



VERIFIED PROFESSIONAL

Orientation Booklet

Mission Health

Orientation Packet – DHP

Directions: Please carefully review the entire booklet. Complete the verification form on the last page of the booklet and submit electronically through VPro prior to working your first shift.

Introduction

Mission and Values Statement for HCA Healthcare

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

In pursuit of our mission, we 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.

Ethics and Compliance

We have a comprehensive, values-based Ethics and Compliance Program, which is a vital part of the way we conduct ourselves at HCA Healthcare. Because the Program rests on our Mission and Values, it has easily become incorporated into our daily activities and supports our tradition of caring for our patients, our communities, and our colleagues. We strive to deliver healthcare compassionately and to act with absolute integrity in the way we do our work and the way we live our lives. This Code of Conduct, which reflects our tradition of caring, provides guidance to ensure our work is done in an ethical and legal manner. It emphasizes the shared common values and culture which guide our actions. It also contains resources to help resolve any questions about appropriate conduct in the work place.

Please review it thoroughly. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to our future. If you have questions regarding this Code or encounter any situation which you believe violates provisions of this Code, you should immediately consult your supervisor, another member of management at your facility, a member of your Facility Human Resources Leadership team, your Facility Ethics and Compliance Officer, the **HCA Ethics Line (1-800-455-1996)** or the Division Ethics and Compliance Officer. You have our personal assurance there will be no retribution for asking questions or raising concerns about the Code or for reporting possible improper conduct.

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General Information

All our HCA Healthcare NC Division facilities and grounds are tobacco free. This includes parking lots and surrounding grounds.

Photo Identification

All DHP employees must display their company photo identification and an HCA facility issued photo identification visibly and above the waist at all times.

Sign-in

You will sign in/out as directed by the facility prior to reporting to assigned area. You must obtain a daily badge from the facility VPro kiosk. If unable to obtain a badge you must visit the Medical Staff Office to obtain a badge.

Parking

Refer to your specific facility for parking restrictions.

Appearance

Clean, professional appearance is expected at all times. Follow specific dress code policies at your facility.

General Privacy Expectations

Always knock before entering a patient room. Close curtains and doors during exams and procedures.

HIPAA (Health Insurance Portability and Accountability Act)

Federal law requires protection of patient health information. You can learn more about health information privacy by going to the website: www.hhs.gov/ocr/hipaa

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SAFETY

Risk Management and Patient Safety – General

Immediately report all accidents, occurrences, medical equipment/supplies as intended (for any reason) and/or near misses to the Administrative Supervisor and Risk Manager. Report any occurrence (unsafe conditions or concerns or safety hazards) in the occurrence reporting tool (RL for now). All staff have access to the tool. The facility where you work will provide you with information on using the Hospital Occurrence Reporting System as appropriate to your position. Utilize personal protective equipment whenever appropriate. Be familiar with all emergency codes at your facility – facility specific.

Fire Safety

In the event of fire, all employees are to practice R.A.C.E. and P.A.S.S. 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 pin 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.

DISASTER PREPAREDNESS

The North Carolina 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

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- Restricted access to the facility – Wearing your HCA Healthcare issued picture ID badge is essential!

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

PLAIN LANGUAGE EMERGENCY CODES

Alerts are announced using plain language that describes the type of code and the location. Example, “Facility Alert Fire alarm 2nd floor west, utility room.”

There are three basic types of alerts:

1. Facility alerts: examples are fires, weather emergency, and hazardous materials spill
2. Security alerts: examples are active shooters and missing persons
3. Medical alerts: examples are code blue or rapid response

Two color codes remain as an alternative to the Plain Language recommended alerts: “Code Blue”, and “Code Pink” are universal codes and may continue to be used for respiratory/cardiac arrest and missing infant/child respectively.

