

SECURITY



DEPARTMENT LOCATION / CONTACT NUMBERS

Located in the Northwest corner of the Medical Center next to the Emergency Room

- **Security Desk: extension 3548**
- **Emergencies: extension 3434 - when calling, give the following information:**
 - your name
 - your exact location
 - the exact nature of the emergency (fire, bomb threat, disturbance, etc.)

IDENTIFICATION BADGES

Illinois Department of Public Health (IDPH) regulations specify all hospital employees must wear an identification badge displaying their name and photograph.

CODE WHITE

A situation in which a patient, visitor or employee poses a significant physical threat to the safety of others

- Call Emergency Number X3434 and give name, location and nature of emergency
- Security, Behavioral Health and other staff members trained in aggression management will respond
- Do not attempt to handle a violent situation yourself.

FORENSIC STAFF

The Medical Center occasionally receives patients who are in the custody of local Law Enforcement or the Illinois Department of Corrections.

Personnel from these agencies are provided with specialized education regarding ministry-specific policies and procedures for use during their time here.

INCIDENT REPORTING

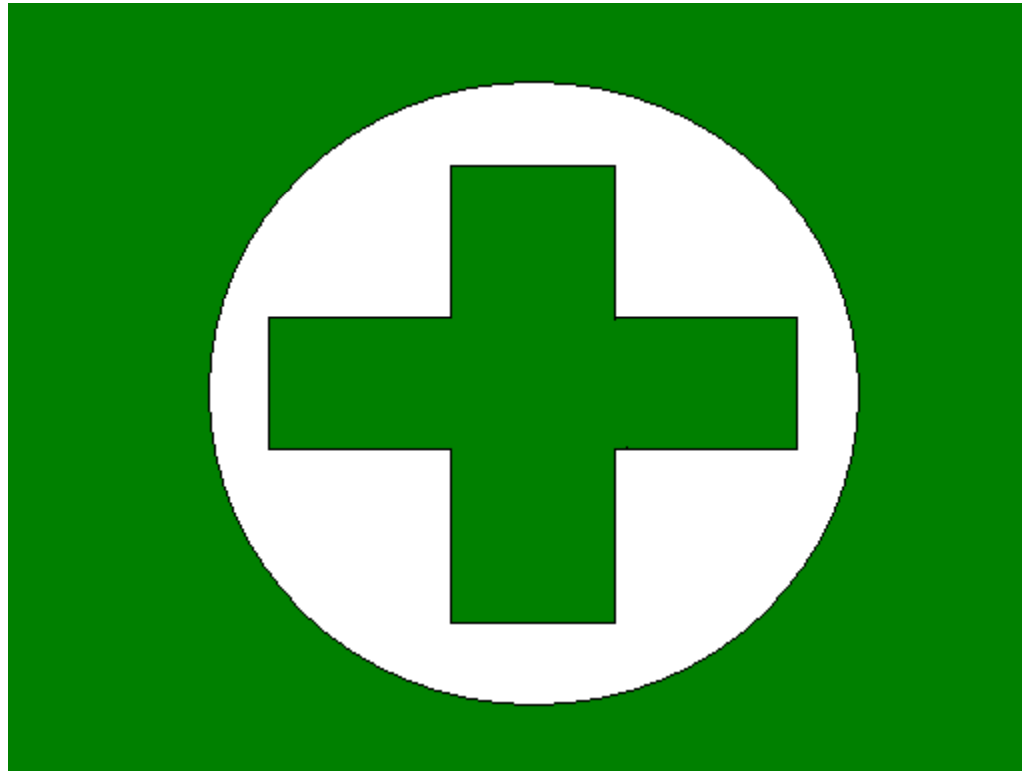
- NOTIFY SECURITY IMMEDIATELY of any incidents that may occur or have occurred.
- Contact Security at X3548 or use the Emergency number X3434, Remember to give your name, location and the nature of the incident.
- Security will assist in contacting the Joliet Police Department when necessary.
- If a patient/employee has an Order of Protection against someone (former spouse, boy/girl friend, etc.) please provide Security with a copy of the valid Order along with a current photograph of the offender so we may assist in enforcing the Order. When obtaining an Order of Protection, have the Medical Center (333 North Madison Street, Joliet, Illinois 60435) listed as a “protected address”.
- When necessary, Security will assist with providing specialized parking for an employee’s vehicle as well as provide escorts to and from their vehicle.
 - Treat all incidents as serious. Do not hesitate to contact Security if necessary.

HOW ARE YOU A PART OF THE SECURITY PROGRAM?

Every employee has a role in the Security program. Employees are the “eyes and ears” of the Security Department and can contribute by doing the following:

- **By following all Security policies**
- **By reporting any suspicious activity (ext. 3434).**
- **By reporting any suspicious persons or vehicles**
- **By following department security procedures**

SAFETY



REPORTING VISITOR INJURIES

When a visitor suffers an injury, such as a slip and fall, we must immediately respond to the incident by following these guidelines:

- **Address the injured visitor's needs**
- **If a hazard exists (slippery conditions, spilled material, etc.), secure the scene until Security, Environmental Services and Maintenance arrives to document and address the hazard**
- **Write down the names and contact information of anyone who may have witnessed the incident**
- **Immediately contact Security to ensure proper documentation and a Variance report are completed**

SMOKE FREE ENVIRONMENT

**Our Medical Center is a SMOKE-FREE
Campus**



Smoking is not permitted on the campus.

AUTOMATED EXTERNAL DEFIBRILLATORS

Automated External Defibrillators (AED's) in areas that do not serve patients. These areas include:

Shape Shop

Lower Level by Elevators 5, 6 and 7

Chapel

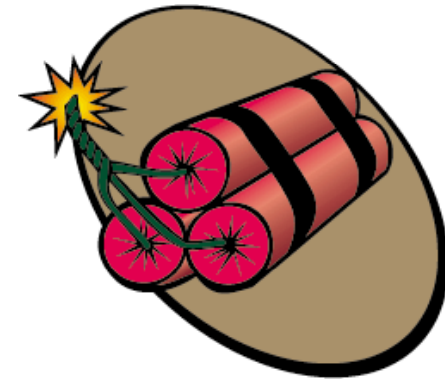
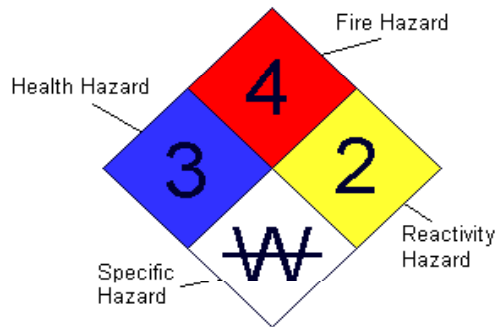
Volunteer Office

Patient Registration

Security patrol vehicles

In the event of an emergency in these areas, trained staff can utilize these devices until patient care staff arrives.

