

Welcome to

METHODIST HEALTHCARE

“Serving Humanity to Honor God”

www.SAHealth.com

**2018 Non-Employee
Orientation Information**

**METHODIST HEALTHCARE MANDATORY INFORMATION FOR
NON-HOSPITAL PERSONNEL
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Ownership & Pride

Welcome!

From the time Methodist Hospital first opened its doors in 1963 and HCA began evolving its vision of community-based integrated delivery system in 1968, we have been engaged in improving the health status of the community. The ways and means of contributing to this aim or purpose have grown and evolved over time, but the commitment to continuously improve the health status of the community is a societal need that does not change. To ensure our success in meeting this challenge, Methodist Healthcare Ministries and HCA have come together to create a partnership: Methodist Healthcare System of San Antonio, Ltd.

For those involved in designing, delivering, and constantly improving Methodist Healthcare services, it is a healing ministry, a sacred trust, Holy Ground. We dedicate our professional lives to those we serve and to each other. In the following pages, we have recorded statements articulating our mission, Vision, Values and Policy on Quality. At one level, it is an ideal future state that can never be fully achieved. But we are called to strive toward perfection. And while there is a certain tension between current reality and our ideal vision, there is also joy in the journey!

Our Mission Statement

"Serving Humanity to Honor God by providing exceptional and cost effective healthcare accessible to all"

The purpose of Methodist Healthcare System is to **promote and support the health status of the community** by providing and constantly improving the delivery of quality, innovative healthcare services in a cost-effective way, while providing an appropriate amount of charitable care to people in our region.

On an individual basis, we commit to:

- ★ Cure when we can
- ★ Escort to death's door when we must
- ★ Always create healing experiences.



Methodist Hospital, Opened 1963

Thank you for supporting us!

Ownership & Pride

Our Vision



GREATNESS for Methodist Healthcare System

We are committed to making Methodist Healthcare a great system. A great healthcare system does more than just accomplish its mission. In addition to healing others, a great healthcare system has learned how to heal itself. So what is the ultimate expression of achieving “greatness”? How will we recognize “greatness” when we see it? And, how will we measure our progress toward that vision?

First, we recognize that conceptualizing the vision is hard to do.

Second, we realize that the true vision is not static. It will continue to change, evolve, and grow. “Great” will become “greater.”

The ultimate expression of this vision will be achieved when:

1. Patients prefer Methodist facilities exclusively; the hospitals are always full; elective patients insist on admission to Methodist facilities, even if they must wait for a room.
2. Employees prefer to work at Methodist facilities exclusively; the system is fully staffed; applicants await openings for employment.
3. Physicians prefer to practice at Methodist facilities exclusively; physicians consider their relationship with the system to be a partnership; physicians insist on admitting their patients to Methodist facilities, even when space is available elsewhere.
4. Payors (employers, insurers, HMOs, PPOs) prefer to join or create health benefit plans that contain Methodist facilities as the major preferred provider; discounts are not necessary; new health plans insist on marketing their relationship with Methodist facilities to the public.
5. The healthcare industry cites Methodist facilities as a model of quality, cost-effectiveness and value; other healthcare providers, representatives of government and other industries, insist on making site visits here to learn.

ME

METHODIST EXCELLENCE

It starts with me.

Methodist Excellence is a philosophy for a workplace where you know every day that you have a purpose, that you are doing worthwhile work, and that you are making a difference. You are now in a culture dedicated to excellence in all that you do, whether you are dealing with your peers, physicians, patients, or visitors.

Because of you, the employees, Methodist Healthcare enjoys a reputation for excellent service and

quality of care. Methodist Excellence (ME) builds on that reputation and provides the framework for our organization to achieve even greater heights and successes. Woven throughout ME are basic principles that will positively impact the work you do every day and allow you to achieve greater personal growth and fulfillment. Your involvement in ME is key to making Methodist Healthcare the most sought-after place to work, the primary place

where physicians want to practice and the only place where patients want to receive care.

The approach to achieving operational excellence rests on Five Pillars for setting goals and measuring progress; Service, Quality, People, Finance, and Growth. Under the pillars, goals will be established, not only for Methodist Healthcare, but also for individual facilities, departments and units.

Ten Standards of Behavior

- ★ *Appearance*- Methodist Healthcare is proud of the appearance of our facilities and employees. A professional appearance is important, as it assures a positive image of the individual as well as the entire organization
- ★ *Attitude*- A positive and cheerful attitude by employees is a reflection on the facility. When employees present a positive attitude, our customers will sense that quality care is not forced, but is truly our mission.
- ★ *Communication*- Communication skills are essential in the workplace. In a healthcare environment, communication is vital to providing quality patient care. Intra- and inter-departmental communication, as well as communication with physicians and patients, are key to providing a consistent and effective continuum of care.
- ★ *Compassionate Service*- Healthcare is more than just a business; although the clinical and technical expertise we provide is exceptional, compassion and passion are vital ingredients in providing service and showing our customers we truly care.
- ★ *Ownership & Pride*- Every employee represents Methodist Healthcare in the eyes of our customers. Therefore, it is essential that every member of the Methodist Healthcare team feel a sense of ownership and pride toward his or her job and the organization.
- ★ *Privacy*- Employees must be sensitive to the legal rights and emotional needs of privacy for patients, and conduct themselves in a professional manner that respects this aspect of our patients' overall well-being.
- ★ *Safety*- Each of us has a responsibility in ensuring the safety of our patients, our physicians, our co-workers, our visitors, and ourselves.
- ★ *Teamwork & Commitment to Co-Workers*- At Methodist Healthcare, we are all linked together by a common purpose, which is to serve our patients and our community. We believe, through teamwork, we can produce better results collectively than we would as individuals.
- ★ *FUN!*- Methodist Healthcare promotes an environment of employee fellowship. Employees need to know that laughter and enjoying one's job makes for a positive workplace.
- ★ *Accountability*- Accountability is the foundation of Methodist Excellence. The building blocks of Accountability involve personal responsibility for job actions and performance; complete understanding of job responsibilities, and adherence to all Methodist Healthcare policies and procedures.

Teamwork

Preventing Harassment

Federal and State Laws prohibit harassment of employees on the basis of race, ethnicity, sex or age. Harassment means to trouble, worry or torment someone on a persistent basis. The important phrase is “on a persistent basis.” Usually a one-time offense is not considered harassment in the eyes of the law. Discrimination occurs when a person or group of people are treated differently from another person or group of people.

Types of Harassment

- ★ Verbal-includes things said, written or inappropriate sounds.
- ★ Physical-includes hitting, pushing, blocking someone’s way, inappropriate touching.
- ★ Visual-includes calendars, pictures, any inappropriate object that can be clearly seen.

Types of Sexual Harassment

- ★ Quid Pro Quo– Offering raises, promotions, time off and so on in return for sexual favors.
- ★ Hostile Environment

Examples of Harassment

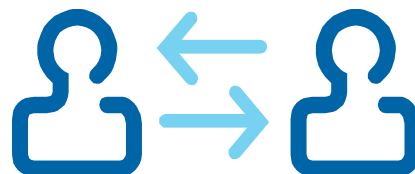
- ★ Posting or passing around suggestive or pornographic pictures, calendars, etc.
- ★ Leering or staring too long
- ★ Crude gestures, language or jokes
- ★ Discriminatory comments or jokes
- ★ Unwanted touching such as pats, brushes or shoulder rubs
- ★ Sexual comments about a person’s clothing, anatomy or looks
- ★ Referring to an adult as a hunk, doll, babe or honey

What do you do if you are harassed or notice harassment?

It is helpful for the victim to inform the harasser directly that the conduct is unwelcome and must stop. If this is not effective or the victim is uncomfortable with taking this action, then notify your supervisor and Human Resources immediately. You will have a prompt response and an investigative team will be assigned. All claims of harassment and intimidation will be investigated.

It is also unlawful to retaliate against an individual for opposing employment practices that discriminate based on sex or for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or litigation under Title VII. Prevention is the best tool to eliminate sexual harassment in the workplace.

Treat Each Other With Respect



Health & Safety

In the event of an on-the-job injury, notify your supervisor immediately and fill out a non-patient occurrence report, then report to the nearest Emergency Room for treatment if medical care is needed.

Tips for Avoiding Injury In Health Care

- ★ Never transfer patients when you are off balance
- ★ Keep loads close to your body
- ★ Don't lift alone, particularly with fallen patients. Use team lifts or mechanical assistance
- ★ Avoid heavy lifting that involves twisting or rotating the spine.
- ★ Avoid lifting from awkward positions, such as reaching across a bed to lift a patient.
- ★ Be extremely careful when lifting or moving patients who are uncooperative, confused, or cannot support their own weight.
- ★ Use devices such as carts or lifts when moving heavy or bulky loads.
- ★ Do not carry heavy loads across slippery, wet, uneven or cluttered floors.
- ★ Avoid lifting in confined spaces
- ★ Be careful when lifting and moving things in areas with poor lighting
- ★ Push rather than pull equipment when possible. Keep arms close to your body and push with your whole body, not just your arms.
- ★ Avoid leaning over low work surfaces (low counters or sinks) for extended periods of time
- ★ Empty trash cans & recycle bins frequently to avoid overloading
- ★ Keep carts and gurneys well-maintained to minimize the amount of force necessary to move them
- ★ Use tools with extended handles to clean overhead areas, rather than reaching
- ★ Alternate tasks or rotate with your coworkers when possible to avoid repetitive trauma!

