory organizations if needed. Completion of this packet orientation is required to gain access to our facilities.

Thank you.

HCA Mission and Values Statement

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we will strive to deliver high quality, cost-effective healthcare in the communities we serve.

In pursuit of our mission, we 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.

GENERAL INFORMATION
For Dependent Health Professionals

CRITERIA	DESCRIPTION
1. *Location of parking*	Maps, location of eDHP kiosk and policies if applicable are available in the supplement sections later in this packet for each facility. It is your responsibility to ensure you park in the correct employee designated areas. Please contact facility specific Supply Chain or HR for clarifications if needed.
2. *Daily Use Badge Information*	All Dependent Healthcare Professionals (DHP) must wear a daily use badge that is generated at the login kiosk each time you enter one of our facilities. You must complete your on-line check-in prior to reporting to your assigned area to work. Please allow yourself extra time if you have not logged in and printed a badge before. You will be denied access if you are not wearing a current badge for the facility you are in.
3. *HCA Smoking Policy*	***All HCA Mountain Facilities and grounds are smoke-free environments.*** • Our Smoke Free Policy prohibits all health care members, customers and visitors from smoking in the workplace. • The use or sale of tobacco products, to include cigarettes, cigars, pipes, e-cigarettes and smokeless tobacco is prohibited in any HCA Mountain Facility and surrounding grounds, to include parking lots and within any vehicle owned by HCA. • The policy applies to all people while on campus, to include, but not limited to, patients, families, visitors, physicians, all health professionals, physician office personnel, volunteers, students, vendors, contractors, and employees. • At any office/program operated off-site by HCA Mountain Division.
4. *Policy & Procedures*	HCA Mountain Division utilizes a web based policy system for all Hospital Based Policies. Access to these policies is through each facility's intranet site. The Nursing Procedure manual used by HCA Mountain facilities is the On-Line Lippincott Manual which is also available through the facility intranet site. Should you have questions regarding access to these systems, please contact the Supervisor of your assigned department.
5. *Conflict resolution occurring in the patient care setting*	DHP's should report incidences in a professional manner to the Charge Nurse, Supervisor, Manager, Director and/or Administrative Supervisor at the facility.

6. Occurrence Reporting	Key points to remember for an on-the-job injury: - ALL on-the-job injuries should be reported to your employer and follow their process in reporting an injury. The occurrence should also be reported to the Unit Director at the facility it occurs. For after hours injuries, contact the Nursing Supervisor. - We would request an Occurrence Report be completed in the Meditech system during the shift the injury/occurrence happens. - The Occurrence Report is under Non-Patient Notifications in Meditech. - Approval for emergency room treatment must be received from your Employer prior to treatment. Payment for Emergency Room treatment not authorized by your employer will be your responsibility. - The facility laboratory is available to perform a post-accident drug screen if requested by your employer.	
7. Performance Evaluation	The performance review is viewed as an ongoing process of your performance. Initial competencies will be completed by a designated person within the department that you will be providing services in within 90-days of your first shift. The facility is responsible for completing a performance evaluation and annual competencies annually at a designated time each year. Original evaluation forms will be given to you by Parallon. It is your responsibility to work with your director at the facility to complete it on-time. The completed, signed evaluation will be sent to Parallon for inclusion into your eDHP credentialing file.	
8. Fire Safety	In the event of fire, all employees are to practice R.A.C.E. and P.A.S.S. as outlined below. **R.A.C.E.** **R=Rescue** any person who is in immediate danger. Close the doors to the area of the fire and adjacent doors to the area. **A= Activate** the nearest pull station or have someone do it for you. **DIALS XXXX (check at the facility).** Give your exact location, location of the fire, your name and if the fire is contained. **C=Confine** the fire by closing all doors and windows in the area. **E=Extinguish** the fire with a fire extinguisher if possible. **P.A.S.S.** **P=Pull** the pen on the Fire Extinguisher **A=Aim** the extinguisher nozzle or horn at the base of the fire. **S=Squeeze** or press the handle. **S=Sweep** the extinguisher side to side at the base of the fire until it goes out. Shut off the extinguisher. Watch for the Re-Flasher and reactivate the extinguisher if necessary.	
9. Background Investigations	Vendors must have a completed and approved background investigation report prior to reporting for duty or accessing HCA Mountain Division network and/or information systems.	
10. Product Pre-Approval Requirement	For those DHP's that bring in products - If an item does not have pre-approval to be used in the facility, then there can be no expectation that it will be paid for. Vendor representatives should not bring in product without approval from the department director. Please see your facility department director for clarification and approval.	

Equipment Safety
Always inspect equipment before use.   DO NOT use the equipment if:
- Has a plug that does not fit properly in the outlet
- Feels unusually warm to the touch
- Smells like it is burning, makes an unusual noise
- Has a power cord longer than 10 feet
- Gives inconsistent readings
- Has a loose knob or switch
- Is missing a grounding pin on the plug
- Has a frayed cord.

The *Safe Medical Devices Act of 1990* is a federal law established to protect patients and/or staff from medical devices that may fail or cause injury. Medical devices include IV pumps, defibrillators, monitors, implantable devices, beds, syringes, bandages, wheel chairs, and almost anything used in patient care or diagnosis that is not a drug. A Medical Device Report (MDR) incident occurs when:
- A device contributes to or results in the death of a patient or staff member.
- A device causes or could potentially cause serious illness or life-threatening injury.
- A device causes permanent injury.

You must notify the nursing supervisor, charge nurse or department manager immediately when an incident occurs

Electrical Safety
To prevent electrical injury, follow these simple safety rules:
- NEVER unplug an object by pulling on the cord
- Use only approved extension cords/ approved power strips
- Do not roll over cords with beds or equipment
- Do not use electrical equipment around water or fluid
- All electrical equipment brought in to the hospital needs to be inspected prior to use.

In the event of an electrical outage, hospitals have emergency generators that switch on automatically. Some of the overhead lights, elevators and outlets are connected to the emergency generator, but not all.

RED outlets are designated as the emergency outlets and are connected to the emergency generator. Only these outlets will function during an electrical outage. Essential equipment should always be plugged into these **RED outlets**. During an electrical outage, turn off or unplug all non-essential equipment to protect from power surges.

Back Safety
The following guidelines are designed to make safe use of the body as a lifting device:
- Assess your need for lifting assistance before starting
- Assure a firm footing and a clear path
- Tighten your stomach muscles
- Bend your KNEES, not your waist
- Hold the object close to your body
- Avoid twisting

Specialized patient lifting equipment is available at each facility. It is your responsibility to be educated on and safely use the equipment to prevent self injury. Refer to your facility supervisor for more details on proper ergonomic techniques.

Hazardous Materials – SDS (Safety Data Sheet)

Each person is responsible for knowing the chemicals used in a work setting.   Even common substances such as bleach, cleaning supplies, mercury, and White Out can be considered dangerous.

Always read the label before use.
- Hazardous materials and waste should be kept in a clearly labeled container made of an appropriate material and stored in a cabinet or area approved for the material.
- Cleaners and disinfectants should not be stored in unmarked plastic spray bottles.
- Bio-hazardous (infectious) waste should be contained in red bags and placed in impervious plastic containers marked with the bio-hazardous symbol.
- If a chemical spill, exposure or poisoning occurs, the SDS = Safety Data Sheet must be obtained. To obtain a SDS any time of day, contact the 3E Company at 1-800-451-8346.

Occupational Safety & Health Administration (OSHA)

BLOODBORNE PATHOGENS
Eating, drinking, applying cosmetics or lip balm, and handling contact lenses is prohibited in work areas where there is a likelihood of occupational exposure to blood or other potentially infectious materials. All contaminated items will be cleaned and disinfected with a hospital approved disinfectant before use on another patient. An example would be cleaning a stethoscope between patients. Spills of blood or body substances must be cleaned up immediately and the area disinfected with a hospital-approved disinfectant. Report all spills to staff that will provide clean up and sanitizing support. Standard Precautions are designed to reduce the risk of transmission of blood-borne pathogens including HIV, Hepatitis B and Hepatitis C.

PROTECTIVE PERSONAL EQUIPMENT (PPE)
Gowns, gloves, masks, eyewear, and other protective apparel are available and must be worn whenever there is reasonable anticipation of exposure to blood or other potentially infectious materials. Standard Precautions are used for every patient regardless of diagnosis.

TUBERCULOSIS
Quick identification, evaluation and treatment of potential tuberculosis patients is essential to minimize exposure of other patients, staff and families. Patients with known or suspected TB must be kept in a negative pressure room and respiratory precautions maintained at all times.   The door to the isolation room must be closed to maintain negative air pressure. All persons entering the room must wear a TB mask or respirator.   Masks may vary from one facility to the next. **Special fit testing and a fit check must be done before wearing the respirator.**

CDIFF
Clostridium difficile [pronounced Klo-STRID-ee-um dif-uh-SEEL], also known as "*C. diff*" [See-dif], is a bacteria that can cause diarrhea. Most cases of *C. diff* infection occur in patients taking antibiotics. The most common symptoms of a *C. diff* infection include:
- Watery diarrhea
- Fever
- Loss of appetite
- Nausea, belly pain and tenderness

Who is most likely to get C. diff infection?
The elderly and people with certain medical problems have the greatest chance of getting *C. diff. C. diff* spores can live outside the human body for a very long time and may be found on things in the environment such as bed linens, bed rails, bathroom fixtures, and medical equipment. *C. diff* infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.

What are some of the things that our hospitals are doing to prevent C. diff infections?
To prevent *C. diff.* infections, healthcare providers should:
- **Clean their hands** with soap and water after caring for patients with *C. diff*. This can prevent *C. diff* and other germs from being passed from one patient to another on their hands. *C. diff* is not killed by alcohol.
- Carefully **clean hospital rooms and medical equipment** that have been used for patients with *C. diff* with bleach wipes.
- Use **Enteric Contact Precautions** to prevent *C. diff* from spreading to other patients. Contact Precautions mean:
    - Place patient in a private room.
    - Wear non-sterile gown and gloves when entering patient room.
    - Visitors may also be asked to wear a gown and gloves.
    - When leaving the room, hospital providers and visitors remove their gown and gloves and clean their hands with soap and water.
    - Limit patient movement and transport from room to essential purposes only.

MRSA
Staphylococcus aureus (pronounced staff-ill-oh-KOK-us AW-ree-us), or *"Staph"* is a very common germ that about 1 out of every 3 people have on their skin or in their nose. This germ does not cause any problems for most people who have it on their skin. But sometimes it can cause serious infections such as skin or wound infections, pneumonia, or infections of the blood. Antibiotics are given to kill Staph germs when they cause infections. Some *Staph* are resistant, meaning they cannot be killed by some antibiotics. *"Methicillin-resistant Staphylococcus aureus"* or "MRSA" is a bacteria that is resistant to some of the antibiotics that are often used to treat *Staph* infections.

Who is most likely to get a MRSA infection?
In the hospital, people who are more likely to get an MRSA infection are people who:
- Have other health conditions making them sick
- Have been in the hospital or a nursing home
- Have been treated with antibiotics

People who are healthy and who have not been in the hospital or a nursing home can also get MRSA infections. These infections usually involve the skin. More information about this type of MRSA infection, known as "community-associated MRSA" infection, is available from the Centers for Disease Control and Prevention (CDC**)** **http://www.cdc.gov/mrsa**

What are some of the things our hospitals are doing to prevent MRSA infections?
To prevent MRSA infections, healthcare providers should:
- **Clean their hands** with soap and water or an alcohol-based hand rub before and after caring for every patient.
- Carefully **clean hospital rooms and medical equipment** with hospital approved disinfectant wipes.
- Use **Contact Precautions** when caring for patients with MRSA. Contact Precautions mean:
    - Patients with MRSA will have a single room.
    - Wear non-sterile gown and gloves when entering patient room.

Disaster Preparedness
The Mountain Division Facilities have developed and maintain emergency preparedness plans for events that may occur internal or external to the facility. Specific plans are available at each facility. Critical components of the plans include:
- Communication Plans
- Direction of key personnel to specific areas or tasks

- Evacuation procedures
- Restricted access to the facility – Wearing your DHP Daily Use Badge with picture ID badge is essential!

In the event of an internal or external disaster, please report to the unit/department supervisor, lead or House Supervisor for direction.

HIPAA

Health Insurance Portability and Accountability Act of 1996, called HIPAA, is federal law enacted by Congress. It is healthcare reform and impacts all healthcare industries. Compliance to HIPAA is mandatory. Failure to comply may result in civil and criminal penalties. Health insurance plans, health care clearinghouses, physician offices, hospitals, clinics, and self-insured employers are examples of "covered entities" that must comply with HIPAA regulations.

Intent

HIPAA touches on many aspects of healthcare. This includes:
- Protecting health insurance coverage and improving access to care
- Reducing the incidence of fraud and abuse
- Improving the quality, efficiency, and effectiveness of healthcare
- Protecting privacy and security of patient health information
- Reducing healthcare administrative costs

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.

You can learn more about health information privacy by going to the web site:
http://www.hhs.gov/ocr/privacy/hipaa/understanding/coveredentities/research.html

Information that HIPAA Protects:

Protected Health Information (PHI) may be individually identifiable if any of the following are present.

- Name, Address including Street, City, County, Zip and Geo-codes
- Names of relatives
- Name of employers
- Birth date
- Telephone numbers
- Fax numbers
- Electronic e-mail addresses
- Social security number
- Medical record number
- Health plan beneficiary number
- Medical Records
- Medical history interviews
- Telephone calls
- Faxing
- Account number
- Certificate or license number Vehicle or other device serial number
- Web Universal Resource Locator (URL)
- Finger or voice prints
- Photographic images
- Any other unique identifying number, characteristic, or code
- Computers
- Patients
- White boards
- Sign-in sheets

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 healthcare operations.) Information must only be shared on a "need to know" basis in order to do your job. Only the minimum necessary information should be shared. HIPAA applies to the verbal, written or electronic disclosure of PHI.
- Required validation of fax numbers and available, appropriate recipients for patient information.
- Civil penalties for non-compliance can be incurred by the individual as well as the organization.

Violation Category	Each Violation	All such violations of an identical provision in a calendar year
Did Not Know	$100 - $50,000	$1,500,000
Reasonable Cause	$1,000 – $50,000	$1,500,000
Willful Neglect – *Corrected*	$10,000 - $50,000	$1,500,000
Willful Neglect – *Not Corrected*	$50,000	$1,500,000

Cultural Competence

The HCA Code of Conduct defines cultural competence as "having the knowledge and ability to recognize and respond appropriately to our similarities and differences and use that knowledge and understanding to make better decisions. It's a skill that all of us are responsible for developing."

Culture is a system of shared beliefs, values and rituals that are learned and passed on.
Diversity is the condition of being different or having differences.
Respect is showing appreciation and regard for the rights, values and beliefs of others.

Cultural Competence is the development of skills for improving interactions across cultures. This requires an attitude of compassion, curiosity, and responsiveness to the needs, values, and expressed preferences of individuals. Culturally competent professionals see every cross-cultural interaction as an opportunity to learn about the cultures of others and to grow personally. "Cultural competence" encompasses both interpersonal and organizational interventions and strategies for overcoming those differences.

Health care providers take many approaches to bridge barriers to communication that stem from racial, ethnic, cultural, and linguistic differences. 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 patient and provider have of each other.

Often in the medical community (and the community in general) there is lack of awareness of these differences and their impact. This most likely results from a combination of factors that may include:
- **Lack of knowledge** - resulting in an inability to recognize the differences

- **Self-protection/denial** - leading to an attitude that these differences are not significant, or that our common humanity transcends our differences
- **Fear of the unknown or the new** - because it is challenging and perhaps intimidating to get to understand something that is new, that does not fit into one's world view
- **Feeling of pressure due to time constraints** - which can lead to feeling rushed and unable to look in depth at an individual patient's needs

Research has shown that effective communication (including cross-cultural communication) is directly linked to improved patient satisfaction, adherence, and subsequently, health outcomes.

Cultural Considerations should include:
- Use of interpreters: – family may withhold important information
- Role of family: Numerous family staying with the patient
- Time Orientation: Specific prayer times
- Personal space: Can female patient have a male caregiver?
- Eye contact: Is it offensive to look the patient in the eye.
- Diet: Is pork or beef allowed.

Patient Safety

No Pass Zone
In order to support our clinicians in implementing intervention strategies, our HCA Mountain Division facilities have agreed to implement the "No Pass Zone" concept which reinforces that fall reduction is a responsibility of all employees in the hospital. The concept is simple, if any employee should come across an unanswered call light, he/she must respond as appropriate and not pass up the opportunity to assist the patient. This concept also supports our strategic initiative to improve staff responsiveness which is reflected in our satisfaction scores.

Purpose of "No Pass Zone" is to decrease falls, increase patient safety, increase patient satisfaction and experience and increase teamwork.

FALL Prevention
**These may be different at each facility, please ask the department manager for facility specific guidelines.

- Patients *at risk for fall* should have the following
  - See Department Specific Instruction
  - Signage at the door
- Patients *at high risk for fall* should have the following
  - Low bed
  - Bed alarm
  - Chair alarm
- Educational materials regarding falls should be explained to the family when fall precautions are initiated and reinforced every shift.
- If your patient does experience a fall, the following should be documented:
  - Meditech notification
  - Post Falls Investigational Tool: Paper form (notify the charge nurse to assist).
- Meditech Post Falls Assessment

Clinical &Non-Clinical Staff Expectations
- **Clinical Staff**

- o Always address an alarming call light, any alarming equipment and any patient request for help.
  - o Perform ongoing assessment and intervention(s) required for potentially unsafe situations.
- **Non-Clinical Staff**
  - o If you come across a patient need that you cannot address, notify the clinical staff and stay with the patient until additional staff arrives.

Verbal Orders

Verbal orders are used in emergent situations only when a physician is not able to perform the order himself. For medication and/or treatment verbal orders shall be acceptable if dictated by duly authorized persons functioning within their scope of practice. In improving patient safety the communication of orders from a physician must be written on a Physician Order Sheet by the licensed person receiving the order, the date and time the order was received, the name of the physician and the name and title of the person writing the order. The licensed employee receiving the order must read back the verbal order to the physician to assure accuracy and safety for the patient. The order will then note verified and documented.