EMERGENCY PREPAREDENESS



CODE BLUE

Subject in Cardiac Arrest / Respiratory distress

Call Emergency number X3434 and give name, location and the nature of the emergency

- **Responding to Code call**

- Code Blue Team - ER physician and RN's, Lab personnel, Respiratory Care technicians
- Patient Care areas: patient rooms and units
- Non-Patient care areas: cafeteria, Gift shop, parking lots, etc.
- CPR - if necessary and properly trained, start CPR
- AED – Use only if properly trained

CODE YELLOW

A Code Yellow is defined as an Internal or External Disaster in which the ER will receive a greater than average number of patients (fire, tornado, school bus crash, etc.)

It is the responsibility of the Administrator-On-Call to initiate a Code Yellow. Once this is done, the Hospital Incident Command System (HICS) is implemented.

Medical Center lockdown procedures:

- All entrances are secured**
- Employees admitted ONLY with ID badge**

CODE YELLOW

Areas Of Operation

- **Command Center** – Engineering Conference Room - Lower Level
- **Personnel Pool** - Human Resources – 1st Floor
- **Family Waiting Area** – Cafeteria – Lower Level
- **Media Center** – Provena Glenwood Imaging
- **Morgue** - Receiving Dock – Lower Level
- **Triage Area** - Emergency Department (ED) Ambulance Bay – 1st Floor
- **Minor Treatment Areas** - LDRP Classroom - 2nd Floor
- **Severe Treatment Areas** - Emergency Department (ED) – 1st Floor
- **Discharge Area** – Pre-Admission Testing – 1st Floor

CODE YELLOW 911

Haz-Mat / Bio-Terrorism Incident

- Call Emergency number X3434 and give name, location and nature of the emergency
- Decontamination Room - Emergency Room (ER)
Ambulance Bay
- Decontamination Team
- Trailer conversion to Treatment Area

CODE YELLOW

- A Code Yellow may also be when the Medical Center has a loss of Electricity, Telephones, or Water etc.
- Therefore, if we had a loss of water, Switchboard would announce “Code Yellow, Water”.
- In an event such as this you should consult the Safety/Emergency Preparedness Manual available on the PSJMC Intranet.

CODE ADAM



- **Missing Child: Any infant or child**
- **Call Emergency Number X3434 and give your name, location and nature of the emergency**
- **Provide description of child and offender and last known direction of travel**
- **Respond to pre-designated staging area to monitor all exits, stairwells, and elevators. Your manager or charge person will assign you to a specific area**
- **Look for subjects carrying large bags or concealed items under clothing**
- **Approach subject and ask if you can check bag**
- **If subject refuses and attempts to leave, contact Security IMMEDIATELY**

CODE GRAY

Inclement weather conditions, such as a severe thunderstorm, which can lead to tornado watches or warnings

- Senior Administrator/House Supervisor/Administrator on call makes decision to initiate **Code Gray**. Call Emergency Number X3434 and give name, location and nature of the emergency.
- All staff returns to their work stations.
- Close all windows, blinds and curtains.
- Check mobility of all patients.
- Keep patients and visitors calm.

CODE BLACK

Tornado sighted or touched down in immediate area

- Senior Administrator/House Supervisor makes decision to initiate **Code Black**. Call Emergency Number X3434 and give name, location and the nature of the emergency.
- Return to work stations.
- Ensure all windows and blinds are closed.
- Move ambulatory patients into hallway near center stairwells.
- Move non-ambulatory patients away from windows and cover with extra bedding.
- Move all visitors into patient washrooms or hallway near center stairwells.
- Employees move to patient washrooms, hallways or center stairwells.
- For non-patient care areas, secure work areas and move to center stairwells.

CODE ORANGE

A Code Orange is implemented in the event of a bomb threat. The person who receives the call should immediately implement the

Bomb Threat Checklist:

- Date/time of call - start to finish
- Caller ID information (if available)
- Voice description - sex/age/distinguishing characteristics (tone, disguised, accent, lisp, stuttering, slurred speech, familiar voice, emotional)
- Questions asked - location/description/time of detonation/"booby trapped"/reason for placement/what will trigger it to detonate/is anyone in particular targeted
- Any additional questions/comments - be as specific as possible

CODE ORANGE BOMB THREAT

- Call Emergency Number X3434 and give your name, location and the nature of the emergency
- Notification of Security/Department Supervisor
- Turn off all pagers, cell phones, etc.

- Conduct room search
 - Work with Security
 - Search in pairs - split room 50/50 - check each other's work
 - Tri level search - floor to desktop level/desktop to shelf level/shelf to ceiling. Check all shelves, drawers, etc.
 - **DO NOT TOUCH ANY SUSPICIOUS OBJECTS.** Immediately inform your partner and supervising Security Officer on scene
 - Evacuation of area
 - Police involvement

HOW ARE YOU A PART OF THE EMERGENCY PREPAREDNESS PROGRAM?

All employees have a role in the Emergency Preparedness program. Employees contribute by doing the following:

- **By following all Emergency Preparedness policies**
- **By remaining calm in emergency situations**
- **By participating in emergency drills**
- **By following department specific procedures**

FIRE PREVENTION



CODE RED

Fire Plan - R.A.C.E.

Rescue

Remove all persons from the fire area

Alarm

Pull fire alarm, call Emergency number X3434 - give name, location and the nature of the Emergency.

Confine

Close all doors to the affected area to prevent the spread of the fire

Extinguish

Obtain the nearest fire extinguisher and attempt to put out the fire

*** Do not call switchboard to ask what is going on!**

FIRE EXTINGUISHER USE

Although there are many types and styles of fire extinguishers available, they all operate in the same way. Remember the acronym "**PASS**" when using any fire extinguisher.



- P*ull** - remove the pin from the handle
- A*im** - point nozzle/hose at the base of the fire; stand a safe distance from the base of the fire
- S*queeze** - squeeze the handle and trigger together until CO₂ or dry chemical powder emits
- S*weep** - move nozzle/hose side to side aiming at the base of the fire

FIRE EXTINGUISHER USE

Fire extinguishers are located in wall cabinets or hooks and are identified by the placards mounted on the wall above them



HORIZONTAL / VERTICAL EVACUATIONS

- **HORIZONTAL** - move people horizontally through the fire doors away from the fire
- **VERTICAL** - move people off a floor away from the fire
- **Vertical Evacuation *is not completed*** unless authorized by the Joliet Fire Department/Kankakee Fire Department, CEO/designee or the Safety Officer.

As necessary, utilize wheelchairs, beds, gurneys and blanket carriers to move patients

AREAS AWAY FROM THE FIRE

Although your work area may not be in the immediate area of a fire, it is important that all staff respond appropriately in the event that the fire may spread to their area.

