New Hire Orientation
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Dear New Representative of McLaren:

McLaren Greater Lansing has a long-standing tradition of clinically excellent, cost-effective, compassionate health care. One trait all who work at McLaren share is a commitment to service.

At its core, McLaren is a service organization. We are committed to caring for and about those we serve—our neighbors, our friends, our families, and our community. While our services may number in the hundreds, the sole reason we are here at all is singular ... the patient.

Likewise, our practice is that every patient, every family member, at every encounter will remember their experience with us as the “best” it could be. That is my challenge to you: make McLaren memorable.

There is no greater calling than service to another and I commend you for putting another’s needs before your own. In so doing, you bring hope and healing to our community, and share your unique skills and talents on behalf of all we serve at McLaren.

Sincerely,

Thomas Mee, RN, MSN, MBA
President & CEO
McLaren Mission:
McLaren Health Care, through its subsidiaries, will be the best value in health care, as defined by quality outcomes and cost.

Our Mission:
To improve the health and well-being of the people of the mid-Michigan community.

Our Vision:
To be mid-Michigan’s health system of choice, committed to improving the health and well-being of the communities served, through accessible, affordable, and high quality care.

Core Values:
- Quality– A personal commitment to improve the quality of patient care services through education, training, and innovation.
- Service– A personal commitment to serve others through a spirit of “service leadership” offered to all who pass through our doors.
- Compassion– A personal expression of caring for the circumstances of others.
- Integrity– A personal commitment to earn the trust and respect of others as we do the right thing, at the right time, for the right reason.
- Stewardship– A personal responsibility to both McLaren Greater Lansing and the community we serve to meet the strategic and financial plans of our organization.
- Passion– A personal “vibrancy” for all we do in our pursuit of healthcare excellence.

Universal Competencies

Communication
- Communicate in a positive, consistent, enthusiastic, and open manner
- Build effective relationships
- Maintain confidentiality
- Demonstrate a caring respect for the dignity of all
- Communicate in a direct and timely manner
- Be willing to listen first to understand

Customer focus
- Be responsive to customer needs
- Support quality improvement activities
- Respect for patient and employee rights

Team Orientation
- Take initiative in working together
- Participate as a team member when asked
- Discuss issues with team input
- Participate in staff meetings, committees and educational activities
- Motivate and inspire team members
Service
• Understand and demonstrate our primary mission to serve
• Use resources in a cost effective manner
• Relate to diverse population
• Make sound decisions independently within scope of practice
• Build community in the workplace

Our Goals

Quality
• Patient safety

Growth
• Discharges
• ED Volume

Facilities
• Rollout master facility plan

Human Resources
• Strengthen recruitment and retention initiatives
• Implement diversity initiative

Customer Service
• Achieve JD powers award

Finance
• Build cash
• Achieve financial objectives

Community Relations
• Improve preference ratings

Medical Staff
• System of choice
• Reduce LOS
WELCOME TO MCLAREN GREATER LANSING.
AVAILABLE ON OUR WEBSITE: WWW.MCLAREN.ORG

McLaren Greater Lansing — where experience is the heart of the matter. We are a community-based teaching hospital, offering a full continuum of preventive, primary, acute, outpatient, home and extended care services. High-tech, high-touch patient care is our first priority.

Centers of Excellence: Heart care, cancer care, orthopedics and women and children’s services are particular specialties.

Volunteering: More than 800 volunteers serve in some 30 areas. And we’re still looking for more....

Healthy Services: Services that complement our centers of excellence.

Healthy Learning: Promoting pro-active opportunities to participate in your own health.

McLaren Foundation: A 501 c (3) organization that raises funds to support McLaren’s capital and service needs.

HERE ARE A FEW FACTS THAT MCLAREN CAN BE PROUD OF:

Nationally ranked for medical centers demonstrating superior performance and quality outcomes in cardiac care and orthopedics. McLaren rated among the top 10% in the nation for cardiac interventional procedures, and among the top 10 in Michigan for overall cardiac services. And, as a result of our orthopedists’ performance doing hundreds of hip replacements, knee replacements and back and neck surgeries each year, we’re rated among the top 5% in the nation for joint replacement and among the top 10% nationally for overall orthopedics.