Assessing and Managing Pain

- All patients admitted to inpatient units and presenting to the emergency department will be assessed as to whether they are experiencing pain. Ambulatory patients need not be assessed for the presence of pain unless: pain is commonly associated with the condition for which they are seeking care, **or** pain may be induced by subsequent treatments or interactions (for example, patients undergoing an outpatient invasive procedure or potentially painful therapy).
- An age and ability-appropriate comprehensive initial pain assessment is conducted for any patient reporting or suspected of having pain. The details of the initial pain assessment may vary depending on the clinical presentation and setting.
- The intensity of a patient's pain should be recorded using the age- and comprehension specific scales reflected in the facility's current pain education program. It is acceptable to document the absence of pain without using a pain scale.
- Patient Education: When indicated by the patient's condition or assessed needs, the patient and family/significant others will l be educated in the risk for pain, the importance of effective pain management, the pain reassessment process, and methods for pain management.
- Pain is documented in the Meditech documentation system per the facility documentation policy.

Reasons for poor pain management

1. Lack of adequate assessment
2. Physician's under-prescribing pain medications
3. Nurses under medicating
4. Patient under-reporting pain

Comprehensive Pain Assessment

1. Intensity (using an age-appropriate pain scale when practical and available),
2. Site(s), and
3. Nature (e.g. dull, sharp, throbbing, stabbing, and radiating).
4. What increases or exacerbates the pain
5. What alleviates or decreases the pain

Reassessment of Pain (Evaluation)

1. At a minimum reassessment will be each shift.
2. With complaint of pain.
3. Following interventions intended to lessen the patient's pain, e.g. administration of pain medications, application of cold packs, or repositioning.

4. Within a clinically appropriate time frame (e.g. within a half hour of intravenous doses or within an hour of an oral dose). **Follow facility policy regarding reassessment documentation in Meditech.

Reporting Care Concerns to The Joint Commission

The Joint Commission standards provide for each accredited facility to educate its staff and patients on the following:

- Any employee, patient or concerned party who has concerns about the safety or quality of care provided in the hospital may report these concerns to The Joint Commission.
- No disciplinary or retaliatory action can be taken against an employee or patient when they do report safety or quality concerns to The Joint Commission.
- The Joint Commission's Office of Quality Monitoring is interested in the details of every complaint, although they cannot serve as complaint mediators, they can use the information provided to identify possible noncompliance with accreditation or certification standards.
- For direct resolution of any identified safety or quality complaint, you may want to bring your issue to the attention of the health care organization's leadership.

EMTALA

The Emergency Medical Treatment and Active Labor Act (EMTALA) was part of 1986 COBRA law. The purpose of the law was to prevent patient dumping because of inability to pay. EMTALA is a much larger scope. It applies to all individuals who present to the Emergency Department or anywhere in the hospital grounds and request examination and treatment of a medical condition. An appropriate medical screening examination must be performed by a licensed independent practitioner to determine if an emergency medical condition exists.

A triage assessment by a nurse is not considered an appropriate medical screening examination. The patient must be seen by a licensed independent practitioner qualified to perform the medical screening examination. If a patient asks about insurance, payment or specific clinical services offered, tell the patient that our facilities will provide an appropriate medical screening examination and treatment regardless of the patient's ability to pay or insurance.

If the patient has an emergency medical condition, there is a duty to stabilize the patient. If the patient is transferred, an appropriate transfer must be made. An appropriate transfer includes:

- Medical treatment to minimize any risks of transfer;
- The receiving facility accepts the patient prior to the patient leaving the hospital; transfer is effected with qualified personnel; appropriate transportation, and any medically appropriate life support measures or equipment;
- A certificate of transfer is completed; and copies of all medical records relating to the patient's emergency condition available at the time of transfer are sent.

A supervisor must be notified of any patient transferring from our facilities to another outside facility.

Patient Rights

All patient care and patient-related functions will be performed with an overriding concern for the patient and his dignity as a human being. Healthcare providers and service providers in the HCA Mountain Division Facilities will at all times and in all acts observe and respect the moral and legal rights of each patient as set forth in the Patient Bill of Rights.

Each patient is provided with a written statement of patient rights and notice of privacy practices. These statements include the rights of the patient to make decisions regarding their medical care, the right to refuse and accept treatment, the right to informed decision making, and the patient's rights related to his or her health information maintained by the facility.

Language Translation/Sign Language/Special Needs

The HCA Mountain Division Facilities provide an environment that enables patients and individuals with special communication needs to fully and equally participate in and benefit from the services, education, facilities, privileges, and accommodations of our facilities.   Each facility has the availability of language translation/sign language services at no cost for communication with our patients.   Please review the facility specific policy regarding who to notify for accessing the appropriate translator or accessing any special need items.

National Patient Safety Goals

The purpose of the National Patient Safety Goals (NPSG) is to improve patient safety. The goals focus on problems in health care safety and how to solve them. The Joint Commission NPSG are integrated into our patient care delivery system. The goals protect patients, protect healthcare personnel and promote quality healthcare. Please review the information by accessing the following link:
http://www.jointcommission.org/standards_information/npsgs.aspx

Infection Control Overview

There is an effective HCA Mountain Division wide program for the surveillance, prevention and control of infection. A coordinated process is used to reduce the risks of endemic and epidemic hospital associated infections in patients and health care workers, which is based on sound epidemiologic principles and research. The key to reduce the spread of infection is the practice of hand hygiene. Wherever you work you can protect your patients and yourself from hospital acquired infections by washing your hands or using alcohol-based hand sanitizer.

Practice Hand Hygiene

WHAT: Soap and Water

WHEN:

- Whenever hands are visibly soiled
- Before entering a room for patient care.
- Between Patient Contacts
- After touching environmental surfaces or equipment
- After sneezing, coughing, or blowing your nose
- After using the bathroom
- Before and after eating, handling food, or smoking
- Any patient being treated for CDiff

WHAT: Alcohol based Instant Hand Sanitizer

WHEN:

- Before entering a room for patient care.
- Between patient contacts
- After touching environmental surfaces or equipment
- After sneezing, coughing, or blowing your nose
- After using the bathroom
- Before and after eating, handling food, or smoking
- Before and after any invasive procedure.

Fingernail Guidelines

Fingernails must be neatly manicured and no longer than ¼ inch past the end of the finger in the patient care areas. Acrylic and sculptured nails are not permitted in patient care areas or by employees that prepare items for patient care use. *Gel nails are unstudied and may pose the same risk to patients as artificial nails, and are therefore prohibited in patient care areas or by employees that prepare items for patient care use.*

Social Media Guidelines
Blogs, Twitter, Facebook, wikis, text messages etc: Thanks to social media, we can share our lives with family, friends, coworkers, and communities more easily and dynamically than ever before. Because technology has changed the way we are "connected", it is important that we rethink exactly how this affects our utmost responsibility – caring for our patients.

That's why we've developed guidelines to clearly state how we can work together to honor our patients' rights to privacy and uphold our facility's reputation while enjoying social media. To be successful, it's going to take all of us actively monitoring ourselves including DHP's that come and assist us. Facility sites and systems are also routinely monitored to prevent any avoidable releases of sensitive information. See below for guidelines on social media as it relates to the work that you do.

Protect our Patients
- Protected Health Information (PHI) is by nature not social, so it does not belong on any blog or social site under any circumstances.
- Always direct questions from the media to our Marketing Department or House Supervisor in the facility you work for.

Add A Disclaimer
- Somewhere on each account (Facebook, Twitter, etc.), explaining your views are your own. You can keep it simple, like: "The opinions expressed here are my own views."

Don't Assume Privacy Anywhere on the Internet
- No matter what your settings are or who you think can access.
- If it's negative, keep it offline.
- You can be held personally liable for any post considered defamatory, obscene, or libelous by any offended party regardless of the site or context.

Follow the Photo/Video Policy
- Policy on photos and video can be found on Policy Tech or call the Marketing Department at the facility you work in for clarification.

Get Written Permission From the Facility You Work In
- Before posting anything online that doesn't belong to you such as copyrighted photos.

Privacy Settings
- The use of strong passwords help protect you. And beware of suspicious links; these could load spyware of malicious programs on your computer or steal your personal information.

Ask a Question
- If you need help deciding on what is okay to post or if you see a possible violation.
- Contact your director or Facility Privacy Official (FPO), Facility Ethics and Compliance Officer (ECO), or report a violation by calling the Ethics Line at 1-800-455-1996.

Signs of Abuse and Neglect
Report any suspected abuse and/or neglect to the House Supervisor or your contact Department Director immediately.

Emergencies and Emergency Care
Appropriate response to medical emergencies requires rapid assessment and prompt intervention to avoid further deterioration of the patient.   Hospital medical emergencies are usually announced through pre-designed codes in use by the facility. (See individual facility Emergency Code listings)

As a participant in the Institute for Healthcare Improvement's "100,000 Lives" campaign and in compliance with The Joint Commission's National Patient Safety Goal #16, "*Improve recognition and response to changes in a patient's condition,"* Rapid Response Teams (RRTs) or Medical Emergency Teams (MET) have been implemented throughout our facilities.   These teams, the make-up of which varies, typically consist of critical care nurses, respiratory therapists, and hospitalists if available.   These teams may be in addition to the Code Cardiac Arrest Team or may be the same team.   The concept is to give the bedside caregiver additional assistance when a patient begins to deteriorate and before cardiac or respiratory arrest.   Criteria and guidelines for activating the RRT/MET teams may vary from facility to facility but the basis is the deterioration of the patient.   Precious time is not wasted trying to locate the attending physician and the team works with and communicates with the attending physician after the patient is stabilized.

Core Measures
The Core Measures are mandated by CMS, the Centers for Medicare/Medicaid services, and are publicly reported on the internet. They are linked to hospital reimbursements for Medicare and Medicaid patients. Third party payers are basing reimbursement on core measures performance, aka, "pay for performance".

Each HCA Mountain Division hospital is currently monitoring the following key Core Measures. Each of these conditions have several specific procedures or required care measures that are scrutinized. Examples of core measures include and are not limited to the following:

1. Heart Failure
2. Acute Myocardial Infarction
3. Pneumonia
4. Surgical Care Improvement
5. Childhood Asthma Care
6. Hospital Outpatient Test and Treatment
7. Perinatal Care
8. Stroke
9. Venous Thromboembolism
10. Hospital Based Inpatient Psychiatric Services
11. Emergency Department Initiatives

SBAR(R) Clinical Support Tool:
Communication Tool 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.

This simple, yet highly effective communication technique can be used when:
- A nurse is calling a physician
- Nurses are handing off patients to one another
- Nurses are transferring patients to other facilities
- Nurses are transferring patients to another area for procedures
- Nurses are transferring patients to another level of care

Communication breakdowns between health care providers are a central feature in episodes of avoidable patient harm.

Why SBAR? 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.

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.

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

Improving Patient Experience
Patient satisfaction is a performance measure for the HCA Mountain Division facilities. The patient's perception of his or her care is a tangible reflection of your delivery of quality care. The HCA Mountain Division facilities participate in the HCAHPS Survey that is an assessment of patient satisfaction. The HCAHPS Survey assesses patient perception of FREQENCY and CONSISTENCY of staff behaviors throughout their stay. (Never, Sometimes, Usually and Always). The HCAHPS Survey assesses patient perception of interaction with nurses and doctors. All staff must exhibit the behaviors because the patient may not remember who was a nurse or doctor.   As part of our commitment to improving the patient experience, we use tools like hourly rounding and key actions and key words to help meet our patient's needs.

Dedication to exceptional customer service is required while working for HCA Mountain Division. How a patient feels about their experience with us will pave the path to them coming back for future services. The bottom line is having a service-focused approach is what will differentiate us from our competitors. We need DHP's to be part of our initiative to see people as people and not just the next admit or task assignment.

I CARE Customer Service Model

- Introduce yourself to patients and explain your role in care today.
- Call the patient by his/her preferred name.
- Use appropriate touch: handshake, a touch on the arm.

- Sit at the bedside for at least 5 minutes per shift to plan/review care.
- Compliment a member of the care team to the patient each shift.

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 facilities to be aware of the laws regarding fraud, abuse, 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 facilities' 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).

Employees, including management, and any contractors or agents of Company-affiliated facilities should be aware of related facility policies regarding detection and prevention of health care fraud and abuse. These policies and procedures can be accessed on Atlas, the Company's Intranet site, or the Company website at www.hcahealthcare.com. The following are some of the policies that are relevant to this policy and to the prevention and detection of fraud and abuse: (1) EC.025- Reporting Compliance Issues and Occurrences to the Corporate Office Policy; (2) EC.003-Self-Reporting; (3) REGS.BILL.005-Confirming and Processing Overpayments; (4) REGS.GEN.001-Billing Monitoring; and (5) RB.009-Errors in Reporting.

Please review specific policy detail by state provided by accessing the following link: http://hcaethics.com/policies/ll.dot

Definition: **Contractor** or **agent** includes any contractor, subcontractor, agent, or other person which or who, on behalf of the facility, furnishes, or otherwise authorizes the furnishing of Medicaid health care items or services, performs billing or coding functions, or is involved in monitoring of health care provided by the facility.

Emergency Codes
It is important to note that each facility in the HCA Mountain Division has their own designations/color assignment of Emergency Codes. Refer to the General Emergency Code Chart information and procedure detail for each type of code. There is also a list of facilities and what color designation they use is in this section for review. Talk with your Department Manager or Supervisor if you have questions.

GENERAL EMERGENCY CODES This list is not intended to be all inclusive and may vary slightly by facility. Please check with each facility you work in for specific code information.	
DEFINITION	PROCEDURE

FIRE	1. RACE:
	    Rescue – patient & visitors
	    Alarm – pull nearest fire alarm
	    Confine – close doors
	    Extinguish – with fire extinguisher
	2. Evacuation would be ordered by security or an administrator and would move first laterally through the nearest fire doors.
	3. Full evacuation will be directed by hospital administration and local fire department

Medical Emergency	1. Call for help 2. Dial operator and give location of code blue, let the operator hang up first 3. Begin CPR 4. Respond with department crash cart to the code blue location
Missing Infant or Abduction	1. Check department for unauthorized personnel 2. Be alert for anyone carrying an infant or an item large enough to conceal an infant. 3. If abduction is someone other than an infant, be alert for person matching description given in overhead page 4. Staff should stand by all stairwells, doors, elevators and be alert for anyone or anything suspicious 5. If you see a suspicious individual or person matching the overhead description, maintain visual contact with the person 6. Approach the individual at your discretion, informing them that an emergency has occurred and not to leave the building 7. Keep yourself safe at all times 8. Call security to clear them for exit 9. If the person will not wait/stop, give a detailed description of physical characteristics and clothing to Security and if they exit the building, observe the automobile, license plate, and direction they went
Bomb Threat	1. Call 911 and report to Administration, Security or House Supervisor immediately to report the threat.
Active Shooter	1. Check department for unauthorized personnel 2. Be alert for anyone with a weapon 3. If you see a suspicious individual, Call 911 and notify security 4. Keep yourself safe at all times Run – if there is an accessible escape path, to evacuate the premises Hide – if evacuation is not possible, find a place to hide, silence phones, call 911 if possible if you cannot speak, leave the line open and allow dispatcher to listen Fight – as a last resort, and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter
Combative Situation or Manpower needed	1. Call for help 2. Call security/operator, tell the security officer/operator location of code stat team 3. Await for help to arrive
Disaster/Mass Casualty	1. Remain in the department unless reassigned by the Command Center 2. Gather all available beds, stretchers and wheelchairs 3. Assist with the Bed Status Count, noting which patients are appropriate for discharge or transfer 4. Remain in current location until relieved
Life Threatening	1. Call security to report hostage situation

situation or Hostage Situation	2. Check department for unauthorized personnel 3. If you see a suspicious individual or person matching the overhead description, maintain visual contact with the person 4. Approach the individual at your discretion, informing them that an emergency has occurred and is not to leave the building 5. Keep yourself safe at all times 6. Call security to clear them for exit 7. If the person will not wait/stop, give a detailed description of physical characteristics and clothing to security and if they exit the building, observe the automobile, license plate, and direction they went

Specific Facility Code Color List:

CODE	HOSPITAL	DESCRIPTION	ALTERNATE DESCRIPTION
RED	West Valley, St Marks, Lone Peak, Timpanogos, Alaska, ORMC, Brigham, EIRMC, Lakeview, Mountain View, Cache Valley	Fire	
BLUE	West Valley, St Marks, Lone Peak, Timpanogos, Alaska, ORMC, Brigham, EIRMC, Lakeview, Mountain View, , Cache Valley	Cardiac/Respiratory Arrest, Medical Emergency	
GRAY	West Valley, St Marks, Lone Peak, Alaska	Security/Manpower needed	Hostage Situation (Cache Valley)
PINK	West Valley, St Marks, Lone Peak, Timpanogos, Alaska, ORMC, Brigham, EIRMC, Lakeview, Mountain View, Cache Valley	Infant abduction and/or missing person	Cardiac/Respiratory Arrest Infant WVMC
GREEN	Timpanogos, Lakeview, ORMC, Brigham, Mountain View	Manpower	
ORANGE	West Valley, St Marks, Lone Peak, Lakeview,	Bomb Threat	Hazmat (WVMC, Alaska, EIRMC)
SILVER	West Valley, St Marks, Lone Peak, Alaska, ORMC, Brigham, EIRMC, Lakeview, Mountain View, Cache Valley	Hostage/Active Shooter	Active Shooter (St Marks, Cache Valley)
BLACK	EIRMC	Hostage	

Specific Facility Code Color List - continued:

CODE	HOSPITAL	DESCRIPTION	ALTERNATE DESCRIPTION
WHITE	St Marks, Lone Peak, Alaska,	Life threatening situation/hostage	Pediatric Cardiac/Respiratory Arrest (Alaska), Emergent Delivery (Mountain View), Disaster/Pandemic Readiness (Cache Valley)
AMBER	West Valley	Infant/pediatric abduction	
PURPLE	St Marks, Lone Peak, Timpanogos, Cache Valley	Stroke Alert	Imminent Security (Timp), Child Abduction (Alaska)
YELLOW	West Valley, St Marks, Lone Peak, Timpanogos, Alaska, Lakeview	Disaster	Sepsis (WVMC), Bomb Threat (Timp & Alaska, ORMC, Brigham, Mountain View, Cache Valley)
INTERNAL	West Valley, Alaska, ORMC	Disaster Internal	
EXTERNAL	West Valley, Alaska, ORMC	Disaster External	
STROKE ALERT	ORMC		
RUSH	West Valley	High Volume crisis/staffing support needed	
BAT	West Valley	Brain Attack Team	
WALKER	West Valley	Patient Elopement	
SEPSIS	St Marks, Lone Peak	Septic Patient	
STEMI-CARDIAC	St Marks, Lone Peak	Stemi Alert	
TRAUMA ALERT	St Marks, Lone Peak, EIRMC	Trauma Activation	
MEDIC	West Valley	Medical emergency anywhere on campus	
NEO	Timpanogos	Infant Medical Emergency	
66	EIRMC	Disaster	
5	EIRMC	Combative Person	
M	ORMC	Missing Person	
D	Timpanogos	Disaster	
Disaster	Mountain View	Disaster	
RAPID RESPONSE	Cache Valley	Acute Change in Patient	
HELP	Cache Valley	Agitated Visitor/Patient Non-Medical Help	
EVAC	Cache Valley	Evacuation of Building	
SCARLET	Cache Valley	Labor & Delivery Emergency	

STATEMENT OF COMPLETION FOR
Mountain Division DHP General Orientation Attestation

- Introduction to HCA Mountain Division / Mission and Values Statement
- General Information
  - Location of Parking
  - Daily Use Badge Information
  - HCA Smoking Policy
  - Policy & Procedures
  - Conflict Resolution
  - Occurrence Reporting
  - Performance Evaluations & Competencies
  - Fire Safety
  - Background Investigations
  - Product Pre-Approval Requirement

- Equipment Safety
- Electrical Safety
- Back Safety
- Hazardous Materials/SDS
- OSHA
  - Blood-borne Pathogens
  - PPE
  - TB
  - CDIFF
  - MRSA

- Disaster Preparedness
- HIPPA

- Cultural Competence
- Patient Safety
  - No Pass Zone
  - Fall Prevention
  - Verbal Orders

- Assessing and Managing Pain
- Reporting Care Concerns
- EMTALA
- Patient Rights
- Language Translation/Sign Language/Special Needs
- National Patient Safety Goals
- Infection Control Overview
  - Hand Hygiene
  - Fingernail Guidelines

- Social Media
- Signs of Abuse and Neglect
- Emergencies and Emergency Care
- Core Measures
- SBAR
- Improving Patient Experience
- False Claims Act Summary
- General Emergency Codes Overview

**Please sign and fax this Attestation to Parallon Workforce Management Solutions at 1-866-361-2812.

My signature indicates that I have received training on the topics above and have been given the opportunity to ask questions. I understand that I may obtain more information by contacting the appropriate facility resource person.