Back Safety

Your back is a carefully balanced structure that gives you strength, support, and flexibility. Your back supports the muscles you use to stand, sit and breathe. It relays information to your brain about touch and the position of your limbs. Every part of your body plays an important role in your daily activities, but in many ways, your back is the center of the action. Whether you're picking up boxes, scrubbing floors, changing linens, or assisting patient movement, almost all of your movements and sensations rely on your back in some way. A back injury can affect your entire life. It is a complicated structure, and you can keep it healthy with simple habits such as staying in shape and lifting things properly.

Your lower back is the most likely site for pain and injury. It supports most of your weight and is continually under stress from bending, twisting and lifting. Even minor damage to this part of your back can put it out of balance, and put you out of commission. The biggest cause of this damage is the simple act of bending over to pick something up. Leaning over without bending your knees, then straightening up by using your lower back as a lever, instead of the strength in your legs, puts the full weight of your upper body and the object you're moving on your lower back.

Soliciting and using additional staff or mechanical assistance when needed is another important factor in maintaining a healthy back.

Use Proper Lifting Techniques!

Keep your lower back locked in to maintain your balance and prevent injury. Keep objects close to your body to avoid swinging and sudden shifts in your balance. Use mechanical assistance when possible to reduce strain and the possibility of injury. Push, don't pull things to avoid bending and putting extra strain on the lower back.



Power Lift
Keeps the lower back locked, and offers the most stable method of lifting and maintaining balance



Golfer's Lift
Good for picking up light objects quickly. Lower back is still locked in, knee is bent, and opposite leg is used for balance.



Half-Knee Lift
Allows additional support for picking up heavy objects without putting excess pressure on the back.



Overhead Lift
Feet are firmly planted, body is kept straight, and arm strength is used to move the object closer to the body for better stability.

Lifting:

1. Keep load close to your body.
2. Bend the knees and hips.
3. Tighten the abdominal muscles when you lift.
4. Avoid twisting as you lift.
5. Lift with legs and buttocks.
6. Maintain natural curves of the back.

Pushing and Pulling:

1. Stay close to the load.
2. Avoid leaning forward.
3. Push rather than pull whenever possible.
4. Use both arms.
5. Tighten stomach muscles when pushing.

Reaching:

1. Reach only as far as is comfortable, usually at shoulder level.
2. Test weight by lifting corner.
3. Let arms and legs do the work, keeping the back straight.
4. Tighten the stomach muscles as you lift.
5. Arrange work area to minimize reaching.

Twisting:

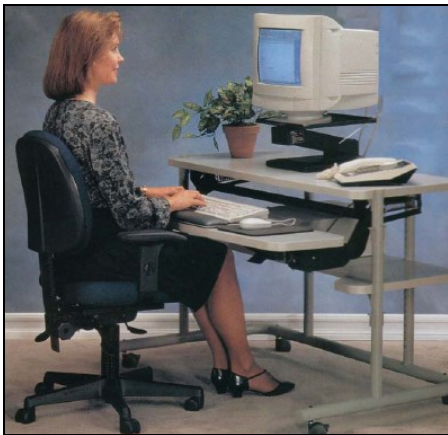
1. Kneel down on one knee.
2. Maintain the natural curves of the back.
3. Position yourself for the best possible leverage.
4. Turn entire body, keeping feet and hips pointing in the same direction.

Bending:

1. Maintain the natural curves of the back.
2. Bend the legs and hips rather than the back.
3. When leaning forward, move your whole body not just your arms.

Ergonomics

Ergonomics is the practice of designing equipment and work tasks to conform to the capability of the worker. It means adjusting the work environment and work practices to prevent injuries *before they occur*.

**Correct Posture**

- ★ Adjust the height of your chair to allow your knees to rest at a nearly 90-degree angle, with your hips slightly higher than the knees.
- ★ Use lumbar support if the chair is not adequate or adjustable (use a pillow or rolled towel if necessary)
- ★ The compute monitor should be at least 20 inches from your face, and slightly below eye level.
- ★ Your arms should be supported with the elbows at a 90-degree angle when using a keyboard.
- ★ Change positions often to avoid fatigue. Keep arms and shoulders relaxed.

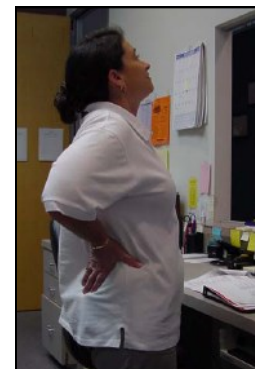
Chin Tuck



Fore Arm Stretch



Back Stretch



The Environment of Care

Safety is YOUR Responsibility

- ★ Know where the Emergency Kardex is in your unit
- ★ Know how to complete an incident report
- ★ Be familiar with disaster preparedness information
- ★ Be on the lookout for safety hazards & report them!
- ★ Learn proper equipment handling and procedures for your job
- ★ Understand Life Safety and fire prevention practices
- ★ Know how utility management considerations apply in your area

Fire Extinguishers: PASS

Pull the pin

Aim at the base of the fire

Squeeze the Handle

Sweep from side to side at the base of the fire. Watch for flashes and re-activate the extinguisher if necessary.



Remember your ABCs!

Type A– Use on wood, cloth, paper or trash fires

Type B– Use for oil, paint, grease, propane, or flammable liquid fires.

Type C– Use on electrical equipment fires

Multipurpose (ABC)- Use on all 3 major types!

A-C Extinguisher—water mist, safe for use in ORs



Methodist Healthcare System Safety Hotline:
210-575-2255

See a Fire? RACE!

Rescue

Remove patients, visitors and staff from immediate danger. If evacuation is necessary, evacuate horizontally (laterally) through at least one set of fire/smoke doors. Never use the elevator.

Alert or Alarm

Activate the hospital fire alarm system. This may include calling the hospital emergency number and pulling the fire alarm handle in the area. Give your name, phone number, location of the fire and description of what you see and smell.

Confine or Contain

Close doors and windows. Place a wet towel along the bottom of doors leading to the fire to help confine the fire and prevent smoke from spreading.

Extinguish

If the fire is small, use the fire extinguisher in the area to put out the fire. Do not attempt to extinguish a fire if doing so would put you in danger.

Hospitals are required to do two disaster drills annually to test emergency preparedness!

THE HAZARDOUS COMMUNICATIONS ACT: THE RIGHT TO KNOW LAW

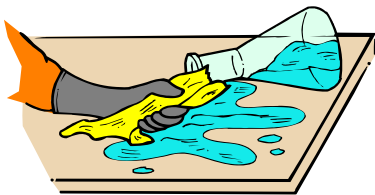
This federal regulatory standard requires employers to inventory and label hazardous chemicals in the workplace and to inform and train workers about chemical hazards they encounter on the job. It excludes some hazardous materials such as drugs, tobacco, liquor, pesticides and infectious materials (they are covered under other guidelines).

It's up to you to:

1. Read labels
2. Study the Material Safety Data Sheets (MSDS)
3. Use proper protective equipment
4. Follow safety precautions

Two primary sources of information on hazardous materials are:

1. Product label
 - A. Gives BASIC information to recognize a hazardous material
 - B. Look for key words such as warning, caution, poisonous, corrosive, flammable or hazardous
 - C. Look for warning symbols to identify a hazardous material more quickly
 - D. If a hazardous material is transferred to another container, the new container must also be labeled with the hazardous ingredients and warnings
2. MSDS
 - A. Describes the chemical
 - B. Lists its physical and health hazards
 - C. Describes how to handle the chemical safely
 - D. Explains what to do in emergency situations
 - E. The label and the corresponding MSDS match with the chemical or product name
 - F. Federal regulations require that every manufacturer provides a MSDS for every hazardous chemical or chemical product



Hazardous Spills

SWIM

Stop the spill from spreading

Warn others

Isolate the area & keep others out

Minimize exposure by using PPE & following the MSDS instructions

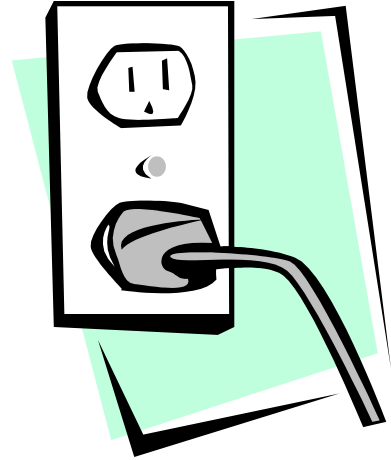
Hazardous Drugs

- ★ Staff is made aware that chemotherapy is being given in a room by a sign placed on the door.
- ★ If you find a chemotherapy drug leaking on the floor, you should notify an individual trained in handling chemotherapy, such as the patient's nurse, immediately!
- ★ Chemotherapy can be passed into bodily wastes for up to 48 hours after the drug is given.
- ★ Staff working with patients receiving chemotherapy should always wear gloves when handling body wastes.
- ★ In the event chemotherapy drugs are spilled onto your skin, immediately wash the area with soap and water, notify your supervisor, and check the MSDS.
- ★ Notify your supervisor if you come into contact with chemotherapy drugs
- ★ If chemotherapy drugs are splashed into your eyes, immediately rinse your eyes with water or eye wash solution and notify your supervisor.
- ★ You must wear a gown, gloves and face shield if it is likely you may be splashed with body fluids from a patient receiving chemotherapy!

