I. GENERAL INFORMATION

Our Mission Statement

To provide quality healthcare and foster health and wellness.

Our Vision Statement

Vision Statement: Our Desired Future

To be the preferred provider for high quality care, creating better health in our communities and recognized for excellence in all that we do.

Our Values

Behaviors and attitudes we should expect from everyone working in our health system

- **Patient First**
- **Creativity**
- **Respect**
- **Accountability**
- **Transparency**
- **Collaboration**

Performance Improvement

Performance Improvement

- Performance Improvement includes ALL employees and volunteers. Hospital leaders coordinate this program.
- The key components include:
  - Teamwork.
  - Service excellence.
  - Patient safety.
  - Evidence Based Practice.
  - LEAN.
  - Process Improvement.
  - Using data to trend and evaluate information.
  - Comparing results with other hospitals.

Performance Improvement Goal

The GOAL of Performance Improvement

To systematically and continuously plan, design, measure, assess and improve the quality and safety of care provided at Randolph Health.

Improvement Cycle Overview

- For process improvement, Randolph Health has adopted a Plan Do Check Act process improvement methodology and uses LEAN tools and techniques such as:
  - A3 Thinking (a Plan Do Check Act tool)
  - Value Stream Improvement
  - Standard Work documentation and adherence
  - Fish bone diagrams
  - Eliminating Waste
  - Using 5-Whys to find the root cause of problems
  - Gemba Walks
  - Managing for Daily Improvement (MDI)

Our Journey is called T3 which stands for:
Transforming Tomorrow Today

What is Lean?

- Lean is a tool that helps us look at processes or the way we do things everyday, to see how we can do them better, more efficient or cheaper.
- Lean helps us look for and remove "waste" from our organization. Waste is any thing that does not add value to a process for example extra steps in processes

What Does Lean Help Us Do?

- Lean helps people improve their work processes by creating **“Standard Work”** which means the best known way to that work today .

- It helps us focus on adding value and quality to our customers’ experiences.

Why are we interested in Lean?

There have been big changes in the healthcare industry such as:

- Threats from competitors *(other health care systems trying to persuade people in our community to go out of town for their healthcare)*,
- Pay for performance (*paid based on services to patients being efficient, low cost, and high quality)*,
- Declining patient satisfaction *(patients less happy with their visits to the hospital, home health, surgery and /or physician offices)*,
- Declining market share *(patients going to other hospitals)* and
- Declining reimbursement (*paid less money for what we do*)

Lean helps us to make *quick* changes to improve our organization so that we can not only survive in the business but… thrive!

How does it work?

- Lean focuses on having the right resources such as materials, equipment, or staff to do the work for the customer (patients/providers/ staff) to deliver high quality services at a competitive cost
- Staff who do the job everyday are the more likely to see ways of improving. We need YOU to help us to improve things.

What can I do?

Everyone has an impact and it takes all of us! Our lean goal is to have ALL employees learn lean tools because we can all create more value for customers and staff. Look at the things you do everyday

1. Ask yourself "How can I do this better?"
2. Look for opportunities to improve your work
3. Don't be afraid to ask why?
4. Don't be afraid to speak up!

Evidence Based Care (EBC)

EBC is providing the best individualized patient care based on the most current research.

Fixit Ticket & Grievance Reporting

We need your help!

We need to know when **incidents** or **events** occur or when “**near misses**” occur. This is how we build our Culture of Safety.

“near misses” are a great opportunity to learn and prevent future events from occurring.

So Please, report all concerns!

What to Report

- Adverse events that result in harm
- Hazardous or unsafe conditions that increase the chance of an adverse event occurring.
- “Close calls” or “near miss”
- Sentinel events; a few examples are:
  - Death
  - Permanent harm
  - Severe temporary harm
  - Suicide
  - Abduction
  - Rape/assault/homicide/sexual abuse
  - Blood transfusion reaction

How to report

- All documentation of variances, near misses and grievances are routed to the Director of Patient Safety using the Fixit Ticket Report System in Meditech.