Printed Name:_____   Company Name: _____

Signature:_____   Date: _____

SUPPLEMENT SECTIONS

ALASKA REGIONAL

H O S P I T A L

Our Mission
A caring partner improving health for life
"To care for our patients as we would our most cherished loved one"

Our Vision
Alaska Regional Hospital will be the hospital of choice for Alaskans who are looking for an extraordinary experience.
Patients will choose us.
Employees will want to stay and grow with us.
Physicians will want to partner with us.

Our Values
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.

ALASKA REGIONAL
H O S P I T A L

*__Emergency Codes (Dial *86000)__*
Review this information periodically. Remember your badge card has information specifying what each code means. Periodically review what your responsibilities are in each code as it is imperative that every employee know what to do in each code situation. Do not ignore hospital code drills. This is an important practice simulation to ensure everyone knows what to do to be safe.

With our phone system we have a key on patient area phones that is programed to call dial *86000 immediately when touched. Know your role on your unit.

Code RED   Fire Emergency
Code BLUE   Adult Medical Emergency
Code WHITE   Pediatric Medical Emergency
Code GRAY   Combative Person
Code ORANGE   Hazardous Chemical Spill
Code PINK   Infant Abduction
Code PURPLE   Child Abduction
Code SILVER   Weapon &/ Hostage Situation
Code YELLOW   Bomb Threat Rapid Response Team
Code "Triage External"   External Disaster
Code "Triage Internal"   Internal Disaster

**Everyone should participate in a Code Pink and Code Purple if at all possible; go to exits and stairwells; confront individuals with infant or child and be sure to check bags, boxes- anything that could hold an infant or child.

Alaska Regional Hospital Campus Parking Map

ALASKA REGIONAL HOSPITAL
a world of caring

Garage Level P1 - Open to ARH staff (24 hours)
Garage Level P2 - Reserved for Directors/Physicians (Mon-Fri, 8 am-4 pm)
    - Otherwise open to ARH staff (Mon-Fri, 4 pm-7:30 am & Weekends/Holidays)
Garage Level P3 - Off limits to ARH staff

Alaska Regional MOB Parking
(Off limits to ARH Staff)

Airport Heights Drive

Plaza Employee Parking

ARH Plaza Staff Parking

Open to ARH Staff called in after 12 am

DeBarr Road

PLAZA

ARH MOB (P1, P2, P3)

ARH Staff Parking

ER

Main Hospital

MOB A

MOB B

MOB C

Patient & MOB B Employee Parking

Patient & MOB C Employee Parking

ARH Staff Parking

MOB A Employee Parking

Valet Parking Lot

* PLEASE NOTE - Undesignated areas are for PATIENT & VISITOR parking only

MOUNTAINSTAR

Brigham City
Community Hospital

Welcome to Brigham City Community Hospital!

We have three eDHP kiosks.
They are located in Supply Chain, the Operating Room and outside the Emergency Department (ED) registration area.
If you are here at night, you must use the ED kiosk.

During the day, please call
Jordan Lang in HR at 435.734.4206 or
Cindy Wheelwright in Supply Chain at 435.734.4320
with any questions.

If you are a new DHP or have not yet been credentialed through Parallon, please call 855.727.2967.

Brigham City Community Hospital Mission Statement
Our mission is to meet or exceed the expectations of those we serve by always providing compassionate, quality, cost-effective health services.

Vision Statement
We will be the provider of choice in our primary service area by following our mission and by living the value statements every day.

Value Statement

+ We believe that our patients have the right to make decisions as it relates to their healthcare and treatment.

+ We believe that our patients have the right to dignity, confidentiality and privacy.

+ We will maintain our facility to ensure it is conducive to the health, safety and welfare of our patients and staff.

+ We believe in empowering our employees to participate to participate in quality of care decision making and delivery of care.

+ We will promote competency of practice in every clinical setting.

+ We will promote wellness in our community.

1. Admitting
2. Gift Shop
3. Information Desk
4. Cafeteria
5. Kitchen
6. Pharmacy
7. Materials
8. Plant Operations
9. Staff Restroom
10. Staff Restroom
11. IMC/Patient Rooms
12. Family Waiting Area
13. Patient Rooms
14. Empty
15. Med/Surg Nurses Station
16. Med/Surg Supplies
17. Clean Linen
18. HIM Storage
19. HSK Storage/Laundry
20. Risk Managers Office
21. Case Managers Office
22. Patient Room
23. Storage
24. Med/Surg Staff Room
25. Electrical Room
26. Patient Rooms
27. Linen Holding
28. Dexa
29. Patient Rooms
30. L&D Office
31. Nursery
32. L&D Staff Room
33. L&D Nurses Station
34. L&D Patient Rooms
35. L&D Supplies
36. Physician Lounge
37. Nurses Changing Room
38. Central Sterile
39. OR Managers Office
40. OR Suites
41. OR Supplies
42. Recovery room
43. Same Day Surgery
44. Specialty Clinic
45. PT/Cardiac Rehab
46. Board Room
47. Dr. Ashdown's Office
48. SDS Waiting Room
49. Lab
50. Dietitian / Clinic
51. ER Waiting Room
52. ER Registration
53. Radiology
54. Respiratory Therapy
55. Emergency Department
56. Family Grieving Room
57. ER Manager's Office
58. Human Resources
59. Health Information
60. Administration
61. Restroom
62. Restroom
63. Cashier
64. CT
65. Nuke Med
66. Physician Lounge
67. Stress Test
68. MRI
69. Patient Room
70. Med/Surg Office

Helipad

Courtyard

Employee Parking

Patient/Employee Parking

Courtyard

Courtyard

Main Entrance

ED Entrance

Urgent
Immediate
Expectant
Child Care
Family Waiting
Supply Carts
Press

F Fire Pulls
V Medical Gas Shut Off Valves
S Spill Cart (located in closet near the Case Managers office)

This map is not to scale, please locate fire pulls, shut off valves, exits, etc. BEFORE an emergency happens.

Patient Parking

Patient Parking

MOUNTAINSTAR

Cache Valley Hospital

Welcome to Cache Valley Hospital

CVH Mission Statement
Our mission is to provide high quality, patient-centered and cost-effective health care which exceeds the expectations of each individual who enters Cache Valley Hospital and our clinics.

Vision Statement
We will transform the health care experience through a culture of caring, quality, safety, service, innovation and excellence, and will be recognized by employees, physicians, patients, volunteers, and the community as:

> ➢ The best place to receive care
> ➢ The best place to work
> ➢ The best place to practice medicine, and

We will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those we serve.

eDHP Kiosk Location

We have one Kiosk located in the hall by Materials Management in the East end of the Hospital.

Who can I contact for assistance?
1. Contact the department director/manager for initial questions.
2. Director of Materials Management
3. Contact Parallon Customer Service
   954-514-1440
   7:00 am to 8:00 pm M-F EST
4. Parallon IT Help Desk
   855-727-2967
   8:30 am to 5:30 pm M-F EST
   After hours, calls are forwarded to On Call Cell Phone
5. Human Resources
   435-713-9590
   8:30 am to 5:00 pm M-F MST

CVH Codes

Code	Meaning
Code Red	Fire
Code Pink	Infant/Child or Vulnerable Population Abduction
Code Blue	Cardiac or Respiratory Arrest
Code Yellow	Bomb Threat
Code White	Disaster/Pandemic Readiness
Code Rapid Response	Acute Change in Patient
Code Help	Agitated Visitor/Patient, Non-Medical Help
Code Evac	Evacuation of Building
Code Gray	Hostage Situation
Code Silver	Active Shooter
Code Scarlet	Labor and Delivery Emergency

Cache Valley Hospital Parking Map

Eastern Idaho REGIONAL MEDICAL CENTER

I am EIRMC

Accountability
- ☆ I will act like an owner.
- ☆ I will pull my weight.
- ☆ I will be fully accountable for everything I do and say.
- ☆ The problem is mine until it is solved.
- ☆ I will appropriately hold others accountable.

Integrity
- ☆ I will be open, honest and appropriate in all communications.
- ☆ I will "take the mail" to the right address, not discussing it with everyone along the way.
- ☆ I will follow through on commitments, large and small.
- ☆ I will speak up, sharing my ideas and concerns.

Respect
- ☆ I will bring a positive attitude to work.
- ☆ I will be on time.
- ☆ Patients and physicians are why I have a job. They are not inconveniences or distractions. I will make the time, and cheerfully spend it on them. I will consistently surprise them by exceeding their expectations.
- ☆ I will show humility for the role I play in the lives of others.
- ☆ All work has dignity. I will appreciate and respect what each EIRMC employee does.

It is a special privilege to serve others as an EIRMC employee. *Improving the lives of those we touch*: that's our mandate. *Those we touch* means our patients, their loved ones, our physicians, our fellow employees, our leaders, and our community. Because **I am EIRMC**, I make a passionate and revolutionary commitment to the following values and associated behaviors. As a team, this is our EIRMC rally cry. As an individual, it is my promise.

Eastern Idaho
REGIONAL
MEDICAL CENTER

- ☆ I will be loyal to our leaders.
- ☆ I will be an ambassador for EIRMC.

Enjoyment
- ☆ Humor and laughter – but never at another's expense or discomfort – will be a daily part of my work.
- ☆ I will greet, smile and welcome each person I encounter.
- ☆ Not only will others see my smile, they will hear it in my voice.

- ☆ I will respect the ways others are different from me, knowing that from the richness of us all, we are unstoppable.
- ☆ Everyone I come into contact with will know that I truly care.

Quality
- ☆ I will anticipate the needs of those I serve.
- ☆ I will crave both new knowledge and new experiences.
- ☆ Every day, by delivering my very best, my work will make a difference.
- ☆ When identifying a problem, I will also identify potential solutions.
- ☆ I will constantly look for ways to turn "good enough" into "even better."

Loyalty
- ☆ I will build teamwork by being a good team member.

Parking at EIRMC

Employee Parking*
Visitor Parking*
e Physician Parking*
•Mixed Use Parking*

*A/I lots subject to exception noted by reserved signage

Employee

Visitor Parking

Mixed Cancer Center Visitor

Mixed

Channing Way

Main Entrance

Visitor

Visitor

Visitor

Employee

ER Entrance

NICU Entrance

Visitor

Employee

Visitor Physician

Visitor

Visitor

MOB Entrance

Employee

Visitor

Mixed Use Parking for MOB

Washington Parkway

Sunnyside Road

Locator

1st Floor

Eastern Idaho
REGIONAL
MEDICAL CENTER

Directional Dot Guide

To Main Elevators
To Emergency
To X-Ray/Imaging

▶ To Lobby ▶
◀ To Cafeteria
To Women's Center
To Surgical Admissions

Elevator
Emergency Room Entrance

Guest Lounge and Admissions

Security/ IF Police

Wellness Center at EIRMC and Medical Office Building

ER

N
W — E
S

Lab
Lab Guest Lounge
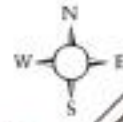
Wound Care & Hyperbaric Medicine
Guest Lounge

X-Ray/Imaging

Main Elevators

Medical Records
HR

Business Office

Guest Lounge

NICU Visitor Parking

Admissions

Gift Shop

Main Entrance (Lobby)

A
B

Elevator to Surgical Check-In (2nd Floor)

Cafeteria

Cardiac & Pulmonary Rehab

NICU Entrance

Women's Center Entrance

To Sunnyside Office Building

2nd Floor

Elevator

Infusion/ Cardiology Guest Lounge

Outpatient Cardiology Services

Infusion

ICU-A

ICU-B,C

Intensive Care Unit (ICU)

ICU Guest Lounge

Main Elevators

Pediatric ICU

Chapel

Surgical Guest Lounge

EEG

Elevator

Ambulatory Surgery Check-In

Pre-Admission Testing & CCP Check-In

3 - 6 Floor Key

3rd Floor
- Pediatrics
- Surgical
- Orthopedics

4th Floor
- Cardiac Care
- Stroke

5th Floor
- Medical
- Oncology

6th Floor
- Rehabilitation Unit
- Transitional Care Unit

1.	Materials Management Office located on the first floor near the loading dock.
2.	OR Break Room located on the second floor in the surgical services area.

Eastern Idaho Regional Medical Center - Initial Safety Considerations for New Hires
Welcome to EIRMC as a new employee. Prior to your first day of work there are a few essential safety items you need to read and review. Please carefully examine this packet of information and sign below that you understand this material. More detailed information is available in Staff Safety Review that is required for you to complete during your first 30 days of employment.

When you have reviewed the following information, please sign and return to the Human Resources Department prior to starting work.

1.	Fire Safety
2.	Emergency Codes
3.	Disaster
4.	HIPAA
5.	Workplace Violence
6.	Electrical Safety
7.	MRI Safety
8.	Oxygen Safety
9.	Infection Control
10.	Hazards in the Workplace
11.	Safe Food Handling
12.	Infant Security
13.	Restraints
14.	Early Heart Attack Care
15.	Hazardous Communication

Fire Safety
The Emergency Fire Plan applies to all areas of the Medical Center Campus. All EIRMC Employees and Volunteers are required to know and implement the FOUR BASIC STEPS to take in the event of a fire.

Step 1: REMOVE: Remove patient(s) who are in immediate danger. Take the patient from the room and move
	to a safe location, and close the door as you leave the room.

Step 2: ALARM: Pull the nearest alarm box and dial 2222. Give the exact location and extent of the fire.

Step 3: CONFINE: Close all doors and window in the area of the fire to limit the air supply to the fire.

Step 4: EXTINGUISH or EVACUATE: Try to extinguish only very small, easily controlled fires, or fires that prohibit the removal of patient. If a fire cannot be extinguished quickly, it may be necessary to evacuate the area to protect patients and others.

Assist patients to: Remain Calm, Move Quickly, Follow Instructions

To use a fire extinguisher:

P: Pull the Pin

A: Aim the nozzle at the base of the fire

S: Squeeze the handle

S: Sweep with side-to-side motions with the nozzle

Emergency Codes
Code BLUE indicates cardiac arrest requiring immediate medical assistance.

Code MET is used for a patient medical emergency or medical crisis requiring urgent medical assistance.

Code STROKE is used if you notice a patient, visitor or coworker showing any of the symptoms of a stroke.

Code PINK is called whenever there is a missing infant, child or adult.

Code ORANGE is used for all Hazardous Events involving chemical, radiological and biological substances.

Code SILVER is used to help protect yourself and others during an active shooter situation.

Disaster
CODE 66 is the code for a Disaster. It may be activated for any event/incident that affects normal hospital operations.

CODE 66 Standby: Notification is received of a potential incident which MAY affect normal hospital operations.

CODE 66 Activation: Notification is received of an incident which WILL affect normal hospital operations.

Employees are not to enter through the Emergency Department entrance. Employees must have and wear identification badges.

HIPAA
Health Insurance Portability and Accountability Act (HIPAA) is a federal law designed to protect health insurance coverage, to improve access to health care, and to reduce fraud and abuse.

The act describes what information is protected and who should have access to protected information.

Workplace Violence
Violence in the workplace is defined as an act of aggression directed toward our staff and can range from offensive behaviors to those that can be life threatening.

EIRMC has a ZERO TOLERANCE policy for any verbal and physical acts of violence directed at our staff. Call "5000" or press the panic button located throughout the hospital if you feel threatened.

Electrical Safety
1. Before you attempt to operate an electrical device, know why it is being used, what it does and how it functions.

2. Know the unique problems and hazards for each electrical device you use.

3. Practice basic electrical precautions.

4. Check the plug, ground prong and wiring.

5. Know your limitations, ask for help

Report the disrepair of any electrical equipment to Engineering or Bio-Medical Services.

Grounding is the single most important principle in electrical safety.

MRI Safety
An MRI system is not an inherent biological hazard. However, hazards can arise when certain items enter the MRI system.

Don't forget to remove change, pens, jewelry, watches, and keys from both staff and patients before entering the MRI field.

Thoroughly screen patients prior to MRI. Use equipment approved for MRI.

Oxygen Safety
Safety tips when working with oxygen cylinders

1. Use a cart to transport or move oxygen cylinders

2. Never position an oxygen tank between a mattress and bedrail

3. Close the tank valve slowly to avoid pressure shock

4. Keep cylinders and tubing at least ten feet away from any source of heat

5. In an emergency – only Respiratory Therapy, engineering or the Nursing Supervisor are permitted to turn off the medical gas

6. 12 full oxygen cylinder tanks are permitted, per storage area

7. Properly store oxygen cylinders in the vertical position and in designated areas only

8. Oxygen tanks should never be left unsecured

Infection Control

Hand Hygiene the single most effective means of preventing the spread of infection. Hand hygiene includes:

1. Diligent use of soap and water or hand sanitizer to reduce the transmission of pathogenic organisms to patients and personnel in healthcare settings, before and after direct and indirect patient care, and when removing gloves.