ELECTRICAL SAFETY

Always follow operating instructions when using equipment. Report any defects immediately to the facility. Do not use defective equipment! Examples of potential defects include:

- ★ plug does not fit properly in outlet
- ★ feels unusually warm to touch
- ★ smells hot
- ★ makes noise or pops when turned off
- ★ has power cord longer than 10 feet
- ★ gives inconsistent readings
- ★ knob or switch is loose or worn
- ★ tingles when you touch it
- ★ missing the third or grounding pin on the plug
- ★ cord is frayed



Other electrical safety considerations:

- ★ Patient's may be prohibited from bringing electrical devices from home, or may be required to have personal electronic devices inspected before use.
- ★ Certain electrical outlets are connected to the hospital's emergency generators.
- ★ Essential equipment should be kept plugged into emergency outlets.
- ★ Avoid extension cords
- ★ Don't place cords near heat or water.
- ★ Don't overload an outlet
- ★ Check outlets for cracks or loose plates.
- ★ Pull on the plug to remove equipment from an outlet; never pull on the cord
- ★ Turn equipment off before unplugging or plugging in
- ★ Visually inspect all equipment before use.
- ★ Plug strips must be tested annually.
- ★ Any patient-related equipment or device problem, which in the judgement of any staff present may have caused or may cause injury, illness or death must be reported to your supervisor or manager ASAP!

For major medical equipment problems, complete & attach a "Remove from Service-- Do Not Use" Tag. Forward the device to Biomedical Services for repair!



More about The Environment of Care...

Safety Management

Locate and review the system Safety Management Plan. It can be reached at the "SAFETY PRACTICES" link from the MHS Central Home Page (the blue page). It includes details on how we go about collecting and analyzing data to monitor safety.

Safe and Hazard Free Environment:

★ Hazard Surveillance—All areas of your facility should be checked semi-annually to assess employees' safety knowledge and the safety of the environment.

★ Product Safety Recalls—Product safety recalls are not limited to any one department. If you receive a product recall or safety advisory, with the exception of pharmaceutical recalls, immediately forward the information to the Director of Purchasing in Materials Management at the System Office.

Building, Systems & Equipment Safety

Tests and inspections are routinely performed on your facility's medical and non-medical equipment and systems. Routine scheduled preventative maintenance is performed at a frequency relative to the risks associated with that equipment or system. Be sure you know how to report equipment and system failures at your facility.

Environment of Care Committee (EOC)

Your system has a committee that meets at least bi-monthly to review safety-related issues. Members are composed of representation from administration, clinical and support services. This committee collects and analyzes data and evaluates the system safety program.

Safety Officer

Your facility has a designated Safety Officer who oversees the implementation of the safety program. The Safety Officer has the authority to intervene in dangerous situations to control and eliminate hazardous conditions.

Occurrence Reporting

The EOC Committee also monitors a risk assessment program that proactively evaluates the condition of the buildings, grounds, equipment, occupants and physical systems, and how they impact patient and public safety.

Initial & Continuing Education

Each facility is responsible for providing new employees with safety knowledge and promoting continuing safety education. The primary method of accomplishing safety education is through New Employee Orientation and the mandatory Annual Safety Education Programs.

Job Related Hazards

Become familiar with any specific conditions in your work area where the potential for hazards or injury exist. Take steps to report & avoid safety hazards!

Work Area Specific Safety Plan

Locate and review work area specific plans such as Radiation Safety, Laser Safety, Lockout/ Tagout, Fire Plans and so on as applicable to the tasks normally performed in your area.

Hazardous Materials

Hazard Communication

★ It is an OSHA standard that you have the right to know what chemicals you are working with. You will receive proper training before working with hazardous chemicals.

★ The Material Safety Data Sheet (MSDS) contains important health and safety information, which is supplied by the manufacturer and/or the distributor. The MSDS must be available for each product and be centrally located for anyone to review at any time.

★ The department must keep a Chemical/MSDS Inventory, and it must be updated every time a new product is introduced in the department.

★ Every product must have a label on the container that identifies what it is and provides important safety precautions.

Procedures & Precautions

★ Hazardous materials use is governed by regulatory agencies such as OSHA and the EPA. Materials must be handled, stored, transported, and disposed of in accordance with Federal, State and Local guidelines.

★ You must have and wear personal protective equipment (PPE) that is appropriate for the hazardous materials or wastes that you come into contact with. You must also receive training on the proper use of your PPE.

Emergency Procedures

Spills and exposures are the most common emergencies associated with hazardous materials. Know how to handle spills and where to find the appropriate clean-up information. Refer to the MSDS for detailed information on the clean-up of a spill or to the Safety Manual for specific spill procedures.

Radiation Safety

★ If you are issued a dosimeter—WEAR IT!

★ Radioactive Signs/Precautions—Before entering a room with a radiation warning sign, check with the nurse's station or with the Radiation Safety Officer regarding which precautions must be taken.

★ Know your Radiation Safety Officer!

★ Review both the system policies and procedures and your department-specific policies regularly!

★ Radiation precautions include:

Time: limit time in radiation

Distance: maintain maximum possible distance from radiation source.

Shielding: use appropriate shielding from radiation source.

CAUTION



Security!

- ★ Theft, Accident or Incident Reports
- ★ Emergency Response
- ★ Liaison between law enforcement or other public officials
- ★ Loss prevention

Every Employee Must Know the RULES!

Report suspicious incidents and crimes to Protective Services

Medical Center: 575-4979

Northeast & Metro: Dial "0"

Understand emergency codes & procedures

Look for unusual activity or suspicious/threatening behaviors

Enforce hospital policies in your areas by wearing ID badges, making sure contractors wear ID badges, and greet all persons entering your department.

Secure all valuables. Encourage patients to use the hospital patient valuable program and remind visitors not to leave items unattended.

Codes: MHS uses plain language codes in all cases. As an example, instead of "Code Pink", we will use "Infant Abduction"

Security and Safety

ACTIVITIES TO PROTECT YOUR PHYSICAL SAFETY AT OUR HOSPITALS

Monthly fire drills and critiques to ensure we know how to handle ourselves and our patients in a fire.

We monitor and address Life Safety hazards and post any changes to the workplace as they happen.

Every department conducts Environmental Tours twice a year to survey employee knowledge about a safe environment and monitor actual departmental safety practices.

Education and drills on our Safety Codes to assure staff know what to do in a disaster to keep them safe.

Annual E-Day education on work place safety

Ongoing hospital rounds by Facilities Management staff to identify any safety issues or non-compliance with established safety policies.

Grounds Rounds by Facilities Management staff for exterior safety issues are conducted four times per year.

Proactive Risk Assessments are conducted by the EOC Committee

Safety Champion involvement and reporting at departmental meetings

Staff is encouraged to report any safety issues through: Safety Hotline, Department/Unit Directors, Safety Officers, Administration or Safety Champions.

ACTIVITIES TO PROTECT STAFF FROM PHYSICAL ASSAULT OR VIOLENCE AT OUR HOSPITALS

Increased Security coverage in the Emergency Departments and on our campuses to keep our employees safe

Enhanced access control for the hospitals...hospital entrances after hours are limited to those located in our Emergency Departments, at which a Security Guard is present.

All staff, physicians, volunteers, and students are required to wear ID badges, so staff can more easily identify any suspicious persons in their area, and report them to Security immediately.

Security conducts annual Security Risk Assessments, to include Security-Sensitive areas, and takes action to mitigate risks.

Security conducts staff in-services on workplace violence, relative to identification of potential violence, methods to prevent violence, and steps to take in addressing violence.

Security educates staff on the new Code ALL STOP, which outlines safety procedures to take if an active shooter is in the hospital.

REPORTING SAFETY CONCERNS

Everyone is encouraged to participate- employees, patients, visitors, etc.

For safety concerns, contact any of the following:

Your immediate supervisor		Department specific
SAFETY HOTLINE		210-575-2255
Administration	Methodist Hospital Methodist Children's Hospital Meth. Specialty & Transplant Metropolitan Methodist Hospital Northeast Methodist Hospital MHS System Administration	210-575-4050 210-575-7105 210-575-8107 210-757-2900 210-757-5000 210-575-0200
Security		210-575-4763

The Joint Commission	www.jointcommission.org	(630)-792-5000
Texas Department of State Health Services		(512) 834-6650

Life Safety Code & Utility Management

The Methodist Healthcare System is committed to providing a safe, secure, and therapeutic environment at its main facilities and off-facility program sites for all patients, staff and visitors. The Utility Management Plan is designed 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.

The focus of the Life Safety Program is to protect patients, visitors, staff and property from fire and the products of combustion. Building and fire protection features are designed and maintained to minimize the effects of fire, smoke and heat. The hospital maintains the integrity of the means of egress through both design and maintenance, and has incorporated building features such as compartmentalization to protect individuals from the hazards of smoke and fire. The hospital also provides and maintains fire alarm systems, systems for extinguishing fires and training on how to prevent fires.

All hospital staff should be knowledgeable of both fire prevention techniques and actions to take both in fire drills and in the event of an actual fire.

The sophistication and complexity of hospital utility systems continues to expand. All staff must develop an understanding of the safe operations for utility systems within their areas of responsibility. They need a basic understanding of systems and their use, safe operating practices, and notification procedures during failures or interruptions. This information can be accessed in the department's Emergency Kardex.

Individual staff members are responsible for learning and following job and task-specific procedures for safe operations, as well as learning and using reporting procedures for utility system management reporting.

Remember: Any occurrence which results in the potential for or causes injury to a patient, visitor, employee, volunteer, or medical staff member, or damage to the facility, property, or public reputation will be reported via the Risk Management Reporting Module on Meditech. The information must be entered by the end of the shift during which the event occurred. If there is an injury, or the event has the potential to affect the reputation of the facility negatively, the Risk Management Department should be notified by phone immediately.

Appearance

Dress Code

The Dress Code establishes appropriate standards of attire for all employees.