- Actual, factual data must be reported within 24 hours of the event.

- Always include the person(s) involved, time, place, all pertinent facts about what happened, and what actions were taken.

Reporting Job Injuries

- Document with your Supervisor/Director **by the end of that shift -same day it happened.**

- Call or email the Employee Health Nurse within 2 working days.

- Turn the completed “Occupational/Injury Report” form in to the Employee Health Nurse by your next shift.

Device Injury

Any injury caused by a medical device should be removed from the patient area, appropriately tagged, and then reported to **Clinical Engineering** and Director of Patient Safety **ASAP!**

All parts of the equipment, including led wires, infusion sets, and any accessories used with the equipment during the injury, should be given to Clinical Engineering.

How do I know equipment is safe to use?

- Look for signs of damage before using
- Watch for signs of unusual operation (noise, smell, or lights)
- Most medical equipment has a "self test" that will alert users to any malfunction through an alarm/message/display. Look for these when you power on any equipment.
- Never use any equipment without the **proper** training

External Disaster Plan

Function of the Hospital

It is conceivable that the hospital will be asked to treat mass casualties from local disasters.

In a disaster, the functions of the hospital are to:

- Coordinate and administer care and treatment of casualties.
- Notify next-of-kin of persons involved in accidents.
- Discharge non-critical patients to their homes, if possible.

Overview

- **Disaster Plan** is called based on an influx of patients that would tax the capabilities of the ED and or the other portions of the hospital to provide needed care.

- The authority to implement the external disaster plan rests with the Administrator on call in consultation with the ED Physician on duty and the Chief Nursing Officer/House Supervisor.

- The External Disaster Plan consists of the following Phases:
  - Stand-by Phase
  - Implementation Phase

Stand-by Phase

- Time to obtain more information and notify key personnel of the disaster.
- Time to determine the necessity of implementing the full disaster plan or a smaller scale plan.

Implementation Phase

- **Administrator on call** will authorize a designee to notify the switchboard operator to page the event and the location 5 times.
- **Operator** will call/beep OR, anesthesia, lab tech, radiology tech, respiratory therapy.
- **ED Unit Coordinator** will notify the ED Director, ED Personnel, Chief of Staff and appropriate physicians.
- **Additional staff** will be notified based on the scope of the disaster and needs of the facility.

In-House Preparations

- All on-duty employees should report immediately to their own units for possible re-assignment.
- Off duty staff should **NOT** report to the hospital unless requested.
- All employees will remain on-duty until released by their supervisor.
- All physicians in the hospital should report to the ED immediately.
- SPU and the nursing units will prepare to receive casualty admissions.
- Department Directors and/or the Unit Coordinators will make decisions as to which patients are candidates for transfer within the hospital or early discharge to make additional beds available.

Security

- All outside hospital entrances will be secured. A designated guard will be stationed at appropriate entrances.

- An individual will be assigned to direct traffic at the ED entrance drive to clear access for ambulances and casualty carriers.

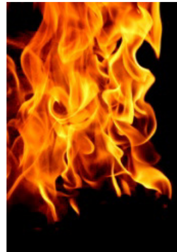
- Physicians, hospital staff and volunteers should **bring ID badges** to work in order to enter the hospital

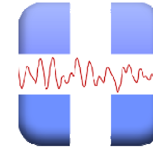
Security (cont.)

- Family members will be directed to the ED waiting area. Information will be provided to families and they will be escorted to patient treatment areas to visit as soon as conditions permit.

- News Media Representatives will be directed to enter the private dining room through the outside entrance. The Senior Director of Public Relations and Outreach will coordinate activities there.

- Staff should refer ALL questions from the media to the Senior Director of Public Relations and Outreach.





Emergency Communication

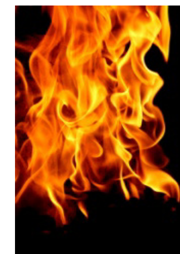
Standardized Emergency Alerts

Standardized Emergency Alerts

Announcement of emergency situations are made by switchboard staff using plain language clearly identifying the emergency rather than using a Code.