2. Keeping nails clean and trimmed to ¼ inch long.

3. NO artificial nails or extenders, these are NOT acceptable in patient care areas.

ALL healthcare personnel must use hand hygiene and appropriate personal protective equipment (PPE) when having contact with ALL patients. The type of PPE appropriate for a given task depends on the degree of exposure you anticipate. Choose your PPE wisely and implement Standard Precautions with all patients and expanded precautions as identified.

Personal Protective equipment is Mandatory: The best offense is a good defense, so protect yourself.

1. Do not eat, drink, smoke, apply cosmetics or handle contact lenses in work areas where there is potential for exposure to bloodborne pathogens.

2. Do not store food or drink in refrigerators, freezers, on countertops, or in other storage areas where blood or other potentially infectious materials are present.

3. Place all specimens in designated leak-proof containers and then in a second leak-proof container.

4. Place regulated waste in closeable, puncture-resistant, leak-proof, red-colored bags.

5. Use available safety devices including needless systems, safety needles and safety syringes.

Hazards in the Workplace

EVERYONE who works in or visits our facility can be exposed to hazardous materials, so all personnel must be on guard.

What materials are considered hazardous?

1. Infectious substances

2. Flammable liquids and gases

3. Radioactive materials

4. Toxic chemicals

CAUTION: Before you move, handle or open a chemical container, READ THE LABEL and follow the instructions. If you are still unsure about how to proceed, ask your supervisor BEFORE you act.

Safe Food Handling
Food borne illness is a disease that is carried or transmitted to people by food. To keep our patients safe, learn and follow safe food handling practices.

Employees can minimize food borne illness risk by following proper work practices for:
1. Employee Health and Hygiene
2. Preventing Cross Contamination
3. Time-Temperature Control
4. Pass meal trays and nourishments quickly
5. Timely pick up of meal trays
6. Timely storage of floor stock

Infant Security
1. Staff that work in the Women's Center are identified by pink around their picture on their name tag and gray scrubs with the EIRMC logo.

2. Infants are to be transported in cribs and are only to the leave the Women's Center for testing in other areas of the hospital or discharge.

3. Hospital staff should maintain situational awareness of visitors in the perinatal units acting suspiciously or asking questions about patients and/or hospital security issues.

4. A situation involving a missing infant is called a Code Pink and should be reviewed in Policy Manager.

Restraints
There are only two uses of restraints at EIRMC:

1. Restraints for Non-Violent or Non-Self Destructive Behavior

2. Restraints for Violent or Self Destructive Behavior

Restraints can NEVER be used for staff convenience, retaliation, coercion, punishment or discipline of the patient.

Patients have the right to dignity and respect and we should work with them to allow termination at the earliest possible time.

Restraint alternatives include: Monitoring, Environment measures, Comfort Measures, Interpersonal skills and diversional activities.

Early Heart Attack Care
Heart attacks have early symptoms that occur in 50% of people experience a heart attack and can occur weeks prior to the event.

Identifying early symptoms of a heart attack is the key to prevention.

Recognition of early symptoms is the best way to stop the heart attack process, before damage to the heart muscle occurs.

Hazardous Communication

Safety Data Sheets (SDS) are road maps for communication about hazardous materials and help you to remain safe when handling hazardous substances.

Information on the SDS provides a variety of information about the chemical's name, properties and precautionary measures to take when using chemicals.

MOUNTAINSTAR

Lakeview Hospital

Lakeivew Hospital Mission Statement
Our mission is to provide the quality of healthcare we want our closest loved ones to receive.

Lakeview Vaues

+ A Commitment to Caring

+ Aspiring for Excellence

+ Being Passionate About Life and Work

+ Inspire Others by Our Example

Codes
Blue: Medical Emergency
Green: Manpower
Red: Fire (location)
Pink: Abduction (age, sex)
Yellow: Disaster Alert – stay and secure area
Silver: Weapon or Hostage Situation
Orange: Bomb Threat

Who can I contact for assistance?
Visit with the department director for initial questions.

Parallon Credentialing Customer Service
954-514-1440
7am – 7pm ET Mon-Fri
Email: DHPQuestions.wms@Parallon.com

Parallon IT&S Help Desk
855-727-2967
7am – 6:30pm ET Mon-Fri
After-hours calls are forwarded to on-call cell phone
Email: PWMS.Help@Parallon.com

eDHP Kiosk Locations

1. Pharmacy Hallway (Hospital by ER) – 1st Floor, northeast hallway

2. Materials Management (Hospital) – 1st Floor, west hallway

3. Medical Office Building (MOB 520 Building) – 1st floor, near the Wound Clinic

LEGEND:
- PATIENT/VISITOR PARKING
- EMPLOYEE/STAFF PARKING
- SENIOR GUEST PARKING
- PHYSICIAN PARKING
- EMS/FIRE/POLICE PARKING
- "H" = HANDICAP PARKING

MEDICAL DRIVE

MEDICAL OFFICE BUILDING

MEDICAL ARTS BUILDING

LOADING DOCK

LAKEVIEW HOSPITAL

MAIN ENTRY

SURGERY ENTRY

SOUTH LOT SURGERY PARKING

STORAGE BUILDING

EMERGENCY ENTRANCE

AMBULANCE ENTRY

ED & ACCESSIBLE PARKING

UPPER EAST LOT

MEDICAL DRIVE

H

**LAKEVIEW HOSPITAL
CAMPUS PARKING MAP**

ADM-2023 Vendor/Supplier Facility Relations

Effective: 06/09/03

Revised: 09/16/13

Reviewed: 09/16/13

Job Roles: SC CEO, SCD, ORMM, CRM/FRC, SCT

Purpose: The purpose of this policy is to provide guidance and instructions for sales representatives/vendors who are doing business, or intend to do business with the <Facility/Division>. It is also intended for hospital personnel to assist in understanding how to effectively interface with sales representatives within HCA standards and requirements.

Policy:

Lone Peak Hospital is an HCA entity and as such supports and gives priority to HealthTrust Purchasing Group (HPG) National Agreements for supplies, equipment and services. HPG contract vendors will be seen, and products evaluated in accordance with this policy. Non-HPG contract vendors will not be seen, nor their products evaluated or used in this facility unless an HPG contract for that commodity has not been established, or the SMAT Chairperson has approved an exception. Vendors without a HPG contract and wishing to do business with HCA facilities should reference the following website for the process for submitting information for evaluation: www.healthtrustpg.com

Policy Requirements:

It is incumbent upon each vendor to comply with this policy in all respects. Failure to do so will be reported to the sales representative's company and to HPG. Violation of this policy could result in permanent debarment from doing business with the facility, division, or company.

Facility Responsibility:

Each facility, and the Supply Chain Director specifically, is tasked with adhering and complying with Ethics and Compliance policy EC.023, as well as, policies related to the introduction, evaluation, and purchase of products. Additionally, Supply Chain employees will only accept samples in quantities required for trial purposes. Any unused sample products will be expeditiously and equally disbursed among facility departments, returned to the supplying vendor, or disposed of in an appropriate manner. Guidance and direction for these policies are shaped by the Divisional SCO/CEO and the employees within Supply Chain Services.

Procedure:

CHECK-IN Sales representatives/vendors will follow the facility/division check-in procedures immediately upon entry into the HCA facility. Facility procedures should include:

- Appropriate area to park upon arrival

- Appropriate place to check-in and request an audience with CSC and/or facility staff member.
- An electronic vendor tracking system should be utilized (Rep-Trax, Vendor Clear, etc.) for credentialing and/or badge access.
- Appropriate security procedures (i.e. badge/ID that identifies the individual as a vendor/supplier representative).
- A pre-scheduled appointment is necessary.
- Appropriate waiting area if the appointment is delayed.
- Appropriate areas to conduct business (i.e. non-patient areas)
- HCA Contract Compliance statement and the appropriate introduction of items into facilities.
- Appropriate processing of After Hours or Emergency Orders.
- Ethics and Compliance Policies

Sales Representative Badges:

Sales representatives/vendors must wear the appropriate form of identification, such as badge or nametag, as indicated by the facility policy even when their own company ID is worn.

Appointments:

Sales representatives will not be seen without an appointment. Appointments must be made in advance. Drop-ins or "cold calls" will not be seen unless there is an urgent or compelling reason.

Product Introductions, Changes and Upgrades:

Sales representatives will introduce any new, changed or upgraded products through the facility's Supply Chain Director, Clinical Resource Manager (CRM) or Facility Resource Coordinator (FRC) prior to introducing any product to a facility. Since it is neither possible, nor necessary to meet with every sales representative, sales representatives desiring to introduce products as previously outlined, will mail product literature to the CRM/FRC with a cover letter indicating the clinical and/or financial benefits of the product, and why the facility should consider its use. Additionally, the letter must indicate whether or not the product is included in a current valid HPG contract and provide the contract number. The CRM/FRC will forward the information to the responsible Department Director as appropriate.

Purchase Orders

The Purchasing Department personnel are the only authorized representatives of the hospital allowed to commit hospital funds, and to place purchase orders.

Product Decisions

The Supply Management Action Team (SMAT) comprised of facility executives, key department directors, and the Supply Chain personnel will make the final decision as to whether a product is accepted or rejected based on overall process described by policy SCG-3007.

Non-Contract Vendors

Compliance with HealthTrust Purchasing Group (HPG) contracts is mandatory for each HCA facility. As a result, introduction and/or use of non-contract commodities are not possible unless HPG has not established a

contract for that specific product or commodity. The fact that a company is negotiating with HPG is not sufficient, and until formal written notice is provided by HPG, products or commodities that are not on contract will not be considered or used if a contract for similar items exists.

Contract Vendors

HCA has established sole source, multi/dual-source and optional vendor contracts. It is the Lone Peak Hospital policy to comply with these contracts to the extent indicated herein.

Sole - One vendor with no intention to add other vendors.

Dual - Two vendors only.

Multi - More than two vendors. Confirm and identify number of vendors to the awarded vendors at the time contracts are finalized.

Optional - At least one vendor with the option to add others. It is at the discretion of the facility whether or not to use the contracted vendor.

Business Requirements/Conditions

Vendors desiring to do business with the hospital are expected to provide the following for all products to be considered for use in the hospital if requested:

- Product literature.
- Published information on clinical/technical evaluations, and product trial results.
- Price lists.
- Cost comparisons and analysis to establish financial feasibility of product use
- Product samples at no cost to the hospital and only in quantities required for the four week evaluation timeframe.
- In-service training/education for all nursing units, departments and staff involved.
- List of hospital references (hospitals currently using the product, equipment or service).

Product Trials

Vendors who have received approval to "trial" specific products within the hospital will comply with the following requirements:

- Provide sufficient product to conduct a trial for up to four weeks for designated nursing units or departments. This will be done at no cost to the hospital.
- Provide in-service training/education for all nursing units, departments and staff involved in evaluating trial" products. This will be coordinated by the vendor in advance through the hospital Education Department and with the Supply Chain Director, after approval has been received to trial the product.
- Provide evaluation forms in advance of the trial to help determine efficacy of trial.
- Provide assistance and guidance, and monitor and document the progress of the trial.

New Technology

- Controlling new technology allows facilities to effectively manage the introduction of new products and technology. See SCM-1921 for further information.

Vendors Code of Conduct:

Vendors Will:

A. Comply with this policy in all cases. If there are questions or concerns, the sales representative should address them with the Supply Chain Director (formerly Director of Materials Management). The sales representative will also complete the Vendor Data Sheet form, and attach a current business card.

B. Honor and support hospital decisions regarding product selection or non-selection.

C. Be on time for all scheduled appointments.

D. Assist hospital in all aspects of converting the hospital to the vendor's product, if the product has been approved for trial or use. This includes guidance, instruction, in-service, labor, technical advice and expertise, as the hospital deems necessary.

E. Ensure that no new, or changed products are introduced into the hospital without first gaining approval from the Supply Management Action Team as outlined previously.

F. Ensure that a valid appointment has been made with a surgeon or Operating Room staff member. Vendors will not be allowed in the Operating Room without a valid pre-scheduled appointment.

G. Report to the Operating Room on time when their presence is requested by a surgeon, or other member of the Operating Room staff. Must be fully prepared to support the surgeon or other Operating Room staff member as requested.

H. Ensure that supplies brought in for a surgical case are properly listed and priced on a hospital Special Purchase Request (SPR) upon completion of the case, and that all appropriate hospital vendor forms are completed by the vendor when requested (e.g. orthopedics, pacemakers, etc.).

I. Ensure that all items listed on the Special Purchase Request remain in the hospital, or are used on or implanted in a patient.

J. Ensure that all equipment brought into the hospital for trial, installation or temporary use is inspected by the Bio-Medical Engineering Department prior to issue and use.

K. Follow facility policy regarding use of cellular phones.

L. Understand and adhere to facility code of conduct.

M. Understand the facility's privacy policy as it relates to HIPAA.

N. Understand the facility's Emergency Codes, and respond appropriately.

Vendors Will Not:

A. Use the Operating Room for sales calls. No "cold" sales.

B. Intentionally undermine the hospital in anyway, or for any reason with doctors, patients or hospital personnel.

C. Use the hospital to gain market share at the expense of the hospital, or other HPG contract vendors.

D. Provide free, or at-cost product or product samples directly to hospital employees without prior authorization by the Director of Materials Management. Samples will never be provided directly to staff or patients by vendors under any circumstances.

VENDOR DATA SHEET

Date: _____

DOES YOUR COMPANY HAVE A NATIONAL AGREEMENT WITH HPG: (YES/NO)

IF YES, PLEASE SPECIFY THE CONTRACT # AND PRODUCT LINE
_____
_____

Name of Company: _____

Name Of Sales Representative: _____

Address: _____*(Local)*
Company Telephone Numbers: _____
Company FAX Number: _____

Name & Title of Immediate Manager: _____

Telephone Number of Manager: _____

Parent Company Corporate Address: _____

Corporate Telephone Number: _____

Corporate FAX Number: _____

Name and Title of Corporate Officer Over Your Division: _____

Product Support/Customer Service Telephone Number:

Product Support/Customer Service Emergency Telephone Number: _____
(This should be a 24-hour number that the hospital could contact in the event of a disaster/emergency).

If I have any questions regarding the policy, I will address them with the Supply Chain Director.

_____   _____
Signature of Sales Representative   Date

MOUNTAINSTAR

Mountain View Hospital

MVH Mission and Values Statement

Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we will strive to deliver high quality, cost effective healthcare in the communities we serve.

In pursuit of our mission, we 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 treat all those we serve with compassion and kindness.*

- *We trust our colleagues as valuable members of our healthcare team and pledge to treat one another with loyalty, respect and dignity*.

Vision Statement

We will conduct ourselves in a way that will make patients, physicians, employees and the communities we serve proud of Mountain View Hospital.

Our commitment to patients:

Compassionate Care
Clinical Excellence
Continuous Improvement
Cost Efficiency

Hospital Codes

Dial 1122 – State Problem and Location

Code Blue: Medical Emergency (determine unresponsiveness, start CPR)
Code Red: Fire
Code Green: Extra Manpower Needed
Code Yellow: Bomb Threat (try to keep caller on the phone, have someone call 911)
Code Pink: Missing Person (do not let anyone leave the hospital—when you call, state the age of the person)
Code White: OB Immediate Delivery
Code D: Disaster

DHP Check-in

There are three different check-in stations/options for DHPs. The primary check-in kiosk is in the hall by the main hospital entrance, just south of the front information desk. You may also check-in in our Supply Room by the loading dock or with the secretary in the OR office.

Parking Map
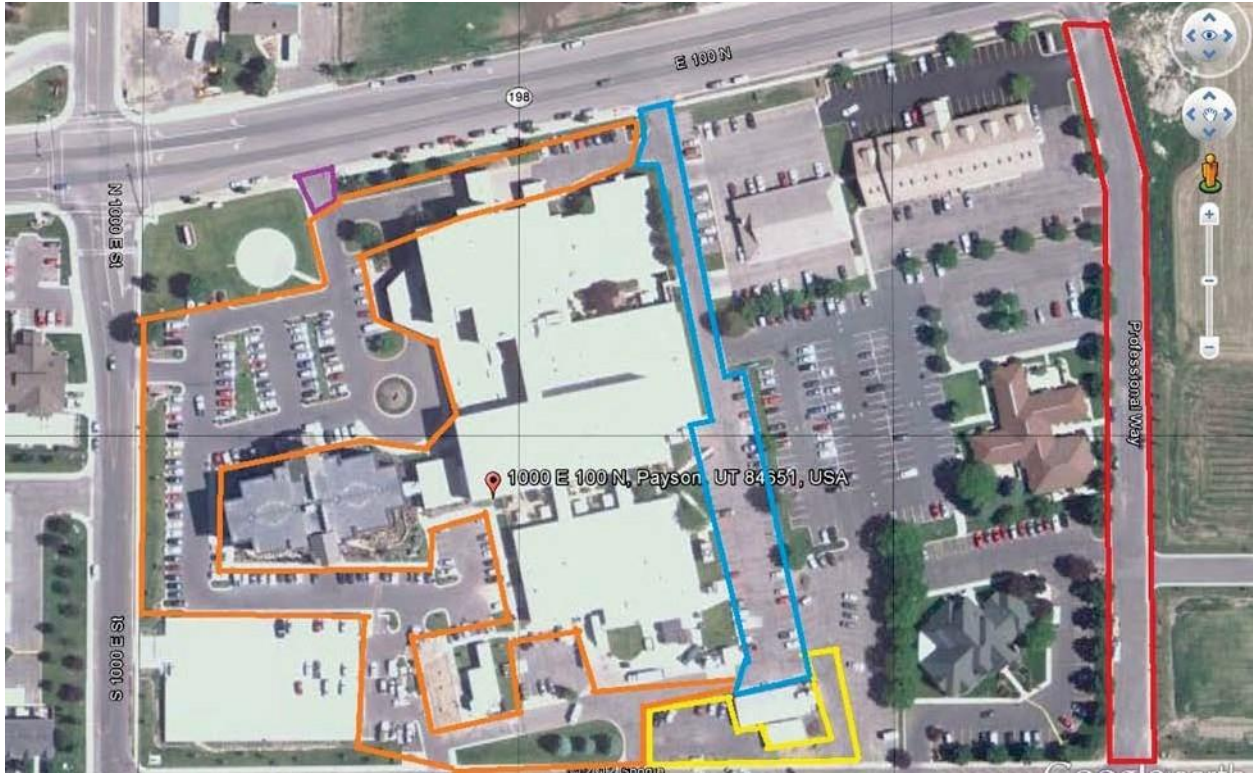
All DHPs/Vendors are encouraged to park in the employee parking area directly east of the area outlined in blue.