Specific dress code policies will be reviewed in your department. Overall dress code objectives include:

- ★ A well-groomed and professional appearance
- ★ Appropriate for a health care facility and in compliance with safety standards
- ★ High standards of cleanliness and hygiene

Department Directors and Managers have authority to designate specific types of dress in their areas based on policy

Dress Code Issues

- ★ Badges will be worn above the waist and clearly visible at all times
- ★ Fragrances are not allowed if working in direct patient care.
- ★ Fragrance may be used in moderation in non-patient care areas.
- ★ No extreme hair styles
- ★ Nails- If working in direct patient care, short, natural, clean and well manicured are allowed. No acrylic, artificial nails, nor nail jewelry allowed. Polish, if worn, should be clear and not chipped. If you presently have open wounds and/or weeping dermatitis should refrain from all direct patient care activities because infection can occur through non-intake skin.
- ★ No visible body piercing, other than ears, is allowed.
- ★ No excessive jewelry to be worn.
- ★ Tattoos should be covered whenever possible. Inappropriate themes for children/families must be covered.

Infection Prevention

Wash Your Hands!



Hand washing is the most effective preventative measure to protect staff and patients.

If hands **ARE NOT VISIBLY SOILED**, use an alcohol-based waterless antiseptic agent for decontaminating hands in all other clinical situations.

Use a golf ball sized ball of foam or a dime-sized squirt of gel

Rub your hands, covering all surfaces, until they are dry (at least 15 seconds)

Avoid operating equipment until your hands are dry—alcohol is flammable!

Wash hands with antimicrobial soap and water when hands are **VISIBLY SOILED** or contaminated. When using soap and water;

Remove jewelry Use warm water Wash for at least 15 seconds.

Use friction, washing hands, wrists and between fingers

Wash your hands using soap and water:

When coming in to the clinical site and when going home.

Before and **after** eating

After using the bathroom.

When the patient has clostridium difficile

After contact with a patient's intact skin (as in taking a pulse or blood pressure, or lifting a patient)

After contact with bloody fluids or excretions, mucous membranes, non-intact skin, or wound dressings

If moving from a contaminated body site to a clean body site during patient care.

After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient

Before caring for patients with severe neutropenia or other forms of severe immune suppression

Before donning sterile gloves when inserting a central intravascular catheter

Before inserting indwelling urinary catheters or other invasive devices that do not require a surgical procedure.

After removing gloves.

When gloves become contaminated, they should be changed to prevent further patient environmental contamination. **Gloves do not replace hand washing.**

Take steps to control infections and eliminate hospital acquired infections!

Patient Placement

- ★ Patients at high risk for infections shouldn't share a room with infected patients.
- ★ A pre-op or early post-op (up to 12 hours after surgery) should not share a room with a patient who has a wound infection.
- ★ Rooms with separate air exhaust should be utilized for patients with disease transmitted by airborne droplet nuclei (such as Tuberculosis and Chickenpox).

Disinfection and Cleaning

- ★ A hospital disinfectant, mixed appropriately, will be used to clean and disinfect all environmental surfaces and non-invasive equipment.
- ★ Nursing Service personnel are responsible for cleaning patient care equipment (i.e., IV poles, commode chairs, feeding pumps, bed scales, etc.) and medi-prep areas.
- ★ Disposable patient-care items may not be reused from one patient to another.

Infectious Waste Management

- ★ Specifically marked cardboard or red plastic infectious waste containers lined with red plastic are used for bio-hazardous or infectious waste disposal.
- ★ Needles and other contaminated sharps must be placed in appropriate, impervious containers. Needles should not be broken, removed, or recapped by hand.
- ★ Bulk whole blood already in sealable containers can be sealed and placed in designated infectious waste container or poured into the sewer system.
- ★ Other suctioned body fluids, urine, feces, or vomit should be carefully poured into the sewer (via commode or hopper). Protective attire should be worn to prevent splashing of fluids onto skin or mucous membranes.
- ★ Environmental blood or body fluid contamination should be wiped immediately with paper towel and disinfectant. Protective attire should be worn.

Facility Infection Preventionists

Pat Cifelli, Northeast Methodist : 757-5049

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575-4959/ 575-4244

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Cecil Robinson, MSTH, 575-4959/ 4244

Tina Wahrmund, Metropolitan Methodist: 757-2770

Monica Yates, Stone Oak: 638-2137

Linen Handling

- ★ Clean linen should not be "stockpiled" in patient rooms. It should be stored to avoid contamination (covered or in closed cabinets).
- ★ Soiled linen should be placed in the rolling hamper taken to site of collection.
- ★ "Isolation" linen does not routinely require red bagging.

Accidental Exposure to Blood or Body Fluids

- ★ First aid treatment should be sought as appropriate (i.e., wash wounds, flush mucous membranes immediately).
- ★ Clothes should be changed immediately if soiled with blood or body fluids.
- ★ Exposure to blood or body fluids must be reported to the Supervisor and Employee Health and documented as soon as possible.
- ★ An exposed person should contact Employee Health no later than the end of the shift. During non-clinic work hours, the employee should contact the Nursing Supervisor.
- ★ Pre-Exposure Hepatitis-B vaccination is recommended for health care workers with potential for exposure to blood or body fluids.
- ★ Health care workers with exudative lesions or weeping dermatitis need to be evaluated by Employee Health for risk of infectivity, prior to direct patient contact.
- ★ Exposure to blood or body fluids of patient known to be HIV+ must be reported immediately.

Infection Prevention (Continued)

Standard Precautions

★ Standard Precautions synthesize the major features of Universal (Blood and Body Fluid)

Precautions (designed to reduce the risk of transmission of blood-borne pathogens) and Body Substance Isolation (designed to reduce the risk of transmission of pathogens from moist body substances) and applies them to all patients receiving care in hospitals regardless of their diagnosis or presumed infection status.

★ Standard Precautions apply to (1) blood, (2) all body fluids, secretions and excretions *except* sweat, regardless of whether they contain visible blood, (3) non-intact skin, and (4) mucous membranes.

★ Precautions must be taken for any possibility of skin or mucous membrane contact with blood, body fluids, non-intact skin, or mucous membrane of any patient: gloves will be worn, gowns will be worn if clothing contamination is likely, and masks and eye-coverings will be worn if facial splashing is likely.

★ Mouth to mouth resuscitation should be avoided by using an ambu-bag and mask or a mouth-to-mouth device located in each patient room.

★ Protective gear and supplies are made available; the health care worker is responsible for learning their locations in his/her own work area.

Pre-Op Skin Preparation

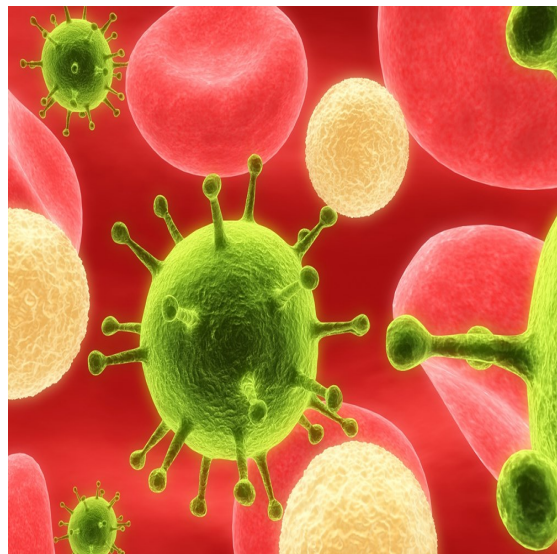
★ The type of pre-op shave prep, if desired, is to be specified by the physician.

★ Surgical clippers are the preferred method of pre-op hair removal. Studies show a decreased infection rate compared with razor shaves.

★ If a pre-op shave is ordered, it should be done no longer than two hours prior to surgery.

Obtaining Cultures

The outside of containers must be cleaned of any blood or body fluids. Cultures should be placed in labeled, leak-proof bags with completed request forms placed into the side pockets (do not staple to bag). Cultures should be sent to the lab within 30 minutes. Call the Microbiology lab for questions.



Infection Prevention (Continued)

Transmission Based Precautions

★Transmission based Precautions are used in addition to Standard Precautions for selected diseases. Transmission-based Precautions are designed for patients documented or suspected to be infected with highly transmissible or specific pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in hospitals. There are three types of Transmission-based Precautions:

Airborne Precautions

For infectious organisms that can be transmitted by airborne particles that can be widely dispersed by air currents. (examples: TB, chicken pox, measles, shingles)

Wear Approved N95 particulate respirator mask before entering

Keep the patient room door closed

*Students are not typically assigned to these patients

Droplet Precautions

For infectious agents transmitted by large particle droplets, usually within 3 feet of the patient. (examples: bacterial meningitis, influenza, adenovirus, mumps, parvovirus b19, Rubella.)

Surgical mask when entering the room

If you have a needle stick, sharps accident or unprotected exposure to blood or body fluids, notify your instructor immediately!

Contact Precautions

For infectious agents easily transmitted by direct patient contact or by indirect contact with items in the patient's environment. (examples: MRSA, VRE, clostridium difficile, enteroviral infections, some skin infections)

Wear gloves when entering room

A gown and gloves are required when in close or direct contact to the patient, used patient equipment or supplies.

Masks are required if splashing, spraying / aerosolization is anticipated.

★They may be combined together for diseases that have multiple routes of transmission. When used either singularly or in combination, they are to be used in addition to Standard Precautions.

★A private room or cohorting patients with the same disease is necessary.

★Precautions are necessary for contact with the identified infective material for each infectious disease.

★Appropriate signs must be placed on the patient's door and chart.

★Document daily in Nurse's Notes.

★Use of disposable dishes or red bagging of trash or linen is not required.

Storage and Handling of Sterile Supplies

Expiration dates and package integrity of sterile items must be checked prior to use. If expired, the item should no longer be considered sterile. Sterile items should not be used if packages are not intact or are wet.

