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.

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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 is EVERYONE'S responsibility, from each staff member all the way up to the Board of Directors
- We NEED and WANT everyone to think of ways to improve safety and quality of care.
- If you identify an opportunity for improvement, please contact your director

Who regulates/evaluates our performance?

- The Joint Commission
- Medicare/Medicaid (CMS)
- NC Division of Health and Human Services (DHHS)
- Health Department

Your input is critical!

- Everyone should ask questions if they have a concern about how patient care is being delivered

- Speak up immediately when you see things in the environment that may not be safe

Evidence Based Care

Evidence Based Care (EBC)

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

Fixit Ticket & Grievance Reporting

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.**

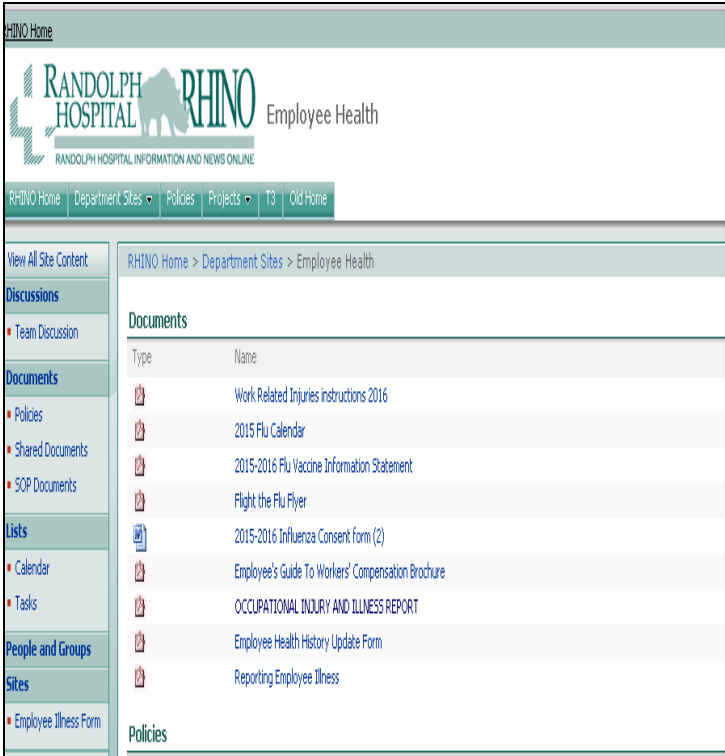
- **It must be reported <u>within 24 hours</u> of the event**.

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

Please contact your director if you need assistance with this.

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 **the day the injury occurs**
- Turn the completed "Occupational/Injury Report" form into the Employee Health Nurse by **your next shift.**
- Forms and phone number are found on RHINO, within each department or outside the EH office.



External Disaster Plan

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 Development will coordinate activities there.

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

Emergency Communication

Standardized Emergency Alerts

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
- Decisionally impaired missing Person over 18
- **Physical/Verbal Threat** *i.e violent patient, armed intruder/shooter/hostage situation/threat*
- Bomb Threat/Suspicious Package
- Emergency Lockdown
- Civil Disturbance in the community

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:

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

Examples:

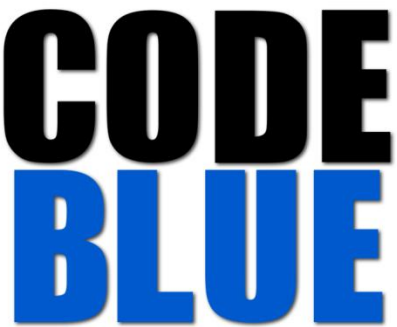
Security Alert-missing male infant last seen on MASU

Facility Alert-fire alarm activation, Elevator 6, PCU

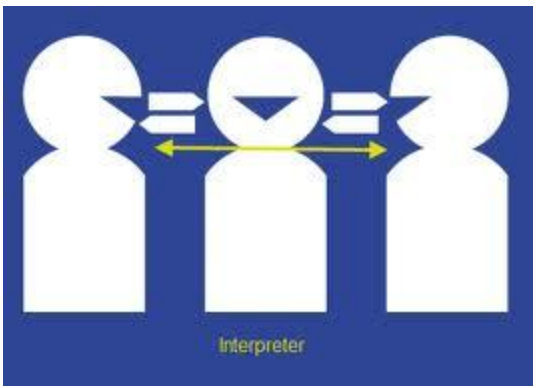
Medical Alert-medical emergency, Pediatric, Room 347

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.



Special Services



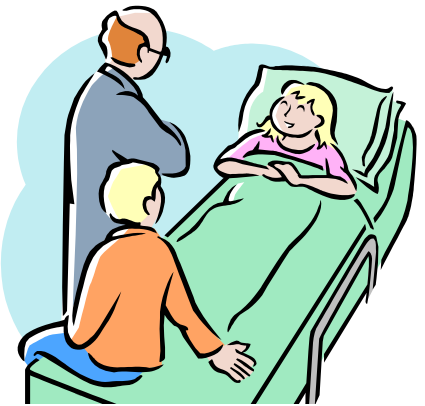
Interpreter Information

1. In house interpreters

2. MARTTI Video interpretation System *(includes multiple languages as well as sign language).* These machines are located in the ED, OutPatient Center, Inpatient 3rd & 4th Floor.

3. Language Access Network, ask your department director for 1-800 number.

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** improves and **safer care** is provided.

Which also means excellent patient satisfaction scores

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)

- This council is made up of former patients or family members of the community
- This council serves as a voice of the patient/family
- Council members participate in ongoing hospital committees and development of new services.