Remember to:

Always close all doors

Know the location of the oxygen valves

Check mobility of all patients

Keep patients and visitors calm

FIRE ALARM PULL STATIONS



Fire alarm pull stations are located throughout the Medical Center. You can always find one of these devices placed next to every stairwell.

Please review your work areas for the exact location of these devices.

OXYGEN VALVES

In the event of a fire, it may be necessary to shut off the oxygen in your work area.

The Department Manager or Charge Nurse are responsible for making the decision to shut off the oxygen valves.

FIRE DRILLS

Fire Drills are conducted frequently by the Security Department.

Departments are graded on their reaction and knowledge.

Staff should treat the drill as if it were real and act accordingly.

Neighboring departments where the drill is being conducted will also be graded on their reaction as well.

HOW ARE YOU A PART OF THE FIRE SAFETY PROGRAM?

- **Every Provena employee has a role in the Fire Safety program.**
- **Employees are the “eyes and ears” of the Fire Safety program and can contribute by doing the following:**
 - **By reporting any fire safety hazards**
 - **By participating in fire drills**
 - **By being knowledgeable of R.A.C.E. and P.A.S.S.**
 - **By being aware of any Interim Life Safety Measures in your area due to renovations or construction.**

EMPLOYEE HEALTH SERVICES

IS responsible for prevention, treatment and education related to the health and safety issues of employees, volunteers, and physicians.

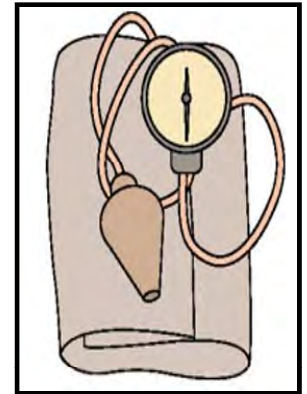
EHS Manager:

Wanda Dillberg, RN
extension 3240

EMPLOYEE HEALTH SERVICES

Available to Assist with:

- **New Employee History and Physicals**
- **Exposure Management**
- **Employee Assistance Program**
- **Immunizations/ TB testing**
- **Minor Treatments/ Assessment by a Nurse**
- **Work-Related Injuries**
- **Family Medical Leave of Absence**



WORK RELATED INJURIES



To provide necessary treatment of occupational injuries, illnesses, or exposures:

- **Complete the report of occupational injuries/ illness report**
- **Follow up with employee health service immediately.**
- **During off shifts report the injury to the house supervisor for assistance.**



Workers' Compensation Program

What Is It?

- A system of benefits provided by law to most workers who have job-related injuries or diseases.
- These benefits are paid regardless of fault
- The amount of the benefits is limited by law.
- Almost every employee who is hired, injured or whose employment is localized in the state of Illinois is covered by workers' compensation.



WC Benefits - TTD

- Temporary total disability benefits. (TTD)
- Paid to injured employee who lose time from work to recover from a work-related injury or disease.
- TTD payments represent two-thirds ($66 \frac{2}{3}$) of the employee's average weekly earnings during the year before the accident or last exposure.
- No compensation is payable for the first three (3) working days unless the disability extends to 14 or more calendar days.



WD Benefits - PPD

- Permanent/Partial Disability (PPD) payments are paid only if the job-related injury or disease results in some permanent loss or use of a part of the body or the whole body.
- Not all injuries and diseases result in permanent partial disability.



Work- Related Injury

- An injury during the course of doing your job
- Specifically requested activity by your supervisor
- All injuries are investigated and evaluated
- Medical Only or Lost Time
- Not all injuries that happen in the work place are work-related and they will not be covered by workers compensation.



Medical Benefits

- Injured employee is entitled to receive all necessary emergency/first aid, medical surgical and hospital services reasonably required to cure or relieve the effects of the injury or disease.
- Employer pays for
 - Two treating physicians, surgeons or hospital
 - Employee's choice
 - May be Provena Physicians
 - May be non-Provena Physicians
 - Additional care as part of the referral from the two physicians
- If Employee chooses to see any other medical care providers, the employer is not required to pay.
- Call Claim Representative prior to scheduling any appointments for approval.



Provena Health Workers Compensation Program

- **Philosophy**
- Injured employees provided with quality medical care
- Minimum disruption
- Fair evaluations
- Prompt payments of benefits
- Based on careful evaluation of all facts
- Encourage employees to return to work as part of rehabilitation



Provena Health Workers Compensation Program

- Expectation is that employees share in the responsibility to uphold the integrity of the program to be honest and fair in dealing with their employer and its workers compensation representatives.
- Per Illinois Law, an employee who files a false Workers Compensation claim can be held liable and prosecuted.



Elements of Provena Health's Workers' Compensation Program

- Support of Senior Leadership
- Proactive Hiring Practices
- New Employee Orientation
- Annual and Ongoing Employee Education
- Management Training Regarding Role
- Employee Responsibility
- Reporting WC Data to Safety Committee
- Return to Work with or without restrictions



Elements of Provena Health's Workers' Compensation Program

- Environmental Safety Program
- Risk Management Program
- Claims Management Program
- Safe Driving Program
- Minimal Lift Program—following Minimal Lift Program

SAFE PATIENT HANDLING

- **Using Proper body mechanics alone to move patients puts staff at risk for injury.**
 - **Why:**
Body mechanics training is based on research that is not similar to nursing practice.
Manual patient handling tasks are unsafe because the amount of force needed to move patients are beyond the capabilities of the general work force.
 - **What to do:**
If you are assisting a patient with decreased mobility use the devices that patient was assessed to use.

**What tools are available:
Stedy for patients who
are Minimal Assist**



**Encore for patients
who are Moderate to
Maximum Assist**



**Tempo for patients
who are dependent**



SAFE PATIENT HANDLING: Lateral Transfers & Repositioning

- Lateral transfers & Repositioning of patients in beds and gurneys are activities most common to cause fatigue and discomfort in healthcare workers (i.e. Nurses, Therapists, Transporters, Imaging staff, etc.).
- Hovermats, Maxislides, and Maxitubes are tools that significantly reduce the difficulty when laterally transferring or repositioning a patient.
- In addition to protecting the caregiver from injury, these tools also protect the patient from skin shearing risks and increase comfort during transfers and repositioning.
- If you have any questions on using the lift or transfer devices you should contact your department's Transfer Mobility Coach (TMC).

Security may assist, but will not lift for you

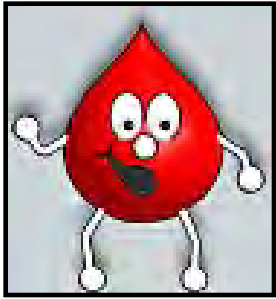
Infection Control Go Above and Beyond

You can make a difference in preventing the transmission of infections by adhering to all infection control practices and ASKING when questions arise!