As an affiliate of McLaren Health Care Corporation, our mission is to be mid-Michigan’s best value in health care. A caring spirit is a core value shared by McLaren’s 2,000+ staff, 800 volunteers, 700+ physicians, 40+ employed physicians, and pastoral care team of chaplains and volunteer chaplain assistants. Licensed for 389 acute care beds on two hospital campuses, and ambulatory care at more than 50 outpatient locations in mid-Michigan.

The 85,000 square-foot Women and Children’s Center, Greenlawn Campus, with single-room labor, delivery, recovery and post-partum (LDRP) birthing suites and rooms, pediatrics unit, and Breast Care Center. Deliveries at the Birthing Center exceed 1,800 births a year.

Mid-Michigan’s first Congestive Heart Failure Center.

More than 13,000 coronary bypass surgeries and 125,000 major heart and vascular procedures performed since 1966.
Second Michigan hospital to implement a dedicated endovascular operative suite for the treatment of complex vascular disease.

**McLaren's Breslin Cancer Center** is part of the Great Lakes Cancer Institute, a partnership that brings together significant research and clinical resources in cancer care of mid-Michigan cancer patients. The partnership also includes Michigan State University and McLaren Health Care Corporation.

McLaren participates in regional and national clinical trials in cardiology, oncology and orthopedics.

Located in the Christman’s Women and Children’s Building, the Great Lakes Cancer Institute’s multidisciplinary clinical oncology program participates in numerous national clinical trials, and collaborates with oncology Fellows and medical colleagues associated with Michigan State’s College of Osteopathic Medicine and College of Human Medicine.

The **Radiation Oncology Center** offers one of the world’s most advanced external radiation beam therapy and brachy therapy cancer treatment program is the result of a three-way partnership between Ingham, the University of Michigan and Michigan State University.

McLaren’s orthopedic surgeons have fixed more than 100,000 bones and joints over the past 40 years, and specialize in total joint replacement, back and spine, arthroscopic, and hand surgery.

The Pennsylvania Campus is now the site of the **McLaren Orthopedic Hospital**.

McLaren’s **Center for Sleep and Alertness** is a nationally accredited medical facility staffed by board certified physicians in sleep medicine and registered sleep technologists.

Behavioral Health Services includes a **Geropsychiatric Unit**, an **Outpatient Clinic** and an inpatient **Consultation Liaison Service**.

Multidisciplinary **Pain Management Center** diagnoses and treats a broad array of disease-related and chronic pain disorders.

Continuum of care offered through **Visiting Nurse Services of Michigan, Private Care**, and **Hospice Care**, all affiliates of McLaren Home Care, Inc.

**McLaren Regional Assisted Living** offers a special combination of housing, personalized services and health care designed to meet the needs of today's aging seniors.

**Wound Care Center** features a short-term, aggressive outpatient wound management program that offers a comprehensive, interdisciplinary approach to wound care.

**MCLAREN HEALTH CARE**

**AFFILIATIONS/ACCREDITATIONS**

McLaren Health Care is mid-Michigan’s leading health care system. The corporation delivers a full continuum of health care services, including preventative, primary, acute, outpatient, home and extended care services. McLaren’s expanding network of hospitals, health care subsidiaries, and community ambulatory care centers are strategically positioned to deliver the highest quality care from the prenatal level through specialized extended care services. McLaren Health Care was named in **Modern Healthcare** as number 15 of the Top 100 Integrated Health Care Systems in America.

**CORPORATE SUBSIDIARIES INCLUDE:**

McLaren Bay Region, a 441-bed community hospital, Bay City MI
McLaren Bay Special Care, acute, long-term care hospital, Bay City MI
**McLaren Central Michigan**, a 118 bed acute care hospital, Mt. Pleasant MI
McLaren Flint, a 378-bed tertiary, teaching facility, Flint, MI
**McLaren Greater Lansing**, a 389-bed two-campus tertiary teaching hospital, Lansing, MI
- McLaren Orthopedic Hospital, Lansing MI
**McLaren Lapeer Region**, a 222-bed community hospital, Lapeer Michigan
McLaren Macomb, a 288-bed Acute Care Hospital, Mt. Clemens MI
**McLaren Northern Michigan**, 202-bed, Petoskey, MI
McLaren Oakland Michigan, 328-bed in-patient hospital, Pontiac MI
**McLaren Port Huron**, 186-bed hospital, Port Huron MI
Karmanos Cancer Institute
Detroit- Karmanos Cancer Center
Farmington Hills- Lawrence and Idell Weisberg Cancer Treatment Center