MOUNTAINSTAR

Ogden Regional
Medical Center

Mission and Values Statement
Above all else, we are committed to the care and improvement of human life. In recognition of this commitment, we will strive to deliver high quality, cost-effective healthcare in the communities we serve. In pursuit of our missions, we 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**.

Our Vision
Our mission is to improve the well-being of people in the community by providing healthcare services with compassion and respect for each person's worth and dignity in a cost-effective and financially responsible manner.

Core Values

Dignity of Persons
Commits us to respect the personal preferences and values of each individual.

Services
Commits us to give of ourselves in order to respond appropriately to the personal preferences and values of each individual.

Social Justice
Commits us to foster a caring environment where fairness and the personal and professional growth of all individuals is promoted, and through the use of individual and organizational action and influence, the common good of the community is sought.

Welcome to Ogden Regional Medical Center!

We have three eDHP kiosks.
They are located in Materials Management,
outside the Operating Room,
and outside Human Resources.

During the day, please call
Linda Bingham in HR at 801.479.2070 or
Tammy Goodrich in Materials Management at 801.479.2856
with any questions.

If you are a new DHP or have not yet been credentialed through
Parallon, please call 855.727.2967.

ORMC Codes

Code Red – Fire
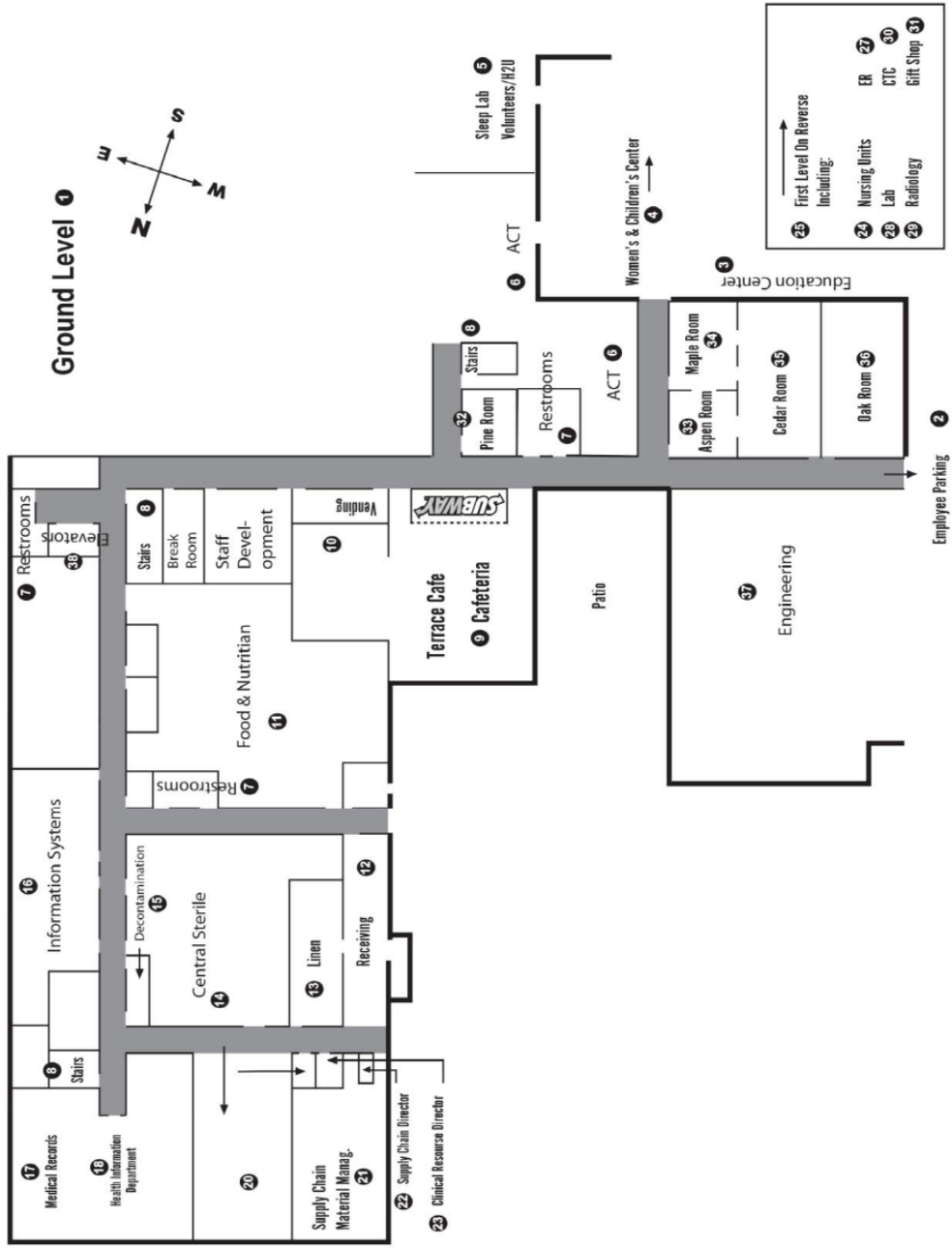
Code Green – Psychiatric Emergency

Code Blue – Medical Emergency

Code Yellow – Bomb Threat

Code Silver – Active Shooter
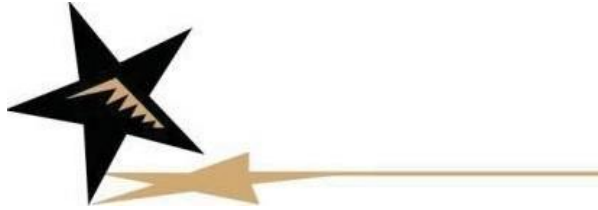
Code Pink – Child Abduction

MountainStar

Ogden Regional Medical Center

Hospital Map

Ground Level ❶

Restrooms ❼

Elevators ㊳

Stairs ❽

Break Room

Staff Development

Vending

SUBWAY

Information Systems ⑯

Decontamination

Central Sterile ⑭

Linen ⑬

Receiving ⑫

Restrooms ❼

Food & Nutrition ⑪

Terrace Cafe ❾

Cafeteria ❾

Patio

Engineering ㉝

Medical Records ⑰

Health Information Department ⑱

Stairs ❽

Supply Chain Material Manag. ㉑

Supply Chain Director ㉒

Clinical Resource Director ㉓

⑳

⑮

Sleep Lab ❺

Volunteers/H2U ❺

ACT ❻

Women's & Children's Center ❹

Education Center ❸

Stairs ❽

Pine Room ㉜

Restrooms ❼

ACT ❻

Maple Room ㉞

Aspen Room ㉝

Cedar Room ㉟

Oak Room ㊱

Employee Parking ❷

First Level On Reverse Including:		
Nursing Units ㉔	ER ㉗	
Lab ㉘	CTC ㉚	
Radiology ㉙	Gift Shop ㉛	

1. Ground level - *Planta baja*
2. Employee Parking - *Estacionamiento para empleados*
3. Education Center - *Centro de Educación*
4. Women's & Children's Center
   Centro de mujeres y niños
5. Sleep Lab/Voulunteers/H2U - *Laboratorio del sueño*
6. ACT - *Tratamiento por alcoholismo y sustancias químicas*
   (ACT, por su sigla en inglés)
7. Restrooms - *Baños*
8. Stairs - *Escaleras*
9. Terrace Cafe - *Café de la terraza*
10. Vending Machines - *Máquina expendedora*
11. Food & Nutrition - *Alimentos y nutrición*
12. Receiving - *Recepción*
13. Linen - *Ropa blanca*
14. Central Sterile - *Esterilización central*
15. Decontamination - *Desinfección*
16. Information Systems - *Sistemas de información*
17. Medical Records - *Historias clínicas*
18. Health Information Department
    (Departamento de información de salud)
20.
21. Supply Chain Material Manag.
    Administración de materiales de la cadena de suministros
22. Supply Chain Director - *Director de la cadena*
    de suministros
23. Clincial Resourse Director -
    Gerente de recursos clínicos
24. Nursing Units - *Unidades de enfermería*
25. First Level On Reverse - *Primer nivel al dorso*
26.
27. Emergency Room - *Sala de emergencias*
28. Lab - *Laboratorio*
29. Radiology - *Radiología*
30. CTC - *Centro de tratamiento oncológico*
    (CTC, por su sigla en inglés)
31. Gift Shop - *Tienda de regalos*
32. Pine Room - *Salón Pine*
33. Aspen Room - *Salón Aspen*
34. Maple Room - *Salón Maple*
35. Cedar Room - *Salón Cedar*
36. Oak Room - *Salón Oak*
37. Engineering - *Ingeniería*
38. Elevators - *Ascensores*

MOUNTAINSTAR
Ogden Regional Medical Center

Hospital Map

47 First Level

1. Surgery Waiting — *Sala de espera para cirugía*
2. Stairs — *Escaleras*
3. Wing 5 – Family Birth Place — *Ala 5 – Hacia la Maternidad*
4. Pre-Op Clinic — *Clínica preoperatoria*
5. Day Surgery — *Cirugía ambulatoria*
6. Elevators — *Ascensores*
7. Restrooms — *Baños*
8. Wing 4 – C-Section Suites — *Ala 4*
9. Quiet Room/Waiting Room — *Sala de descanso – Sala de espera*
10. Board Room — *Sala de reuniones*
11. Marketing & Admin — *Marketing – Administración*
12. Medical Staff — *Personal médico*
13. Chapel — *Capilla*
14. Wing 3 – Medical Oncology Chapel — *Ala 3 – Capilla de oncología*
15. Wing 2 – Surgical/Intermediate Care — *Ala 2 – Atención quirúrgica / intermedia*
16. Pediatrics/Endoscopy/Cardiac Wellness Center/ Employee Health Nurse Intermediate Care Unit — *Pediatría – Endoscopia – Centro de bienestar cardíaco – Empleado enfermero para la salud*
17. Gift Shop — *Tienda de regalos*
18. Social Work — *Trabajo social*
19. Human Resources — *Recursos humanos*
20. Nursing Admin/Pastoral Care/ Sister Stephanie — *Administración de enfermería – Atención pastoral – Hermana Stephanie*
21. **Main Entrance** — *Entrada principal*
22. Main Lobby — *Vestíbulo principal*
23. Information Desk — *Información*
24. Admitting Lab – Admisiones / — *Laboratorio*
25. Business/Cashier Office — *Oficina comercial / de cajas*
26. ICU – Atención crítica de la — *Unidad de cuidados intensivos*
27. Blood Donor Services — *Servicios para donantes de sangre*
28. OutPatient Lab – *Laboratorio para pacientes ambulatorios*
29. Cytology – *Citología*
30. Lab – *Laboratorio*
31. Radiology – *Radiología*
32. Radiology Reception – *Recepción de radiología*
33. Cardic Cath Lab – *Laboratorio de cateterización cardíaca*
34. Emergency Department – *Departamento de emergencias*
35. Ambulance Entrance – *Entrada de ambulancias*
36. Emergency Admitting – *Admisiones de emergencias*
37. Emergency Waiting Room – *Sala de espera de emergencias*
38. Public Entrance – *Entrada pública*
39. Vending – *Máquina expendedora*
40. Cancer Treatment Center – *Centro de tratamiento oncológico*
41. To Medical Arts Bldg. – *Hacia el edificio Medical Arts*
42. Ultrasound – *Ultrasonido*
43. Women's Imaging/MRI/EEG/DEXA – *Imágenes médicas para mujeres / MRI EEG/DEXA*
44. Total Joint Care – *Conjunto Total*
45. To Medical Professional Bldg. – *Hacia el edificio Medical Professional* Ronald McDonald Family- Rm 215 *Familia de Ronald McDonald –* Accouting – Rm 228 *Contaduría de ORMC* Mail Room – Rm 230 *Sala de correo*
46. Ground Level on Reverse – *Planta baja al dorso Incluye:* Alcohol/Chemical Treatment Ctr *Tratamiento por alcoholismo / sustancias químicas* Cafeteria – *Cafetería* Ed. Ctr – *Centro de Educación* Vending – *Máquinas expendedoras* Subway
47. First Level – *Primer nivel* Coffee Vender – *Vendedor de Café*

Map labels

Surgery Waiting 1
Day Surgery 5
Stairs 2
Pre-Op Clinic 4
Stairs 3
Wing 5 To Family Birth Place
Elevators 6
Wing 4 Ceasarean Suites 8
Restrooms 7
Quiet Room 9
Waiting 9
Restrooms 7
Board Room 10
Administration Marketing 11
Medical Staff 12
Business/ Cashier Office 25
Admitting 24
Cytology 29
Out-Patient Lab 28
Lab 30
Radiology Reception 32
Radiology 31
Cardiac Cath Lab 33
Waiting 9
Ambulance Entrance 35
Emergency Department 34
Emergency Admitting 36
Public Entrance 38
Emergency Waiting 37
Vending 39
Cancer Treatment Center 40
Waiting 9
Restrooms 7
Information Desk 23
Main Lobby 22
Gift Shop 17
Social Work 18
Human Resources 19
Coffee Vender 47
Main Entrance 21
Nursing Administration Pastoral Care Sister Stephanie 20
Wing 3 Medical Oncology Chapel 14
Wing 2 Surgical/Intermediate Care 15
Wing 1 Pediatrics Endoscopy Cardiac Wellness Center Employee Health Nurse Intermediate Care Unit (IMC) 16
To Medical Arts Bldg. 41
Ultrasound 42
Women's Imaging / MRI 43
EEG / DEXA
Blood Donor Services 27
ICU Critical Care 26
Waiting Room 9
Chapel 13
Total Joint Center 44

Ground Level On Reverse 46
Including: Cafeteria, Vending Machines, Subway Sandwiches, Alcohol/Chemical Treatment Ctr.

To Medical Professional Bldg. Ronald McDonald Family -Rm 215 ORMC Accounting -Rm 228 Mail Room -Rm 230 45

5475 South 500 East • Ogden, Utah 84405-6978 • (801) 479-2111 • www.ogdenregional.com

MOUNTAIN STAR

St. Mark's Hospital

Mission Statement
To be Utah's Finest Hospital

Vision Statement
To provide care for patients in harmony with our long tradition of quality and compassion

Core Values
- Putting the patient first, and all else will follow
- Servicing the needs of others with compassion
- Doing the right thing with the right attitude (integrity)
- Being the teammate co-workers trust and value

Important Numbers

DEPARTMENT	LOCATION	PHONE	FAX
HUMAN RESOURCES	Human Resources	268-7066	270-3393
INFORMATION	Hospital Operator	0/268-7111	
INFORMATION	Information Desk - Main Hospital Lobby	268-7074	
IT&S	IT& S Help Desk	268-7007	
SECURITY	Security (24 hours)	301-2150	

EMERGENCY MANAGEME NT PLAN

EC- 4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30
Revised 2/07

Environment of Care

Emergency Management Plan

I.   POLICY:
     A.   The board of trustees strives to assure that the hospital is functionally safe and maintains a
          sanitary health care environment for patients of all ages, visitors, employees, volunteers, and
          medical staff by requiring and supporting the establishment and maintenance of an effective
          emergency management plan.
     B.   The hospital is committed to ensuring availability of services to the community, within its
          capabilities, during emergencies while coordinating with all other emergency services.
     C.   The hospital shall comply with all current occupational, health, safety and environmental
          laws and develop the most appropriate operations, procedures and policies to provide such
          conditions.

II. SCOPE, GOALS AND OBJECTIVES:
     A.   The emergency management plan provides a concise, pre-established plan to be implemented
          during a disaster or other emergency to ensure the continuity of patient care.
     B.   The purpose and scope of the emergency management plan is to outline the process that
          supports the hospital's mission and vision statements by providing a safe, comfortable,
          dignified, positive and private environment for patients and visitors as well as a safe work
          environment for employees, volunteers and medical staff in the event of a hazardous or
          emergency condition.
     C.   The emergency management plan provides processes in the following 4 phases:

          Mitigation, these activities eliminate or reduce the effects of hazards. Mitigation begins
          with identifying hazards that may affect the facility and analyzing how vulnerable patients,
          personnel and information resources may be to those hazards.
          •   Procedures to respond to a variety of disasters based on a Hazardous Vulnerability
              Analysis performed by the organization, this Hazard Vulnerability Analysis should be
              reviewed periodically to ensure consistency with hospital and/or community changes.
          •   Priorities of the potential emergencies are identified in the HVA
          •   The organizations role in relation to a community-wide emergency management
              program.
          •   An "all-hazards" command structures within the organization that links with the
              community's command structure.

          Preparedness, these activities build individual and organization ability to manage the
          effects of hazards that actively impact a facility. Some of the important preparedness steps
          include creating an inventory of resources that may be needed in an emergency.
          •   Pre-arranged agreement with vendors and healthcare networks.

2
EC- 4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30
Revised 2/07

- Maintaining an ongoing planning process.
- Holding staff orientation on basic response actions.
- Implementing facility wide rehearsals.
- And staff family well-being.
- Integrating into the State of Utah Comprehensive Emergency Management Plan, as appropriate, to support county- and statewide operations.
- Defining and establishing procedures for the preparation, staffing, organization, activation, and operation of the hospital's role in the event of a community wide disaster.

Response, these activities control the negative effects of emergency situations and are divided into actions that all staff must take when confronted by an emergency such as;
- Initiation of plan.
- Assessing the situation.
- Issuing warning and notification announcements.
- Setting objectives and priorities.
- Serving as a liaison with external groups.
- Minimizing suffering, loss of life, personal injury and damage to property.
- Effective utilization of available resources to prevent or minimize the consequences of a hazardous or emergency condition.
- Notification of staff of plan implementation defining their alternate roles and responsibilities.
- Management of physical plant, space, supplies, both on campus or alternative, and security.
- Providing internal and external communications systems.
- Procedures for partial and total facility evacuation.
- Identification, where appropriate, available facilities for radioactive or chemical isolation and decontamination.
- Management of patients during disaster or emergencies, including the scheduling, modification, or discontinuation of services.
- Control of patient information and admission, transfer and discharge of patients.

Recovery, these actions begin almost concurrently with the response activities and are directed at restoring essential services and resuming normal operations.
- Resuming surgery schedule
- Dispersing of "Employee Pool".
- Disassembling of decontamination area.
- Restoring normal traffic flow.