Tuberculosis

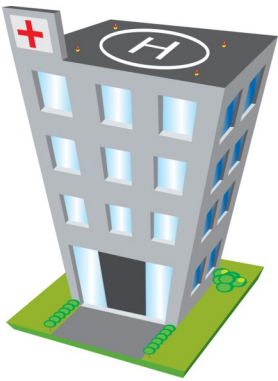
An N-95 TB mask is required when taking care of patients who are confirmed or suspected of having Tuberculosis. Mask fit testing is required for this respirator. Patients should be placed in a negative pressure room. A list of negative pressure rooms is available online at MHS Central under "Utilities." Facilities management will monitor room for negative pressure daily while the patient is in isolation.

Risk & Quality Management

A Culture of Safety

You, as a healthcare provider, must understand the high-risk nature of healthcare and help perpetuate a culture of safety. A culture of safety means is one in which any employee may feel free to report errors or “good catches” without fear of reprisal, collaboration occurs across ranks and throughout facilities, and communication is successful between patients and staff.

A culture of safety helps prevent Sentinel Events, or unexpected outcomes, such as wrong site surgeries, patient suicides, operative complications, and medication errors. **The top three causes of Sentinel Events are faulty communication, procedural compliance issues, and incorrect patient assessment.**



*Fall Prevention
is in
your hands!*

Occurrence Reporting

To encourage a culture of safety, report all of the following:

- ★ An error, even if there was no apparent harm to the patient
- ★ A “less-than-desired” outcome
- ★ A process problem
- ★ An accident
- ★ A good catch
- ★ A close call

Every Patient, Every Time!

- Rounding- Pain, potty, position
- Communicate fall risk to other care givers (shift report, transfers, etc.)
- Bed position individualized for patient safety
- Belongings within reach
- Keep two side-rails up at all times
- Provide education to patient and family regarding falls
- Encourage patient and family to call for assistance when getting up
- Non-skid footwear

Risk & Quality Management: National Patient Safety Goals

The purpose of the Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care and describe evidence and expert-based consensus to solutions to these problems.

THE JOINT COMMISSION HOSPITAL NATIONAL PATIENT SAFETY GOALS

NPSG.01.01.01: Improve the accuracy of patient identification

Wrong-patient errors occur in virtually all stages of diagnosis and treatment. The intent for this goal is two-fold: first, to reliably identify the individual as the person for whom the service or treatment is intended; second, to match the service or treatment to that individual. Acceptable identifiers may be the individual's name, an assigned identification number, telephone number, or other person-specific identifier.

Use at least two patient identifiers when administering medication, blood or blood components; when collecting blood samples and other specimens for clinical testing; and when providing treatments and procedures. Label containers used for blood and other specimens in the presence of the patient.

NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification. Before initiating a blood or blood component transfusion the blood component must be matched to the order, matched to the patient through a two person verification process.

NPSG.02.03.01: Improve the effectiveness of communication among caregivers

Critical results of tests and diagnostic procedures fall significantly outside the normal range and may indicate a life-threatening situation. The objective is to provide the responsible licensed caregiver these results within an established time frame so that the patient can be promptly treated.

NPSG.03.04.01 Improve the safety of using medications

Medications or other solutions in unlabeled containers are unidentifiable. Errors, sometimes tragic, have resulted from medications and other solutions removed from their original containers and placed into unlabeled containers. This unsafe practice neglects basic principles of safe medication management, yet it is routine in many organizations. The labeling of all medications, medication containers, and other solutions is a risk-reduction activity consistent with safe medication management. This practice addresses a recognized risk point in the administration of medications in perioperative and other procedural settings.

NPSG.03.05.01 Reduce the likelihood of patient harm associated with the use of anticoagulant therapy.

Anticoagulant medications can be used as therapeutic treatment for a number of conditions, including atrial fibrillation, deep vein thrombosis, pulmonary embolism and mechanical heart valve implant. There is a greater risk with these medications due to complex dosing, insufficient monitoring and inconsistent patient compliance. Use approved protocols for the initiation and maintenance of anticoagulant therapy.

NPSG.03.06.01: (effective 7/1/11: formerly Goal 8) Maintain and communicate accurate patient medication information. Obtain and document information on medications the patient is currently taking when he/she is admitted to the hospital or seen in outpatient setting. A qualified individual will identify and resolve discrepancies with patient brought medications and hospital ordered medication. Provide patient/family with written information on medications patient should be taking when discharged. Explain importance of managing medication information to the patient when he/she is discharged.

THE JOINT COMMISSION HOSPITAL NATIONAL PATIENT SAFETY GOALS

NPSG. 06.01.01 Improve the safety of clinical alarm systems.

NPSG.07.01.01 Reduce the risk of health care associated infections

According to the Centers for Disease Control and Prevention (CDC), each year, millions of people acquire an infection while receiving care, treatment, and services in a health care organization. Consequently, health care-associated infections (HAIs) are a patient safety issue affecting all types of health care organizations. One of the most important ways to address HAIs is by improving the hand hygiene guidelines of health care staff. Compliance with the World Health Organization (WHO) or CDC hand hygiene guidelines will reduce the transmission of infectious agents by staff to patients, thereby decreasing the incidence of HAIs. To insure compliance with the National Patient Safety Goal, an organization should assess its compliance with the CDC and/or WHO guidelines through a comprehensive program that provides a hand hygiene policy, fosters a culture of hand hygiene, and monitors compliance and provides feedback.

NPSG.07.03.01 Implement evidence-based practices to prevent healthcare associated infections due to multidrug-resistant organisms in acute care hospitals. The requirement includes, methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE) and multidrug-resistant gram-negative bacteria.

NPSG.07.04.01 Implement evidence-based practices to prevent central line-associated bloodstream infections to include short and long term central venous catheters and peripherally inserted central catheter (PICC) lines. Use a catheter checklist and standardized protocol for central venous catheter insertion and disinfection of catheter hubs and injection ports prior to accessing.

NPSG.07.05.01 Implement evidence-based practices for preventing surgical site infections. Administer antimicrobial agents for prophylaxis for a particular procedure or disease according to methods cited in scientific literature or endorsed by professional organizations. When hair removal is necessary, use a method that is cited in scientific literature or endorsed by professional organizations.

NPSG.07.06.01 Implement evidence-based practices for preventing surgical infections. Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

NPSG.15.01.01 The organization identifies safety risks inherent in its patient population
Suicide of a patient while in a staffed, round-the-clock care setting is a frequently reported type of sentinel event. Identification of individuals at risk for suicide while under the care of or following discharge from a health care organization is an important step in protecting these at-risk individuals.

Prevent Mistakes in Surgery

UP.01.01.01 Make sure that the correct surgery is done on the correct patient 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, take a Timeout, before the surgery to make sure that a mistake is not being made immediately before starting the invasive procedure or making the incision.

Universal Protocol includes a pre-procedure verification process, site marking, and a time out.

PATIENT RIGHTS AND RESPONSIBILITIES

A Patient's Bill of Rights was first adopted by the American Hospital Association (AHA) in 1973 and revised in 1992. The Association presented this Bill of Rights with the expectation that it will contribute to more effective patient care and be supported by hospitals, medical staff, employees and patients. AHA encourages health care institutions to tailor this bill of rights to their local patient community by translating and/or simplifying its language as may be necessary to ensure that patients and their families understand their rights and responsibilities.



Bill of Rights

These rights apply to all patients. If they are unable to exercise any or all of the rights, it is Texas law that their guardians, next of kin or legally authorized representatives may enforce the rights on their behalf.

Patients have the following rights within the limits of law:

1. The patient has the right to considerate and respectful care.
2. The patient has the right to and is encouraged to obtain from physicians and other direct caregivers relevant, current and understandable information concerning diagnosis, treatment and prognosis. Except in emergencies when the patient lacks decision-making capacity and the need for treatment is urgent, the patient is entitled to the opportunity to discuss and request information related to the specific procedures and/or treatments, the risks involved, the possible length of recuperation, and the medically reasonable alternatives and their accompanying risks and benefits. Patients have the right to know the identity of physicians, nurses, and others involved in their care, as well as when those involved are students, residents, or other trainees. The patient also has the right to know the immediate and long-term financial implications of treatment choices, insofar as they are known.
3. The patient has the right to make decisions about the plan of care prior to and during the course of treatment and to refuse a recommended treatment or plan of care to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In case of such refusal, the patient is entitled to other appropriate care and services that the hospitals provides or choose to transfer to another hospital. The hospital should notify patients of any policy that might affect patient choice. .

PATIENT RIGHTS

4. The patient has the right to have an advance directive (such as a living will, health care proxy or durable power of attorney for health care) concerning treatment or designating a surrogate decision maker with the expectation that the hospital will honor the intent of that directive to the extent permitted by law and hospital policy. Health care institutions must advise patients of their rights under state law and hospital policy to make informed medical choices, ask if the patient has an advance directive, and include that information in patient records. The patient has the right to timely information about hospital policy that may limit its ability to implement fully a legally valid advance directive.

5. The patient has the right to every consideration of privacy. Case discussion, consultation, examination, and treatment should be conducted so as to protect each patient's privacy.

6. The patient has the right to expect that all communications and records pertaining to his/her care will be treated as confidential by the hospital, except in cases such as suspected abuse and public health hazards when reporting is permitted or required by law. The patient has the right to expect that the hospital will emphasize the confidentiality of this information when it releases it to any other parties entitled to review information in these records.

7. The patient has the right to review the records pertaining to his/her medical care and to have the information explained or interpreted as necessary, except when restricted by law.