McLaren Extended Care, which operates a 167-bed Kith Haven Nursing Home

McLaren Foundation, the corporation’s fundraising arm

McLaren Health Plan, a Health Maintenance Organization (HMO) licensed by the State of Michigan. Commenced operations in 1998, caring for Medicaid Managed Care recipients. Currently operating in the counties of Bay, Clinton, Eaton, Genesee, Gratiot, Ingham, Lapeer, Oscoda, Ogemaw, Shiawassee, and Saginaw. In December 1999 pursued accreditation through the National Committee for Quality Assurance (NCQA) and received one of the highest scores ever given a new health plan. The provider network has over a thousand doctors and ancillary services/facilities contracted to provide services to members, including ten hospitals.

Health Advantage, subsidiary of McLaren Health Plan and is a licensed Third Party Administrator (TPA) developed to provide commercial PPO coverage to employers in the mid-Michigan market. Vast provider network, encompassing over 1,500 physicians in the mid-Michigan market and continually expanding. Access to over 900,000 physicians, hospitals and ancillary providers throughout the nation. Proven administrative efficiencies at a cost well below competitors.

McLaren Home Care, which manages all home care divisions of McLaren Health Care.

McLaren Medical Group, which manages the corporation’s ambulatory network of more than 90 facilities serving a 12-county region.

McLaren Health Care Corporation employs 9,500 people and has more than 1,300 physicians on the medical staffs of its hospital subsidiaries. Annual revenues for the corporation are $1 billion.

The corporation’s Centers of Excellence include:
• Heart and Vascular Center
• Cancer Services
• Emergency Services
• Kidney Services
• Behavioral Health Services
• Ortho/Neuro/Rehab Services

McLaren Health Care is committed to community benefit, and is a leader in the provision of programs that enhance the health and quality of life of area residents.

Among these services are:
• Child evaluation Clinic that assesses suspected victims of child sexual abuse
• Nourishing Our Neighbors, a program that recycles unopened food items from the hospital to people in need
• Annual Breast Cancer Awareness Month (October) program that is conducted community-wide in partnership with many organizations and individuals

Accreditation’s:
• American Osteopathic Association
• Commission on Accreditation of Rehabilitation Facilities (CARF)

INTEGRATED CARE NETWORK

NETWORK OF SERVICES

McLaren’s integrated care network includes the following services:

Surgery Services
2727 S. Pennsylvania Ave. and 401 W. Greenlawn Ave.
Lansing, MI 48910
(517) 975-3182 (Penn) or (517) 975-7295 (GRN)
Two locations with 18 operating rooms providing a wide array of surgical services include (but are not limited to) the
following surgical specialties: Orthopedics, General, ENT (otorhinolaryngology), Gynecological, Vascular/Thoracic, Ophthalmology, Podiatry, Plastic, Pain, Urology, and Neurosurgery.

**Breast Care Center**  
401 W. Greenlawn Ave. (Women and Children’s Center, Ground Floor)  
Lansing, MI 48910  
(517) 975-6425  
(Providing a wide array of services to meet every woman’s breast health needs, with a highly individualized approach for a satisfying and clinically sound experience. Services provided by physicians, clinicians, and breast health experts include: clinical breast exams, state-of-the-art mammograms and ultrasound, stereotactic breast biopsy, ultrasound-guided core biopsy, fine needle aspiration, breast biopsy, breast surgical clinic.

**Breslin Cancer Center**  
401 W. Greenlawn Ave.  
Lansing, MI 48910  
(517) 975-9500  
Offering a broad range of inpatient and outpatient medical oncology services and treatment options; including, clinical trials, diagnostics, education, rehabilitation and cancer support services.

**Chi Medical Library**  
The John W. Chi Memorial Medical Library, a mid-Michigan consumer health and clinical education resource, is located at McLaren’s Greenlawn Campus. The clinical collection includes more than 10,000 books, 1,000 journal titles, 1,000 audiovisuals and 100 CD-ROMs covering various specialties. The Consumer Health Collection includes more than 900 titles, 1,000 pamphlets, 100 videotapes, including the Time-Life video series featuring Dr. C. Everett Koop and The Learning Channel’s video series “The Operation”.

