# Orientation Packet

For New Employees, Medical Staff,
Volunteers, Contract workers,
Nursing Students

For use at Guam Memorial Hospital

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Revised: 7/2020

# A message from our Hospital Administrator/CEO

## Dear new colleague,

*Hafa Adai and Welcome!* You are now part of a diverse and talented group of over 1,000 professionals at Guam Memorial Hospital Authority (GMHA).

You are joining a team whose special mission is to provide quality patient care in a safe environment through the delivery of patient care services and helpful customer service. Each one of us here at GMHA is responsible for providing the best care and best experience to everyone who walks through our doors, every day and through every encounter/interaction.

You may find your duties and role to be challenging at times, but we believe your work here will provide you with unending rewards like opportunities for growth or simply making an important difference in the lives of the patients, their families and visitors and, the GMHA co-workers.

We are very excited and pleased you have chosen to join us, and we look forward to meeting and working with you. Welcome aboard!

Sincerely,

Lillian Perez-Posadas, MN, RN

**Our mission: To provide quality patient care in a safe environment.**

# Guam Memorial Hospital Orientation Program
[1st floor Administration Department, 648-2367]

## Welcome!
Welcome to Guam Memorial Hospital, where our greatest asset is our PEOPLE. This includes YOU, employees, Medical staff, Nursing students, contract personnel who are providing needed services directly or in support of our patients, workers and visitors.  This program provides general hospital information, including privacy, confidentiality, emergency management, patient safety, security, general hospital safety & emergency codes, and infection control. It is designed to help you prevent accidents, control losses, and support processes for providing quality patient care.

## MISSION, VISION, VALUES
Our MISSION STATEMENT:
>    To provide quality patient care in a safe environment

VISION STATEMENT:
To achieve a culture and environment of safety and quality patient care meeting national standards and addressing the needs of the community in a fiscally responsible, autonomous hospital.

STATEMENT OF VALUES: The hospital believes in the following core values:
- Quality service and standards compliance
- Open and consistent communication between clinical and non-clinical staff, the Board of Trustees, and the public as a whole; and
- Fiscal responsibility and accountability at all levels

## LEADERSHIP AT GMHA
>    Governor of Guam to Board of Trustees to
>    CEO/Hospital Administrator to 5 Divisions.
>    5 Divisions:
>>    Nursing Services, Professional Support Services, Administrative Services, Fiscal Services, Medical Services
>
>    Board of Trustees:
>>    Theresa Obispo (Chairperson), Melissa Waibel (Vice-chairperson), Sarah Thomas-Nededog (Secretary), Byron Evaristo (Treasurer), Sonia Siliang (Trustee), Sharon Davis (Trustee), Glynis Almonte (Trustee), Michael Um, MD (Trustee), Evangeline Allen (Trustee)
>
>    HOSPITAL ADMINISTRATION
>    Hospital Administrator/CEO: Lillian Perez-Posadas, RN, MN
>    Associate Administrator of Operations: William Kando
>    Associate Administrator of Medical Services: Annie Bordallo, MD
>    Associate Administrator of Clinical Services: Joleen Aguon, MD
>    Assistant Administrator of Professional Support Services:
>    Assistant Administrator of Nursing Services: Jemmabeth Simbillo, RN, BSN
>    Chief Financial Officer: Yukari Hechanova, Acting

# SAFETY DEPARTMENT      [1st floor Safety Department, 647-2117]

**SEVEN (7) AREAS OF ENVIRONMENT OF CARE**
>    **Safety Management –** Oversees the Safety Program
>    **Security Management –** Oversees theft, vandalism…
>    **Hazardous Materials and Waste –** utilization and disposal
>    **Emergency Management –** internal and external emergencies
>    **Fire Safety –** patients, visitors and staff safety
>    **Medical Equipment –** monitors equipment for patient care
>    **Utility Management –** power, water ….

The **"Right to Know Law"** entitles you to know all about hazardous materials/chemicals you work with.
**S**afety **D**ata **S**heet:  comprehensive safety information on each hazardous   material used in the workplace.

| The Hospital **emergency** phone numbers for: | D**r. Burnsite, Code 60,** and **Code Yellow** | **3-2222** |
| --- | --- | --- |
| | **Code Blue (Cardiac/Respiratory Arrest)** | **3-7200** |

Two ways to verify the location of a fire when alarm is activated:
> ➢ Comm. Center announcing "Dr. Burnsite" on the overhead P.A. System.
> ➢ The Fire Alarm Annunciator Panel Board located at the nurses station.

**HOSPITAL CODES**

| | |
| --- | --- |
| Code 60 | Security disturbance |
| Code Blue | Cardiac or Respiratory Arrest |
| Dr. Burnsite | Fire |
| Code 99 | Bomb threat |
| Dr. Clearwater | Operations back to normal |
| Dr. Redwood | Mass casualty (internal/external) |
| Code Yellow | Hazardous spill/leak |
| Code Pink | Infant/child abduction |
| Code Red | Activates SNU emergency |
| Code Black | Active shooter |
| Code Purple | Ebola threat |

**R**escue person(s) in immediate danger
**A**lert staff in area using hospital code "Dr. Burnsite"
**C**onfine fire by closing all doors
**E**xtinguish small fire (only if trained)

**P**ull, **A**im, **S**queeze, **S**weep
And never turn your **_back_** on a fire!

The 20 lb ABC multipurpose fire extinguisher will discharge it's contents in approximately 30 seconds and 10-20 feet.

**THE PROPER PROCEDURE FOR REPORTING AN EMPLOYEE INJURY:**
The employee notifies **supervisor**:  The employee and/or supervisor(s) complete **workmen's comp.** Then the employee submits it to **patient's registration** and the employee follows up with **Employee Health** within 24 hours.

**PLASTIC BAGS**
Yellow bag - Soiled Linen
Clear or black bag - Office papers, cans...
Clear bag w/RED insignia - Blood contaminated gauze, dressing, lab specimen
Puncture resistant with a  biohazard label - Needles or sharp objects

**DON'T BLOCK:**
· Electrical panels, Fire extinguishers, Oxygen shut-off valves,
Fire Alarm pull downs, Fire Alarm panels
And know where they're located.

# SECURITY DEPARTMENT
[1st floor Security Administrator, 647-2319]

**Code 60, Safety and Security Manuel, GMHA Policy 401**

To provide optimum safety for patients and staff in the event an individual's behavior, requires physical restraint and intervention.
A code 60 is initiated in the event an individual exhibits behavior  requiring physical force to subdue or seclude and sufficient floor staff are not present to do so.

**What behaviors which may require a Code 60 to be called ?**

➢ An individual causes or attempts to cause physical harm to other patients or a staff member; or
➢ An individual causes or attempts to cause destruction of hospital property and is uncontrolled by staff.

**Reporting a Code 60:**  Staff Member- Assess the need to call code 60 when staffs are no longer capable of controlling the environment.   Your role during a Code 60 disturbance:

- Staff Member- Dials 3-2222 and informs operator of Code 60 situation and    provides the location of the incident.
- Work with your co-workers to calm the individuals.
- Do not attempt to break up individuals engaged in the fight/violent  behavior.
- Operator announces "Code 60" over the public address system along with the location of the event and repeats this message three (3) consecutive times.

**Reporting:**
Security Officer and other GMHA Staff in the area Respond to the Code 60 event and follow the directions of the Security Officer and Charge Nurse to control individual.

**CODE PINK, INFANT/PEDIATRIC SECURITY PLAN**
Safety and Security Manual Infant/Pediatric Security Plan Policy 403
The purpose of this Plan is to ensure that adequate procedures are in place to:

· Facilitate the speedy return of the infant/child to a place of safety
· Ensure that the staff are deployed effectively to conduct a search and    secure the facility through conducting a lockdown
· Ensure that the staff are fully aware of their roles and responsibilities
· Ensure that parents/legal guardians of an abducted infant is provided with needed support and is fully informed of the situation
· Conduct an effective de-brief and review the procedures in the event of an abduction reoccurrence.

**It is the policy of GMHA to ensure that all infants/children who are admitted into our facility are in a safe and secured environment, minimizing any potential threat of an infant/pediatric abduction.**

 All Hospital staff have a responsibility as outlined throughout this Plan to provide a safe and secure environment for our infant/pediatric patients and their families.

## Staff Training
All employees shall review and understand their roles and responsibilities as it is outlined in the plan. Staff training on security measures to prevent infant/ pediatric abduction shall occur at least annually and/ or when there has been changes to the Plan.


# INFECTION CONTROL [4th floor Infection Control Department, 648-6705]
## STANDARD PRECAUTIONS
Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered.  Standard Precautions include:


## HAND HYGIENE
Hand Hygiene is the most important measure to prevent the spread of infection to patients and employees.

When?
- Before starting work
- When hands are visibly soiled (hand wash)
- After removing gloves
- After handling blood and body fluids, even when gloves are worn
- Between patients
- Between touching dirty and clean areas of the same patient during care
- After performing personal care (i.e. blowing nose, using the rest room)
- Before and after eating
- Before going home

How?
**Hand washing with soap and water**.
        Use only hospital-approved hand washing soap/products, use water and soap enough to work up a good lather.  Friction is the most important part of hand washing.  Rub hands together briskly for at least 15 to 20 seconds.  Let water flow freely enough to adequately rinse off soap then thoroughly pat hands dry with paper towel.  Use paper towel to turn faucet off and discard accordingly.

GMHA's hand hygiene policy requires that fingernails be kept clean, less than ¼ inch short, free of non-transparent nail polish and free of extensions and artificial nails for all staff and direct patient care.

**Alcohol Based Hand Rub (ABHR)**.
Hand sanitizers must have between 62 to 95% of alcohol content.
ABHR may be used if one has not been exposed to blood or bodily fluids.
Place a small amount on hands and rub on to distribute to all surfaces until dry.
DO NOT use ABHR when caring for patients with Clostridium difficile.

## PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal Protective Equipment (PPE) is available for your protection and safety and includes gowns, gloves, goggles, face shields and masks that prevent exposure to infectious diseases or hazardous materials.
Don PPE before contact with the patient, generally before entering the room and use with caution.  Minimize touch contamination (e.g. keeping hands away from face, limiting surfaces touched).
Remove PPEs at the doorway before leaving patient's room/work area or in the anteroom.
Remove an N95 respirator outside the patient's room after the door has been closed.

**Sequence for Donning PPE**:
1. gown
2. mask/respirator
3. goggles/face shield
4. gloves

**Sequence for Doffing PPE**:
1. gloves
2. goggles/ face shield
3. gown
4. mask/respirator

## RESPIRATORY HYGIENE/COUGH ETIQUETTE

Respiratory Hygiene and Cough Etiquette infection prevention measures are designed to limit the transmission of respiratory pathogens spread by droplet or airborne routes.
This includes:

    a. covering mouth and nose when coughing or sneezing
    b. use and dispose of tissues in the nearest waste receptacles
    c. perform hand hygiene after hands have been in contact with respiratory secretions

For patients, provide tissues and no-touch receptacles for disposal of tissues.  Provide resources for performing hand hygiene, offer masks to coughing patients and other symptomatic persons and provide patient education on the importance of infection prevention measures.

Most percutaneous injuries involve burs, needles, and other sharp instruments.  Take precautions while using sharps, during cleanup and during disposal.

- Consider used sharp items (e.g., needles, scalpel blades ) as contaminated and potentially infective and establish engineering controls and work practices to prevent injuries.
- DO NOT recap used needles and use sharp safety devices appropriately.
- Place used sharps in appropriate puncture resistant containers located as close as possible to the area where the items are used, do not allow sharps containers to overfill (3/4 level) and keep your fingers away from the opening of sharps containers.

ENVIRONMENTAL CLEANING AND DISINFECTION

Step 1 for any disinfecting process is cleaning.  Thoroughly clean surfaces before disinfecting.  Step 2 is the process of disinfection.

Clean and Disinfect ALL surfaces.  This includes horizontal, vertical and contact surfaces.

**Non-Critical Device/ Equipment**.  The device/equipment that come in contact with unbroken skin (e.g., BP cuffs, stethoscopes, crutches, bed rails) and requires low-level disinfection.

"**Contact Time**" is the amount of time required for a surface to remain wet in order for germicidal activity (kill effect) to take place.

Disinfect non-critical medical devices and environmental surfaces with an EPA-registered hospital approved disinfectant following the manufacturer's instructions:

- PDI Sanicloth Wipes (red top tub) requires a contact time of 3 minutes.
- Clorox Healthcare Bleach Germicidal Wipes (blue top tub) requires a contact time of 3 minutes.
- HB Quat Spray Solution requires a contact time of 10 minutes.
- Hypochlorite Bleach Solution requires a contact time of 10 minutes.

**Semi-Critical Device/Equipment**.  The device/equipment that come in contact with mucus membranes (e.g., endoscopes, laryngoscopes) and requires meticulous cleaning followed by high-level disinfection and sterilization.

**Critical Device/Equipment**.  The device/equipment that enters sterile tissues including the vascular system (e.g. clamps, forceps) and requires cleaning followed by sterilization.

SAFE HANDLING OF SOILED LINEN.

Treat all used hospital linen as though they are contaminated.  Always wear gloves before handling soiled linen (e.g., bed sheets, towels, curtains).  Never carry soiled linen against the body.  Always place it in the designated linen container.  Carefully roll up soiled linen to prevent contamination of the air, surfaces, and cleaning staff.

TRANSMISSION-BASED PRECAUTIONS

Transmission-Based Precautions are the second tier of basic infection control and are to used in addition to Standard Precautions for patient who may be infected or colonized with

certain infectious agents for which additional precautions are needed to prevent infection transmission.

Carefully follow instructions posted on the precautionary signs on the patient's door prior to room entry.
Ensure Patient and Family Education are provided and a care plan is initiated.
Minimize patient transport to medically necessary procedures only.

a. **Contact Precautions**. Mode of transmission is through TOUCH. Use Contact Precautions for patients with known or suspected infections that represent an increased risk for contact transmission (e.g. MRSA, VRE, Multi-Drug Resistant Organisms, scabies, etc).
PPE: gown, gloves, mask/face shield if anticipating splashes

b. **Droplet Precautions**. Use Droplet Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking (e.g., Bacterial Meningitis, Mumps, Influenza, RSV, Pertussis, etc). The bugs in Droplet Precautions are heavy, measured > 5 microns in size.
PPE: regular mask

c. **Airborne Precautions**. Use Airborne Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., TB, measles, chickenpox, small pox, disseminated herpes zoster). The bugs in Airborne Precautions are so light that they stay afloat, measured less than 0.1 microns in size.

Ensure appropriate patient placement in an airborne infection isolation room (AIIR)
PPE: N95 Respirator

**Tuberculosis**. Tuberculosis is caused by the bacteria Mycobacterium tuberculosis that most often affect the lungs, but can also affect other parts of the body. Tuberculosis is very endemic on Guam.
Symptoms of TB:
1. fever
2. chills
3. night sweats
4. cough
5. weight loss
6. coughing up blood

d. **Special Contact Precautions**. Use Special Contact Precautions for patients known or suspected to be infected with the Clostridium difficile.
PPE: gown and gloves
**Staff must perform hand washing after doffing gloves**.

**Diseases warranting a combination of isolation precautions**:
Chicken Pox (Varicella Zoster)- Airborne and Contact Precautions
Small Pox (Variola)- Airborne and Contact Precautions
COVID 19- Droplet and Contact Precautions
Respiratory Syncytial Virus- Droplet and Contact Precautions

# Social Services Department [4th floor Social Services Administrator, 647-2424]

**Social Services Belief:**
· That every individual has a right to choose.
· Social Workers provide options and empower individuals to make the choice that is in their best interest.
· Meeting the needs of patients and/or their legal representatives/families as they deal with their medical condition and hospitalization.
· Work with hospital's multidisciplinary team to identify and address patient/family needs to help improve their physical and emotional well-being and aims to improve their social situations.
· To coordinate the needs of the patients in preparation for their post-hospital care

**Social Services Goals**:
· Meeting the needs of patients and/or their legal representatives/families as they deal with their medical condition and hospitalization.
· Work with hospital's multidisciplinary team to identify and address patient/family needs to help improve their physical and emotional well-being and aims to improve their social situations.
· To coordinate the needs of the patients in preparation for their post-hospital care.

**Discharge Planning:**
The overall function of SS is to work in collaboration with physicians, nurses,  utilization review, rehabilitation services, dietetic services, outside entities such as home health care, medical supply vendors, insurance representatives and others involved in the patient's care both in-hospital and post-hospital.

**Discharge Planning Function**:
Assessing social situations, identifying needs and providing options to patients/families
Addressing both in-and post-hospital needs
Networking with other entities to address those needs
Referrals to community service agencies both public and private.
	The pursuit of a Power of Attorney or Legal Guardianship is dependent on the competence of the patient.

**Services Include:**
· Referrals: post RN initial assessment, MD orders via order communications/    O-iMed.
· Discharge Planning: social situation, location of next of kin, placement,   caregiver, recommendation to hold discharge based on findings, medical   equipment, home health care, emergency/homeless shelters, identification of service needs (home delivered meals, caregiver program, legal services, etc.).
· Financial Assistance: medical insurance (self pay), food stamps, cash assistance, financial resource exploration for medications, home care, equipment, housing.
· Protective Services: child abuse, adult and disabled persons abuse, spouse abuse, referrals to emergency receiving homes.
· Counseling/Crisis Intervention: supportive counseling, emotional support and referrals for therapeutic counseling as needed.
· Off Island Transfers: coordination with physicians, insurance companies, referral/coordination offices, airline companies and private air ambulance.

**Public & Private Referral Agencies:**
DPHSS; GBHWC; Legal Services; CPS; Catholic Social Services; Case Management Services (Mayor's Council) Airline Companies; Air Ambulance; Passport Office; Office of the Public Guardian; Guam Cancer Care; Caregiver Support Program, Adult Protective Services; ALEE Shelter, Guam Medical Referral Office, and private patient transport companies.

**What does it take to be a GMHA Social Worker?**
Heart
Compassion
Genuineness
Dedication
Problem solving ability
Flexibility
Love for the Social Work profession
Lots and lots of patience, endurance, perseverance, and the ability to laugh


# GUEST RELATIONS [4th floor Guest Relations Department, 647-2503]

**Patient Rights …**
· Access to care; Pain management;
· Free of all forms of abuse, neglect, harassment;
· Free from restraints and seclusions;
· Receive medical screening, exam, and treatment for an emergency condition regardless of ability to pay;
· Effective communication; language interpreter will be provided;
· Know the Identity of persons participating in patient's care;
· Receive and request information; Visiting rules;
· Explanation Re: transfer to another facility;
· Have a family member or representative be informed of medical condition;
· Refuse treatment; Make an Advance Directive; Be discharged;
· Assist with discharge plans; Receive a hospital bill and to make inquiries;
· To inquire about public assistance programs – Medicaid and MIP
· Be treated with courtesy, dignity, respect; privacy, confidentiality; safety;
· File a grievance/complaint; Provide consent; Make decisions;
· Refuse to participate in human experimentation;
· Review, request, and amend copies of medical records;
· Know who had access to medical record and purpose;
· Spiritual counseling and support;
· Timely notice prior to termination of reimbursement eligibility by payer
· Have private doctor informed of patients' hospitalization
· To receive or not receive visitors


**The Guest Relations staff are patient advocates**
* Resolve patient/customer complaints/grievances
* Evaluate patient satisfaction with our services
* Explain hospital policies, procedures & services
* Educate patients on Advance Directives – Living Will (decisions regarding end-of-life care)

        * Hospital tours/groups/visitors
        * Assists in coordinating donations
        * Customer Service training classes

**GMHA policy statement re: Patient Confidentiality**
· GMHA will respect & protect privacy rights of patients and their families
· HIPAA's 'minimum necessary' standard requires staff members to consider this and judge who needs access to what information.
· Any time you know or suspect protected health information is disclosed against the rules, it is your duty to report it.