All other alerts may be described in plain language – not restricted to specific terminology. Examples are below:

Facility Alerts	Security Alerts	Medical Alerts
Fire Alarm	Code Pink Missing Infant Child less than 18 years	Code Blue Adult Medical Emergency
Smoke Alarm	Missing Person 18 years or older	Rapid Response (Adult)
Hazardous Materials Spill	Active Assailant	Code Pediatric
Mass Casualty	Hostage Situation	Pediatric Rapid Response
Medical Decontamination	Bomb Threat /Suspicious Package	Code Apgar/Neonatal less than 28 days old
Surge Capacity	Civil Disturbance	OB Hemorrhage
Utility/Technology Interruption	Controlled Access	Outside Building Medical Emergency
Weather Event	Security Alert	Delivery Outside L & D
Evacuation / Relocation		BERT Team

The facility will provide you with a list of any facility specific codes or emergency numbers. It is your responsibility to be informed of and respond appropriately to all called codes.

FALLS

Fall prevention procedures may be different at each facility. Please check with your facility for specific guidance. If you witness a fall or find a patient who has fallen, immediately:

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- Ensure the patient is cared for, and the environment is safe.
- Get help for the patient.
- Notify the nursing supervisor, charge nurse, or department manager immediately.

RADIATION and MRI SAFETY

If you are required to work in an area in which radiation is utilized, or any controlled MRI areas, contact the department director or Radiation Safety Officer prior to entry for any necessary safety education and precautions.

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.

Follow the hospital's policy for tagging and removing broken equipment from patient care areas.

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.
- Notify the nursing supervisor, charge nurse, or department manager immediately.

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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 / power strips in designated areas. Refer to facility policy for guidance.
- 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. Refer to facility policy for guidance.

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.

ERGONOMICS

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 for more details on proper ergonomic techniques.

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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 MSDS = Material Safety Data Sheet must be obtained. ***Process for containment and protection of other staff will be implemented.*** MSDS forms can be accessed on the facility computer system at most facilities. Discuss with your immediate supervisor or the nursing supervisor the process for obtaining an MSDS form any time of day at the facility where you are working.

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. Spills of blood or body substances must be cleaned up immediately and the area disinfected with a hospital approved disinfectant. Refer to facility safety manual for details on clean-up and exposure prevention.

TUBERCULOSIS

Quick identification, evaluation, and treatment of potential tuberculosis patients are 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 at the facility before wearing the respirator.

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INFECTION PREVENTION OVERVIEW

There is an effective 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 good hand hygiene. Whenever you work you **must** protect your patients and yourself from hospital acquired infections by washing your hands or using alcohol-based hand sanitizer. ***Personal Protective Equipment (PPE) will be used in all isolation rooms which are identified at the entrance of those rooms. Required equipment for the type of isolation will be clearly identified.***

Practice Hand Hygiene

WHAT: Soap and Water

WHEN:

- Whenever hands are visibly soiled
- When hands are visibly contaminated with blood or body fluids.
- After using the bathroom.
- Before and after eating or handling food.
- After caring for patients on soap and water precautions.

WHAT: Alcohol based Instant Hand Sanitizer/Alcohol-Free Hand Sanitizer on Behavioral Health Units

WHEN:

- When entering a patient's room (Clean In)
- When leaving a patient's room (Clean Out)
- Before giving medications to a patient and before and after IV catheter care or insertion
- Before and after foley catheter insertion or care
- Before donning sterile gloves for a procedure

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- After removing gloves
- After touching objects in the patient's room (e.g. blood pressure cuff, IV pump, the keyboard/mouse, etc.)
- Between patients

INFLUENZA PATIENT SAFETY PROGRAM

All DHP's must provide documentation of flu vaccinations, including dates of influenza vaccination for current influenza season or wear a mask during flu season when in the immediate vicinity of a patient or in other designated areas, as defined by facility policies. Please consult the facility policy to determine implementation dates as these may vary based on local epidemiology.

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, gel and sculptured nails are not permitted in patient care areas or by employees that prepare items for patient care use.

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. Clothing penetrated by blood or other potentially infectious materials must be removed immediately.

REMOVAL OF PPE

All items of personal protective equipment (PPE) must be removed prior to leaving the work area and properly disposed of there. Hand washing **MUST** be done immediately after removing PPE. Review the facility policy for donning and removal of PPE prior to entering any isolation area.