The special CANCER HELP Library has more than 100 volumes, videotapes, pamphlets and audiocassettes, including touch screen CANCER HELP computer. Literature searches are conducted for the general public and staff. A nominal fee is charged to consumers for literature searches.

The library has reading areas, multimedia computer workstations, and Internet-connected computer workstations. The library is open 8:00 a.m.- 4:30 p.m., Monday - Friday, and is open to the general public, but clients should call first on availability of specific services. To get in touch, call (517) 975-6075, or send an e-mail to JohnChiLibrary@mclaren.org.

Who was John Chi?  
John W. Chi was the son of Drs. Seong and Kiwhan Oh Chi. Dr. Seong Chi performed the first open heart surgery at McLaren in 1966. With parents as doctors, John spent much of his life in the shadow of McLaren Greater Lansing, distinguishing himself as a scholar and athlete. The dedication plaque at the library entrance reads; “His eloquence was in his living and giving of himself to others.” John Chi was 20 when he died in an automobile accident in 1976. The library was dedicated as the John W. Chi Memorial Medical Library on September 10, 1976.

**Congestive Heart Failure Center**  
401 W. Greenlawn Ave.  
Lansing, MI 48910  
(517) 975-2221  
Hospital-based outpatient center for CHF patients. Provides intravenous infusion and gradual medication dosing over a four-week period, diet and exercise counseling, and patient support. Physician referral requested. CHF Support Group and quarterly newsletter provided.

**Diabetes Self-Management Education Program**  
2727 S. Pennsylvania Ave.  
Lansing, MI 48910  
(517) 975-2270  
The program educates those with diabetes on strategies to achieve an optimal quality of life. Classes are held twice each month, Monday through Thursday. Day classes are 9-11:30 a.m. and evening classes are 6-8 p.m. Sessions address blood glucose control, how to prevent short- and long-term complications, meal planning, and personal health habits. Check with your insurer to see if diabetic education is a covered benefit. For more information, call the number listed above.

**Eaton Rapids Medical Center**  
McLaren Greater Lansing and Eaton Rapids Medical Center launched a partnership effective April 2, 2002 when the two health care institutions finalized an affiliation agreement.

Historically, the two medical centers have found common ground in various patient-focused initiatives; the affiliation
agreement formalizes that longstanding partnership, while also creating the potential for continued growth and enhancement of patient-focused services and programs in both communities. As in other such collaborative agreements, some economies of scale will likely result with the bolstered purchasing power of the now-linked organizations. Among the organizations’ goals: (1) to ensure continuity of high quality patient care services, (2) to improve access to a full range of health care services for Eaton County residents, (3) to sustain the mission, vision and values embraced by each medical center, (4) to improve efficiencies and reduce costs whenever possible but not at the expense of quality, and (5) to sustain each organization’s commitment to their respective communities.

**Frandor Physical Therapy**
3315 E. Michigan Ave.
Lansing, MI 48912
(517) 351-1626
Providing physical therapy to orthopedic patients, with special interest in patients with back injuries. Licensed physical therapists and assistants provide all care. Requires a physician referral.

**Geropsychiatric Evaluation and Management Services (G.E.M.S.)**
2727 S. Pennsylvania Ave.
Lansing, MI 48910
(517) 975-3200
The GEMS inpatient units provides clinically excellent short-term inpatient care with the focus on diagnosing and treating acute emotional, cognitive, and behavioral consequences of mental disorders in individuals, 60 years and older. GEMS uses a multidisciplinary approach to diagnosis and treatment for optimum treatment, which can include group, individual, recreational and behavioral therapies, as well as medication management and rehabilitation services.

**Hemodialysis Center**
405 W. Greenlawn (Professional Building, 5th Floor)
Lansing, MI 48910
The Center serves more than 150 dialysis patients with compromised immune systems or impaired renal (kidney) function from a number of complications, including high blood pressure, diabetes, and congestive heart failure, each month. Requires a physician referral.

**VNS of Michigan, Private Care and Hospice**
(an affiliate of McLaren Home Care, Inc.)
825 E. Michigan Ave.
Lansing, MI 48912
Care for home health and hospice needs of area residents, ranging from newborns to seniors and the terminally ill. Registered nurses, home health aides, physical, occupational and speech therapists, medical social workers, diettian, and volunteers assist in providing care. Bilingual language services available.