**Why is patient confidentiality important?**
· Medical information concerning patients seen and treated at GMHA is not to be discussed by any employee, except as is necessary in the course of providing care, treatment and/or services to the patient, nor is it to be discussed with any other individual outside the Hospital.

**How can patient information be released?**
In general, patients and/or their family members are responsible for disclosing information about their treatment and conditions.
· If you receive calls asking about a patient's condition, take a message and allow the patient or family member to respond to the request.
· Exceptions: Internal requests; law enforcement; other health care facilities; reporting of communicable diseases; etc. Ask your supervisor before responding to these requests.

**How are media requests for pt. info handled?**
· Requests for information on a patient from the media should be directed to the PIO during business hours and the Nursing Supervisor after hours. The Hospital Administrator should be informed of all media requests.
· Only the patient's location in the facility (i.e. "Surgical Ward") and a one-word description (i.e. "critical") can be disclosed **with** the patient's written consent.

**'No Information' Patients**
· Patients are informed upon registration that general info (name, location, general condition) will be released to people who ask about them by name.
· Any patient may 'opt out' of this at any time. This means we may not release any information about the patient, including the fact that he/she is a patient in the first place.
· Certain patients are automatically 'no information' patients. These include people treated for psychiatric illness or drug/alcohol abuse.

**Cameras in the Hospital**
· Patient's written consent must be obtained before photos/videos/interviews are allowed.
· Face time and Skype recordings are NOT allowed without patient's written permission. Filming and recording hospital employees are NOT allowed without their permission
· Media/outside photographers must be accompanied by the PIO or a representative.

# ENHANCING CUSTOMER SERVICE THROUGH: CARING, COMMUNICATION, AND CONSISTENCY

## CARING: SET A FRIENDLY TONE

- Be **welcoming** · We introduce ourselves: my name, my role, "Hafa Adai, How may I help you?" · Be courteous and polite · Make eye contact · Think the best of people · Treat people as individuals
- Be **kind** · Compassionate, thoughtful · Stand in their shoes—how might your patient feel? · Maintain people's dignity · Respect privacy · Respect pain, be gentle

## COMMUNICATION: CONNECT, TO IMPROVE OUTCOMES

- Be **involving** · Listen, listen, listen · Keep people informed · Explain clearly (no jargon) · Answer questions, so people know what to expect · Involve people in their care
- Be **responsive** · Be attentive—notice · Respond quickly · Offer to help · Keep your word · Value your patients' time

## CONSISTENCY: TAKE PRIDE IN OUR WORK, OUR TEAM'S WORK, AND OUR WORKPLACE

- Be **professional** · Mindful of how things we say and do affect patients · Seen to be clean · Calm and reassuring so people feel safe · Set and maintain standards · Team-work/ team-respect
- Be **the difference** · Take responsibility · Choose a positive attitude · Ask for feedback · Can do– look for solutions · Praise good work, speak up about poor or unsafe care

## AND REMEMBER TO USE "H-E-A-R-T"

**H** = Hear – Acknowledge the concern promptly

**E** = Empathize – Restate the main points/ reflect the feeling

**A** = Apologize – Sincerely, for inconvenience/ avoid making excuses

**R** = Respond – all employees are empowered/ look for solutions/ ask what would solve the problem.

**T** = Thanks – the person for bringing concerns forward/ ensure adequate resolution

# CULTURALLY & LINGUISTICALLY APPROPRIATE SERVICES (CLAS) & AN INTRODUCTION TO THE EDUCATION DEPT [4th floor Education, 647-2350/2351]

1. Please keep in mind that **a triple threat to communication** involves Language barriers, Cultural Differences and low Health Literacy. With curiosity and meeting our patients and guests where they are, we can bridge connections of trust and meaning.

2. **To reach medical interpreters**, we use the remote services of Cyracom language services. We can reach Cyracom interpreters in several ways, by calling them through our operator 647-2555 or 647-2554, calling directly 1-800-481-3289, or through a computer, tablet or cellphone. In using a device such as a tablet, look for the Cyracom Interpreter App. Then you can select the language needed. MIS can help set up the app and login on devices in your department for ease of access. In patient registration areas, 2-receiver phones are available. Also, Scheduled over the phone interpretation sessions (SOPI's) can be scheduled.

3. **Dangers of communication barriers** include: inability to obtain a complete medical

history, misdiagnosis, ineffective/adverse treatment and/or procedures, medical errors, increased emergency room visits, noncompliance with treatment instructions, medication errors and more.

      a. What kind of issues do you imagine could happen if a visiting grandfather entered the Emergency room due to abdominal pain, who spoke limited English, but wanted to use his 10 year old granddaughter to be the interpreter. Answers can include: unfamiliar with medical terminology, the differences in gender and age, shyness, may tone down seriousness.

4. Speak with all patients using **simple language**. When a person is tired or in pain, the easier a message is to grasp, the better. Try to keeps words and sentences short and avoid confusing or overwhelming medical jargon.

5. Learn how others want to be treated. For example you might say, "I want to be respectful of your culture; can you explain why this is important to you?"

## EDUCATION DEPARTMENT

1. GMH subscribes to Krames on Demand (KODI) for our **patient education resources**. Healthsheets and medication sheets are easy to find and if you would like to make booklets or have any questions, please contact Renee in the Education Department.

2. GMH is accredited by the California Board of Nursing to provide Continuing Education (CEs) and is accredited by the Hawaii Medical Association to provide Continuing Medical Education (CMEs). When courses are attended please print your name on the sign-ins very neatly. CE, CME letters can be requested, when needed. There are listings of free/ low-cost online CE and CME opportunities at the link below.

3. Our Medical Library is not open at this time, but medical journals can still be requested by contacting Renee at renee.veksler@gmha.org

4. We have a training center that offers American Heart Association courses and the NRP, which is a course under the American Academy of Pediatrics. The schedule of courses and pre-course letters can be found at **http://gmha.org/education-corner/** Register for classes by calling or visiting Education Office.

5. The Education department is also involved in prevention programs in our community. If you're interested in getting involved, please let us know.

6. GMH participates in the GovGuam Worksite Wellness Program. This program promotes fitness and wellness classes. Also, see what gym benefits are offered under your health insurance.

## EFFECTIVE COMMUNICATION, SBAR

[4th floor Staff Nurse Training Officer, 648-6731]

Communication is:

· The process by which information is exchanged between individuals, departments, or organizations
· The lifeline of the Patient Care Team
· Effective when it permeates every aspect of an organization

**Effective Communication** must be complete, clear, timely, and brief.

**SBAR:**

· Is a framework for team members to effectively communicate information to one another
· Helps communicate the following information:

➢ **S**ituation—what is the situation?
➢ **B**ackground—what is the clinical background?

> ➤ **A**ssessment—what is the problem?
> ➤ **R**ecommendation—what do I recommend/request be done?

GMHA uses the SBAR Communication to "hand-off" patient status report from one provider to another. It can also be used in a non-clinical setting.

The process includes:

· Limiting the incidence of interruptions during the communication    process
· Creating an opportunity to ask and respond to questions
· Verifying an understanding of the information that was conveyed (read back)
· Providing contact information for any potential follow up questions    after the communication has occurred

## RADIOLOGY    [2nd floor Radiology Department 647-2137]

Services include: Diagnostics, Interventional Radiology, Cath Lab, Ultrasound, and CT scans.

- Use radiation protection measures when assisting a patient in the department
- Contact the COR if you will require a dosimeter (radiation badge)
- When ordering studies use the radiology index panel in Optimum
- Before cancelling a study, it is helpful to call the department first
- Any questions, feel free to stop by and visit!

## NATIONAL INCIDENT MANAGEMENT SYSTEM (NIMS)

**[**For more information, please call the 1st floor Planning Department, 647-2221/2448]

NIMS provides a common, nationwide approach to enable the whole community to work together to manage all threats and hazards. Compliance for ICS (Incident Command System) courses is a federal requirement as GMHA manages federal dollars from the national Hospital Preparedness Program (HPP) Cooperative Agreement administered by HHS/ASPR.

**Required Courses:**
- GMHA Supervisors/Managers/Unit Heads/Designated Department and Unit 2nd-In-Command Staff are required to take the ICS 100, 200, 700, and 800
- GMHA Staff are required to complete ICS 100 and 200
- All of GMHA's Medical Staff (employed by GMHA) are required to complete ICS 100 and 200

All Employees must complete the required courses and take the final exams administered online through the FEMA website. Please note that you are required to attain and register a FEMA Student Identification (SID) number to take the online exams.

**FEMA SID (Pre-Requisite):**
- A FEMA SID is required to register for and participate in any training provided by FEMA. The FEMA SID will serve as your unique identifier and will be used to maintain the record of FEMA training you attended.
- To register for the FEMA SID number please login at https://cdp.dhs.gov/femasid.

**Certificate Submission:**
- Certificates will be emailed to you within 1-2 business days upon passage of the online exams.

- Copies of certificates must be submitted to the **1) Planning Department** and the **2) Human Resources Department** to ensure compliance; and each employee should retain their own copies as well.

**Time Frame for Course Completion:**
New employees have two months from their date of hire to complete the ICS courses. Please be advised that failure to comply with this deadline may result in a negative performance rating from the employee's supervisor(s).

**Instructions on Accessing ICS Courses**:
1. Log on to www.training.fema.gov
2. Scroll down and click on *"Emergency Management Institute (EMI)"*
3. On the left, click on *"National Incident Management System (NIMS)"*
4. Click on the specific course needed: ICS-100, ICS-200, ICS-700, ICS-800
5. Click on *"Interactive Web Based Course,"* and proceed to take the lessons. Once completed, be sure to take the Final Exam.
6. Click on *"Take Final Exam Online"*
7. Enter your *"FEMA Student Identification (SID) Number"*
8. Enter your Last Name (Use the last name that you used when signing up for your SID)
9. Click on the box for: **"I agree that completion of this examination will be an individual effort."** Please note that test questions are scrambled to protect test integrity, therefore, downloadable tests and online may vary.
10. Click on "Continue"
11. On the last page of the exam please ensure that the following information is completely filled out:
    - Email address (either a GMHA or a personal email address)
    - Mailing address: Guam Memorial Hospital Authority, 850 Gov. Carlos Camacho Rd., Tamuning, GU 96913
    - Business Information: "S" for State Government

.
**For Further Assistance:**
- If you need copies of certificates, please email Independent.Study@fema.dhs.gov or call 301-447-1200.
- If you need help retrieving an SID number, please email femasidhelp@cdpemail.dhs.gov
- If you have any questions, please contact the Planning Department at 647-2221/2448.