Example:

"Code Red" (previously used to announce a fire) has been replaced with: "Facility Alert: fire alarm activation" accompanied with the location.



3 Types of Emergency Alerts

Facility

Security

Medical

Facility alerts include:

- Evacuation/Relocation
- Fire/Smoke Alarm
- Hazardous Materials Spill
- Medical Decontamination
- Surge Capacity/Mass Casualty
- Utility/Technology Interruption
- Weather

Security / Safety Alerts include:

- Missing Infant/Child under 18 Years
- Missing Person over 18 Years
- Decisionally Impaired
- Armed Intruder/Shooter/Hostage Situation/Threat
- Bomb Threat/Suspicious Package
- Emergency Lockdown
- Civil Disturbance

Medical Alerts include:

- Medical Emergency or Incident
  - Code Blue (cardiac or respiratory arrest)
    - Adult
    - Pediatrics
    - Infant
  - Medical Emergency
  - Rapid Response

In the event of an Emergency

- Use any internal phone and dial 4444
- Describe the event and the need (fire, security assistance, medical emergency)
- Provide the location of the emergency

Announcement of Emergency

Switchboard will overhead page the following after receiving a call on x4444:

- Name of the alert (security, Facility, or Medical)
- Detail and description of the alert
- Location of the emergency

Examples:

Security Alert-missing male infant last seen on MASU

Facility Alert-fire alarm activation, Elevator 6, PCU

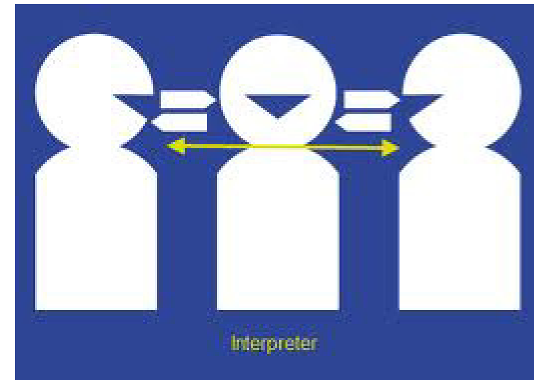
Medical Alert-medical emergency, Pediatric, Room 347

Code Blue

The only "code" that continues to be announced with a color is "Code Blue". Code Blue is recognized across all medical facilities as cardiac or respiratory arrest.

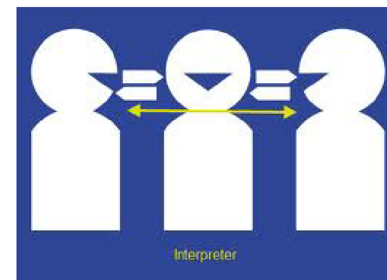
CODE
BLUE

Special Services



Interpreter Information

- We have our in-house interpreters that can be reached at Ext. 3128 during their coverage hours. Hours of availability:
  - Sunday: 1:00pm – 9:30pm
  - Monday: 6:00am – 11:30pm
  - Tuesday: 6:00am – 11:30pm
  - Wednesday: 6:00am – 11:30pm
  - Thursday: 6:00am – 11:30pm
  - Friday: 6:00am – 11:30pm
  - Saturday: 1:00pm – 9:30pm



In the event that an interpreter is not available here are 2 additional options.

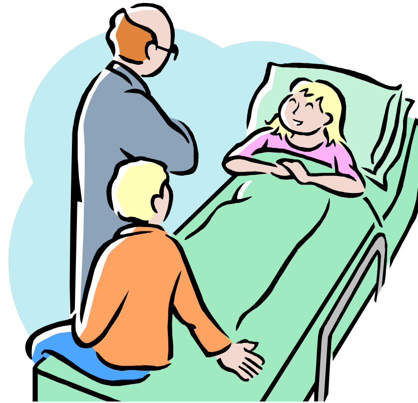
1. Use the MARTTI Video interpretation System. MARTTI systems are located in the ED, OutPatient Center, Inpatient 3rd & 4th Floor.