**General Infusion Center**
2727 S Pennsylvania
Lansing, MI 48910
(517) 975-2220
Hospital-based outpatient general infusion center for the administration of blood products, antibiotic therapy and other non-chemotherapeutic agents. Physician referral required.

**McLaren Medical Supplies**
(an affiliate of McLaren Home Care, Inc.)
6250 S. Cedar
Lansing, MI 48911
(517) 346-4777
Provides medical equipment, oxygen, and home medical supplies. Spacious facility, full staffed by respiratory therapists, certified orthotics fitters, glucose monitor instructors, and service technicians.

**McLaren Regional Assisted Living**
(www.inghamal.org)

**McLaren Regional Outpatient Pharmacy**
405 W. Greenlawn Ave. (Professional Building, 1st Floor)
Lansing, MI 48910
(517) 975-6675
Or
McLaren Regional Orthopedic Hospital
2727 S. Pennsylvania Ave (1st floor)
Lansing, MI 48910
(517) 975-2290
Outpatient pharmacy open 9 a.m.— 5 p.m., Monday-Friday. Offers 10% discount to seniors on prescriptions and over-the-counter services. Call-ahead service available for prescription pick-up and refills.

**Laboratory Services**
401 W. Greenlawn Ave.
Lansing, MI 48910
(517) 975-7000
McLaren’s Laboratory Services Department offers a wide range of diagnostic testing services. These include tests for microbiology, hematology, blood chemistry, immunology, toxicology, coagulation, anatomic pathology, and cytopathology. Most involve a phlebotomist taking blood sample for analysis.

The lab also offers therapeutic phlebotomy (for removal of excess blood for treatment of hemachromatosis and polycythemia, or too many red blood cells. The Center also provides transfusion services, and therapeutic pheresis (where there is selective removal of blood components to treat a variety of illnesses). Lab services require a physician’s prescription. The lab is open 24 hours per day, with services provided on a first-come, first-served basis.

**Lung Institute**
405 W. Greenlawn Ave.
Lansing, MI 48910
(517) 975-8627
Diagnostic testing and treatment of pulmonary disease and sleep disorders come under the auspices of the Lung Institute. The clinical team includes medical professionals, respiratory therapists, sleep technologists, and other clinical personnel. Common pulmonary disease include asthma, emphysema, chronic obstructive pulmonary disease (COPD), bronchitis, and more than 80 different sleep disorders. Sleep studies are conducted in a new 10-bed state-of-the-art center located at the Pennsylvania campus. Requires a doctor’s prescription. Three physicians board-certified in sleep medicine oversee the Sleep/Wake Center. Outpatient pulmonary rehabilitation is provided at 401 W. Greenlawn Ave. in the Meerman Center. Requires a doctor’s prescription. McLaren’s original focus was as a chest hospital; today, The Lung Institute’s team approach provides comprehensive care, from initial evaluation through home care services. The goal is to restore individuals to their highest functional capacity through a variety of treatment approaches.

**Pulmonary Rehabilitation Program**
401 W. Greenlawn Ave. (Meerman Education Center)
Lansing, MI 48910
(517) 975-6400
Assists individuals with compromised pulmonary function to improve their quality of life through structured outpatient education, exercise and respiratory fitness program. Serves patients with lung diseases, including emphysema, asthma, bronchitis, chronic obstructive pulmonary disease, and controlled pulmonary hypertension. Requires physician referral.

**Radiation Oncology Center**
401 W. Greenlawn Ave.
Lansing, MI 48910
(517) 975-7800
The Center is a product of a three-way partnership between Ingham, the University of Michigan and Michigan State University. The partnership brings the most advanced external beam radiation treatment and three-dimension planning systems from the University of Michigan. The Center also offers interstitial brachytherapy as a treatment option, for patients with certain localized cancers.

**R.E. Olds Anderson Cardiac Rehabilitation Center**
401 W. Greenlawn Ave.
Lansing, MI 48910
(517) 975-7050
Full range of inpatient and outpatient cardiac rehabilitation services for patients with known heart disease that focus on improving exercise tolerance, physical conditioning and risk factor modification through a prescribed program of exercise and education.
Rebound Hand Clinic & Rebound Rehab
3394 E. Jolly Rd.
Lansing, MI  48910
(517) 372-6291
Rehabilitation unit for individuals dealing with chronic or traumatic hand injuries. Goal is to restore function and mobility to highest possible level. Requires physician referral.