## EQUAL EMPLOYMENT OPPORTUNITY; AMERICANS WITH DISABILITIES ACT; HOSPITAL-WIDE DRESS CODE; LANGUAGE IN THE WORKPLACE; SEXUAL HARASSMENT & BULLYING IN THE WORKPLACE
**[**For more information, please call the 1st floor EEO Office, 647-2218]

*1.* Policy of GMHA **–** The Guam Memorial Hospital Authority is an Equal Employment Opportunity employer. We comply with both local and Federal laws that prohibit discrimination on ***race, age, color, religion, sex, including sexual harassment and orientation, gender identity, transgender, physical/intellectual disability, marital status, veteran status, genetic information, political affiliation and retaliation.***

2. **Discrimination –** based on *race, age, color, religion, sex, including sexual harassment and orientation, gender identity, transgender, physical/intellectual disability, marital status, veteran status, genetic information, political affiliation and retaliation.*

**Steps for filing a Discrimination Complaint:**
- Days - Twenty (20) working days from the date of the incident or date of your personnel action.
- Written – State and clarify your *basis, who* and *relief*
- Counselor – Seek the assistance of a EEO Counselor or the EEO Officer

**Grievance –** Any complaint that is not a discrimination complaint i.e., unfair work schedule, co-worker/supervisor bullying, etc.
**Steps for filing a Grievance:**
- Days – 15 working days from the date of the incident
- Use chain of command  - Immediate supervisor  - department manager – division manager

3. **The Americans with Disabilities Act (ADA) of 1990 and The Americans with      Disabilities Act Amendments Act (ADAAA) of 2008:**
Law that extends federal and civil rights protection in areas such as education, transportation, communication, health services & access to public services for people with disabilities.

Definition:
- One who has a physical/intellectual impairment that substantially limits a major life activity;
- has a record of such an impairment; or
- is regarded has having such an impairment.

**ACCOMMODATION:**
If you have a disability that substantially limits a major life activity and in which prevents you from performing the essential functions of your job: *it is your responsibility to request for "reasonable accommodation."* Submit your request to your immediate supervisor.

**SERVICES FOR PEOPLE WITH DISABILITIES:**
- Sign Language Interpreters - DO NOT IGNORE DEAF PATIENTS. Look on
       your department's bulletin board for the list of American Sign Language
  Interpreters if you need one for a deaf patient.
- We also have "Cyracom." It's a video service that you can utilize to seek the
  assistance of an American Sign Language Interpreter or Foreign
       Language Interpreter. (Ask your nursing supervisor for the laptop.)
- Braille - We have documents in "Braille" for people who are blind. All
       documents are in Patient Registration.
- Service Animals – We do allow "Service Animals" (dog) in to our hospital. The
  only areas service animals are NOT ALLOWED in are: ICU, OR, L&D, and  NURSERY.
  **Please note:** Therapy dogs or comfort dogs ARE NOT service animals.

4. **Language In The Workplace:  GMHA has a Policy on "Language in the  Workplace."**
   - Official language of Guam established by public law are English and Chamorro.
   - Everyone are encouraged to speak English or Chamorro in work areas, hallways, lobby and while performing duties throughout the hospital.
   - You may speak your native tongue to patients or their families to facilitate the care of the patient.
   - May speak your native tongue in the lounge or rest room.
   - Give courtesy to those around you who do not understand your language.

5. **Hospital-Wide Dress Code: GMHA has a Policy on "Hospital-Wide Dress Code."**
   - Uniforms-nursing and clinical staff – Follow your department's uniform policy. All clinical staff must wear closed-toe shoes (closed all around.)
   - General Dress Code: neat, clean and appropriate for professional work. (Shorts, miniskirts, leggings, low cuts, bare backs, tank tops, etc. are not allowed.) Please see "Dress Code" policy.
   - ID Badges is part of your dress.
   - Penalty – If you come to work in substandard attire, you will be sent home.

## SEXUAL HARASSMENT

**Definition:**  Sexual Harassment is defined as "any *unwelcome* sexually oriented behavior, demand, comment, or physical contact initiated by any individual at the workplace, that is a term or condition of employment, a basis for employment decisions or that interferes with the employee's work or creates a hostile or offensive working environment."

The criteria for determining whether conduct of a sexual nature constitutes sexual harassment will include the following:
- submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment, or
- submission to or rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual, or
- such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment.

There are two (2) basic types of Sexual Harassment:
- ❑ **Quid pro quo** – meaning "this for that" and can be committed only by someone in the organizational structure who has the power to control the victim's job destiny.
- ❑ **Hostile Environment -** The second type of sexual harassment is called "hostile environment."  A supervisor, co-worker, or someone else with whom the victim comes into contact on the job creates an abusive work environment or interferes with the employee's work performance through words or deeds because of the victim's gender.

## Examples of Quid Pro Quo:

A supervisor or someone else with authority over the victim makes a demand:
- ➢ "Put out or get out."
- ➢ "Have sex with me and you can come and go as you please."
- ➢ "Come on a date with me and I'll promote you."
- ➢ "If you don't give me sex, work will be harder for you."

**A sexually hostile work environment can be created by:**
- ✓ Unnecessary touching
- ✓ Telling off-color jokes
- ✓ Using indecent gestures
- ✓ Discussing sexual activities
- ✓ Commenting on physical attributes
- ✓ Using crude and offensive language
- ✓ Using demeaning or inappropriate terms, such as "babe," "honey," "sweetheart."
- ✓ Staring at someone
- ✓ Whistling at someone
- ✓ Neck/shoulder massage
- ✓ Hugging, kissing, patting or stroking
- ✓ Constantly looking a person up & down
- ✓ Facial expressions: winking, kissing sounds, howling and smacking lips
- ✓ <u>Unwanted</u> letters, phone calls, text messages, face book comments, or materials of a sexual nature
- ✓ Touching or rubbing oneself sexually around another person

**Typical Forms of Sexual Harassment:**
1. Physical – Touching a person's clothing, hair or body; Massaging a person'sneck, shoulders, etc.; Brushing up against a person.
2. Verbal – Telling improper or indecent jokes; Asking for sexual favors; Commenting about one's sexual anatomy; Repeatedly asking a person out who is not interested.
3. Non-verbal – Wearing suggestive attire; Staring at one's sexual anatomy; Making Facial expressions such as winking, throwing kisses, or licking lips; Making sexual gestures with hand and/or body movement; derogatory text messages and/or face book messages or pictures.

**Facts about Sexual Harassment:**
1. The victim as well as the harasser may be a man or a woman. The victim does not have to be of the opposite sex.
2. The harasser can be the victim's supervisor, a supervisor in another area, a co-worker, a vendor or a non-employee (patient or visitor).
3. The victim does not have to be the person harassed, but could be anyone affected by the offensive conduct.
4. No one is barred from filing a claim of sexual harassment even after a relationship has gone sour.
5. The harasser's conduct must be **unwelcome.**

**How can you tell if conduct is unwelcome?**
Only **unwelcome** conduct can be sexual harassment. Consensual dating, joking and touching, for example, do not amount to harassment under Federal Law if they are not unwelcome or offensive to the persons involved.
- ➢ The clearest case is when an employee tells a potential harasser that his/her conduct is unwelcome and makes the employee uncomfortable.
- ➢ When an employee shakes his/her head "no" and walks away from the potential harasser, that employee has made his/her response clear.
- ➢ If the individual willingly participates, it may not be seen as unwelcome.

**Victim's Responsibilities:**
If you experience sexual harassment or witness it, you should:
1. Make your displeasure clearly and promptly known.
   - Tell the offender specifically what you find offensive or that his/her behavior is bothering you.

2. Report the problem to your supervisor.
3. If your supervisor is the harasser, report it to your Department Manager or to the Equal Employment Opportunity Officer.
4. Document it on the Safety Learning System (SLS).
5. Keep it confidential!

**Alleged Harasser's Responsibilities:**
If you are the person accused of sexual harassment, you have a duty to:
1. *STOP* the offensive behavior
2. Cooperate fully in the investigation
3. Not retaliate against the person who made the complaint
4. Keep it confidential
5. Avoid future situations where your words or deeds can be used as evidence of sexual harassment/discrimination.

**Manager/Supervisor's Responsibilities:**
If a sexual harassment complaint is brought to your attention, you should:
1. Investigate immediately
2. Take remedial action
3. Document on the Safety Learning System (SLS)
4. Keep it confidential
5. Maintain a harassment free workplace!

## BULLYING IN THE WORKPLACE

**Definition of workplace bullying:**
Bullying is usually seen as acts or verbal comments that could "mentally" hurt or isolate a person in the workplace. Sometimes, bullying can involve negative physical contact as well. Bullying usually involves repeated incidents or a pattern of behavior that is intended to intimidate, offend, degrade or humiliate a particular person or group of people. It has also been described as the assertion of power through aggression.

Here is the link to the online training: http://gmha.org/online-training/

While bullying is a form of aggression, the actions can be both obvious and subtle. It is important to note that the following is not a checklist, nor does it mention all forms of bullying. This list is included as a way of showing some of the ways bullying may happen in a workplace. Also remember that bullying is usually considered to be a pattern of behavior where one or more incidents will help show that bullying is taking place.

Examples include:
- Intimidating a person.
- Belittling a person's opinions.
- Spreading rumors, gossip or innuendo.
- Physically abusing or threatening abuse.
- Excluding or isolating someone socially.
- Unwarranted (or undeserved) punishment.
- Criticizing a person persistently or constantly.
- Underwork – creating a feeling of uselessness.
- Removing areas of responsibilities without cause.
- Falsely accused someone of errors not actually made.
- Blocking applications for training, leave or promotion.