D. The emergency management plan is designed for operation in a hazardous or emergency condition while continuing to promote and deliver optimal patient care through effective evaluation and improvement of important processes, systems and outcomes of patient care provided by all disciplines within the organization.

E. The program provides an integrated and coordinated effort toward the environment of care which complies with Utah statutes, meets Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Fire and Protection Association (NFPA), Life Safety Code

3

EC- 4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30
Revised 2/07

2000 (LSC), and Occupational Safety and Health Administration (OSHA) standards and assists our facility in controlling losses related to professional and general liability.

F.   Components of the plan:
1.   Safety management program
2.   Bomb threat response
3.   Civil disturbance response
4.   Communication contingency response
5.   Evacuation response
6.   Internal/external disaster response
7.   Facility fire response
8.   Labor troubles response
9.   Security expansion response
10.   Severe weather preparedness response
11.   Security sensitive patient admissions response
12.   Damaged facility response
13.   Utility systems contingency responses
14.   Chemical/Biological response

III. PERFORMANCE STANDARDS:
A.   The emergency management plan works in conjunction with quality, risk and safety management to assist other departments in establishing, implementing, monitoring, and documenting evidence of ongoing organization-wide performance measurement.
B.   This plan is integrated into the hospital's performance improvement plan under the JCAHO dimensions of performance, efficacy, appropriateness, availability, timeliness, effectiveness, continuity, safety, efficiency, respect and caring.
C.   Hospital staff, within their area of responsibility, will be able to demonstrate or describe:
1.   Their roles, responsibilities and expected level of performance during implementation of the emergency management plan;
2.   Their roles and past participation in organization-wide drills;
3.   Organization's contingent method of communication during hazardous or emergency conditions;
4.   Utilization of physical plant and method of obtaining supplies and equipment during hazardous or emergency conditions;
5.   Management of the staff;
6.   Routine and emergency occurrence reporting process including when and to whom such reports are communicated; and
7.   Inspection, preventative maintenance, and testing at regular intervals to ensure operation and operator familiarity of emergency management equipment.
D.   Hospital staff knowledge of policies, procedures and responsibilities under the program are assessed:
1.   Following each educational session by a competency examination and/or observation/demonstration; and
2.   Through oral questioning during routinely scheduled loss prevention and safety survey, that ensures complete coverage of the facility's building and structures at least annually.
3.   Performance during an actual emergency.

EC- 4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30
Revised 2/07

E.   The Hospital tests its Emergency management Plan twice a year, in response either to an actual emergency or in a planned exercise. The hospital will conduct at least one exercise a year that includes an influx of actual or simulated patients. In the event that the hospital has a defined role in the communitywide emergency management program, the hospital will participate in at least one communitywide exercise a year.

SCOPE OF EXERCISE

A.   The planned exercise will be realistic and related to the priority emergencies identified in the organization's hazard vulnerability analysis. During the planned exercise, the hospital will appoint one person who is knowledgeable in the goals and expectations to monitor the performance and document opportunities for improvement. During the planned exercise the hospital will monitor the following core performance areas:
   a. Event notification including processes related to activation of the emergency management all hazards command structure, notification of staff, and notification of external authorities
   b. Communication including the effectiveness of communication both within the hospital as well as with response entities outside of the hospital such as local governmental leadership, police, fire, public health, and other healthcare organizations within the community.
   c. Resource mobilization and allocation including responders, equipment, supplies, personal protective equipment, transportation, and security.
   d. Patient management including provision of both clinical and support care activities, processes related to triage activities, patient identification and tracking processes.
B. A critique of each event or exercise will be completed and submitted to the Environment of Care Committee for evaluation and/or action.
C. The hospital will modify its emergency management plan in response to the critiques of the exercises. The planned exercises will be evaluated to show the effectiveness of improvements that were made in response to critiques of previous exercises. In the event the improvement requires substantive resources that cann ot be accomplished by the next planned exercise, interim improvements will be put in place until final resolution.

IV.   EDUCATION, ORIENTATION AND TRAINING:
Emergency management training is provided at orientation and annually thereafter to all employees and volunteers. This is part of a structured staff development program that includes general practices and supplemented organizational experience. This includes:
A.   Specific information detailing roles and responsibilities;
B. Organization's contingent method of communications during hazardous or emergency conditions;
C.   Method of obtaining supplies and equipment during hazardous or emergency conditions.

V.   INCIDENT REPORTING:
A.   Any occurrence out of the ordinary which results in a potential for or actual injury to a patient, visitor, employee, volunteer, or medical staff member; or damage to facility, property, or public reputation will be reported through completion of an occurrence report.

EC- 4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30
Revised 2/07

B.   Report must be completed within twenty-four hours of the discovery of event, followed by supervisor and/or department director's review prior to forwarding to the director of risk management/designee within seventy-two hours.

VI.   ROLES AND RESPONSIBILITIES:
A.   Hospital Staff:
1.   Execute their roles, responsibilities at expected level of performance during implementation of the emergency management plan.
2.   Execute the organization's contingent method of communications during hazardous or emergency conditions.
3.   Implement the plan for utilization of physical plant and method of obtaining supplies and equipment during hazardous or emergency conditions.
4.   Respond, as available, to recall and function within training to provide continuing patient care.
5.   Report routine and emergency situations through occurrence reporting process and defined command structure.
6.   Assist, as appropriate, in inspection, preventative maintenance, and testing at regular intervals to ensure operation and operator familiarity of emergency management equipment.
B.   Authority:
1.   St. Mark's Hospital Administration shall maintain ultimate responsibility for the oversight and effectiveness of the emergency management plan, and shall strive to assure a safe environment for patients, staff, and visitors. The St. Mark's administration shall provide whatever administrative assistance is reasonable necessary to support and facilitate the implementation of ongoing operation of this effort; will assign available personnel to coincide with current staffing patterns; and will undertake the management of space, supplies, and security.
2.   For the purpose of all emergency management plans, when chief executive officer/ designee is referred to, the chain of command will be as follows:
a.   Chief operating officer (COO)
b.   Chief nursing officer/Chief Clinical Officer (CNO/CCO)
c.   Chief financial officer (CFO)
d.   Nursing administrative supervisor
e.   Department heads
3.   For the purpose of all emergency management plans, when it is necessary to notify all departments of any disaster situation, PBX will overhead page the appropriate code and then notify all departments not located within the hospital.
C.   Chairman of Environment Of Care Committee ensures thorough plan and implementation:
1.   Definition and establishment of procedures for the preparation, staffing, organization, activation, and operation of the hospital;
2.   Minimal suffering, loss of life, personal injury and damage to property;
3.   Effective utilization of available resources to prevent or minimize the consequences of a hazardous or emergency condition;
4.   Integration into the State of Utah Comprehensive Emergency Management Plan, as appropriate, to support county- and/or statewide operation;
5.   Notification of proper authorities within and outside the organization;

6

EC- 4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30
Revised 2/07

6. Notification of staff of implementation of the plan, defining their alternate roles and responsibilities;
7. Management of physical plant, supplies, both on campus or alternative, and security;
8. Provide appropriately for the needs of staff's family members during extended emergency situations;
9. Providing internal and external communications systems;
10. Evacuation of partial and/or total facility if the organization's environment cannot continue to support adequate patient care and treatment;
11. Identification, where appropriate, available facilities for radioactive or chemical isolation and decontamination;
12. Management of patients during disaster or emergencies, including the scheduling, modification, or discontinuation of services, control of patient information, and admission, transfer, and discharge of patients; and
13. Identification of alternate sources for essential utilities.

D. Environment of Care Committee:
1. Receive and investigate reports and take action, as appropriate, on all emergency management plan implementations.
2. Review and revise, as necessary, all organizational emergency management policies and procedures at least every three years and assure that these policies and procedures are distributed, practiced and enforced.
3. Provide quarterly reports to the board of trustees, administration and quality council.

VII. ROLE OF THE ORGANIZATION IN COMMUNITYWIDE EMERGENCY MANAGEMENT

St. Mark's Hospital is a 299 bed acute care/psychiatric facility handling average of 188 patients per day on site including emergency department patients. It is designated by the Salt Lake County Emergency Management Services as a receiving facility in the event of a hurricane. The hospital will be available to patients from any institution, with the exception of pediatrics, in the event of evacuation. For other community disasters, the hospital has a Level III emergency department. In the event that a full evacuation of St. Mark's hospital is required; the chief nursing officer/chief clinical officer/designee will assess bed availability and provide this information to the Division of Emergency Management.

VIII. ANNUAL EVALUATION:

The Environment of Care Committee shall conduct an annual evaluation of the objectives, scope, performance, and effectiveness of the emergency management program with revisions made, as necessary, based upon organizational experience, applicable laws and regulation(s) and accepted practice.

EC- **4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30**
Revised 2/07

APPROVED:

_____   _____
CHAIRMAN, ENVIRONMENT OF CARE COMMITTEE   DATE

_____   _____
CHIEF EXECUTIVE OFFICER   DATE

_____   _____
CHIEF, MEDICAL STAFF   DATE

_____   _____
CHAIRMAN, BOARD OF TRUSTEES   DATE

EC- 4.10, 9.10 & 9.20, HR 2.10, 2.20, 2.30
Revised 2/07
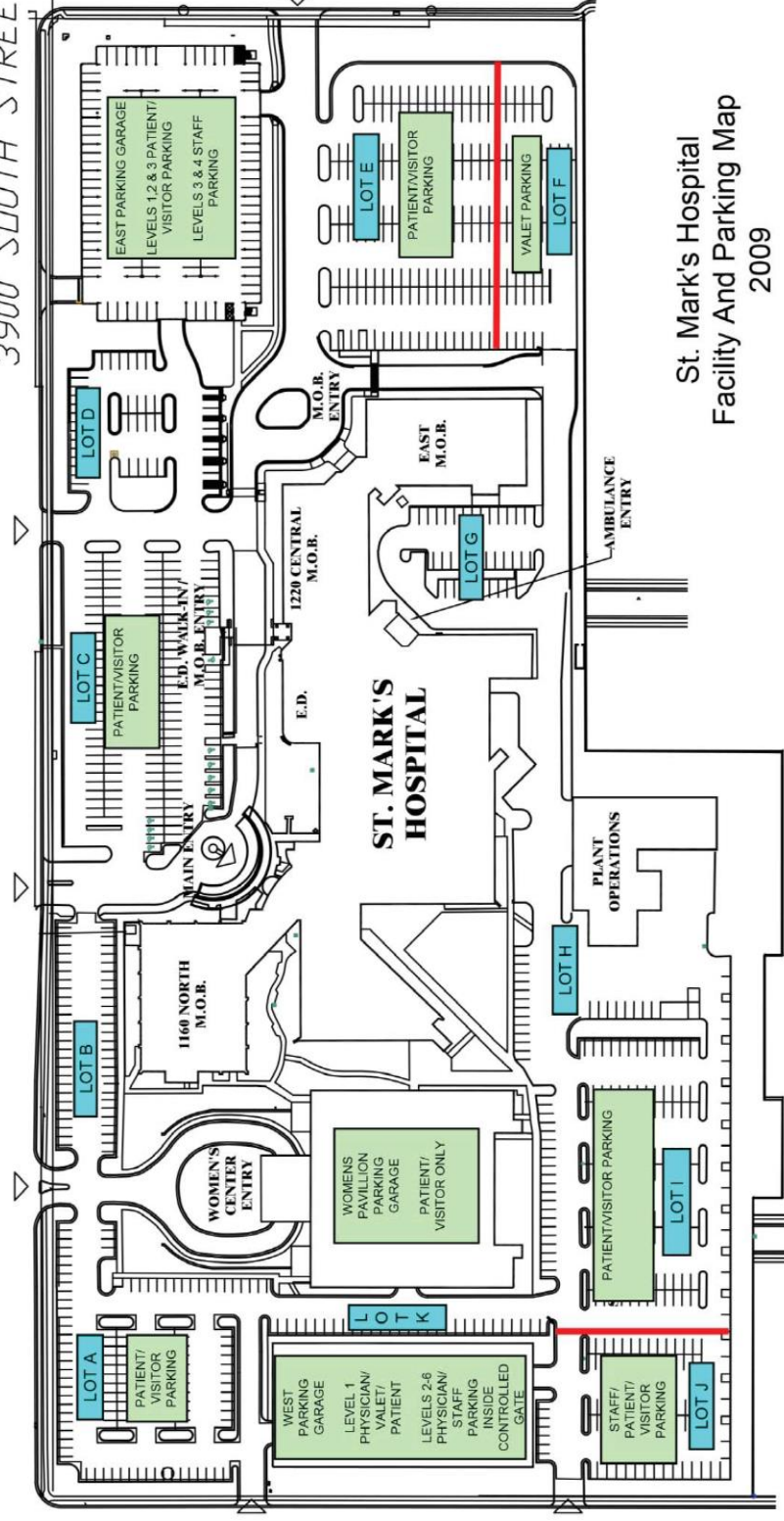
St. Mark's Hospital
Facility And Parking Map
2009

North

1300 EAST STREET

3900 SOUTH STREET

EAST PARKING GARAGE
LEVELS 1,2 & 3 PATIENT/ VISITOR PARKING
LEVELS 3 & 4 STAFF PARKING

LOT E
PATIENT/VISITOR PARKING

VALET PARKING
LOT F

LOT D

M.O.B. ENTRY

EAST M.O.B.

AMBULANCE ENTRY

LOT C
PATIENT/VISITOR PARKING

1220 CENTRAL M.O.B.

E.D. WALK-IN/ M.O.B. ENTRY

E.D.

LOT G

ST. MARK'S HOSPITAL

MAIN ENTRY

PLANT OPERATIONS

LOT B

1160 NORTH M.O.B.

LOT H

WOMEN'S CENTER ENTRY

WOMENS PAVILLION PARKING GARAGE
PATIENT/ VISITOR ONLY

PATIENT/VISITOR PARKING

LOT I

LOT A
PATIENT/ VISITOR PARKING

LOT K

WEST PARKING GARAGE
LEVEL 1 PHYSICIAN/ VALET/ PATIENT
LEVELS 2-6 STAFF PARKING INSIDE CONTROLLED GATE

STAFF/ PATIENT/ VISITOR PARKING

LOT J

MountainStar

Timpanogos
Regional Hospital

Timpanogos Hospital DHP Kiosk and Important Contact Information

There are three DHP sign in Kiosks located at Timpanogos Regional Hospital. The expectation is that, as a visiting practitioner in our hospital, you appropriately sign in at one of our Kiosks and print off an identification badge. We require all individuals who work or have privileges at our hospital to be properly identifiable while here so we can maintain a safe, secure, and private environment for our patients and their family members.

Below are pictures and a brief description of each Kiosk location. You will also find important contact information and phone numbers if you should have any questions.

Thank you for your support in helping us provide the best environment for the people we serve in our community.

Kiosk #1—Located in Materials Mgmt. on 1st Floor of Hospital Down from the cafeteria

Kiosk #2— Located at the Same Day Surgery/Endoscopy desk on 1st Floor of Hospital
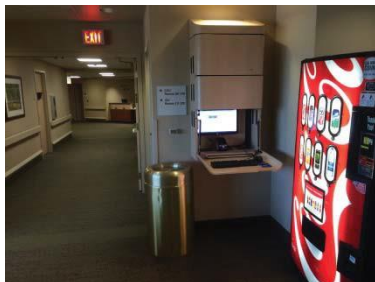
Kiosk #3—Located in main hospital lobby on 2nd Floor by vending machines.

KEY CONTACTS:

Parallon Credentialing Customer Service:	(954) 514-1440
Timpanogos Human Resource Department:	(801) 714-6269
Timpanogos Materials Management:	(801) 714-6160

Emergency Plan Policy:

The hospital maintains reliable surveillance and communication capability to detect emergencies and communicate response efforts to hospital response personnel, patients and their families, and external agencies.

Equipment and systems will be categorized as essential and non-essential.
Essential equipment and systems will be maintained and repaired as emergency 24 hours, seven days a week. Non-essential systems will be maintained and repaired during normal business hours.

Essential Systems:

The following systems and components are considered essential:

A.   Main components of the telephone system including the switch and PBX consoles.
B.   T Spans (land based voice lines from the local carrier to the switch typically accessed by dialing "9")
C.   The fire alarm system and its third party line.
D.   The public address system.
E.   The ambulance radio system.
F.   Nurse call systems (notification functions). Non-essential Systems:

Portions of the telephone system that do not impact patient care or mission critical operations. This includes voice and modem lines in non-patient care areas or areas for which other means can be readily utilized.
The Engineering and Security radio systems The Voice Mail system
Dedicated lines not related to patient care

Nurse Call Systems (intercom). Replaced with telephones by giving the patient the nurses station extension to dial.

AUTHORIZATION OF SERVICE: Contact the Engineer on duty or on call to make repairs as necessary. If repairs cannot be made, the hospital Engineer will contact an outside vendor.

A.   Failure of Main Telephone/Public Address System

In the event of essential system failure contact the Plant Operations Department. They are responsible for notifying the following as appropriate:

1.   Vendors/Utility Company
2. Electronics Technician

B.   Fire Alarm System and Tie Line to Police Dispatch

1.   If fire alarm occurs, follow the Code Red plan for PBX. Engineering will manage the fire alarm panel or instruct the PBX operator as to what to do.
 2. If an alarm occurs, notify Plant Operations immediately. Advise the Engineer on duty that you have an alarm that requires his immediate attention. The Engineer on Duty is responsible for the fire alarm panel.

C.   Ambulance Radio

1.   If the PBX or Emergency Department's AMBULANCE unit fails, notify Plant Operations immediately.
2. Plant Operations will call the vendor if necessary.

Back-Up Communication Processes and technologies include:

1. Telephone system: Cell phones, two way radios, HAM Radios
2. Fire alarm system: make rounds of the building to identify any fire risks. Contact the service vendor.
3. Public address system: dentify runners and message boards within the facility.
4. Ambulance radio system: Preparation for unexpected ambulance arrivals, and HAMM Radio.
5. Nurse Call System: Regular rounds to patient rooms and bells.

Timpanogos Regional Hospital

Mission Statement:

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.

Vision Statement:

A hallmark of Timpanogos Regional Hospital's Vision is our in-nate ambition to meet the challenges of today while exercising the foresight to create a successful future, with imagination and opti-mism.
Our firmness of purpose in embracing our Mission, Values , and supportive Behaviors is illustrated by our history which is replete with pragmatic, yet imaginative, growth and planning that will contin-ue to characterize Timpanogos Regional Hospital as a leading provider of value driven care, and the patients first choice in our community and beyond.

While focusing on the patient, we recognize the essential require-ment to attract and retain staff who are optimally committed to em-bracing and exemplifying the Mission, Vision, Values, and Behav-iors of Timpanogos Regional Hospital.