Provides physical and occupational therapy for injured workers and general orthopedic patients. Goal is to maximize patient outcomes, decrease the number of lost work days, and return or improve a client’s previous functional ability. Requires physician referral.

Center for Sleep and Alertness
2727 S. Pennsylvania Ave.
Lansing, MI  48910
(517) 975-3375
Nationally accredited and recognized medical facility staffed by physicians board certified in sleep medicine and registered sleep technologists. All are experienced at diagnosing and treating the more than 80 types of disorders. Requires physician referral.

Sports Medicine / Physical Therapy Center
3315 E. Michigan Ave.
Lansing, MI  48912
(517) 351-7815
Comprehensive physician-directed program that help patients recover from musculoskeletal trauma and athletic injuries. Licensed physical therapists and certified athletic trainers tailor treatment plans to the individual, based on physician prescription. Other services include: athletic trainers for area high schools, medical coverage for area sports events, injury prevention line and Saturday Sports Injury Clinic, fitness evaluations, nationally recognized program in Sports and Rehabilitation Medicine.

Work Improvement Rehabilitation Program (WIRC)
3315 E. Michigan Ave., Ste. 2
Lansing, MI  48912
(517) 351-7334
Provides objective evaluation on an injured or disabled individual's physical capabilities to return to work. Establishes and develops physical work tolerances and assesses employment feasibility. Other services include work hardening, functional and work capacity evaluations, job site analysis and evaluations, job coaching and clinical education.

Wound Care Center
2316 Cedar St. (Professional Building)
Lansing, MI  48910
(517) 975-9800
A dedicated medical team that offers a short-term, aggressive outpatient wound management program delivering a comprehensive, interdisciplinary approach to wound care for all wounds including:
- Burns
- Bites
- Ulcers
- Weeping extremities
- Non-healing surgical wounds
- Chronic wounds
Diversity

When we talk about diversity we talk about differences between people. We are all different, but view some things more differently than others. For example, a brother and sister have a lot of the same memories and because they have been raised together, have many identical opinions and beliefs about things. That makes them similar. However, one is a man, the other a woman and in that regard they are very different. This difference has given them different experiences throughout their lives and these different experiences have helped shape them differently. They are different, feel different and believe to be different.

Some of the factors that influence our differences are: age, religion, language, weight, color, height, technical vs. non-technical, white collar, blue collar, education, divorces, single, married, non-smoker, smoker, non-Michigander, Michigander, sexual preference.

Diversity is not defined only by race or gender. It extends to all biological and acquired differences (culture).

Points to remember

• All persons entering our hospital regardless of race, ethnicity or other diversity aspect, deserves to receive fair and quality treatment.

• You will come in contact with people very different from you.

• Know your resources.

• Listen deeply and be sensitive to the needs of others.

Cultural Competence

As our patient population is becoming more diverse, it is becoming more important to provide culturally and linguistically appropriate services that lead to improved outcomes, efficiency, and satisfaction. Health care organizations are encouraged to ensure that patients receive understandable and respectful care that is compatible with their cultural health beliefs, practices, and preferred language. The objective is to ensure that all persons entering the health care system, regardless of race, ethnicity or other diversity aspects, receive fair, and quality treatment. This includes offering and providing language assistance services, both verbal and written through patient-related materials and posted signs, as well as providing culturally competent care.

Some things to consider:

• Views about health and healthcare
• Family and community relationships
• Language and communication styles
• Ties to another country or part of the US
• Food preferences
• Religion
• Views about death

“Diversity is valuable because it leads to having access to a more broad spectrum of human potential.”

Resources:

Human Resources:
517-975-6700

For assistance with Translation:
Call Nursing:
517-975-6255
After hours contact the nursing supervisor (through the operator or by paging (517-794-5300)
Translation Services

Translation services are mandated by the government. Our resources in place are to help you. If you find yourself in need of translation services, your primary resource is your supervisor.

Interpreter Services

MGL subscribes to a Hearing Impaired and Foreign Language interpretation service. We recommend staff to use this service when translation is required. To get connected, talk to your supervisor or call Patient Services: 975-6255, or the Nursing Supervisor after hours.