8. The patient has the right to expect that, within its capacity and policies, a hospital will make reasonable response to the request of a patient for appropriate and medically indicated care and services. The hospital must provide evaluation, service, and/or referral as indicated by the urgency of the case. When medically appropriate and legally permissible, or when a patient has so requested, a patient may be transferred to another facility. The institution to which the patient is to be transferred must first have accepted the patient for transfer. The patient must also have the benefit of complete information and explanation concerning the need for, risks, benefits, and alternatives to such a transfer.

9. The patient has the right to ask and be informed of the existence of business relationships among the hospital, educational institutions, and other health care providers, or payers that may influence the patient's treatment and care.

10. The patient has the right to consent to or decline to participate in proposed research studies or human experimentation affecting care and treatment or requiring direct patient involvement, and to have those studies fully explained prior to consent. A patient who declines to participate in research or experimentation is entitled to the most effective care that the hospital can otherwise provide.



PATIENT RIGHTS

11. The patient has the right to expect reasonable continuity of care when appropriate and to be informed by physicians and other caregivers of available and realistic patient care options when hospital care is no longer appropriate.

12. The patient has the right to be informed of hospital policies and practices that relate to patient care, treatment, and responsibilities. The patient has the right to be informed of available resources for resolving disputes, grievances, and conflicts, such as ethics committees, patient representatives, or other mechanisms available in the institution. The patient has the right to be informed of the hospital's charges for services and available payment methods.

Many healthcare organizations have adopted these rights into their own patient rights documents. Other rights commonly communicated include:

1. The patient has the right to freedom from restraints. The patient may not be restrained unless a physician has given written authorization for restraint or it is deemed necessary in an emergency situation to protect the patient from injuring himself or others. The patient and the family have the right to be kept informed regarding care, including the need for restraint.

2. The patient has the right to comprehensive pain management. This includes receiving information about pain and pain relief measures, having a health care staff that is committed to pain prevention and management, receiving appropriate responses to reports of pain, and having reports of pain and response to pain management documented and communicated to their doctor.

Notify your Supervisor immediately if you suspect a patient's rights have been violated!

Dial "0" to reach the Bioethics Committee

Restraints

Freedom from restraints is patient right. Healthcare workers should strive to understand potential causes of unwanted behavior and to attempt alternative techniques to manage behavior and promote patient safety before restraints are considered.

Restraint: any manual method, physical, or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs body or head freely.

Behavioral Health Restraint: The restriction of patient movement for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member or others.

The following are NOT considered restraints:

1. Standard practices that include limitation of mobility or temporary immobilization related to medical, dental, diagnostic or surgical procedures and related post-procedure care (i.e. surgical positioning, IV arm board, protection of surgical and treatment sites in pediatric patients)
2. Adaptive support in response to assessed patient need (i.e. postural support, orthopedic appliances, tabletop chairs) .
3. Measures taken to protect the patient from falling out of bed
4. Protective equipment (i.e. helmets)
5. Therapeutic holding
6. Forensic and correction restrictions used for security (handcuffs, waist chains, leg irons, shackles, etc.)

Each episode of restraint considers the impact on the patient, including:

1. Protecting and preserving patient rights, dignity and well-being
2. Bases use on the patient's assessed needs
3. Considers least restrictive alternatives
4. Assures safe application and removal by qualified staff
5. Monitors and reassesses the patient during use, using qualified staff
6. Meets patient needs during use
7. Safety to the patient
8. Impact on the patient's ability to continue his or her care and participate in care processes
9. The patient's rights to make informed decisions regarding he/her care, including decisions to utilize restraints. The need for restraints will be discussed with the patient / family/ significant other.
10. Risks associated with vulnerable patient populations, such as emergency behavioral, pediatric, and the cognitively and physically limited patients.
11. Restraints are discontinued as soon as the behavior or conditions, which was the basis for the restraint order is resolved.

Restraint Orders:

1. Ordered by a physician
2. PRN orders are not accepted
3. The order must specifically state what method of restraint or seclusion is used
Indications for the restraint are documented in the nursing notes and/ physician progress notes. Restraint shall only be used for the protection of the patient, staff members or others.

Patient Monitoring Includes:

1. Vital signs, including circulatory and respiratory status
2. Circulation and range of motion in extremities
3. Nutrition needs
4. Hydration needs
5. Elimination needs
6. Level of distress/agitation
7. Psychological status
8. Cognitive functioning
9. Comfort
10. Indication that less restrictive methods are possible
11. Readiness for discontinuation
12. Skin integrity
13. Signs and symptoms of injury associated with restraint use

Other important considerations:

1. Identification of staff and patient behaviors, events, and environmental factors that may increase / decrease agitation
2. Understanding how the underlying medical condition may affect behavior
3. Validation of safe application and release of all types of restraint and seclusion
4. Recognizing and responding to signs of physical and psychological distress (i.e. physical asphyxia)
5. Recognizing specific behavioral changes that indicate that restraint or seclusion is no longer necessary.

Frequency and documentation of patient monitoring may vary depending on reason for restraint, patient condition and hospital policy. Please check with the RN responsible for the patient to ensure that requirements are met.

CORE MEASURES

What are Core Measures?

The Joint Commission (TJC) and the Centers for Medicare and Medicaid Services (CMS) require accredited hospital to collect and submit performance data. Core measures are a set of “Best Practice Standards” that have been proven to reduce morbidity, mortality and re-admission rates—improve patient care and save lives!!

Reporting is intended to encourage hospitals and clinicians to improve their quality of care and to empower consumers with this knowledge. Data is collected and hospitals are graded or given a “score” reflecting their performance. Scores are publicly reported on the internet at www.hospitalcompare.hhs.gov which allows consumers to compare hospitals in their achievement of the core measure goals. Participation in the reporting process is voluntary, but if a hospital does not report, the hospital will lose a percentage of its payment from CMS. Hospitals currently collect and submit performance data on the following inpatient indicators:

- Acute Myocardial Infarction: AMI
- Pneumonia: PNE
- Heart Failure: HF
- Surgical Care Improvement Project: SCIP
Asthma

*Note: other indicators are collected but are not publicly reported.

References:

San Antonio Clinical Liaison Student Orientation Standardization Work Group Greater San Antonio Hospital Council. (January 2009). *Hospital Orientation Core Materials for Students*.

The Joint Commission. July, 1, 2010. *National Patient Safety Goals: Accreditation Program: Hospital*. Retrieved from http://www.jointcommission.org/NR/rdonlyres/868C9E07-037F-433D-8858-0D5FAA4322F2/0/July2010NPSGs_Scoring_HAP2.pdf

Preventing and Identifying Abuse, Neglect and Exploitation

Watch for

Signs and Symptoms

These signs do not always indicate abuse and/or neglect but may be important clues to ask more questions and look more closely!

- Fear or change of story in the presence of the suspected abuser
- A pronounced lack of expression of anger or pain
- Appears passive, withdrawn, afraid or unusually submissive to exam or procedure.
- Injuries, bruises, abrasions, burns, lacerations, or soft tissue swelling in varying stages of healing
- Multiple fractures
- May be unable to sit down or hold a pencil
- Neglect: poor hygiene and/or malnutrition; torn, dirty clothing; inappropriate dress
- Explanation of injuries conflict and/or do not match clinical findings
- Multiple visits to the hospital/ER

If abuse, neglect or exploitation is suspected, make the call and report immediately!**

- ★ Unlicensed personnel: Notify the supervisor immediately. Document what you see.
 - ★ Professionals must report to appropriate authorities within 48 hours. If patient is admitted, a referral to MHS Case Management is also made*.
 - ★ Child abuse (under 17 years of age) must be reported to CPS: 1-800-252-5400
 - ★ If immediate protection of a child is also needed, call the police!
 - ★ For elder or disabled abuse (over 65 years), call APS : 1-800-252-5400
 - ★ For victims of domestic violence, their privacy is protected. Provide information on how to file a complaint with the police. Document the findings and any actions taken.
 - ★ For victims of violence (assault, gunshot or knife wounds), report to police.
 - ★ For victims of sexual assault, a medical emergency screening exam is done and patients over the age of 13 will be transferred to Methodist Specialty and Transplant Hospital for forensic examination.
- **Immunity from civil or criminal liability is guaranteed if the report is made in good faith and without malice.
- * Refer to Methodist Healthcare Policy: Abuse, Identifying, Caring For, and Reporting for additional instruction.

Privacy

HIPAA: What You Need to Know

Protected Health Information ~ PHI ~

- ★Name
- ★Social Security Number
- ★Street Address
- ★E-Mail Address
- ★Birth Date
- ★Admit or Discharge Date
- ★Fax Number
- ★Phone Numbers
- ★Health Plan Number
- ★Medical Record Number
- ★Account Number
- ★License Number

When Can I Share

Protected Health Information (PHI)?

Only individuals with a legitimate “need to know” may access, use or disclose patient information regarding treatment, payment or health care operations on behalf of Methodist Healthcare. Before releasing or disclosing *any* patient health information, ask the requestor the purpose of the request to protect yourself and the organization. Only give out the minimum necessary information. Information is never released without written consent from the minor’s parent or guardian. Each individual may only access, use or disclose the minimum information necessary to perform his or her designated role, regardless of the extent of access provided to him or her.

Maintain Your Physical Environment!

- ★Dispose of PHI properly in confidential recycle bins, NEVER in the trash!
- ★Don’t leave printouts with PHI or medical records where visitors or unauthorized individuals can view it.
- ★Always log off when leaving a computer workstation.
- ★Arrange workstations so that visitors or people walking by cannot view monitor screens.