Southwest Suburban Illinois Region
Infection Control & Epidemiology Department

EPIDEMIOLOGY ANNUAL EDUCATION

- Infection Control Resources:
- Jayne Haake, Infection Control Practitioner
- Dr. Bolanos, Medical Director, Epidemiology
- Policies and Procedures are available on the Intranet
- House Supervisors



Bloodborne Pathogens

- **Bloodborne pathogens are very small organisms (mostly viruses) that can cause disease when they get into your blood. The disease causing pathogens that pose the greatest risk to healthcare workers are Hepatitis B virus, Hepatitis C virus and HIV. Infections with each of these pathogens are potentially life threatening and preventable**

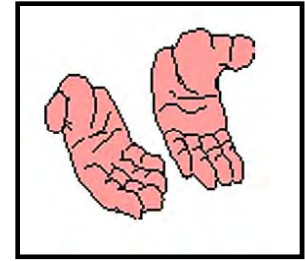
OSHA BLOODBORNE PATHOGEN STANDARD

- **To reduce the health risk to workers whose duties involve exposure to blood or other potentially infectious materials, OSHA instituted the Bloodborne Pathogens Standard and requires annual education to all affected employees.**
- **The Bloodborne Exposure Control Plan is located in Epidemiology Policies located on the Intranet.**

Five Critical Steps for Prevention of Transmission of Bloodborne Pathogens

- 1. Handwashing**
- 2. Gloves and other protective clothing**
- 3. Needles/Sharps and other supplies**
- 4. Cardiopulmonary Resuscitation**
- 5. Housekeeping/Laundry**

1. HANDWASHING



- **Since most bloodborne pathogens are able to live outside the body for a very long time, handwashing is the most effective means for preventing the transmission of viruses.**
- **Handwashing facilities or antiseptic hand foam are readily accessible to all employees and should be used before and after removal of gloves and other PPE, and whenever contaminated with blood, body fluids, secretions, excretions and/or other potentially infectious material**

ARTIFICIAL NAILS

- **All Provena employees who provide direct patient care, therapy, testing, or work in the patient care environment, handle food or patient supplies, or those who transport patients will not wear artificial nails, and will keep their natural nails short (less than ¼ inch) to avoid harboring bacteria, and transmitting infection.**
- **Artificial nails are defined as any material applied to the nails for the purpose of strengthening and lengthening; including wraps, acrylics, or tips. Nails will be free from cracked or chipped polish, appliqués, and glitter.**

HANDWASHING

- **Handwashing with soap and water or alcohol hand wash is unsurpassed in preventing the transmission of infection to you and anyone you come in contact with. Alcohol hand foam is the first choice for hand hygiene if hands are not visibly soiled.**
- **JCAHO has made hand hygiene a priority for healthcare facilities by making it a National Patient Safety Goal (NPSG#7)**
- **It is the expectation that all staff will perform hand hygiene upon entering and exiting a patient room, and per policy**

2. GLOVES AND OTHER PROTECTIVE CLOTHING

- **Personal Protective Equipment (PPE) is provided to all employees with potential for exposure and is the last line of defense against bloodborne pathogens. Examples of PPE includes gloves, goggles, masks, gowns, and CPR pocket masks. PPE should be put on just before starting any potentially hazardous task that may involve exposure to blood or other potentially infectious materials, and removed as soon as possible after they have become contaminated, torn or punctured. All PPE should be removed prior to leaving the work area.**

3. NEEDLES/SHARPS AND OTHER SUPPLIES

- **To protect yourself and your co-workers, be alert to the hazards posed by needle stick and puncture injuries and use safety devices and improved work practices as follows:**
 - 1. Avoid the use of needles when safe and effective safety devices are available.**
 - 2. Never recap, bend or break needles.**
 - 3. Discard used sharps immediately in a sharps disposal container.**
 - 4. Participate in selecting and evaluating devices with safety features and report potential hazards to your employer.**

4. CARDIOPULMONARY RESUSCITATION (CPR)

- **CPR masks, resuscitation bags, and pocket ventilators are available and should be used to minimize the need for mouth to mouth resuscitation.**



5. HOUSEKEEPING AND LAUNDRY

- **Keeping work areas in a clean and sanitary condition reduces employees risk of exposure to bloodborne pathogens. All equipment and surfaces are cleaned and decontaminated per policy.**
- **Broken glass is picked up using mechanical means such as dust pan and brush, tongs, forceps, etc.**
- **Soiled linen should be handled as little as possible with minimum agitation. ALL soiled linen should be handled as potentially contaminated and standard precautions should be used.**
- **Laundry that is wet is bagged with dry laundry to contain the fluid. If leakage cannot be contained with the dry laundry.**

REGULATED WASTE

- **Regulated waste is any liquid or semi-liquid blood; or contaminated items that could release blood in a liquid or semi-liquid state if compressed:**
 - **Items that are caked with dried blood or any other materials containing visible blood capable of releasing these materials during handling:**
 - **Contaminated sharps:**
 - **Pathologic and microbiological wastes containing blood and other potentially infectious waste.**

REGULATED WASTE IS NOT:

HIV and Hepatitis B transmission has not been documented from the following items, except in situations where contaminated by visible blood:

- **Feces**
- **Sputum**
- **Sweat**
- **Tears**
- **Urine**
- **Vomit**
- **Saliva, except when exposure arises from a dental procedure.**

REGULATED WASTE DISPOSAL IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL REGULATIONS

- All red containers/ clear bags for regulated waste disposal are clear with a biohazard symbol/label.
- Containers/bags must be closed in a manner to prevent leakage when turned upside down and shaken.
- Needles/sharps must be disposed of immediately after use in a puncture resistant container with a lid and a port for needles.
- Needle sharp containers must be replaced when 3/4 full.
- Never throw away an unused or a used empty biohazard bag in the regular trash because anything with the biohazard symbol is considered regulated waste.
- Never dispose of biohazard waste down the linen or trash chute

INFECTION CONTROL PROCEDURES FOR TRANSPORTING PATIENTS

- Use standard precautions and comply with isolation precautions if applicable; (all posted isolation precaution signs provide transport guidelines).
- Never leave isolation patients in holding areas or hallways.
- Clean carts and wheel chairs between patient use with an approved disinfectant.
- All linen must be placed in a linen bag before putting down linen chute.



ISOLATION SIGNS

- Isolation signs direct all who enter a room, including visitors, the steps necessary to prevent transmission of infection. It is everyone's responsibility to carefully read all posted signs and follow all directions. This not only protects you, but all you may come in contact with.
- Isolation supplies (gown, gloves, masks) will be located in the nearest Wallaroo to the patient room.
- When ordering testing on a patient in isolation, the testing department must be notified of the necessary isolation precautions.