ISOLATION

The facilities use **transmission-based isolation precautions** as recommended by the Center for Disease Control and Prevention (CDC). The isolation / precaution signs are found on all the nursing units. The appropriate sign is placed on the room door. Any order being sent to another department must indicate if the patient is on any type of precautions (isolation).

The types of isolation used are contact, enteric-soap and water, droplet, and airborne.

AIRBORNE PRECAUTIONS is used for known or suspected TB, chickenpox, and measles and as directed by outside governing agencies as needed.

Recommendations:

- Room – A negative-pressure isolation room is necessary. Both the door to the anteroom and the door to the patient room must be kept closed at all times.
- Masks – All persons entering the room will wear an N-95 Respirator mask for which you have been fit tested or a Powered Air Purifying Respirator (PAPR)
- Patient Transport – Limit the transport of the patient from the room to essential purposes only. If transport or movement is necessary, place a surgical mask (not an N-95 mask) on the patient.

DROPLET PRECAUTIONS are used for influenza, suspected or known meningitis.

Recommendations:

- Room – A private room is necessary. Door does not need to be kept closed. Droplets from sneezing and coughing travel approximately 3 feet and must land in your eyes, nose, or mouth in order to survive.
- Masks – All persons entering the room will wear a mask with an attached eye shield.
- Patient Transport – Limit the transport of the patient from the room to essential purposes only. If transport or movement is necessary, place a surgical mask on the patient.

CONTACT PRECAUTIONS are used for the majority of isolation initiated in a clinical setting. This is because approximately 88% of the infectious diseases (in the hospital or in the community) are spread by some sort of contact and lack of handwashing.

Recommendations:

- Room – A private room, if available. If not, place the patient in a room with a patient who has active infection with the same organism, but with no other infection.
- Gloves – Wear gloves not only as described under Standard Precautions, but also when you enter the room, as you may come in contact with contaminated environmental surfaces.
- After removing your gloves and washing your hands, ensure that hands do not touch potentially contaminated environmental surfaces, or items in the patient's room.

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- Gowns – Wear gowns not only as described under Standard Precautions, but also if you anticipate that your clothing will have substantial contact with the patient, environmental surfaces, or items in the patient’s room.

Environmental Control – When possible, dedicate the use of non-critical patient-care equipment and items such as a stethoscope, BP cuff (sphygmomanometer), bedside commode, and thermometer. Also, ensure that patient-care items, bedside equipment, and frequently touched surfaces receive daily cleaning.

Your facility may have other specific precautions. Please refer to facility information.

What to do if you have an exposure to blood and / or body fluid:

- Wash the affected area immediately.
- Report the incident to your supervisor or the House Supervisor.

Biomedical Waste

In addition to OSHA requirements regulating waste management, the State of North Carolina has a required “Regulated Medical Waste Rule” and compliance to the rule as follows:

- **Regulated Medical Waste: blood and body fluids in individual containers in volumes greater than 20 ml, microbiological waste, and pathological waste that have not been treated pursuant to specific standards. This includes:**
 - Liquids (secretions and excretions)
 - Non-liquid tissue and body parts from humans
 - Laboratory waste which contains disease causing agents
 - Discarded sharps (used / unused) including:
 - Scalpels
 - Suture Needles
 - Vacutainer Tubes with blood
 - Contaminated intact / broken glass or hard plastic

TJC National Patient Safety Goals 2019

The Joint Commission National Patient Safety Goals are integrated into our patient care delivery system. The goals protect patients, protect healthcare personnel, and promote quality healthcare.

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The NPSG are as follows:

1. Identify Patients Correctly
 - 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 medication and treatment.
 - Make sure that the correct patient gets the correct blood when they get a blood transfusion.
2. Improve Staff Communication
 - Get important test results to the right staff person on time.
3. Use Medicines Safely
 - 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.
 - Take extra care with patients who take medicines to thin their blood.
 - 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.
4. Prevent Infection
 - Use the hand cleaning guidelines from the CDC or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
 - Use proven guidelines to prevent infections that are difficult to treat.
 - Use proven guidelines to prevent infection of the blood from central lines.
 - Use proven guidelines to prevent infection after surgery.
 - Use proven guidelines to prevent urinary tract infections that are caused by catheters.
5. Identify Patient Safety Risks
 - Find out which patients are most likely to try to commit suicide.