2. Ask your department director for Language Access Network 1-800 number.

Hard-of-Hearing and Deaf Services

Please use the MARTTI Video interpretation System for American Sign Language. MARTTI systems are located in the ED, OutPatient Center, Inpatient 3rd & 4th Floor.

Patient - Family Engagement



What is
Patient - Family Engagement?

It’s the process of getting patients and their family…. active in the plan of care.

It’s giving them the encouragement to ask questions.

Why is this important

Evidence shows that when the patient and family are actively involved in their care… **quality** of care improves

safer care is provided.

How do we make this happen?

- Explain to the patient and family that they are a HUGE part of the health care team.
- Encourage questions from patients & family members
- Assist family with communication between all care providers
- Increase a patient's understanding of their disease and the interdisciplinary team that will care for them
- Address patient safety issues with patients
- Teach patients how to communicate with their care providers

The specifics of “How” we are doing this

- Daily Huddles
- Bedside Rounding
- Leadership Rounding
- Education Folders
- White Board Communication
- Inpatient Discharge Phone Calls
- Patients and or family members participating on hospital committees

Patient and Family Advisory Council (PFAC)

The PFAC is a forum for patients and families to collaborate as partners in concert with the healthcare team. This relationship supports quality, safety and satisfaction in patient care within Randolph Health.

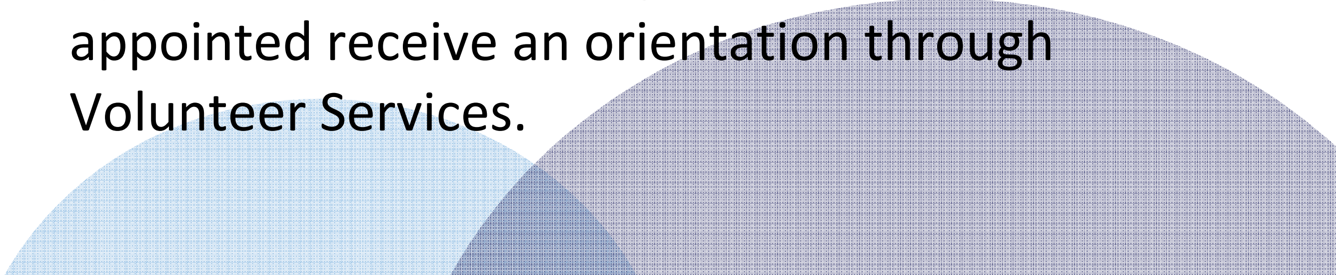
Community Connected Care.

PFAC Membership

The PFAC Council accepts recommendations from staff for potential PFAC members.

Interested candidates should contact Sylvia Beamer at 336-629-8886.

Potential PFAC Members must complete an application form, undergo an interview and if appointed receive an orientation through Volunteer Services.



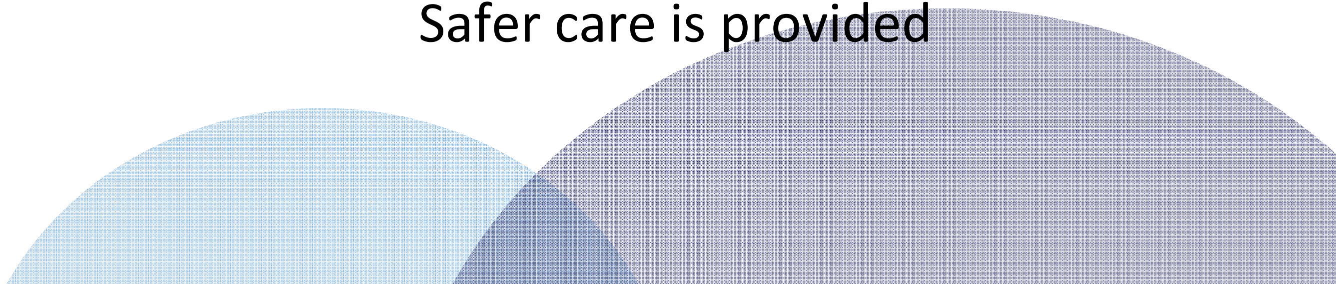
PFAC: Why is it important?