TUBERCULOSIS (TB) AND THE N95 RESPIRATOR

- **Special Respiratory Protection (N95 Mask) must be worn for all patients in Airborne Isolation for rule out or confirmed TB.**

You must be fit tested annually by your designated department fit tester prior to ever entering an airborne isolation room. Always use the same size mask for which you were fit tested with. If your facial structure changes due to weight loss, gain, etc, you must be refitted.



DISCONTINUATION OF AIRBORNE ISOLATION

- **Patients may be removed from Airborne precautions if they meet the following:**
 - TB is ruled out, or another diagnosis is made that explains the patient's illness
 - The patient has three sputum specimens, each at least 8-24 hours apart with one being an early morning specimen, that are smear negative
 - If suspicion of TB disease remains high despite 3 negative AFB smears the patient should remain on airborne precautions until they are on standard multi-drug therapy and improving clinically
- **Contact Epidemiology/Infection Control for discontinuing isolation on a confirmed TB patient**

RADIATION SAFETY AND HAZARDOUS MATERIALS



RADIATION SAFETY

- **Radiation is naturally present in the environment from the sun and materials in the earth.**
- **Man-Made Radiation is produced by machines (X-Ray, CT, Mammography units and the Linear Accelerator) and radioactive materials used in Nuclear Medicine and Cancer Care.**

RADIATION SAFETY

- **Restricted Areas are those where radiation is present.**
 - Only properly trained personnel work in the areas
 - Posted with a warning sign that is magenta (red-purple) on a yellow background marked
 - Caution, Radioactive Materials
 - Caution, Radiation Area
 - Enter only after you have received specific instructions on needed precautions.



RADIATION SAFETY

- **Risks from excessive exposure include**
 - Increase risk of cancer
 - To an embryo and fetus during pregnancy, especially in the first trimester
 - For staff working with Radiation, notify you supervisor immediately if you become pregnant
- **Your protection against radiation:**
 - Minimize time spent in a radiation area
 - Maximize the distance from the source
 - Maximize your shielding with lead apron and gloves



RADIATION SAFETY

- There are specific procedures for Iodine-131 patients on 7th floor.

Read these instructions before entering the room.

- Radioactive packages can only be accepted by authorized personnel in Radiation Therapy, Nuclear Medicine or Security (after hours).
- **Notification of an incident or spill**
 - Call the Radiation Safety Officer Jingeng Zhu, Ph.D. at 815-741-7564 or pager 1686

HAZARD COMMUNICATION

Right to Know and MSDS

- **OSHA Hazard Communication Standard was passed to make sure your work environment is safe.**
 - **Workers may be in danger of exposure to toxic substances**
 - **Workers have a right to know all of the health hazards associated with their exposure to toxic substances.**

HAZARD COMMUNICATION

Right to Know and MSDS

- A toxic or hazardous substance is anything which can produce personal injury or illness through ingestion, inhalation or absorption.
- Hazardous chemicals can create two types of hazards

- Physical and Chemical Hazards

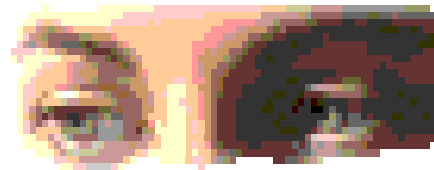
- Flammable – easily catches fire
- Explosive – causes a sudden release of pressure, gas and heat
- Reactive – burns, explodes or releases toxic vapor if exposed to other chemicals, heat, air or water



HAZARD COMMUNICATION

Right to Know and MSDS

- **Acute health hazards have an immediate effects**
 - **Irritating – causes rashes or other skin irritations**
 - **Corrosive – burns skin or eyes**
 - **Toxic – causes illness or even death**
- **Chronic health hazards continue for months or years**
- **Health hazards can be long term and not show up for years (cancer, birth defects or sterility)**



HAZARD COMMUNICATION

Right to Know and MSDS

- **Hazardous chemicals can enter your body by**
 - **Absorption – skin and eye contact may cause burns, allergies, vision problems or blindness. Cuts and other skin injuries allow chemicals to pass into your bloodstream.**
 - **Inhalation – causes dizziness, headaches, nausea and throat or lung damage.**
 - **Ingestion – swallowing hazardous chemicals when you eat, drink or smoke in areas where chemicals are located causing damage to internal organs.**
 - **Accidental needle puncture allows toxins to enter your bloodstream directly.**



HAZARD COMMUNICATION

Right to Know and MSDS

All chemicals must be labeled

- Identity of the hazardous chemical
 - Appropriate hazard warning
 - Name and address of the manufacturer
- Each chemical used at PSJMC must have a Material Safety Data Sheet (MSDS) in our Prosar Library

HAZARD COMMUNICATION

Right to Know and MSDS

- **Information contained on the MSDS**
 - **Name, Address and Phone number of the manufacturer**
 - **Chemical Identification**
 - **Hazardous Components**
 - **Physical, Fire and Explosion, and Reactivity Data**
 - **Spill or Leak Procedures and PPE**
 - **Health Hazard Data**
 - **First Aid**
 - **Protective Measures**

HAZARD COMMUNICATION

Right to Know and MSDS

- **Accessing MSDS Information**
 - **PROSAR online resources - can look up MSDS information on Intranet**
 - **Go to the PSJMC Intranet site**
 - **Click on Quick Links on the right**
 - **Click on MSDS Library in the center**
 - **Type in Trade Name exactly as written on the chemical label**
 - **Click on FIND MSDS**
 - **Click on the Icon on the right of the item to bring up the MSDS**

HAZARD COMMUNICATION

Right to Know and MSDS

- **Hazardous Materials Spills:**
 - **If spill is small and can be contained, use any available towels, linens, etc. to prevent spill from spreading.**
 - **Refer to MSDS sheet for spilled item for additional clean up procedures.**
 - **Contact Environmental Services and Security to report the spill. Specify what was spilled and the exact location of the spill.**