- ☐ Undermining or deliberately impeding a person's work.
- ☐ Encouraged people to turn against the person being tormented.
(in a way that creates unnecessary pressure)
- ☐ Yelling, screaming, throwing tantrums in front of others to humiliate a person.

If you are not sure an action or statement could be considered bullying, you can use the "reasonable person" test. Would most people consider the action unacceptable?

**What can you do if you think you're being bullied:**
If you feel that you are being bullied, discriminated against, victimized or subjected to any form of harassment:

**DO:**
- ☐ Firmly tell the person that his or her behavior is not acceptable and ask them to **STOP!**
- ☐ If the behavior does not stop, talk to your supervisor.
- ☐ Report the harassment to the person identified in your workplace policy: Your supervisor, Human Resources or the Equal Employment Opportunity Officer. If your concerns are minimized, proceed to the next level of management.

**DO NOT:**
- ☐ DO NOT RETALIATE: You may end up looking like the perpetrator and will most certainly cause confusion for those responsible for evaluating and responding to the situation.

**What to do if you are experiencing persistent bullying:**
Refer to GMHA Administrative Policy No. A-LD 500 – Behaviors that Undermine a Culture of Safety.
- ☐ Report by activating Code 60
- ☐ Written reporting of the incident either to the immediate supervisor or SLS (Safety Learning System)

# CENTERS OF MEDICARE/MEDICAID SERVICES
(Compliance Office, 648-6711)

Have you ever wondered what the Medicare deduction was on your paycheck? Or ever ask yourself, "Why am I getting this deduction?". Well…Medicare is the national health insurance program provided to all US citizens who are either 65 years of age or older, have certain disabilities, or have End-Stage Renal Disease or ESRD. All working US citizens contribute to the Medicare program, which was initially started with the Social Security Administration, but is now administered by the Centers of Medicare/Medicaid Services (CMS).

Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is a federal and state program that helps with medical costs for some people with limited income and resources. This means it's paid for with public funds that are collected through income taxes.

CMS is a federal agency within the US Department of Health and Human services (HHS) that administers the Medicare program and works in partnership with the states governments to administer Medicaid. In addition to these programs, CMS also is responsible to administer the simplification standards from the Health Insurance Portability and Accountability Act (HIPAA),

quality standards in hospitals and long-term care facilities through its survey and certification process, and clinical laboratory quality standards under the Clinical Laboratory Improvement Amendments (CLIA).

Hospitals that choose to participate in Medicare and/or Medicaid are subject to federal surveys to assess compliance with the CMS Conditions of Participation (CoPs). Medicare conditions of participation, or CoPs, are federal regulations with which particular healthcare facilities must comply in order to participate – that is, receive funding from – the Medicare and Medicaid programs. Below are the CoPs that GMHA must comply with:

| Hospital | Long Term Care Facilities | EMTALA |
|---|---|---|
| • §482.1 Basis and Scope<br>• §482.2 Provision of Emergency Services by Nonparticipating Hospitals<br>• §482.11 Compliance with Federal, State and Local Laws<br>• §482.12 Governing Body<br>• §482.13 Patient's Rights<br>• §482.15 Emergency Preparedness<br>• §482.21 Quality Assessment and Performance Improvement Program<br>• §482.22 Medical staff<br>• §482.23 Nursing Services<br>• §482.24 Medical Record Services<br>• §482.25 Pharmaceutical Services<br>• §482.26 Radiologic Services<br>• §482.27 Laboratory Services<br>• §482.28 Food and Dietetic Services<br>• §482.30 Utilization Review<br>• §482.41 Physical Environment<br>• §482.42 Infection Prevention and Control and Antibiotic Stewardship Programs<br>• §482.43 Discharge Planning<br>• §482.45 Organ, Tissue and Eye Procurement<br>• §482.51 Surgical Services<br>• §482.52 Anesthesia Services | •§483.5 Definitions<br>•§483.10 Resident Rights<br>•§483.12 Freedom from Abuse, Neglect, and Exploitation<br>•§483.15 Admission Transfer and Discharge Rights<br>•§483.20 Resident Assessment<br>•§483.21 Comprehensive Person-Centered Care Plans<br>•§483.24 Quality of Life<br>•§483.25 Quality of Care<br>•§483.30 Physician Services<br>•§483.35 Nursing Services<br>•§483.40 Behavioral health services<br>•§483.45 Pharmacy Services<br>•§483.50 Laboratory Radiology and Other Diagnostic Services<br>•§483.55 Dental Services<br>•§483.60 Food and Nutrition Services<br>•§483.65 Specialized Rehabilitative Services<br>•§483.70 Administration<br>•§483.75 Quality Assurance and Performance Improvement<br>•§483.80 Infection Control<br>•§483.85 Compliance and Ethics Program<br>•§483.90 Physical Environment<br>•§483.95 Training Requirements | •§489.20 Basic Section 1866 Commitments Relevant to Section 1867 Responsibilities<br>•§489.24(j) Availability of On-Call physicians<br>•§489.24 Special Responsibilities of Medicare Hospitals in Emergency Cases<br>•§489.24(a) Applicability of Provisions of this Section<br>•§489.24(c) Use of Dedicated Emergency Department for Nonemergency Services<br>•§489.24(d) Necessary Stabilizing Treatment for Emergency Medical Conditions<br>•§489.24(e) Restricting Transfer Until the Individual Is Stabilized<br>•§489.24(f) Recipient Hospital Responsibilities |

**Survey Process:**

CMS conducts surveys for a variety of reasons:

1. Certification/recertification surveys for initial license,
2. Validation survey or following an immediate jeopardy citation;
3. Complaint/allegation investigation; or,
4. Self-reported event investigations.

Surveys are always unannounced: For Certification/recertification surveys, hospitals are surveyed every three to four years for their compliance with all of the CoPs. Long term care facilities, such as the Skilled Nursing Facility, are surveyed annually. On the periodic surveys, compliance with all of the acute, hospitals' CoPs are to be assessed. The CoPs address areas such as nursing services, infection control, medical staff requirements, emergency services, pharmaceutical services, physical plant safety and maintenance, etc.

Validation surveys or following an immediate jeopardy citation will occur within 23 days.

Focused surveys to investigate complaint/allegation or a self-reported event may occur at any time. In a survey done to investigate a complaint or a self-reported event, the areas assessed depend on the nature of the complaint/report.

**Surveyors:**
A "surveyor" is a person who investigates, evaluates, and/or makes official reports of situations and conditions in a health facility, and who determines the degree to which the facility meets specific criteria contained in regulations.

To perform the surveyor functions requires an appropriate background in the health professions or health administration, in addition to basic investigative skills. Therefore, one element in the standard is that the surveyor be qualified in one of the following professions:
- Hospital administrator;
- Industrial hygienist;
- Laboratory or medical technologist, bacteriologist, microbiologist, or chemist;
- Medical record librarian;
- Nurse;
- Nursing home administrator;
- Nutritionist;
- Pharmacist;
- Physical Therapist;
- Physician;
- Qualified Intellectual Disabilities Professional;
- Sanitarian;
- Social worker; or
- Any other professional category used within State merit systems for health professional positions, provided the State has determined the position classification skill level to be commensurate with any of the above professions.

This does not mean that the surveyor must belong to a professional organization or have prior work experience in the profession. It means that he/she must satisfy necessary requirements to be employed in one of these specialties by the State.

## Preparing for CMS survey success

The following strategies are recommended to help successfully prepare for a CMS survey whether it's for validation, complaint or a self-reported event:

1. **Use data wisely.** Take the data you've collected from incidents, complaints, infection surveillance, satisfaction surveys, performance measures, self-assessment worksheets and mock surveys, and analyze them for patterns and trends. But analysis isn't the endpoint — take action based on your data to improve performance and consistency.

2. **Learn from your mistakes and successes**. Make sure information flows up and down the organization chart. Report QAPI information to the governing body as well as to the staff. Rather than displaying charts showing statistics, consider using infographics (pictures) or actual patient stories about events and/or the number of lives saved. The most important part is to discuss quality and safety, not just post it. Help all staff members understand their role in providing safe, quality patient care.

3. **Don't accept mediocrity when it comes to patient care.** While operational perfection is difficult to achieve, you must constantly strive toward perfection. Tolerance of error breeds more errors. Hold all staff members accountable for their actions/interventions.

4. **Remember, practice makes perfect.** Use all of the tools at your disposal to help you prepare not just for a successful survey, but also for the best patient experience at GMHA.

Surveyors usually arrive early in the morning for unannounced surveys. You can plan on them conducting their on-site review anywhere between one and a half days to five full days. The GMHA Communications Center will announce the following overhead:

> *"Guam Memorial Hospital welcomes the Survey Team from The Centers of Medicare and Medicaid Services"*

At this point, you should access and complete your "Unit/Department Survey Readiness Checklist" which can be found in the Administrative Manual, policy A-LD600, Unannounced Survey Readiness Plan.

Here are some simple steps to follow to make the survey a smooth process:

1. **Report to the command post.** Track everything that is requested. Track where surveyors have been and any comments about their plans on where they are going next. Keep a copy of everything they request. Keep in mind, the surveyors can go anywhere they want, at any point in time.
2. **Fix the little things immediately.** Have your team fix the little things identified at the time the surveyors point them out. Then proactively survey your building to see if you have the same issues that can be fixed elsewhere.
3. **Keep it clean.** Cleanliness is paramount. Ensure your team is focused on keeping the building spotless. Keep all carts, boxes, etc. out of the hallways.
4. **Be transparent.** Everyone needs to be open and honest with the surveyors. They will be talking with staff and staff should feel comfortable be open and honest with the surveyors, knowing they will have full support with administration in doing so.
5. **Communicate frequently**. Provide frequent updates to your management team. This will alleviate worry and give your team of feeling of being in the loop.

A CMS survey is serious and stressful. That's why it is doubly important to remain calm, respond quickly and efficiently to the surveyors and perhaps most of all – trust your team. Truly, this is the time to rise to the occasion. The surveyors have a job to do, so despite your concerns over the survey, accept that it is happening and do everything you can to meet and/or exceed every request. This acquiescence to their needs will not go unnoticed.