Values & Behaviors : "I ACT"

Integrity . We exhibit integrity by being truthful and responsible in our actions—especially when no one is observing.
Behaviors :
- Completely and always honest with self and others
- Committed to continuous improvement; with self and others
- Consistent and predictable in demonstrating excellence

Accountability. We are accountable for our actions and use of re-sources, while recognizing the importance of personal engagement, the power of a positive attitude, and being part of the solution
Behaviors :
- Embrace and promote empowerment of self and others
- Demonstrate engagement by taking ownership of results
- Committed in fulfilling performance expectations
- Continually exhibit a positive attitude

Compassion. We consistently exhibit compassion by showing the ut-most professional consideration and kindness to those who enter the doors of our hospital. It is all about our patients.
Behaviors :
- Respect others' beliefs and differences
- Anticipate the needs of others
- Non-judgmental and listen empathetically to others

Teamwork. We place interdisciplinary teamwork foremost in recogniz-ing that harmony and respect of others is essential in accomplishing incredible acts of healing.
Behaviors :
- Committed to the shared priorities of our workplace
- Pro-actively support others and acknowledge interdependency
- Openly communicate through mutual respect
- Willingness to express ideas

WEST VALLEY
MEDICAL CENTER

West Valley Medical Center

westvalleyisbetter.com

Welcome to West Valley Medical Center
General Information for Dependent Health Professionals

1717 Arlington Avenue
Caldwell, ID 83605
Main Switchboard: 208-459-4641
HealthTrust Customer Service: 954-514-1440
IT&S Help Desk: 208-455-3727

Parking:
- **DHP Parking:** We have limited visitor parking so for the convenience of our patients we ask that you park in the green lots only. Please do not park on the street surrounding the campus.
- **Walking Escorts:** Security officers are available to escort you to your car (for example, in the evening) by calling 208-908-3577.
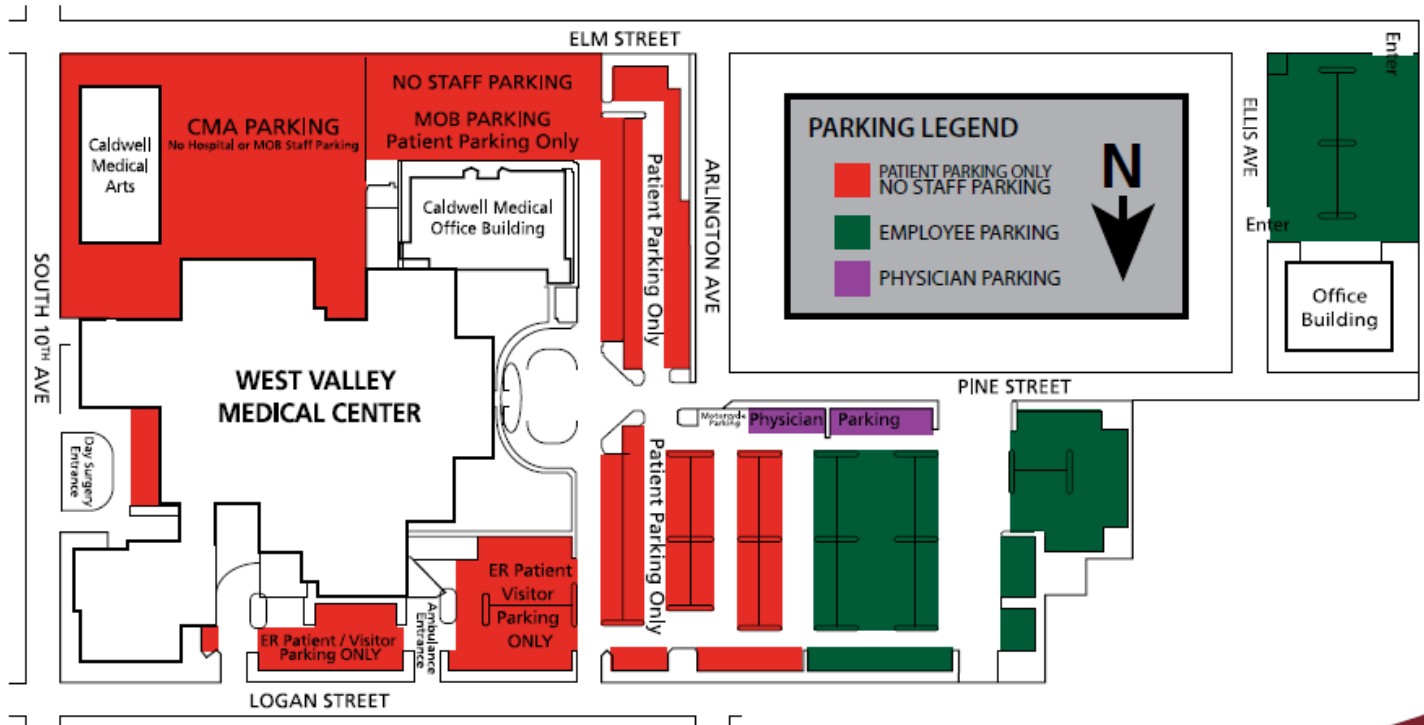
Sign-in Process:
- **DHP Kiosk:** You must check in at the kiosk before starting work. Kiosks are located at the main entrance of the hospital in the lobby, in the main hospital OR and at the Idaho Surgery Center.
- **Identification:** You must print and have on photo identification from the kiosk whenever you are working in the facility. Facility ID badges are issued on a case-by-case basis and must be approved by the facility security committee.

Chain of Command:
- For immediate concerns or questions, please ask to speak with a department supervisor or director.

Information Desk:
- There is an information desk at the main entrance of the hospital, typically staffed with volunteers. They can assist you in locating a department.

Lost and Found and Security:
- Security is available 24 hours a day. Please call 208-902-3577 for assistance.

Food Services:
- **10th Ave Bistro:** Located in the hospital, off the main entrance. Meals are served Monday through Friday from 7:30am-10:00am, 11:00am-2:00pm, and 4:00pm-6:00pm. On weekends and holidays, the cafeteria opens at 11:00am.
- **Vending Machines:** Located throughout the facility and always available.

Facility Emergency Codes:

In case of emergency in the facility, dial 77.

Please understand your responsibility in each specific situation. Only respond when assigned and/or required. Non-essential staff often cause congestion, making it difficult for the assigned team to work effectively.

Code Red	Fire
Code Internal or External	Disaster Plan
Code Blue or Pink	Cardiac/Respiratory Arrest (Pink if under the age of 14)
Code Gray	Behavior Assistance
Code Amber	Infant Abduction
Code Orange	Hazardous Material Spill
Code Silver	Person with weapon or hostage
Code Walker	Patient Elopement
Code Rush	Staffing Assistance
Code Medic	Visitor Emergency Assistance
Code Yellow	Sepsis
Rapid Response Team	Critical Care Assessment and Support
Brain Attack Team	Stroke Assessment and Support

Situation	WVMC	Kaley Center	Outpatient Facilities

Reporting a Fire	• Pull the pull box • Call 77 and give location • Operator will announce Code Red and location	• Pull the pull box • Call 77 and give location • Operator will announce Code Red and location	• Pull the pull box if available • Call 911
Responding to a Fire	• *Rescue those in immediate danger* • *Alarm* • *Contain* • *Extinguish the fire with an extinguisher* • *Pull the pin* • *Aim the hose at the base of the fire* • *Squeeze the handle* • *Sweep side-to-side*	• *Evacuate the building*	• *Evacuate the building*
Responding to a Disaster	• *All available staff will respond to the cafeteria for further direction*	• *All available staff will respond to the cafeteria for further direction*	• *Call 911*
Reporting a Cardiac or Respiratory Arrest	• Call 77 and give location or push Code Blue button • Operator will announce Code Blue and location • If 14 years or under it will be announced as Code Pink	• Call 911	• Call 911
Responding to a Cardiac or Respiratory Arrest	• *Assigned Team Leader, Recorder, Med RN, 2 Compressors, RT and House Supervisor respond immediately to location* • *All other ancillary staff remain in hallway until directed by House Supervisor or code team member* • *Students remain in hallway until directed by House Supervisor or team*	• *If BLS certified may start compressions*	• *If BLS certified may start compressions*
Reporting behavior assistance	• Call 77 • Operator will announce Code Gray and location	• Push panic button if available • Call 77	• Call 911
Responding to behavior assistance	*Anyone that is available and trained in nonviolent crisis intervention should respond to location*	*Anyone that is available and trained in nonviolent crisis intervention should respond to location*	
Reporting an infant/child abduction	• Call 77 • Operator will announce Code Amber and location	• Call 77 • Operator will announce Code Amber and location	• Call 911
Responding to a an Infant/Child Abduction	• *Block all exists and stairwells* • *Notify security of any suspicious persons* • *Wait for "all clear"*	• *Block all exists* • *Notify security of any suspicious persons* • *Wait for "all clear"*	• *Block all exists* • *Notify police of any suspicious persons*
Reporting a hazardous materials spill	• Call 77 • Operator will announce Code Orange and location	• Call 77 • Operator will announce Code Orange and location	• Call 911

Responding to a hazardous materials spill	_Response teams to area specified by operator, lockdown procedures implemented_	_Response teams to area specified by operator, lockdown procedures implemented_	_Response teams to area specified by operator, lockdown procedures implemented_
Reporting an active shooter	• Call 77, 911 or push silent alarm if available (and able) • Operator will announce Code Silver and location	• Call 77, 911 or push silent alarm if available (and able) • Operator will announce Code Silver and location	• Call 77, 911 or push silent alarm if available (and able)
Responding to an active shooter	• _Try to escape immediately_ • _If trapped try to hide_ • _Never confront a shooter unless life is in immediate danger_ • _Do not respond to the location of the code_	• _Try to escape immediately_ • _If trapped try to hide_ • _Never confront a shooter unless life is in immediate danger_ • _Do not respond to the location of the code_	• _Try to escape immediately_ • _If trapped try to hide_ • _Never confront a shooter unless life is in immediate danger_ • _Do not respond to the location of the code_
Reporting a patient leaving against medical advice without staff knowledge	• Call 77 • Operator will announce Code Walker • Police will be notified if patient is at risk of harming self or others	• Police will be notified if patient is at risk of harming self or others	• Police will be notified if patient is at risk of harming self or others
Reporting staffing assistance required	• Clinical supervisor, director, or house supervisor will call 77 • Operator will announce Code Rush and location		
Responding to staffing assistance required	• _Nursing directors assess current staffing_ • _Environmental services will send additional staffing to clean rooms_ • _Ancillary staff will access current staffing_		
Reporting visitor medical emergency	• Call 77 or ED charge nurse on vocera	• Call 911	• Call 911
Responding to visitor medical emergency	• _Code Blue team leader + second ED responder, and security will respond_	• _If knowledgeable may administer basic first aid until paramedics arrive_	• _If knowledgeable may administer basic first aid until paramedics arrive_
Reporting critical sepsis patient	• Call 77 • Operator will announce Code Yellow and location		• Call 911
Responding to a critical sepsis patient	• _The following respond to the ED: ED MD, ED RN, House Supervisor, ICU RN, Pharmacy, Lab, Radiology, RT_ • _The following respond to all other areas: Attending physicians, House Supervisor, ICU RN, Pharmacy, Lab, Radiology, RT_		
Reporting a critical patient	• Call 77 • Operator will announce rapid response team and location	• Call 911	• Call 911

Responding to a critical patient	• *The following respond: Code Blue Team Leader, House Supervisor, RT, patient's RN, Radiology, Lab, pharmacist*	*If knowledgeable may administer basic first aid until paramedics arrive*	*If knowledgeable may administer basic first aid until paramedics arrive*
Reporting possible stroke	• Call 77 • Operator will announce brain attack team and location	• Call 911	• Call 911
Responding to possible stroke	• The following will respond: the assigned code blue team	• Wait with person until paramedics arrive	• Wait with person until paramedics arrive

utahsurgicalcenter

PHYSICIAN
ADVANCED PRACTICE PROFESSIONAL
CONTRACT LABOR
SHARED STAFF

SELF-STUDY GUIDE

Environment of Care

Infection Control

Aseptic Technique

Safe Medication Practices

Radiation Safety

HIPPA
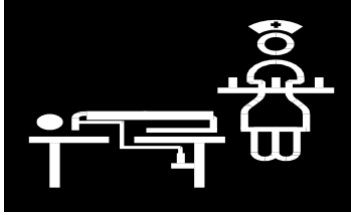
**MANAGEMENT OF THE ENVIRONMENT OF CARE
SAFETY TRAINING**

The Seven Key Standards for the Environment of Care are:

- General Safety
- Life Safety
- Security Management
- Hazard Communication
- Emergency Preparedness
- Equipment Management
- Utility Management

GENERAL SAFETY

■ **EMERGENCY INFORMATION:**
Code Designations:
Fire – Code Red
Cardiac and/or Respiratory Arrest – Code Blue
Emergency Assistance – Code Green
Inclement Weather (Tornado) – Code Yellow
Bomb Threat – **Code Black**
Internal Disaster – Code Orange
Active Shooter – Code Silver
Infant Abduction – Code Pink

■ **ELECTRICAL SAFETY**
Do Not Use Equipment with Frayed or Exposed Electrical

Cords

Only Use Equipment with Three Prong Plugs

Limited Use of Extension Cords

No Liquids Placed On Top of Electrical Equipment

■ **PROPER LIFTING TECHNIQUES**

Bend at the Knees

Lift with Your Legs

Obtain Assistance when Lifting Over 50lbs

Do NOT Twist Body

DO NOT Lift with Your Back

■ **DOOR WEDGES**

Not Allowed at Mountain West Surgical Center

■ **REPORTING ON THE JOB INJURIES**

Notify the Department Supervisor Immediately

Follow your own Work Comp policy for treatment and follow-up.

LIFE SAFETY

Code Word for Fire is "Code Red"

■ Fire Safety – **RACE & PASS**

    RACE – Fire Safety Plan

R – Remove/Rescue all personnel from immediate danger

A – Activate the Alarm
C – Confine the fire by closing the doors
E – Extinguish with a fire extinguisher

 PASS – How to Use a Fire Extinguisher

P – Pull the Pin
A – Aim the Nozzle at the Bottom of the Fire
S – Squeeze the Handle
S – Sweep the Flames

■ **ILSM – Interim Life Safety Measures**
These are additional safety measures put into place to ensure the safety of employees working in areas where there is construction or their means of escape have been compromised. ILSM can be used in non-construction situations to ensure that employees are aware of hazards that could affect their escape in a fire situation due to the current configuration of the area.

■ **Fire Evacuation**

Evacuate Horizontally to the Next Safe Zone

Move the Visitors and Ambulatory Patients First

Move the Non-Ambulatory Patients Next

■ **Fire Drills**

Conducted Quarterly and As Needed

Respond as if it was a Real Fire

Announce on the Overhead Paging System "Code Red- Drill" and state the location **3 times**

One Person from each Area Should Respond and Bring a Fire Extinguisher
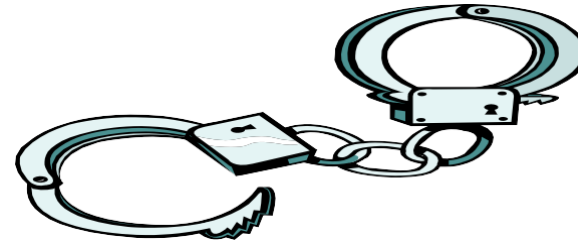
SECURITY MANAGEMENT

Code Word for a Violent Pt/Visitor is "Code Green"

■ **Identification/Employee Badges** – Required to be worn at all
  times while in the Center

■ **Suspicious Activity** – Report it to a Supervisor

Code Word for an Active Shooter is "Code Silver"
■ Follow the directions in order "RUN, HIDE, FIGHT"
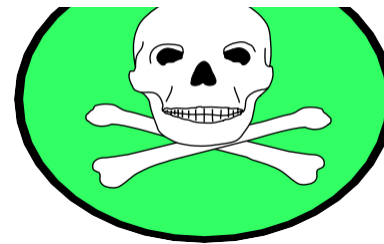
HAZARDOUS

COMMUNICATION

■ **Material Safety Data Sheets (MSDS)** – Are located on each computer. Ask Administration for assistance in accessing the MSDS sheets if needed.

■ **SPILL KITS**
Available on site. - Spill Kits are located in the Soiled Utility Room between Pre-op and Phase 1 and in Materials.

■ **Waste Management** –
We segregate our infectious waste and dispose of it in Biohazardous Containers (Red Bags and/or Sharps Containers) in each area. The containers are then placed in the Biohazardous Waste Room (located in the room next to the janitor's closet in the sterile hallway). The waste is picked up by a waste management company and disposed of properly.

EQUIPMENT FAILURE INVOLVING PATIENTS

■ Provide Care to the Patient
■ Immediately report the incident to your supervisor
■ Quarantine the suspected device from service
■ Collect all the disposables and packaging used with the equipment
■ Complete an Incident Report
■ Give the equipment, the disposables with all the packaging and the Incident Report to the Director of Nursing

EQUIPMENT DON'T'S

■ DON'T attempt to operate equipment you're not familiar with
■ DON'T use equipment with expired inspection stickers
■ DON'T use equipment with exposed or fraying wires/cords
■ DON'T use equipment that has been dropped or exposed to fluids

UTILITY MANAGEMENT

■ **WHAT DO I DO IF THERE IS A POWER FAILURE?**
This Center has an Emergency Generator. All necessary patient care equipment should be plugged into the red outlets if the backup generator is in use.
NO CASES WILL BE STARTED ON BACKUP POWER!

■ **OXYGEN, MEDICAL AIR, AND VACUUM PROBLEMS WHAT TO DO?**
The facility has primary and secondary Oxygen, Medical Air, Nitrous Oxide, Nitrogen, Carbon Dioxide, and Nitrous Tanks.
The system will automatically switch over to the secondary tanks when the primary tanks have been depleted.
The system will alarm when we are using the secondary tanks.
You **MAY PUSH THE SILENCE Button** on the Alarm Panel.
When the system alarms you **MUST CALL** the Materials Manager and let him/her know what is alarming.
If we have depleted our secondary tanks, there are portable Oxygen tanks on the back of every Anesthesia Machine and in PACU in rolling holders.