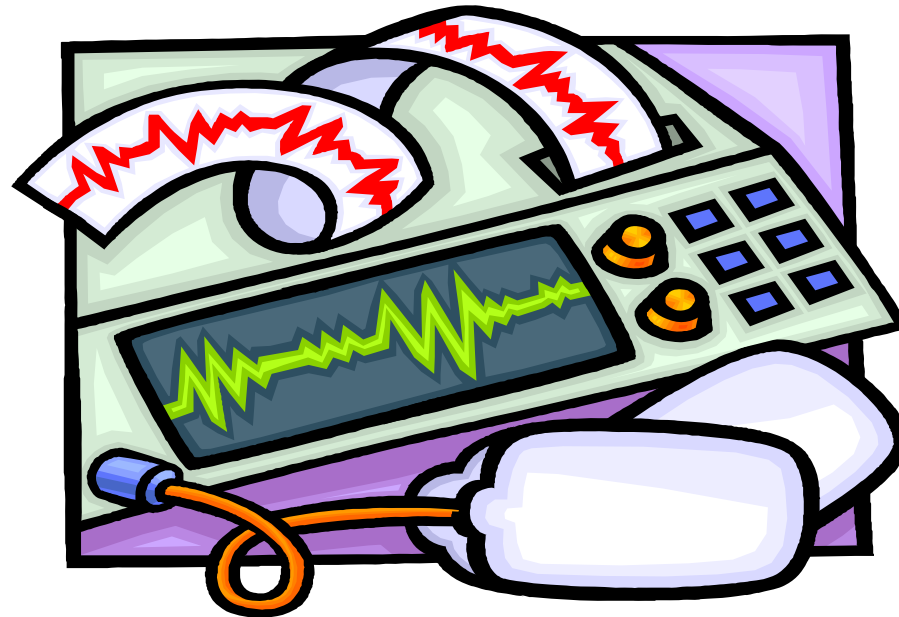
HAZARD COMMUNICATION

Right to Know and MSDS

- **If spill cannot be contained, Joliet Fire Department will be notified by the Administrator On Call or designee.**
- **If radioactive spill occurs, the Radiation Safety Officer must be notified immediately.**
- **If chemo spill, contact Pharmacy**
- **Complete a Variance Report (Intranet) and forward to Risk Management.**

MEDICAL EQUIPMENT

- JCAHO Environment of Care Standard 6.10 and *beyond!*





MANAGING RISK



- The role of the Risk Management Department is to enhance the safety of patients, visitors, and employees, and minimize the financial loss through risk detection, evaluation, and prevention.
- We do this by preventing liability through a process of education, feedback, and early response.
- **Karen Briscoe, X 7131**

KEY TERMS

Variance Report:

Electronic submission of events within the hospital or on hospital property that are inconsistent with routine care or normal operations.

Sentinel Event:

- Is an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury includes loss of limb or function. Such events are called “sentinel” because they signal the need for immediate investigation and response.

Root Cause Analysis:

- Is a process for identifying the basic and causal factor(s) that underlie variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause is not about blame or negligence. It is about figuring out how to improve and how to prevent the recurrence of a similar result.

VARIANCE REPORTING AT Provena

The Origin and Purpose of Variance Reports:

Commercial insurance companies developed incident/variance reporting in the 1970's for reporting potential losses or claims. Other industries adopted this process for establishing a database to track and trend occurrences.

Why Reporting is Good:

- Identifies opportunities to improve patient care, quality and safety
- Identifies patterns or trends of undesirable events
- Identifies potential losses
- Provides a timely means of detecting a potential or actual problem capable of harming a patient or employee
- Better litigation management which leads to reduction in cost of claims involving patients or employees

HOW CAN YOU AS AN EMPLOYEE of Provena CONTRIBUTE TO THE SUCCESS OF THIS PROGRAM?

One way is by completing a patient/visitor variance report form or medication error report form for any unusual, unexpected or undesired occurrence involving a patient or visitor. The following are some examples of events that should be reported:

- o Patient or visitor fall**
- o Medication Error – wrong patient, wrong dose, wrong route, wrong medication, wrong time, or patient refused**
- o Medication reaction – hives, allergic reaction, etc (complete adverse drug reaction (ADR) report for Pharmacy)**

(See next slide for more examples)

HOW CAN YOU AS AN EMPLOYEE of Provena CONTRIBUTE TO THE SUCCESS OF THIS PROGRAM?

- **Surgical procedure – wrong patient, wrong site, wrong procedure, unplanned returns to OR etc**
 - **Order error issues**
 - **Equipment that fails while in use with a patient**
 - **A significant violation of established policy and procedure**
-
- **NOTE: Variances, which do not affect the patient (“near misses”), but have the potential for injury or unexpected outcome should also be reported. Risk Management should be notified immediately for any serious adverse outcomes to patients or visitors.**

WHAT SHOULD BE DOCUMENTED ON THE VARIANCE REPORT FORM:

- **The patient or visitors name**
- **The date and time of the event**
- **The area where the event occurred**
- **Was there an injury**
- **Witnesses to event**
- **Description of the event and the facts**



- * **NOTE: For patient related variances, a factual description of the occurrence should be documented in the medical record.**

WHAT YOU SHOULD NOT DO WHEN COMPLETING A VARIANCE REPORT FORM:

- **Do not guess or make assumptions as to what occurred**
 - **Do not point fingers, assign blame, or use accusatory language**
 - **Do not be subjective, include hearsay, or third party opinions**
 - **Do not indicate in the medical record that a variance report was completed and/or make the variance report part of the medical record**
 - **Do not route the variance reports to other departments**
- * NOTE: Reports are not to be released to patients, families or other third parties nor are they to receive a copy of the report. Copies are only made by and at the discretion of the Risk Management Department. For your protection and the Hospital's protection, no personal copies of the reports or personal notes addressing the events are to be kept.**

COMPLETED REPORT PROCEDURES

What happens to a completed report?

- Once the variance report is received,
- the occurrence is communicated to the involved departments.
- data is abstracted
- reports are prepared to monitor patterns and trends and to identify opportunities for improvement
- If the variance is determined to be a sentinel event or a “near miss” then a root cause analysis is conducted.

CREATING A CULTURE OF CONFIDENTIALITY

- **FACT: One out of every five Americans believes their health information is used inappropriately**
- **FACT: One in six report that they have provided inaccurate information to their health care provider because they don't feel it will be kept confidential**

WHAT HAPPENS IF PATIENTS DON'T TRUST US?

- **Quality care is compromised**
 - **Conditions may go undetected or untreated**
 - **Health information may not be complete and accurate**

CONFIDENTIAL INFORMATION IN PUBLIC AREAS

- Position computer monitors and other equipment so that information cannot be viewed by unauthorized individuals

Speaking in public areas:

- Be sensitive of what you say
- Be aware of others who may hear what you say
- Take steps to reduce the possibility of being overheard



MINIMUM NECESSARY / NEED TO KNOW Uses and Disclosures of Health Information

- **Limit protected patient information to “minimum necessary” to achieve the intended purpose of the use or disclosure**
- **Access to protected patient information is only given on a “need to know” basis**
- **If in doubt, ask yourself: “Do I really need access to this information to do my job?”**

PSJMC ORGANIZATIONAL STRUCTURE

- CEO: Jeff Brickman
- Privacy Officer: Karen Briscoe, PSJMC
- Your Department Manager
- You and everyone in your department – **EVERYONE** is responsible for maintaining confidentiality of protected patient information

EVERYONE HAS HIPAA RESPONSIBILITY

Privacy Officer

- Corporate Privacy Officer develops and implements privacy / confidentiality policies for everyone in Provena Health
- Ministry Privacy Officer investigates and resolves actual or potential HIPAA privacy violations

Management's Role

- **Implements privacy policies and procedures**
- **Documents alleged HIPAA violations**
- **Administers corrective action**

EVERYONE HAS HIPAA RESPONSIBILITY WHAT IS YOUR RESPONSIBILITY?