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6. Use alarms safely

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

7. Prevent Mistakes in Surgery

- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- Mark the correct place on the patient's body where the surgery is to be done.
- Pause before the surgery to make sure that a mistake is not being made.
- Follow facility policies for safe surgical verification and correct procedural count process.

PATIENT'S RIGHTS AND RESPONSIBILITIES

Patients have a fundamental right to considerate care that: Safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. Behavior toward patients has a significant impact on the patient's experience and response to care.

Each patient is to be provided with a written statement of patient rights and a notice of privacy practices. These statements include the rights of a patient to make decisions regarding medical care, the right to refuse or accept treatment, the right to informed decision-making, and a patient's rights related to his or her health information maintained by the facility. Such statements conform to all applicable state and Federal laws, including but not limited to the Health Insurance Portability and Accountability Act of 1996.

MANAGEMENT OF INFORMATION: CONFIDENTIALITY FOR ALL

- Every patient has the right to expect that personal and medical information will be kept confidential. Access to patient medical and non-medical information is permitted only to provide appropriate and necessary care.
- All employees, non-employees and volunteers sign a Confidentiality Statement which becomes part of all employee and volunteer personnel files.
- If applicable, all employees sign an Information Security Agreement for the use of computerized systems that becomes part of all employee personnel files.
- The Marketing Department coordinates release of patient information to the media.
- To Protect Patient Confidentiality:
 - Avoid discussing patients in public places, such as elevators, hallways, and cafeterias.

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- Protect the patient's medical record from use by unauthorized persons.
- Protect computer screens and phone conversations from unauthorized observers.
- Patient information will not be sent via text messaging.
- Do not discuss patient information unless authorized by the patient or law.
- Do not look at medical record information unless you have a "need to know."
- Avoid giving information on the telephone. Directory information is permitted unless the patient has requested otherwise; this consists of the patient's presence on the unit and condition (e.g. good, fair, poor, guarded).
- Always log off computer system before leaving the work area.
- Never share your computer password.
- Only access, review, and share information necessary to perform your job.

SOCIAL MEDIA GUIDELINES

Blogs, Twitter, Facebook, wikis, text messages: 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. Facility sites and systems are also routinely monitored to prevent any avoidable releases of sensitive information.

Protect our patients. Protected Health Information (PHI) is by nature not social, so it doesn't belong on any blog or social site under any circumstances.

Always direct questions from the media to our Marketing and Communications department.

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 has 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, which can be found with the facility's other privacy policies.

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Get written permission before posting anything online that doesn't belong to you such as copyrighted photos.

Privacy settings and the use of strong passwords help protect you. And beware of suspicious links; these could load spyware or 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 supervisor 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. To review additional social media guidelines visit missionandme.com/socialmedia.

Any questions or issues concerning Patient Privacy, please contact your Facility Privacy Officer (FPO) or the Director of Health Information Management (HIM).

Any questions or issues concerning Information Security, please contact your Facility Information Security Officer (FISO).

Abuse and Neglect

Immediately report any suspected abuse and neglect to the Risk Manager, Administrative Supervisor or via the facility chain of command in the absence of an Administrative Supervisor. The North Carolina Abuse Hotline accepts reports 24 hours a day and 7 days a week of known or suspected child abuse, neglect, or abandonment and reports of known or suspected abuse, neglect, or exploitation of a vulnerable adult. North Carolina Abuse Hotline number: 1-919-733-9467.

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.

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Improving Patient Experience

Patient experience is one of the key pillars of performance for the North Carolina Division. The patient's perception of his or her care is a tangible reflection of your compassionate conversation and delivery of care. The facilities participate in the HCAHPS Survey assessment of patient experience. The HCAHPS Survey assesses patient perception of FREQUENCY and CONSISTENCY of staff behaviors throughout their stay (Never, Sometimes, Usually, and Always). Although the HCAHPS Survey assesses patient perception and 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 improvement patient experience, we use tools like purposeful rounding and icare, the foundational model of compassionate conversation to help meet our patients' and their families' needs.