## Quality Assessment & Performance Improvement (QAPI)

[Performance Improvement Coordinator, 648-6711]

| What is QAPI? | Why is QAPI important? |
|---|---|
| It is a data-driven, primarily proactive approach to improving the quality and safety of care and services. QAPI involves members at ALL levels of the hospital to:<br><br>• Identify opportunities for improvement<br>• Address gaps in systems or processes<br>• Develop and implement improvements<br>• Continuously monitor the interventions to ensure that improvements are sustained | It helps the hospital assess how it is doing, understand why its performance is the way it is, and promote implementation of changes for the better. QAPI is important:<br><br>• It is a regulatory requirement by the Centers for Medicare and Medicaid Services (CMS)<br>• It can be used to ensure the hospital:<br>  - Upholds national standards and best practice guidelines<br>  - Maintains safety of patients and healthcare workers<br>  - Provides quality and efficient health care |

| *Quality Assessment/ Assurance* | *Performance/ Process Improvement* |
|---|---|
| The systematic monitoring and evaluation of the hospital's services based on established criteria and standards for quality care.  The focus tends to be on **OUTCOMES** or the end results of the care and services the hospital provides. | Structured approaches to taking actions to improve outcomes based on the results of Quality Assessment/ Assurance monitoring, and the evaluation of the hospital's services.  The focus tends to be on making **IMPROVEMENTS** that will positively affect the outcomes. |

QA ⟷ PI

## How do we know that we are providing <u>quality</u> care and services?

*We know we are delivering quality when our care and services are:*

| SAFE | Avoid harm to patients from the care that is actually intended to help them |
|---|---|
| EFFECTIVE | Provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (or avoid underuse and misuse) |
| PATIENT-CENTERED | Provide care that is respectful of and responsive to individual patient preferences, needs and values while ensuring that patient values guide all clinical decisions |
| TIMELY | Reduce waits and sometimes harmful delays for both those who receive and those who give care |
| EFFICIENT | Avoid waste – this includes waste of equipment, supplies, ideas, time and energy |
| EQUITABLE | Care does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location and socioeconomic status |

## How do we <u>improve</u> our care and services?

*We use the hospital's Improvement Methodology – **The Model for Improvement***

| Ask: | • What are we trying to accomplish?<br>• How will we know that a change is an improvement?<br>• What change can we make that will result in improvement? | Model for Improvement |
|---|---|---|
| PLAN | Plan what you will do as a small test of change and ask:<br>• What do you expect to find?<br>• When will the change be done?<br>• Who will implement the change?<br>• Where will the change occur? | What are we trying to accomplish?<br><br>How will we know that a change is an improvement?<br><br>What change can we make that will result in improvement? |
| DO | Carry out the plan and document:<br>• What problems occurred during the change?<br>• What was observed?<br>• What were the results of the change being implemented? | Act  Plan |
| STUDY | Review and <u>ANALZYE</u> the data/ results:<br>• How does it compare to what you thought might happen?<br>• What did you learn from this change? | Study  Do |

| **ACT** | Act upon the results of the change:<br>• What other changes do you need to make next?<br>• When will you carry out the next PDSA cycle?<br>• If the change was successful – how will it be accepted or made permanent?<br>• Will you monitor further to ensure the change had a lasting effect? | |

# RISK MANAGEMENT

[By the Hospital Risk Management Program Officer, 648-6768]

**RISK MANAGEMENT IS STRUCTURED TO:**
Permit the identification of patient, visitor, employee and property risk exposures
To select and implement loss control measures that may reduce or prevent such exposures.
To continuously monitor the results achieved

**OBJECTIVES:**
Minimize the losses (claims) thereby maintaining the lowest possible liability protection cost while assuring compliance with statutory regulations.
 Provide a mechanism for systematic monitoring and evaluation of the delivery and   cost-efficiency of patient care and to provide a system for professional accountability.
To utilize appropriate risk management criteria for the identification of specific cases with potential risk in the clinical aspects of patient care and safety and evaluation of these cases.
Provide a methodology for the investigation and analysis of incidents from the "RL6-Safety Learning System", the hospital's electronic event reporting system, that may result in patient, employee or visitor injury and to develop measures to minimize their recurrence.
To educate hospital staff, thus reducing risk in both the clinical aspects of patient care and safety and organizational aspects of employee work and work relationships.
To assist the hospital to be in compliance with federal and state laws mandating reportable incidents to appropriate agencies.

**HOW DO I REPORT AN EVENT/OCCURRENCE/INCIDENT:**
All patient safety adverse events/occurrences/incidents are reported via the "**RL6-Safety Learning System**".
Risk Management Hotline 648-6763. Staff are strongly encouraged to use the SLS process whenever possible. See RISK MANAGEMENT ALERT NO: 2018-03 for details.
Refer to the GMHA Administrative Manual – Policy Number A-PS800

**CONFIDENTIALITY:**
Quality Improvement (QI) and Risk Management data is highly confidential.
Any patient information incorporated in this data must be managed and protected as per HIPAA regulations.

# PATIENT SAFETY [ Patient Safety, 648-6711 or Ext. 1132]

The concept of safety culture originated outside health care, in studies of high reliability organizations, organizations that consistently minimize adverse events despite carrying out intrinsically complex and hazardous work. High reliability organizations **maintain a commitment to safety at all levels**, from frontline providers to managers and executives. This commitment establishes a "**culture of safety**" that encompasses these key features:

- **acknowledgment of the high-risk nature of an organization's activities and the determination to achieve consistently safe operations**
- **a blame-free environment where individuals are able to report errors or near misses without fear of reprimand or punishment**
- **encouragement of collaboration across ranks and disciplines to seek solutions to patient safety problems**
- **organizational commitment of resources to address safety concerns**

High reliability organizations are organizations that operate in complex, high-hazard domains for extended periods without serious accidents or catastrophic failures. The concept of high reliability is attractive for health care, due to the complexity of operations and the risk of significant and even potentially catastrophic consequences when failures occur in health care.

High reliability organizations use **systems thinking** to evaluate and design for safety, but they are keenly aware that safety is an emergent, rather than a static, property. New threats to safety continuously emerge, uncertainty is endemic, and no two accidents are exactly alike. The systems approach takes the view that **most errors reflect predictable human failings in the context of poorly designed systems** (e.g., expected lapses in human vigilance in the face of long work hours or predictable mistakes on the part of relatively inexperienced personnel faced with cognitively complex situations). Rather than focusing corrective efforts on punishment or remediation, the systems approach seeks to **identify situations or factors likely to give rise to human error, and change the underlying systems of care in order to reduce the occurrence of errors or minimize their impact on patients**. The systems approach provides a framework for analysis of errors and efforts to improve safety. There are many specific techniques that can be used to analyze errors, including retrospective methods such as root cause analysis (or the more generic term systems analysis) and prospective methods such as failure modes effect analysis.

High reliability organizations work to create an environment in which potential problems are anticipated, detected early, and virtually always responded to early enough to prevent catastrophic consequences. This mindset is supported by five characteristic ways of thinking: preoccupation with failure; reluctance to simplify explanations for operations, successes, and failures; sensitivity to operations (situation awareness); deference to frontline expertise; and commitment to resilience.

Patient safety at the Guam Memorial Hospital is a responsibility shared by **EVERYONE**. When a risk (actual or potential) to patient safety is identified, or if an actual patient safety event has occurred, you are expected to *Speak Up and Report It*. Reporting should be to your **immediate supervisor** and by using the hospital's **Safety Learning System** available on computer desktops throughout the facility. The information reported is investigated by managers/directors to implement changes. Information about patient safety are also identified through chart reviews, patient complaints, claims data, tracers, (informal and formal) meetings with staff, etc. The data gathers helps show leadership the organization's problems and where to focus. From here, we drill down and examine causes and possible corrections to policy, procedure, workflow, staffing, funding, etc. Without your reporting, we do not have an accurate picture to paint for leadership to make decisions. Your reporting is critical to the ability of the hospital's ability to protect our patients from harm.

Examples of what to report:

| | |
|---|---|
| Adverse Drug Reactions | Lab/Specimen Events |
| Airway Management Events | Maternal/Childbirth Events |
| Blood Product Events | Medication/Fluid Events |
| Diagnosis/Treatment Events | Patient ID/Documentation/Consent Issues |
| Diagnostic Imaging Events | Professional Conduct Issues |
| Employee/Affiliate Events | Provision of Care Events |
| Equipment/Medical Device Failures | Restraints |
| Facility Issues | Safety/Security Events |
| Patient/Visitor Falls | Skin Tissue Events |
| Healthcare Information Technology Failures | Surgery/Procedure Events |
| Infection Events | Tube/Drain Issues |
| IV/Vascular Access Device Events | |

**All employees are required to complete the online Patient Safety Awareness Training that can be found online at http://gmha.org/wp-content/uploads/Online_Exams/ Patient_Safety/PSAW-Landing-Page.pdf. Training must be completed within the first month of hire.**

# HIPAA COMPLIANCE

**[By Medical Records Department, 647-2272]**

**\*The online HIPAA training needs to be completed.**
Go to www.gmha.org - Employee Portal -  Employee Online Training - HIPAA Training

**HIPAA** is the acronym for the **H**ealth **I**nsurance **P**ortability and  **A**ccountability **A**ct.  It is a federal law that was enacted in 1996.

Protected Health Information also known as **PHI** is any information that can be used to identify a patient that relates to the patient's physical or mental health or condition, including healthcare services provided and payment for those services.  PHI

The **HIPAA** Privacy Rule protects most "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or medium, whether   electronic, paper, or oral.

An employee, volunteer and the medical staff may **ONLY** access or disclose a patient's PHI when this access is part of their job duties.

**YOU ARE PERMITTED TO USE OR DISCLOSE PHI:** For Treatment,  Payment and Healthcare **O**perations (**TPO**), with authorization or agreement from the patient.

**AUTHORIZATION IS NOT REQUIRED:**
· For Public Health activities related to disease prevention or control.
· To report victims of abuse, neglect or domestic violence.
· Healthcare oversights activities such as audits, legal investigations, licensure or for certain law enforcement purposes.
· For coroners, medical examiners, funeral directors.
· To avert a serious threat to health and safety.