Evidence shows that when the patient and family are actively "ENGAGED" in their care.....

Quality of care improves

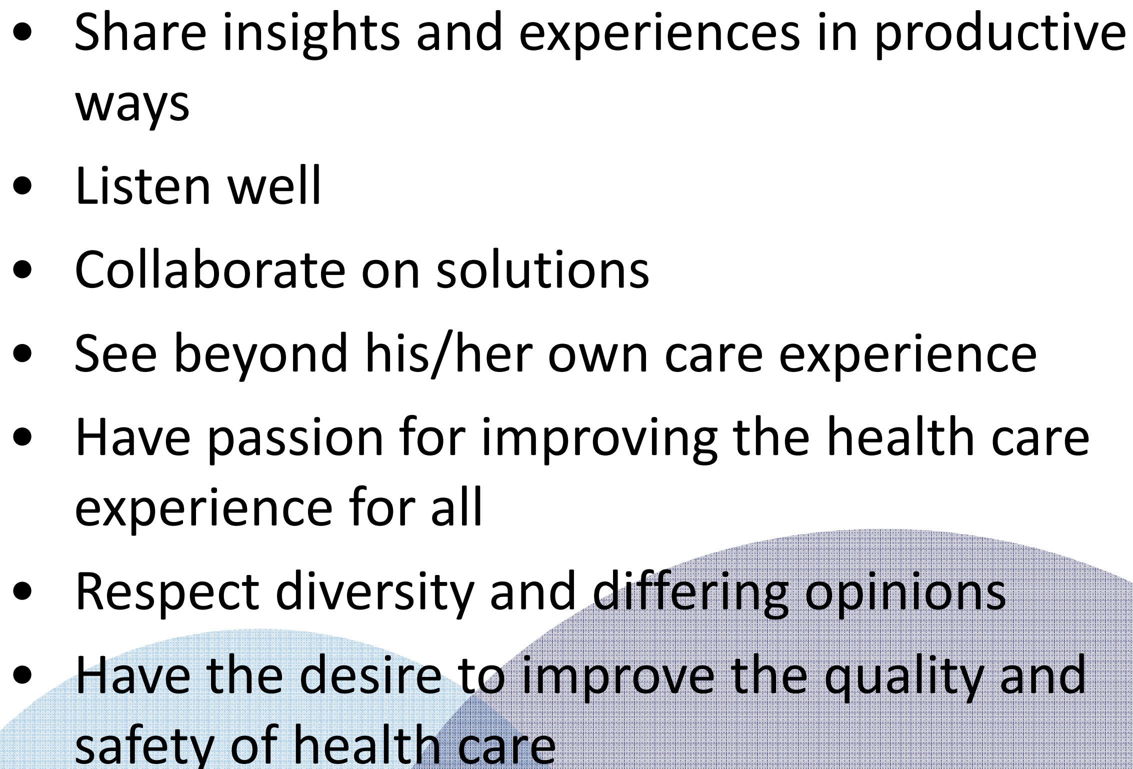
&

Safer care is provided



Criteria for Potential PFAC Members:

- Share insights and experiences in productive ways
- Listen well
- Collaborate on solutions
- See beyond his/her own care experience
- Have passion for improving the health care experience for all
- Respect diversity and differing opinions
- Have the desire to improve the quality and safety of health care



Just Culture Review

What Does a Fair and Just Culture Mean?

- Giving feedback that can be used in a positive way to prevent bad outcomes. Looking at the event closely to figure out why the event happened or the decision was made.

- Collecting information about events based on facts.

- Providing fair-minded treatment to all involved.

- Having productive conversations. Talking to each other make sure there are positive results.

- Creating positive ways to help people see and talk about errors and help everyone learn from them.