Incidental Disclosure

Health care providers may engage in confidential conversations with other providers or with patients as long as they implement “reasonable safeguards” to minimize the chance of incidental disclosures to others who may be nearby. Examples of reasonable safeguards would include closing a door or curtain, lowering your voice, or moving to a more private location.

For Questions Contact Your Facility Privacy Officer:

Erica M. Rocha, MHA, RHIA— Medical Center—575-4514
Bryon Cherepes—MSTH—575-8456
Zack Selover—Metropolitan Methodist—581-4301
Rebecca Daley—Northeast Methodist—757-5083
Lucy Behrends—Stone Oak—638-2134



Treatment, Payment, Healthcare Operations (TPO)

★ **Treatment** includes requests from another hospital, doctor’s office, nursing home, reference lab, home health, other caregiver, continuation of care, organ bank, hospice, and so on.

★ **Payment** requests would come from insurance companies, such as Champus or Medicare.

★ **Operations** requests may come from Case Management, Medical Records, Education, Quality Management, or a cancer registry.

Some requests that come from within the TPO may be questionable, and depending on the circumstances may or may not be granted. Requests may also come from patient representatives, such as the parent of a minor, someone appointed in a power of attorney, or the like. Patient representatives are treated the same as the patient with regards to information. Requests may come from outside TPO. For example, community-based clergy is not a part of our workforce, and is limited to receiving only a list of patient names with location, room numbers, and religious affiliation only if the patient has agreed to have religious clergy visit, or the clergy has asked for the patient by name. Spouses or significant others and family members are not a part of TPO either. They must also ask for the patient by name.

If a patient has asked that his or her information be kept confidential, no information may be given, even if the requestor asks for the patient by name. Simply say, “I have no information about this person.” If patients give permission for their information to be non-confidential, you may share the patient’s location (room number, lab, surgery, home) and his or her status (Critical, Stable, Fair, Good). If more information than the patient’s location or condition is requested, you must get verbal permission from the patient or, when possible, transfer the call directly to the patient. If the patient is unable to give permission, use your professional judgment. Make sure you document in the chart that verbal permission was given, and make it a part of your routine to check for permission before releasing patient information.

All other requests, such as those from lawyers, reporters, media, court orders, subpoenas, and so on, should be referred to Medical Records, Release of Information Section. For any questions on sharing information, send an e-mail to “HIPAA Privacy” on Meditech.

Sanctions Policy

If the incident is...	Examples Include	Consequences may include, but are not limited to...
Accidental or due to a lack of training & education	Improper disposal of PHI Leaving records on counters Not verifying identity of individuals on the phone	Re-training or an oral warning
Purposeful Numerous violations	Accessing PHI without a legitimate reason for doing so Repeated occurrences listed above	Re-training and written warning
Purposeful, with potential or actual harm to the patient	Deliberate disclosure of PHI to unauthorized persons or sale of PHI	Termination of employee, vendor or physician privileges



Pastoral Care Services

Methodist Hospital
575-4030
Methodist Specialty and Trans-
plant
575-4030
Metropolitan Methodist Hospital
757-2313
Northeast Methodist Hospital
757-5863

Our Mission

Chaplains provide a ministry of spiritual and emotional care to patients, families, and staff. This ministry respects the personal beliefs of each person. Chaplains strive to help persons connect with what is most important as their sources of strength, comfort, and courage, through a ministry of compassion and spiritual sensitivity. Our body, mind, and spirit are intricately linked together. Thus, tending and mending the spirits of our patients, families, and staff is vital part of the healing that the Methodist Healthcare System offers. Chaplains help people to find the sustaining presence of the Holy in the midst of pain, suffering, and estrangement.



Please Contact Us

Call as soon as a problem is recognized so that we can support you and the treatment team in providing the best possible patient care. Call the chaplain:

- ★ New critical Admission
- ★ Difficult news received
- ★ Life challenging diagnosis
- ★ Difficulty coping
- ★ Before surgery
- ★ Grief issues
- ★ Questions regarding advance directives
- ★ Ethical Concerns
- ★ Religious report
- ★ Impending death/death
- ★ Staff needs support
- ★ Lonely, depressed
- ★ Difficult family dynamics
- ★ *Anytime you feel a need!*

Need a Chaplain?

Dial "0" and ask

for the on-call chaplain.

Cultural Diversity

Methodist Healthcare actively promotes diversity and inclusion in our workforce at all levels of the organization. We are committed to providing an inclusive work environment where everyone is treated with fairness, dignity and respect. We will make ourselves accountable to one another for the manner in which people around us are treated. We regard laws, regulations, and policies relating to diversity as a minimum standard. We strive to create and maintain a setting in which we celebrate cultural and other differences and consider them strengths of the organization.

We care for patients from every walk of life. Providing them with quality care begins with the recognition that each patient we see has diverse beliefs, experiences, and needs. Providing quality care also means recognizing that our colleagues and others we come into contact with also have diverse beliefs, experiences and needs too. As our communities and workforce have become more diverse, we have strengthened a tradition of respect and care here at Methodist Healthcare through our commitment to delivering culturally sensitive healthcare and creating an inclusive workplace where **everyone** is treated with fairness, dignity, and respect.



Individual Differences Include

- ★ Language
- ★ Behavior
- ★ Attitude
- ★ Personality
- ★ Gender
- ★ Cultural Background
- ★ Value Systems
- ★ Physical Abilities
- ★ Likes/Dislikes
- ★ Educational Background
- ★ Traditions
- ★ Age
- ★ Physical Features
- ★ Genetic Traits
- ★ Motivational Level
- ★ Life Experiences
- ★ Economic Class
- ★ Sexual Orientation
- ★ Religion

Cultural Competency

Cultural competency is the ability for healthcare providers to respond respectfully to people of other cultures, classes, races, ethnic backgrounds and religions in a manner that recognizes, affirms and values the cultural differences and similarities. It is also the ability to demonstrate the worth of individual differences and preserve the dignity of each person. Once you recognize that there are, in fact, many differences you may begin to deal with them in a way that allows you to form a therapeutic relationship with patients and professional relationships with coworkers. Visit the “Diversity Online Resource Guide” from the Resources link at MHSCentral.com for more information and tools!

Becoming Culturally Competent

1. Recognize that cultural diversity exists
2. Demonstrate respect for people as unique individuals
3. Respect the unfamiliar
4. Recognize that some cultural groups have definitions of health, illness and healthcare that may differ from your own
5. Be willing to modify healthcare delivery in keeping with the patient’s cultural background
6. Do not expect all members of a cultural group to behave or feel the same way
7. Appreciate that each person’s cultural values are ingrained and therefore unlikely to change

Need translation?

Call the PBX Operator at 575-4000 and ask for an interpreter!

Age-Specific Competencies



Infant Safety (Birth to 1 years old)

Infants wiggle, move and push against things with their feet soon after they are born. Even these very first movements can result in a fall.

- ★ Do not leave the infant alone on changing tables, beds, or other raised surfaces.
- ★ Keep side-rails up on cribs at all times unless you are administering care.
- ★ Never carry a baby and hot liquids or foods at the same time. Beginning at 3 to 5 months of age, babies will wave their fists and grab at things.
- ★ Never leave small objects within a baby's reach even for a moment. As a rule, if an object can be placed inside a toilet paper tube, it is too small to be given to an infant.
- ★ Never leave an infant unattended in a tub or near any volume of water.



Toddler (1-3 years)

Separation from parents is the greatest fear of toddlers, as it is with infants. Toddlers also have a fear of dark rooms and of being left alone. Toddlers:

- ★ Need to be watched very closely.
- ★ Put everything in their mouth even if it doesn't taste good.
- ★ Can open doors and drawers; take things apart and open bottles.

Preschooler (4-6 years of age)

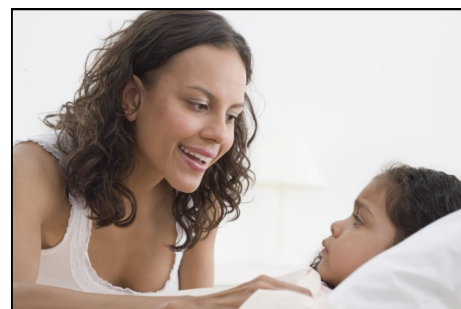
- ★ The biggest fears of preschoolers are separation from parents, loss of control, immobility, bodily injury and mutilation.
- ★ They often fear the dark, animals, the unknown, abandonment, pain and death.
- ★ They may believe that they or their misbehavior caused the illness or injury.
- ★ They need frequent reassurance that they are not bad, that they are not being punished and they will get better (if this is in fact true.)
- ★ They can image an event without experiencing it.



School Age (6-12 years)

School aged children often fear failure in school, loss of status with peer groups, separation from loved ones, disability, loss of control, surgery, pain and death.

- ★ By age 8, children are displaying signs of independence;
- ★ They usually look to friends for approval
- ★ They may try to do daring things
- ★ Children may not want to obey grown-up rules
- ★ School-age children are more likely to take risks that could result in injury or even death



Adolescent (13-18 years)

- ★ Most often fear loss of control, especially the loss of consciousness
- ★ Often become anxious when they lose control because of the independency/dependency struggle. May be fearful they will not live up to their roles and responsibilities as adults
- ★ Fear not being accepted by their peer group
- ★ Fear death and the unknown
- ★ Most likely prefer open & honest communication, and often dislike “being treated like a child.”