- **Curb your natural curiosity and desire to share information**
- **Be sensitive to the patient's rights and to the information you know about the patient**
- **Respect the patient's right to privacy**
- **Know and follow Provena Health policies**

WHAT DOES PSJMC DO ENSURE HIPAA COMPLIANCE?

- **Background checks for all staff with access to health information, including examination of criminal convictions and OIG sanctions**
- **All employees sign confidentiality / nondisclosure statements when hired and during the annual employee evaluation**
- **Included in Provena Health Standards of Behavior and in annual employee evaluation**
- **Initial training during new employee orientation**
- **Annual refresher training**

WHEN THE EMPLOYEE OR EMPLOYEE'S FAMILY MEMBER IS THE PATIENT

- **Employees have the same right to privacy as all other patients of Provena**
- **Employees must follow standard procedures to obtain or view their own medical record, or the medical records of family members**



COMPLAINTS AND INCIDENT REPORTING PRIVACY AND SECURITY POLICIES

- Report violations to the department manager immediately
- Privacy Officer must investigate all suspected violations
- AlertLine is also available to report violations



Refrain from retaliation

- Provena does not condone or allow any retaliatory acts towards those who report privacy or security violations
- No one will be permitted to intimidate, threaten, or coerce any individual filing a complaint

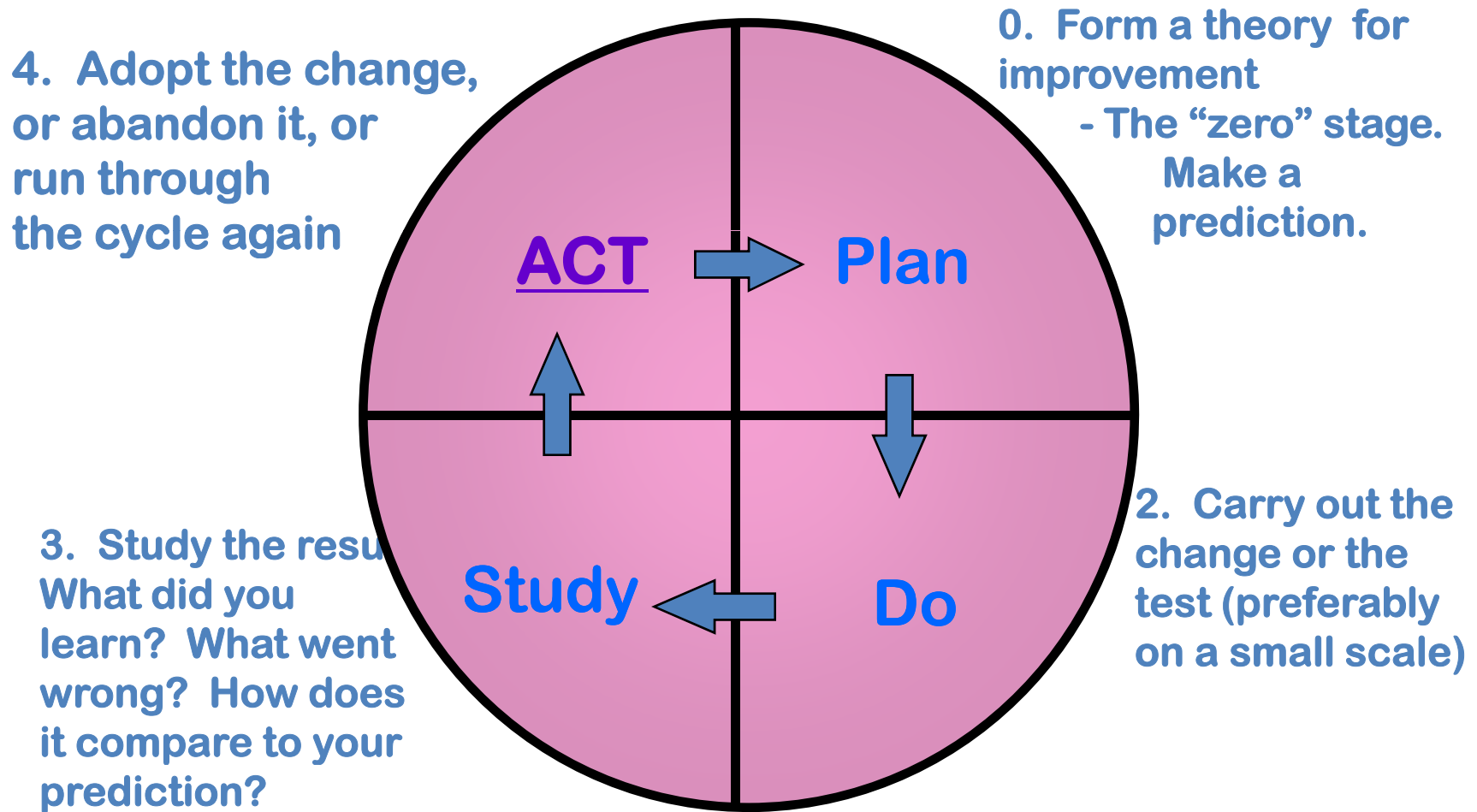
AlertLine

- **The Provena Health AlertLine is a simple risk-free way for you to report activities that may involve ethical violations or safety risks. AlertLine is managed and operated by an independent communications firm hired by Provena Health to ensure the integrity and objectivity of corporate responsibility reporting. 1-800-93Alert**

QUALITY IMPROVEMENT

Director, Quality Management
Connie Noltemeyer x7005

Process Improvement PDSA Methodology



QI Q&A

Q: What is the JCAHO and why do they influence the way we provide care?

A: The JCAHO (Joint Commission on Accreditation of Health Care Organizations) is the largest healthcare accrediting organization in the world. Its goal is to improve the quality of health care to the public through the accreditation process and other services. The JCAHO is responsible for developing standards and performance measures that are used during the comprehensive survey.

Q: Why does the JCAHO come to Provena?

A: The purpose of the visit is to provide an assessment of Provena's compliance with JCAHO standards through an on-site survey. Accreditation by JCAHO is one measure of the quality of performance at Provena and is required of us to continue to treat Medicare and Medicaid patients.

QI Q&A

Q: How often does JCAHO perform an accreditation survey?

A: JCAHO can survey us at irregular intervals, unannounced

Q: What happens during a JCAHO survey?

A: During a visit, JCAHO representatives do a number of things... they review policies, procedures, and important documents; they interview staff; they interview patients and families

Q: How does Provena plan for a JCAHO survey?

A: Provena plans continuously for a survey, including conducting mock surveys.

Q: What happens when JCAHO arrives at our door?

A: We activate the Survey Logistics Plan, which is a plan that outlines what to do from the time an external surveyor arrives at the door. The Survey Logistics Plan is located on the PSJMC intranet and is available to all employees. At PSMH, the “Flight of the Bumblebee” song plays overhead letting you know you have a regulatory agency present.