The use and/or disclosure of PHI is limited to the **minimum amount** of health information.

**PATIENT RIGHTS:**
· Receive a copy of GMHA'a Notice of Privacy Practices.
· Receive a copy of their healthcare records.
· Ask for corrections to their healthcare records
· Receive an accounting of when and whom their PHI is shared.
· Restrict how their PHI is used and shared
· Receive notice of breach of their unsecured PHI
· File a HIPAA complaint

**WHO NEEDS TO COMPLY WITH HIPAA?**
Any organization or person who works in or with the healthcare industry or who has access to protected health information: Healthcare Providers, Health Insurance Companies, Healthcare Clearing Houses, Business Associates (anyone who works with any of the 4 above)
GMHA is required to have administrative, technical and physical safeguards to protect the privacy of PHI.

- Protect PHI from accidental or intentional unauthorized use/disclosure in computer systems.
- Limit accidental disclosures (such as discussions in waiting rooms and hallways.
- Include practices such as encryption, document shredding, locking doors and file storage area, and use of passwords and codes for access.

**PENALTY FOR VIOLATING HIPAA**

There are civil and criminal penalties for violating HIPAA, you can be penalized in several ways:
- Lose your job
- Monetary Penalties
- Imprisoned

**GMHA has three (3) HIPAA Officers**:
  ➢ **Sera Rios, HIPAA   Privacy Officer**
  Acting, Medical Records Administrator,  Medical Records Dept,   Tel:  647-2272
  ➢ **Vince Quichocho, HIPAA Security Officer**
  Information Technology Administrator,   IT Department    Tel:  647-2207
  ➢ **Kyle Dallman, HIPAA Compliance Officer**
  Risk Management Program Coordinator , Risk Management office Tel:  648-1365

## EMPLOYEE HEALTH   [648-6765]

**SERVICES**

Pre-employment clearance, health clearance for volunteers, contractual workers, and students, monitoring of employee's TB Clearances and exposures, COVID-19 pandemic screening and testing,  illness reporting, immunizations, infectious exposures and monitoring, blood pressure screening and monitoring, work restrictions.

PPD (Tuberculin Skin Test), Chest X-ray (for +PPD), drug screening, medical evaluation form for respiratory fit testing, laboratory testing for HCV, Hep. B, immunization record and physical examination.

**Immunizations:** Tetanus, diphtheria, pertussis vaccine; MMR- measles, mumps, rubella vaccine; Hepatitis B Vaccine; Seasonal Influenza vaccine, Varicella Vaccine

**TB Screening**

PPD (TB Skin Test) or TB Questionnaire (for positive reactors) are due every 6 months for Nursing, Professional Support, Security, Patient Registration, etc…and annually/yearly for office workers. TB Exposures = employee is monitored at the time of knowledge of the exposure and 3 months after.

**Injury Reporting**

Report any injuries to your Supervisor. For major injuries, go directly to the Urgent Care/ Emergency room. Fill out an Injury Report through SLS reporting.  Fill out a Workman's compensation form -201, 101a and 101b signed by Supervisor and ER/UC physician and submit to Human Resources.

**Sharps/body fluid injuries**

Wash the affected area immediately. Report to your Supervisor or Charge Nurse, Go to Urgent Care/Emergency room for initial blood tests and treatment if necessary. Report to Employee Health for the Needlestick protocol. Follow-up blood tests for HIV, HCV & HBV

in 6 weeks, 3 months and 6 months

**Return to Work Clearance**

EHS Policy # 6202-10, returning to work after illness states that GMHA requires a medical certification of physical ability to return to work, if an employee is off work for 3 consecutive days due to illness.   Or…if an employee called in sick before or after weekend off or holiday. This is also based on personnel rules and regulations #6410-28

**Respirator Fit-Testing/N95 mask**

Healthcare personnel need to be fit tested annually. Employees who are not fit-tested should not enter patients' room that's on airborne isolation precaution.
Application of work restrictions for personnel infected with or exposed to major infectious disease in heatlhcare setting.

**Application of work restrictions**

Infection control policy #6201-38: If an employee contracts a serious infection that is potentially transmissible or are exposed to an illness that may spread, the hospital's responsibility to prevent the spread of infection to patients and other personnel may be require that this person be excluded from direct patient contact or be placed on work restrictions.

**Examples of work restrictions:**

Conjunctivitis – until discharge ceases
Diarrheal disease – until symptoms resolve
Hepatitis A – until 7 days after onset of jaundice
Active Tuberculosis – until proven non-infectious
Chickenpox (Varicella) – until all lesions are dry and crusted
Respiratory infection, acute fever – until acute symptoms resolve for more than 24 hours.


# Human Resources Department [647-2409]

The Human Resources Department is responsible for providing human resources management in the areas of recruitment, staffing, classification and pay, employee-management relations (i.e., employee discipline, grievances, etc.),  employee benefits such as annual and sick leave, leave sharing, FMLA, etc.

The Human Resources Orientation Handbook provides brief information on medical/ dental / life insurance; annual salary increments based on performance; leave information; workers compensation to name a few.  Most hospital employees are eligible to avail to the many benefits identified.  For more information on these benefits and other human resources-related matters, please contact the department at 647-2171/2409 or via email at human.resources@gmha.org.  Also, please pick up your HR booklet from the Human Resources Department.

## The REHABILITATIVE SERVICES DEPARTMENT at GMHA is made up of:

**Physical Therapy, Occupational Therapy, Speech Therapy, and Cardiac Rehabilitation**. These services are available at GMHA as inpatient and outpatient services.  Rehabilitative Services are also provided at the **GMHA Skilled Nursing Unit** for patients requiring extended periods of care before being discharged home, and **Recreational Therapy** is also provided there.

The goal of the Rehabilitative Services Department is to treat patients with various medical conditions, in order to improve their overall function and quality of life.

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### GOOD BODY MECHANICS IS IMPORTANT TO PREVENT INJURY

Hospital staff and healthcare workers must practice good body mechanics.  Everyday tasks such as repetitive lifting, prolonged standing or sitting, bending, twisting, reaching, pushing, and pulling could cause musculoskeletal injuries to the back, neck, arms, or legs.  You can protect yourself from injury by practicing **good body mechanics**.

**GOOD POSTURE** means maintaining a balanced spine.

*    The spine is made up of bones (vertebrae) and pads of cartilage (disks), arranged in 3 natural curves.

*    The neck (**cervical spine**) is curved to support your head.  The middle back (**thoracic spine**) curves to support the rib cage.

*    The lower back (**lumbar spine**) curves to balance your entire upper body.  The extra load     and mobility of the lumbar spine make it the most susceptible to injury.  The core muscle groups that support the lumbar spine are the abdominal, gluteal, and hip muscles.
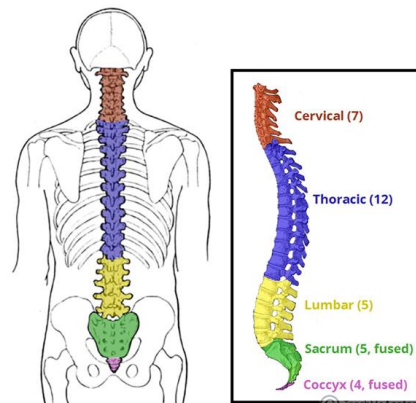
*Maintaining the 3 natural curves of the spine will help protect your disks, nerves, muscles, and vertebrae from injury.
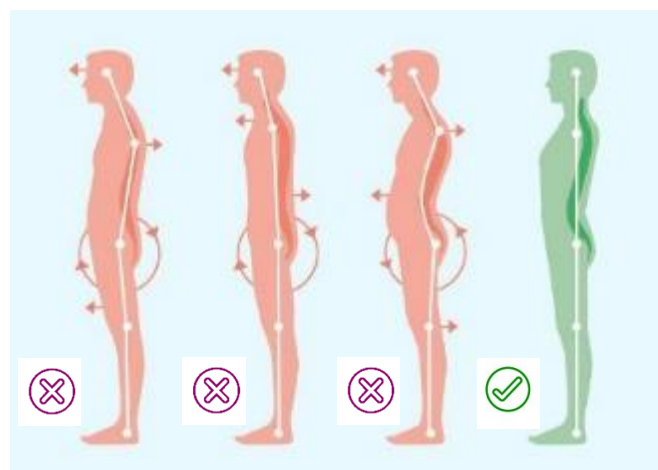
**GOOD BODY MECHANICS** means moving your body and performing tasks safely to avoid injury. Moving your body correctly is a skill that requires constant attention and can mean the difference between a fatigued or injured back and a healthy back.  Below are a few tips to help you use **good body mechanics**:

- **When bending or lifting, keep your knees** bent to make your legs work harder, reducing the stress on your back.
- **Hold loads close to your body** rather than away from your body.
- **Avoid twisting**, move your torso - from your shoulders to your hips and feet - as one solid unit.
- **Tighten core muscles** (abdominals, gluteal, hip) to help support your movements.
- Avoid quick, jerky movements.
- Never transfer patients when off balance, and **get help** for heavy patients or for lifting heavy objects.
- Use assistive devices such as a Hoyer Lift and transfer board for transferring heavy patients when needed.
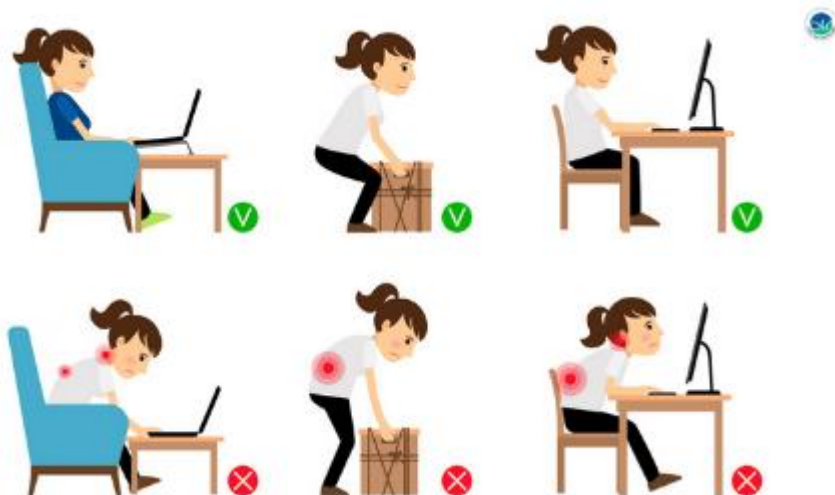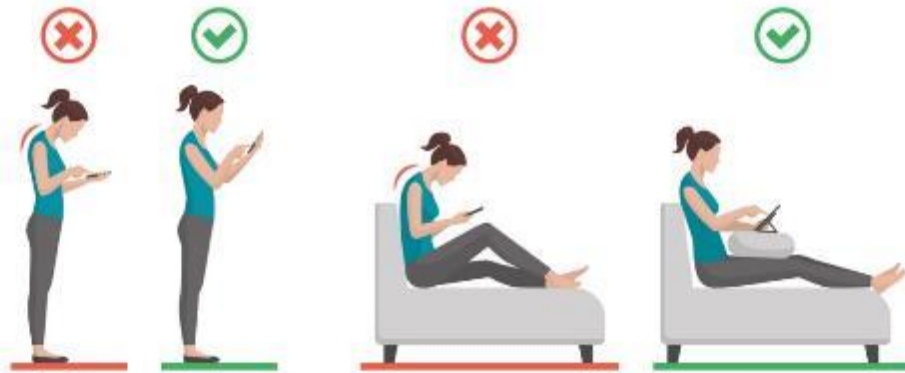
**CHECK YOUR BODY POSTURE**

BODY POSTURE IMPROVEMENT

WORKING

USING SMARTPHONES AND TABLETS

DOING PHYSICAL EXERCISE

Musculoskeletal injuries to health care workers are common due to excessive physical effort, bending, twisting, lifting, and repetitive motion.  According to the US Bureau of Labor and Statistics, in 2016, 27.7% of time off from work for registered nurses was due to **back**

**injuries**, and required a median recovery time of 7 days.  The majority of these injuries occurred with RN's working in the **hospital** setting.

Knowing safe practices in moving patients is especially important for injury prevention.  Here are some tips on moving patients safely.  Remember, it is better to wait for help than to risk injury to the patients or yourself.

### MOVING A PATIENT UP IN BED

- Use a draw-sheet and **two people** to assist.
- Put the head of the bed down and adjust bed height to waist or hip level of shorter person
- Be sure the wheels of the bed are **locked**.
- Be sure no catheters of other tubes are attached to the sheets.
- Grasp the draw-sheet, pointing one foot in the direction you're moving patient.
- Lean in the direction of the move, using your legs and body weight.
- Ask patient to cross their arms over their chest.
- On the **count of 3**, lift and pull the patient up.  Repeat as needed.  **Lift with your legs**.
- An overhead trapeze may be used by patient pulling to help.

# MOVING PATIENTS FROM BED TO STRETCHER

- Put the head of the bed down, be sure wheels of bed are locked and adjust the bed height to stretcher height.
- Instruct patient to cross their arms over their chest, on the **count of 3**, turn the patient onto their side, away from the stretcher.  Place a plastic sheet or plastic slide board between the sheet and draw-sheet, beneath one edge of the patient's torso.  Turn the patient back onto their back.
- Position the stretcher and lock wheels in place next to bed.
- On the **count of 3**, grasp the draw-sheet on both sides of the bed and slide the patient onto the stretcher.
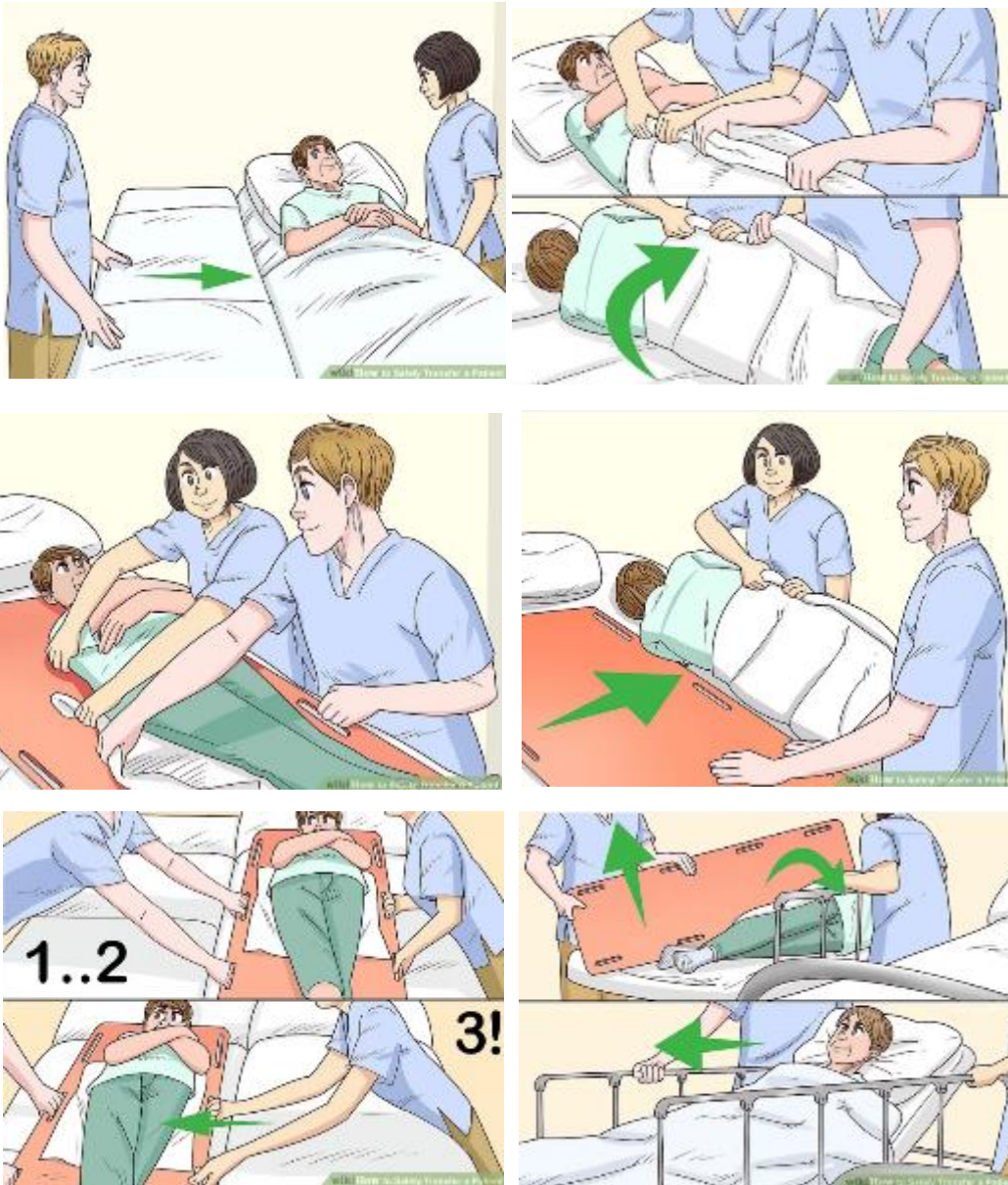
# MOVING PATIENTS FROM BED TO WHEELCHAIR

This transfer often requires the patient's help.  **Clear communication is essential**.  If the patient can't help much, you will need two people or a mechanical lifter such as a Hoyer lift or Stand assist device.   A transfer belt or transfer board can also be used to help move patients safely.

- Position and **lock the wheelchair** close to the bed.   Swing away both leg rests and you may also remove the armrest nearest to the bed.
- Help the patient turn onto their side, facing the wheelchair.
- Put an arm under the patient's neck, with your hand supporting the shoulder blade; put your other hand under the knees.
- Swing the patient's legs over the edge of the bed, helping the patient to sit up.
- Have patient scoot to the edge of the bed.  Pt. should wear shoes or non-skid socks.
- Put your arms around the patient's chest, clasp your hands behind his or her back, or have a firm handhold on transfer belt.
- Stand the patient up by leaning back, shifting your weight & lifting with your knees bent. You can support the leg farthest from the wheelchair between your legs if needed.
- Have the patient pivot toward the wheelchair, as you continue to clasp your hands around the patient or grasp the transfer belt.
- A **helper can support the wheelchair or patient from behind**.
- As the patient bends toward you, **bend your knees** and lower the patient into the back of the wheelchair.
- A helper may position the patient's buttocks and support the chair.
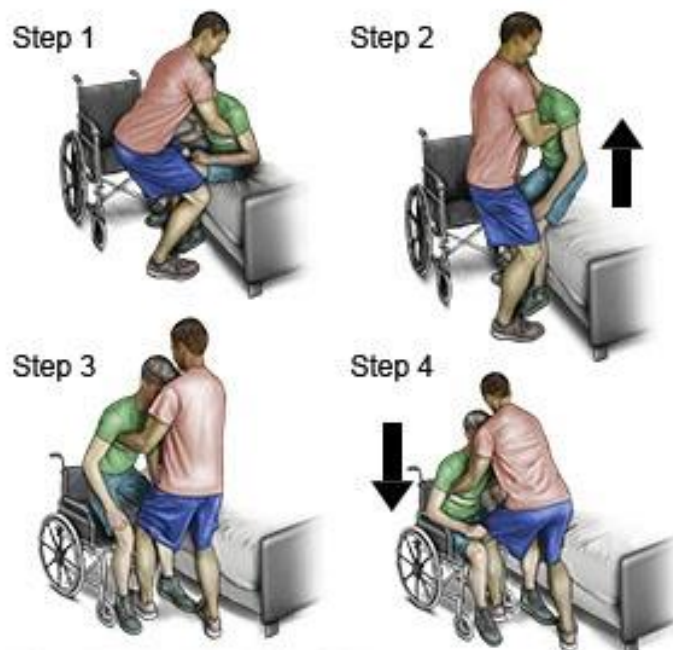
TRANSFER BOARD AND BELT
HOYER LIFT

STAND ASSIST DEVICE