Early Adulthood, 18-29

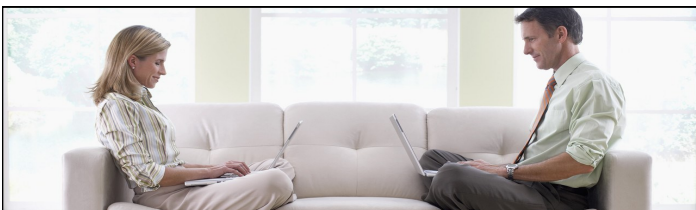
- ★ Independent or “Settling Down” stage
- ★ May be newly independent from parents
- ★ Might be concerned about making healthcare decisions on their own for the first time.
- ★ Most often experience stress and conflict related to expectations of college, work, competition, finances, marriage, childbearing, independence
- ★ Usually only want to learn what is practical for them

Young Adulthood, 19-44

Goal: Managing a household, rearing children and developing a career. Work, work, work

Middle Adulthood, 45-65

Goal: New found freedom, possibly preparing for retirement. Might have to “take care” of their own parents



Geriatric, 65 and up

Goal: Adjust to changes in living arrangements due to retirement, relationship with children or death of spouses or other significant family.

- ★ Let them do much as for themselves as possible.
- ★ Do your best to help orient them to environment, time, and day if they show confusion
- ★ Remain aware of hearing loss issues and address patients from unaffected side.
- ★ Use walkers, canes, and other devices they may have.
- ★ Slow down your talking speed if necessary
- ★ Keep instructions simple – one thing at a time

Regardless Of Age

- ★ Fully explain all instructions
- ★ Don't assume that the patient understands everything you're saying, stop often and offer to answer questions
- ★ Ask the patient questions to verify understanding
- ★ Review important points, especially with discharge instructions, medication administration,

Above all, LISTEN!!!

Hear what they are trying to tell you, be aware of non-verbal cues

Consider what they are telling you, in the context of the whole situation and other concerns they may have

Act on the information you've received with compassionate service and thoughtfulness.

Compassionate Service

Patients-First Service

Personal and Practical Needs

For an interaction to be effective, it must meet two basic needs: the *personal needs* of the person you're meeting with and the *practical needs* that person brings to the discussion.

Personal Needs:

- To feel valued and respected
- To be listened to
- To be involved in his or her treatment
- To have a chance to voice ideas and questions

Practical Needs:

- To get help solving a problem
- To get advice, information, idea
- To agree on what actions to take

Tips for Successful Customer Service

- Treat the patient or customer as an important person
- Show your appreciation
- Be polite and courteous
- Be specific and sincere
- Listen actively for facts and signs of how the person feels
- Respond to facts and show empathy for the person's feelings
- Keep patients and family members informed of what is happening and why
- Avoid telling or demanding.



10 / 5

The 10/5 Rule- When you come within 10 feet of a patient, visitor, or other staff member, smile and make eye contact. When you come within 5 feet, offer a verbal greeting, such as “Good Morning” or “Can I help you find anything?”

AIDET



Five Fundamentals of Customer Communication
Every Patient. Every Time!

Acknowledge your customer and their needs or questions. Look them in the eye and smile.

Introduce yourself in a positive way.

Duration is important to your customers. Let them know how long things will take, or what an expected wait time might be.

Explain what you're doing or about to do in a way the customer understands.

Thank your customer.

Ethics

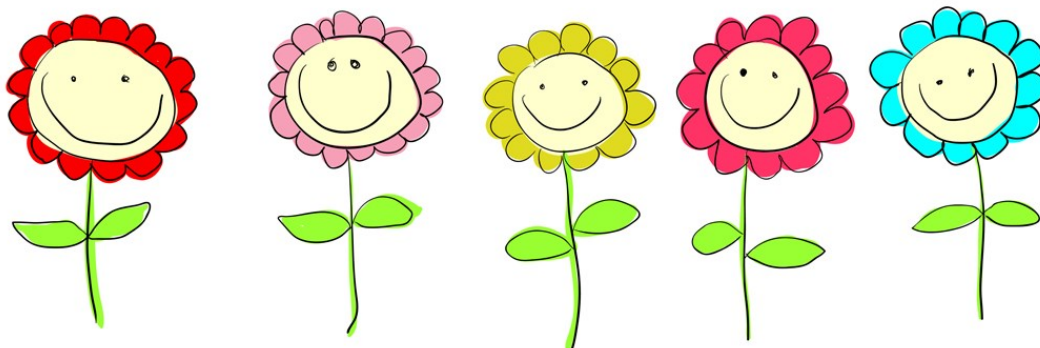
A positive and cheerful attitude by employees is a reflection of the Methodist Healthcare System as a whole. When employees present a positive attitude, integrity, honesty and kindness, our customers will know that quality care is not forced, but is truly our mission.

We have a comprehensive, values-based Ethics and Compliance Program, which is a vital part of the way we conduct ourselves at Methodist. Because the Program rests on our Mission, Vision 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.

Our 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. Your adherence to its spirit, as well as its specific provisions, is absolutely critical to our future. If you have questions regarding the Code or encounter any situation which you believe violates provisions of the Code, you should immediately consult your supervisor, an-

other member of management at your facility, your Facility Human Resources Consultant, your Facility Ethics and Compliance Officer, the MHS Ethics Line (1-800-351-2764) or the Director of the Ethics and Compliance Program. 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. No Code of Conduct can substitute for each person's own internal sense of fairness, honesty, and integrity.

We have a rich heritage, which is reflected in our Mission, Vision and Values Statement and in the Code of Conduct. We are equally committed to assuring our actions consistently reflect our words. In this spirit, we want this organization to be a community of shared values, and we expect all of our colleagues' actions to reflect the high standards set forth in this Code of Conduct. We ask you to assist us and all of our colleagues in this organization in supporting the values and principles that are critical to continuing our tradition of caring.



The Texas False Claims Act

POLICY:

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

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

There is a federal False Claims Act and a Texas state version of the False Claims Act. Under the federal False Claims Act, any person or entity that knowingly submits a false or fraudulent claim for payment of United States Government funds is liable for significant penalties and fines. The fines include a penalty of up to three times the Government's damages, civil penalties ranging from \$5,500 to \$11,000 per false claim, and the costs of the civil action against the entity that submitted the false claims. Generally, the federal False Claims Act applies to any federally funded program. The False Claims Act applies, for example, to claims submitted by healthcare providers to Medicare or Medicaid.

WHISTLEBLOWER PROVISION

One of the unique aspects of the federal False Claims Act is the "qui tam" provision, commonly referred to as the "whistleblower" provision. This allows a private person with knowledge of a false claim to bring a civil action on behalf of the United States Government. The purpose of bringing the qui tam suit is to recover the funds paid by the Government as a result of the false claims. Sometimes the United States Government decides to join the qui tam suit. If the suit is ultimately successful, the whistleblower who initially brought the suit may be awarded a percentage of the funds recovered. Because the Government assumes responsibility for all of the expenses associated with a suit when it joins a false claims action, the percentage is lower when the Government joins a qui tam claim. However, regardless of whether the Government participates in the lawsuit, the court may reduce the whistleblower's share of the proceeds if the court finds that the whistleblower planned and initiated the false claims violation. Further, if the whistleblower is convicted of criminal conduct related to his role in the preparation or submission of the false claims, the whistleblower will be dismissed from the civil action without receiving any portion of the proceeds.



***It's an ATTITUDE thing,
Doing the right thing, all the time!***

The Texas False Claims Act (Continued)

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

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

Texas has a state version of the False Claims Act that is substantially similar to the federal False Claims Act. The actions that trigger civil and criminal penalties under the Texas Act generally mirror those of the federal False Claims Act. However, under the Texas False Claims Act, a person may also be liable if he presents a claim for payment under the Medicaid program for a product or service that was rendered by an unlicensed provider or that has not been approved by a healthcare practitioner. The Texas False Claims Act also differs from the federal False Claims Act in that the civil penalty is greater for unlawful acts that result in injury to an elderly person, a disabled person, or someone younger than eighteen.

The Texas False Claims Act also has a whistleblower provision. Like the federal False Claims Act, the Texas law includes provisions to prevent employers from retaliating against employees who report their employer's false claims. The State of Texas has also adopted several other false claims statutes that are intended to prevent fraud and abuse in the Texas Medicaid program. These laws generally prohibit the filing of any false or fraudulent claim or documentation in order to receive compensation from the Texas Medicaid program.

REPORTING CONCERNS REGARDING FRAUD, ABUSE AND FALSE CLAIMS



The Company takes issues regarding false claims and fraud and abuse seriously. The Company encourages all employees, management, and contractors or agents of the Company's affiliated hospitals to be aware of the laws regarding fraud and abuse and false claims and to identify and resolve any issues immediately. Issues are resolved fastest and most effectively when given prompt attention at the local level. The Company, therefore, encourages its affiliated hospitals' employees, managers, and contractors to report concerns to their immediate supervisor when appropriate. If the supervisor is not deemed to be the appropriate contact or if the supervisor fails to respond quickly and appropriately to the concern, then the individual with the concern should be encouraged to discuss the situation with the facility's human resources manager, the facility's ECO, another member of management, or with the Company's Ethics Hotline (1-800-351-2764).

Employees, including management, and any contractors or agents of Company-affiliated hospitals 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 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.012-Correction of Error Related to Federal Healthcare Program Reimbursement; (2) EC.020-Reportable Events Policy; (3) EC.003-Self-Reporting; (4) REGS/BILL.005-Confirming and Processing Overpayments; (5) REGS.GEN.001-Billing Monitoring; and (6) RB.009-Errors in Reporting.

PROCEDURE:

Facility responsibilities include, but are not limited to:

- a. Ensuring that all employees, including management, and any contractors or agents of the facility, are provided with this policy, effective January 1, 2007.
- b. Making revisions to this policy as necessary to comply with changes in the law. Changes must be documented and implemented.

**Questions about Ethics?
Visit
www.MHSCentral.com
and
Click the Link for
"Ethics and Compliance"**