QI Q&A

- **Employees or Physicians reporting any safety or quality of care concerns to the Joint Commission**
 - No disciplinary action will be taken if concerns are reported to the Joint Commission by employees or Physicians
 - E-Mail: complaint@jointcommission.org
Fax: Office of Quality Monitoring (630) 792-5636
Mail:
Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone number, 8:30 to 5 p.m., Central Time, weekdays.(800) 994-6610

QI Q&A

Q: What is a Sentinel Event?

A: A Sentinel Event is an unexpected occurrence involving death or serious injury or risk thereof. If you suspect a Sentinel Event might occur or has occurred, immediately contact your supervisor, manager, or director.

Q: Is there a safety plan for Provena Health?

A: Yes. There is an overall plan for Provena Health that describes our commitment to providing a safe environment for patients, staff, and visitors.

Q: How can I prevent a possible Sentinel Event?

A: All employees must report any unsafe conditions; all employees must be trained and competent to perform any job duties that protect and treat patients; all employees can suggest ideas for performance improvement in their areas.

CULTURE OF PATIENT SAFETY

- **All departments and services integrate principles of patient safety into their daily routines.**
- **Staff are encouraged to report errors and ideas to enhance safety without fear of punitive action.**

Mission, Vision, and Values

WHO WE ARE...

Mission Statement

Provena Health, a Catholic health system, builds communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ.

Our Values

- ✓ *Respect – We affirm the individuality of each person through fairness, dignity, and compassion.*
- ✓ *Integrity – We Demonstrate the courage to speak and act honestly to build trust.*
- ✓ *Stewardship – We use our human and economic resources responsibly with special concern for the poor and vulnerable.*
- ✓ *Excellence – We achieve exceptional performance through continuous growth and development.*

Vision

Provena Health providers are known for clinical and service excellence, and are the preferred choice based on responsiveness to community needs, quality, value, and innovation.

Pillars of Excellence

Quality

Service

Finance

People

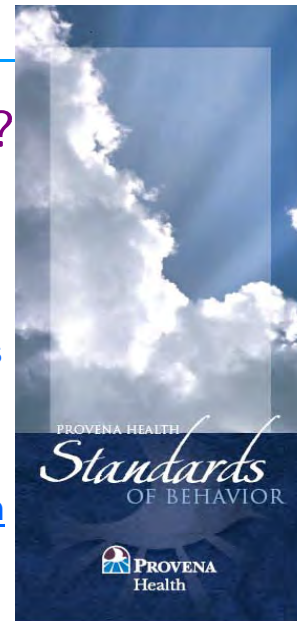
Growth

Values



What are "Values"?

- ❑ Values give us a sense of what is right and worthwhile from the organization's view
- ❑ Values give us principles or standards to use in decisions and actions as employees
- ❑ Values give us an understanding of what it means to live out our mission and our identity as a ministry of the Catholic church.



Respect



We affirm the individuality of each person through fairness, dignity, and compassion.



Integrity



 **PROVENA**
Health

**We demonstrate
the courage to
speak and act
honestly to build
trust.**



Stewardship



 **PROVENA**
Health

**We use our
human and
economic
resources
responsibly,
with a special
concern for the
poor and
vulnerable.**



Excellence



**We achieve
exceptional
performance
through
continuous
growth and
development.**



Standards of Behavior

- **With guidance from our mission and our identity as a Catholic healthcare ministry, our values of Respect, Integrity, Stewardship, and Excellence serve as our standards of behavior. These standards provide the foundation for our culture of excellence and help to define the expectations of each individual within or associated with Provena. As we continue the healing ministry of Jesus Christ in our daily work at Provena, we use our standards of behavior to always RISE to living out our mission and values each and every day.**

Standards of Behavior

- **All team members are expected to follow and model our standards of behavior at all times.**
- **Employees sign a commitment statement, and all employees recommit on an annual basis.**

HOW CAN I OBTAIN A POA OR LIVING WILL DOCUMENT?

- Pastoral Care department, X3473
- Care Management department, X3175

PATIENT RIGHTS

- **Each inpatient or outpatient signs a general consent to treat form, which acknowledges that they received a copy of the Patient's Rights and Responsibilities. Each patient is informed that they can ask any employee for clarification if the patient has questions about his/her rights & responsibilities.**

PATIENT RIGHTS

- **Right to privacy:** Personal and medical information is confidential, and is shared with Provena employees only as required by their job duties.
- **Information about patient's condition:** Patient must be kept current on his/her medical condition, treatments, and chances for recovery.
- **Informed consent:** Physician must clearly explain the advantages and risks of any procedures, tests, or treatments. Patient must give permission for such care. Patient has the right to refuse any treatment.
- **Advance directives:** Staff must explain and provide advance directive documents to patients.

SERVICE RECOVERY

WHY SERVICE RECOVERY?

- **Service recovery is used to ensure the highest patient satisfaction by empowering all staff to immediately and effectively correct situations of improper or inadequate service.**
- **ALL employees are expected to participate in and help identify service recovery opportunities by listening and observing for signs of dissatisfaction.**

USE KEY WORD STATEMENTS

Use scripts developed for use in your area.

For example:

“I am so sorry this happened. I can see why you would be upset. This is what I am going to do about it (insert specific action here). I will check back in a little while to ensure that everything has been resolved.”



CUSTOMER SERVICE

Is the Provena way of doing business

**Requires follow-through to identify
problems, trends, and solutions**

Is EVERYONE'S responsibility

DIVERSITY

A Celebration of Differences



DIVERISTY GROUND RULES

- **Listen for Understanding**
- **Respect All Opinions**
- **Honor Confidentiality**
- **Focus on Yourself**

DEFINITION

- ✦ **Diversity means people of different heritages, races, sexes, ethnic backgrounds, ideals, philosophies, political affiliations, educational backgrounds, experiences, sizes, shapes, economic status and many other factors, living and working together.**



IMPORTANCE OF DIVERSITY: THE PROVENA HEALTH WAY

- **Provena Health acknowledges, supports and celebrates the diversity of our patients, families, employees, physicians, communities and vendors.**
- **System policies, standards, and behaviors are based on the values of respect, integrity, stewardship and excellence.**
- **Provena Health actively pursues and promotes an atmosphere of inclusion and respect in all our interactions.**

CELEBRATING DIVERSITY

- ✿ *It is only when we accept, value and embrace our differences that we can begin to discover how very much we have in common.*



PSJMC Mini Orientation Acknowledgement

- *I acknowledge that I have read and will adhere to the Policies and Procedures provided within Provena Saint Joseph Medical Center's (PSJMC) New Employee Orientation.*
- **Name:** _____
- **Signature:** _____
- **Date:** _____
- **Agency:** _____