Expectations

1. Always knock when entering a patient's room. Close curtains and doors during examinations and procedures.
2. Introduce yourself.
3. Use Key Words at Key Times

The Five Fundamentals of Service: icare through Compassionate Conversation

- I** Introduce myself by stating my name and role, and share my experience and love of the work as appropriate.
- Knock before entering a room – and don't forget to cleanse hands!
 - Make eye contact.
 - Smile warmly.
- C** Connect and Communicate by telling what I am going to do, how long it is going to take, and why I am doing it.
- Use proper/desired names – not 'honey' or 'sweetie'.
 - Respect cultural differences.
 - Ensure comprehension.
- A** Ask if they have questions or concerns and Anticipate needs.
- Take the time to listen fully to understand all questions and concerns.
 - Think ahead to what information could be useful given my knowledge.
 - Own any concern uncovered until resolution is achieved.
 - Offer to help my teammates when I see they need help.
- R** Respond promptly and with urgency.
- Be open, honest, ethical, and diplomatic.
 - I won't say "That's not my job"; if I can't do it, I will find someone who can.
 - If I don't know, I will find out.

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E Exit and Ensure needs have been met by asking “What else can I do for you.”

- Share any next steps to create clarity and a sense of certainty.
 - Ensure proper handoff, as appropriate.
 - Express appreciation.
 - Ask if they would like the door opened or closed.
4. Quietness is part of the healing process. Please keep your voice down and noise to a minimum while in patient care areas and place your phones on silent
 5. Our North Carolina Division facilities have all implemented the “No Pass Zone” concept. All employees are responsible to answer call lights (patient requests for help) in a timely manner.

Clinical and Non-Clinical Staff Expectations

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

Hand-Off Communication

Communication between caregivers is essential for appropriate care. North Carolina Division facilities utilize the SBAR tool to assist in communication between individuals involved in a patient’s care. Follow the facility policy/process for accurate care handoffs.

SBAR(R) Clinical Support Tool

Defining SBAR(R): SBAR is a standardized way of communication 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!

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Language Translation / Sign Language

The HCA North Carolina 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.

Prevention of workplace violence

Threats, harassment, intimidations, and other disruptive behavior in our workplace **will not be tolerated**; all reports of occurrences will be taken seriously and will be dealt with appropriately. Please provide prompt and accurate reporting of all workplace violence concerns or occurrences to the supervisor and risk manager.

Hospital and Unit Specific Orientation

The NCDV Orientation Booklet provides a general orientation to the North Carolina Division. You will be provided any hospital specific orientation information from the specific hospital prior to working the first shift at the facility. You are responsible for following all facility policies and procedures.

You may be required to attend a facility specific orientation.

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DHP Orientation Verification Form

Directions: Upon completion of your review; please sign, and submit via VPro

I have fully read and comprehend the contents of this booklet which included:

1. Ethics and compliance in the North Carolina Division
2. Management of information; privacy and security (HIPAA rules)
3. Patient Rights and Responsibilities
4. Patient Safety including the National Patient Safety Goals
5. Risk Management and Occurrence Reporting
6. Fire, electrical, and equipment safety
7. Disaster/Emergency Preparedness
8. CDC Hand Hygiene Guidelines; OSHA Bloodborne Pathogens; Standard Precautions; PPE and Flu Vaccination requirements.
9. Hazardous Materials; chemical, radiation and biological hazards; MSDS forms and Regulated Medical Waste Rule
10. Ergonomics
11. Reporting abuse and neglect
12. Reporting Care Concerns to The Joint Commission
13. Improving the patient's experience
14. Clinical and nonclinical staff expectations
15. Hand-off communication and SBAR
16. Language translations and sign language
17. Workplace Violence Prevention
18. Hospital and unit specific orientation

Signature: _____

Date: _____