Many staff people are proficient in other languages and are on a volunteer translator list to help. The nursing supervisor can help you identify how to access them.

We discourage the use of family members as translators. Family members used as interpreters may be unable to assist health care providers:

- Because of role conflicts or lack of medical vocabulary
- They may base their messages to both patient and provider on their own perception of the situation
- They may withhold vital information because it may embarrass their family

Did you Know?

- The face of the nation is changing. By 2050, nearly half of the U.S. population will be composed of members of ethnic and racial minorities.
- The 2000 census results indicate that one out of every 10 Americans is now foreign born.
- Over 8,000 refugees from 30 countries live in the Greater Lansing area, and an additional 3,000 live in outlying counties (Lansing is one of the largest ports of entry for refugees).
- Current research and literature point to overwhelming disparities in health status of minorities when compared to whites. Minorities have higher prevalence and mortality rates of diseases like cancer, diabetes and cardiovascular diseases.

Suggestions for Healthcare Professionals

- If there is a language barrier, assume confusion; watch for tangible signs of understanding, such as taking out a driver’s license or social security card to get a required number
- Take your cue from the other person regarding formality, distance, and touch
- Question your assumptions about the other person’s behavior; expressions & gestures may not mean what you think; consider what a particular behavior may mean form the other person’s point of view
- Explain the reasons for all information you request or directions you give; also acknowledge any cultural differences that may present challenges or difficulties
- Pay attention to body language, facial expressions & other behavioral cues; much information may be found in what is not said
- Avoid yes/no questions; ask open ended questions or ones that give multiple choices; remember that a nod or yes may mean: "Yes, I heard" rather than "Yes, I understand" or "Yes, I agree"
- Consider that smiles & laughter may indicate discomfort or embarrassment; investigate to identify what is causing the difficulty or confusion
- Make formal introductions using titles (Mr., Mrs., Ms., Dr.) & surnames; let the individual take the lead in getting more familiar
- Use a soft, gentle tone and maintain an even temperament
- Spend time cultivating relationships by getting to know patients & coworkers & by establishing comfort before jumping into the task at hand
- Be open to including patients’ family members in discussions & meetings with patients
- Consider the best way to show respect, perhaps by addressing the “head” of the family or group first
- Use pictures & diagrams where appropriate; for example give maps for directions or show a picture of a social security card or driver’s license
- Pay attention to subtle cues that may tell you an individual's dignity has been wounded
- A response such as “Maybe” or “That would be difficult” is probably a polite no
- Avoiding yes/no questions by phrasing the inquiry as a multiple choice question is one way around this impasse. For example, you might ask, “Which of these medications have you taken?” rather than “Did you take this one?”
What Influences Us...

It is human nature to try to make sense of differences people observe in one another. It is natural to try to generalize and put things in categories or groups. Our human intellect has taught us that these shortcuts can be helpful.

When we form opinions about people and groups of people, we will also form a judgment, a judgment that can lead to biases, attitudes, assumptions, stereotypes, and prejudices. For example, if your experience in dealing with blonde people is that they are not very smart, then your conclusion could be that all blondes are dumb. Such a conclusion could be wrong and influence your behavior toward blonde people negatively.

MGL asks staff to have an open mind when we meet someone who is different from us, and that we honestly attempt to understand that other person and learn from him/her. Keep in mind that none of us are free of biases.

“Don't judge a man until you have walked a mile in his moccasins”
Native American Indian Saying

“The foundation of cultural competence is based on respect, trust, compassion and caring about all people.
Listen deeply and be sensitive to the needs of others.”

Each unit has a “Culture & Nursing Care: A pocket Guide”
Please use it as a resource in providing culturally sensitive care. Remember cultural and diversity issues can exist even if there are no language barriers.
Case Study

A Hmong man comes into the hospital during the night. He is acutely ill and speaks very little English. The hospital staff pages the Hmong interpreter. The interpreter does not respond as quickly as the staff wishes, so they begin to look for another interpreter.

In desperation, they pull-up patient names on the computer to locate another Hmong patient who can help. They find another Hmong patient on a unit and call the unit to see if there is an English speaking relative who can help out.

The hospital staff asks the unit staff to wake the Hmong patient’s spouse and ask him to come down to interpret. When the unit staff questions this request, they are told that, “the man would obviously want his family member to have an interpreter, so it is perfectly reasonable to ask him to help out.” The unit staff reluctantly wakes the man who graciously consents to help.