The Vacuum System will alarm "Low" when we are exceeding our normal vacuum capacity.   You **MAY PUSH the SILENCE Button** to silence the alarm. You need to turn off all vacuum valves not in use and this should correct the problem.
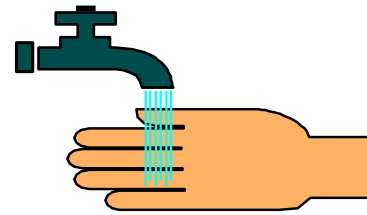
- **Alarm Panels are located:**

  Phase 1 Area behind the Desk and in 23hour

- **WHO CAN TURN OFF THE OXYGEN?**
  In the case of a Fire, you may turn the O2 Valve Off.
  Refer to the Center diagram to find out where the valves are located. (**HINT:** Outside each OR, Pre-op, main hall by Phase 2 and in the Extended Recovery area)

INFECTION CONTROL CONCEPTS

STANDARD PRECAUTIONS

- **STANDARD PRECAUTIONS** – Our Main Method of Controlling Infections .

Standard Precautions is the practice that Utah Surgical Center staff performs for the care of every patient regardless of age, diagnosis, or infectious status. Utah Surgical Center will treat all blood and other potentially infectious material as Bio-hazardous Waste. The proper Personal Protective Equipment (PPE) will be worn when there is an actual or potential risk of exposure to blood or potentially infectious material. The following items represent the basic elements of Standard Precautions:

- Hand Washing
- Personal Protective Equipment
- Spills of Blood or Body Fluid
- Disposal of Bio-hazardous Waste, including Sharps
- Food and Drink Restrictions
- Linen Disposal

WASH YOUR HANDS….

- After contact with blood or body secretions or contaminated articles
- Before performing invasive procedures
- After removing gloves
- Before and after each patient contact

PPE's

Personal Protective Equipment includes:

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

FOOD AND DRINK

NO Eating, Drinking, or Contact Lens manipulation is allowed in patient care areas because of the potential for self-inoculation.
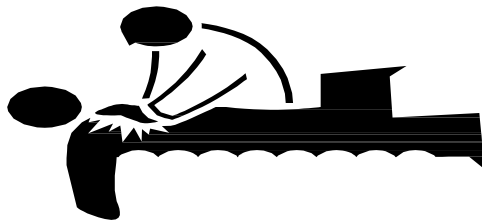
SPILLS

All equipment and work surfaces shall first be cleaned then disinfected.

An approved disinfectant is used for environmental surface cleaning.

Gloves must be worn to clean up spills.

Broken glass should be cleaned up using a dustpan and brush.

For large spills of infectious waste material or chemical spills, use the Large Spill Kit.

INFECTIOUS WASTE

ALL Infectious Waste is segregated and collected in labeled Biohazardous Containers for proper disposal.

Needle disposal containers (red containers with a biohazard sticker on it) are available in each Operating and Procedure Room and at each Preop and PACU bay.

DO NOT FILL Sharps containers more than ¾ full.

Never Recap Needles. If there is a need to recap a needle ALWAYS USE THE ONE HANDED TECHNIQUE.

All ET Tubes are considered infectious and should be disposed of properly.

LASER SAFETY

➢ Hazard signs will be posted when in use.
➢ Limit the number of persons in the room to minimum
➢ Fire Safety restrictions in place
➢ Safety Goggles for each type of laser will be worn when in use.
➢ Only Physicians and laser techs may operate the laser.

ASEPTIC TECHNIQUE

Aseptic technique, also known as Aseptic Practices, is the method used to prevent contamination from microorganisms. Regardless, of the source of the aseptic practices, they are only as good as the surgical conscience of the individual practitioners. A surgical conscience is an inner commitment to adhere strictly to aseptic practices, to report any break in aseptic technique, and to correct any violation whether or not anyone else is present or observes the violation.

The responsibility of the Perioperative Nurse is to implement and ensure practices that are designed to prevent infection are being adhered to.

The surgical team must be aware of sterile and unsterile items within the Operating Room and move in a manner that does not cause sterile items or the field to become contaminated.

Sterile drapes are placed on the patient and on all furniture and equipment that will be part of the sterile field. Scrubbed persons touch only sterile items and areas. Scrubbed persons remain as close to the sterile field as possible and do not wander about or leave the room.

Unscrubbed persons keep a safe distance from the sterile field to prevent accidental contaminations. Unscrubbed persons DO NOT walk between two sterile fields.

Items used during surgery are wrapped and sterilized prior to surgery. For emergency situations, unwrapped items may be taken directly from the autoclave following sterilization and dispensed to the sterile field. Sterility of items must be ensured by the person dispensing them to the sterile field and by the person accepting them. For wrapped items, the integrity of the wrapper, expiration date (*if applicable),* and the color of the indicator tape needs to be checked.

Whenever the integrity of a sterile barrier is broken, the contents must be considered unsterile. An example of this is: tears or holes in wrappers; or a barrier that is wet or stained and looks questionable.

Items introduced to a sterile field should be opened, dispensed, and transferred by methods that maintain sterility and integrity. Only Center employees will dispense medical supplies onto the sterile field.

SAFETY IN THE OPERATING ROOM

✓ For the safety of our staff and physicians a **safe passing zone** will be maintained when handling instrumentation. This means a designated safe zone will be created. All instruments will be passed to the

safe zone then retrieved by the receiving party when the hands of the passer are outside the safe zone.

✓ To help prevent surgical fires, all alcohol based preps will be given a **3** minute **dry time** prior to cut time.

✓ **Time out** procedures will be performed on all cases done in the OR and prior to any other procedure at MountainWest Surgical Center. It is expected that all distractions will be placed on hold during the time out. All members of the operating room party will verbally agree to the Time out.

✓ At the end of each case a **debriefing** will be done to insure that all necessary information has been communicated to pertinent members of the medical team.

✓ Finally, in the event of a unexpected occurrence, all members present during the incident will be expected to cooperate with investigation procedures.

RADIATION SAFETY IN THE OPERATING ROOM

❖ All staff will be required to wear leaded aprons during radiation procedures. These must be inspected for integrity with each use. Aprons will be x rayed every year to insure integrity.

❖ All staff will be required to wear monitoring devices.

❖ Radiation exposure per patient will be monitored by the circulator in the Operating Room. When dose limits, posted on the C-arm, are being reached the nurse will notify the attending surgeon of the dose limit. (This does not mean that the dose limit cannot be exceeded, just that the case will be reviewed)

❖ Any case where the maximum dose limit has been exceeded will be reported to the DON and risk manager for review by the MEC committee.

❖ Only credentialed physicians will activate the x-ray beam.

❖ Patients will be shielded when possible

❖ ALARA: (as low as reasonably achievable) principals will be followed.

❖ Warning signs will be posted when in use.

OPERATING ROOM ENVIRONMENT & ATTIRE

The Operating Room is considered a CLEAN environment. The design of the Operating Room limits access and traffic. These patterns help to ensure and maintain its cleanliness.

The Operating Room is divided into three (3) areas: Restricted; Semi-Restricted; Unrestricted.

The Restricted area is where the surgical procedure is performed and sterile supplies are unwrapped. All personnel in the suite are in scrub attire with a hat and a mask on. Shoe covers are to be worn if there is a potential for shoe contamination or if shoes are not dedicated to the OR.

The Semi-Restricted areas are storage rooms, instrument-processing areas, substerile rooms between the Operating Room suite, and corridors leading to the restricted areas. Personnel are in scrub attire with hair cover in place. Shoe covers are to be worn if shoes are not dedicated to the OR.

The Unrestricted areas are where surgical personnel interface with the outside departments and patients/visitors. The areas include: locker rooms; areas where supplies are received; Pre-op Holding; Extended Stay Rooms; PACU Stage II; Waiting Room; the Staff Lounge; and the

Business Office. Personnel, patients, and visitors are in street clothes and/or scrub/patient surgical attire.

Movement of clean and sterile items and supplies should be separated by time; space and traffic patterns. Items delivered to the Operating Room from sources outside the health care facility should be removed from packing and the external shipping cartons (corrugated boxes) before being permitted into the Operating Room. **THAT MEANS NO CORRUGATED BOXES IN THE OPERATING ROOM OR SUPPLY AREA!** Outside shipping cartons may harbor insects and dirt collected during transport.

Personnel who work in the Periopertive Area are required to change into facility laundered scrub attire. **NO outside scrub attire is admitted.** A hat or hood is worn in areas where supplies are processed and stored and in the surgical suites. Reusable (linen) hats should be laundered when soiled and between **each** wearing. Scrub attire should be changed or removed when it becomes visibly soiled or wet.

 Organisms are present in the air, on dust particles, and on dirt in the environment. All stationery surfaces should be wiped down with a germicidal agent prior to the first case of the day. Talking, coughing, and breathing release numerous microorganisms into the environment. The higher the number of personnel in the Operating Room, the higher the number of microorganisms.

Operating Room sanitation practices play a significant role in creating a surgical environment for the patient and personnel that is clean with a reduced number of

microorganisms. All instruments opened for a procedure, whether or not they were actually used, are considered contaminated and must be appropriately cleaned and processed.

All Operating Room floors are cleaned with a clean mop head between surgical procedures. All equipment used for a patient and/or on a patient is cleaned before it is returned for storage or used again. This includes cords, removable pieces, knobs and wheels. Terminal cleaning of each Operating Room is performed each evening by housekeeping.

In Preop and PACU all stretchers, wheelchairs, monitors, and recliners are cleaned in between patient use. All respiratory equipment is single use only and is discarded after each patient use. Floors are disinfected nightly and spot cleaned using a facility disinfectant by staff as needed.

SAFE MEDICATION PRACTICES

- Proper hand hygiene should be performed before handling medications, and if a medication vial has already been opened, the rubber septum should be disinfected with alcohol prior to piercing it.
- The use of a new sterile syringe and needle should be used to draw up medications while preventing contact between the injection materials and the non-sterile environment.
- Syringes and needles should be used for a single patient only and for a single procedure.
- Never store needles and syringes unwrapped as sterility cannot be assured.
- *NEVER STORE VIALS OR SYRINGES IN CLOTHING OR POCKETS*

- Date opened multi-dose vials to reflect date of expiration (28 days) with time opened and initials of person opening
- Inspect vials and discard if sterility has been, or is thought to be compromised. Examine the vials for any particulate matter, discoloration or turbidity. If present, do not use and discard immediately.
- Dispose of opened multi-dose medication vials 28 days after opening or sooner if sterility is questioned or compromised (EXCEPTION: Succinylcholine should be disposed of within 14 days of being removed from the refrigerator)

MEDICATION DIVERSION PREVENTION

- Wasting of narcotics should be performed immediately. Wasting will be observed by two (2) licensed individuals and both licensed individuals will sign the narcotics log verifying the amount wasted.
- **NO** medication can be left unattended. All medications prepared in advance for the next patient must be locked and secured when the licensed individual is not in attendance..
- If you handle narcotic medications at Utah Surgical Center, you may be requested to assist with resolving any discrepancies in narcotic counts and waste amounts, sometimes prior to you being able to leave the facility.

Any items (i.e. nerve stimulator, stethoscope, reference book, etc.) removed from this bag should be wiped down prior to use on a patient. Please utilize a hand sanitizer before and after removing the item(s) from your bag.

HIPPA

- Utah Surgical Center complies with all HIPPA standards under federal law. Personal Health Information (PHI) is protected under policies of this facility. No PHI shall be removed from this facility by persons other than those responsible for that PHI. For example, attending physicians and anesthesia may have access to PHI only for the cases in which they are involved. All other access is prohibited.
- Residents may not take PHI out of the facility for any reason. Including "stickers" to do write ups for their assignments.
- It is against policy to discuss or relate any PHI of any patient outside of the surgical center. This includes relating of events or incidents that occurred inside the facility. It is also against policy to discuss these events even when no names or other identifying information is related.

WHAT HAPPENS AT UTAH SURGICAL CENTER STAYS AT UTAH SURGICAL CENTER.

If you have any questions regarding this information or need additional information, please do not hesitate to contact:
Erik von der Lieth (Administrator) or Michele Rojas (DON-Risk Manager) or Lindsey Bird (Infection Control).
We look forward to working with you!

EMPLOYEE
PHYSICIAN
ADVANCED PRACTICE
PROFESSIONAL CONTRACT LABOR
RESIDENT

SELF-STUDY BOOKLET

Environment of Care
Infection Control
Aseptic Technique
Safe Medication Practices
Operating Room Safety
Radiation Safety
HIPPA

Please sign that you have received and read a copy of this booklet:

Date: _____

Signature: _____

Print Name: _____ _ ___

2018 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01   Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

NPSG.01.03.01   Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01   Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01   Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01   Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01   Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely

NPSG.06.01.01   Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01   Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.

NPSG.07.03.01   Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01   Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01   Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01   Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

NPSG.15.01.01   Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

UP.01.01.01   Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01   Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01   Pause before the surgery to make sure that a mistake is not being made.

The Joint Commission
Accreditation
Hospital

CODE RED: FIRE EMERGENCY

In the event of a fire or discovery of smoke:

1. Activate nearest pull station.
2. Page over head using phone system to alert staff of location. Announce 3 times (Code Red and location)
3. Receptionist will call 911 to confirm dispatch has received alarm notification.
4. Administration will direct the fire department once they arrive.
5. Staff will bring additional extinguishers to location announced with overhead page.
6. Anesthesia and staff with collaborate to shut off medical gas to affected area.
7. Administration and Medical Director will coordinate evacuation if necessary.
8. Reentry into the facility after a fire will only be determined by Administration and Fire Marshall.

R-A-C-E

R- Rescue: Those people in immediate danger.
A- Alarm: Activate the pull station and notify overhead (Code Red and Location).
C- Contain: Close all doors and pull curtains.
E- Extinguish: If possible or evacuate if not able to extinguish.

Evacuation will be coordinated with the following:

1. Administration with Medical Director
2. Administration with Anesthesia
3. Administration and Fire Chief.

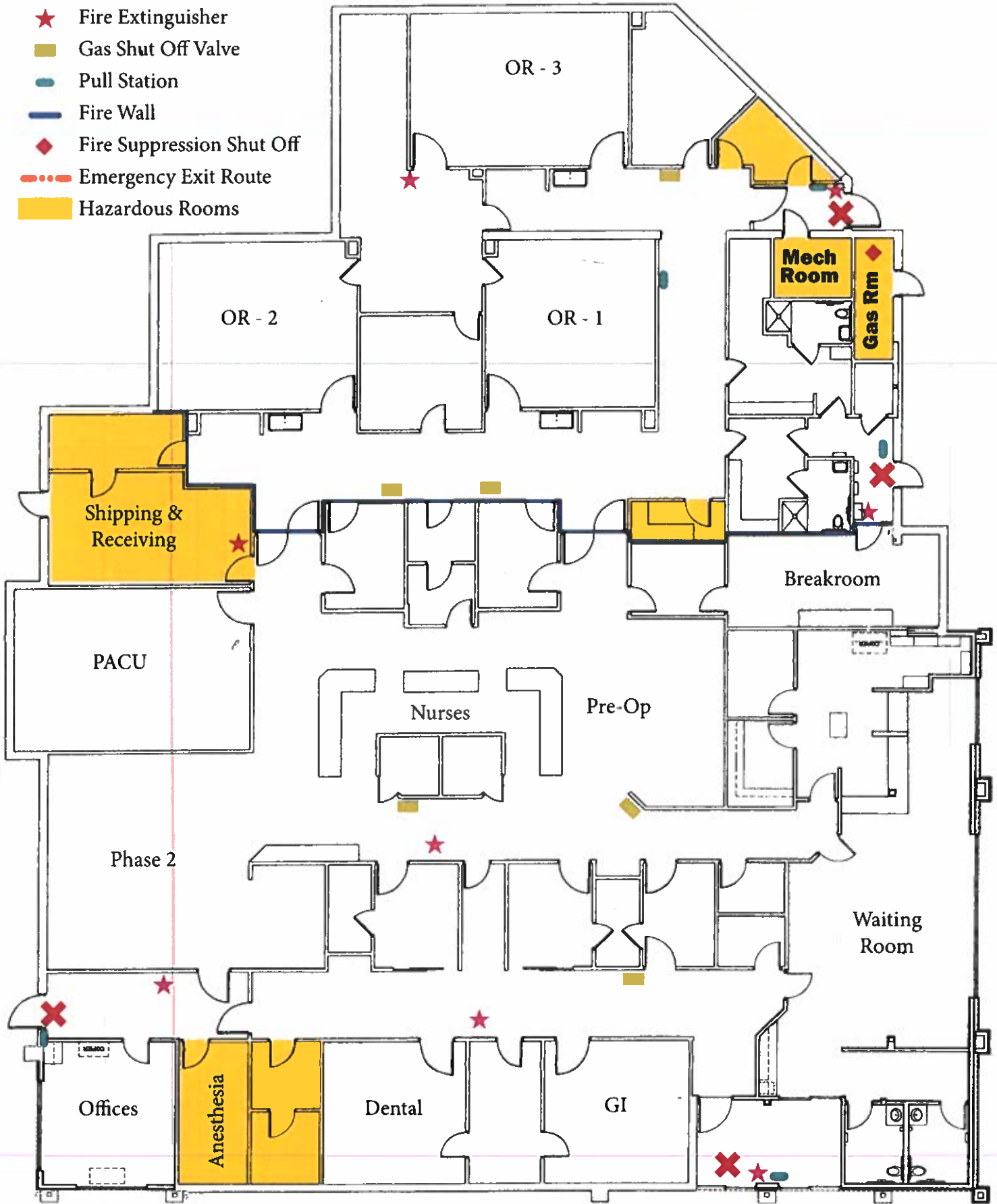Follow the evacuation plan as outlined for your specific area.

P-A-S-S

P- Pull: Pull the pin from the handle at the top of the extinguisher.
A- Aim: Aim the nozzle at the base of the flames.
S- Squeeze: Squeeze the handle.
S- Sweep: Sweep the nozzle from side to side covering the base of the fire completely.

Shutting off the Gases:

1. Know the location of the gas shut offs in your location where you are looking. Gas shut offs are dependent upon where you are working in the facility that day.
2. Shut off gases when instructed to by one of the following
    Medical Director
    Anesthesia
    Administrator

CODE RED: FIRE EMERGENCY

Life Safety Drawing

Legend:
- ★ Fire Extinguisher
- ▮ Gas Shut Off Valve
- ▬ Pull Station
- ▬▬ Fire Wall
- ◆ Fire Suppression Shut Off
- ▬▬▬ Emergency Exit Route
- ▮ Hazardous Rooms

Rooms:
- OR - 3
- OR - 2
- OR - 1
- Mech Room
- Gas Rm
- Shipping & Receiving
- PACU
- Breakroom
- Nurses
- Pre-Op
- Phase 2
- Waiting Room
- Offices
- Anesthesia
- Dental
- GI

Emergency Exits = ✖

End of document