Everyday, the patient has lots of visitors. He is not progressing according to plan. The visitors are his immediate family and they speak in their native language. When the family practices their traditional healing, the nurses get together and make snide remarks about “hocus pocus” and “they’ll probably be killing a chicken in there soon”. The staff is very uncomfortable with this situation.

1. What is your assessment of this situation?

2. What things can the hospital do to insure that language differences are handled properly?

3. What steps could the hospital take to ensure that everyone’s cultural and religious practices are valued?

Interactions and Sharing of Information

Although language differences are often cited as the main source of obstacles to multicultural settings, there is much more to communication than language. Variations in cultural “software” are often at the heart of the misunderstanding, frustration, & miscommunication that occurs when people from different backgrounds come together.

Directness

“Spit it out” and “Say what’s on your mind” are popular American expressions of the value of getting to the point. In languages that depend on subtle contextual cues and that leave it to the listener to infer meaning, as would be the preference in Arabic or Japanese, information is implied rather than stated.

Distance

American culture generally expects people to stand about an arm’s length apart when talking in a business situation. Any closer is reserved for more intimate contact or seen as aggression. In the Middle East, however, it is normal for people to stand close enough to feel each other’s breath on their faces. Hispanics typically favor closer proximity than do non-Hispanic whites.

Touch

To touch or not to touch is only part of the question. Cultures also have different rules about who can be touched & where. A handshake is generally accepted as a standard greeting in business, yet the kind of handshake differs. In North America, it is a hearty grasp; in Mexico it is often a softer hold, and in Asia a soft handshake with the second hand brought up under the first is a sign of friendship & warmth.

Facial Expressions-Body Language-Tone of Voice

All play a much greater role in cultures where people prefer indirect communication & talking around the issue. For example, rather than pointing out that part of a form has missing or incorrect information, indirect communicators might praise the sections that were correctly completed, implying that the incomplete section is a problem. Use gestures with care, as they can have negative meanings in other cultures.
Section 4
Harassment

Policy

Human Resources Policies 300-3.5 and 300-3.2 address Harassment.

Harassment is a form of discrimination and is defined as unwelcome conduct, whether verbal, physical, or visual, that is based upon a person’s protected status, such as sex, color, race, ancestry, religion, national origin, age disability, veteran status, citizenship status, or other protected group status as set forth by federal, state, or local law.

Harassment generally falls within one of five categories: (1) Sexual harassment, (2) Racial, Ethnic, and Religious harassment, (3) Personal harassment, (4) Lateral Violence, and (5) Retaliation against an individual who reported harassment.

If you are the target of unwanted attention or behavior:

1. Respond to the problem. Let them know it is not welcomed.
2. Report it to your HR Employee Relations Consultant.

Human Resources will have the responsibility of investigating the incident.

The information obtained through the investigation will be handled with discretion and will be disclosed only when necessary to the investigation and resolution of the matter.

Harassment Prevention

Harassment is unwelcome and unwanted. Harassment is based on the victim’s perception or a 3rd party’s perspective. It is harmful to employees and affects the victim’s physical and emotional health and the ability to do a good job.

It is also illegal – the U.S government and courts have clearly stated that harassment is against the law.

Any employee who believes that he or she is or has been harassed should immediately report the alleged charge immediately to a Human Resource Consultant, or any manager, director, or executive.

A complaint may be filed by a victim of harassment or by an employee who was not the target of harassment or retaliation.

Points to remember

• Know the definition of harassment
• Know what zero tolerance means
• Know how to report harassment
• Understand what it means that harassment is in the eye of the beholder
• Understand what your role is in the workplace toward prevention
Sexual Harassment

Examples of sexual harassment include:

- Physical, verbal, or visual conduct of a sexual nature that has the purpose or effect to be intimidating, hostile, or offensive.
- Unwanted or unwelcome sexual advances or comments.
- Requests for sexual favors.
- Favors requested to remain employed or receive a raise.

The victim as well as the harasser can be male or female.

A harasser can be anyone: the victim’s supervisor, another supervisor, a colleague, an agent of the company, or a third-party vendor.

A victim does not have to be the target of harassment, but rather affected by the conduct (third party).

Harassment is in the eye of the beholder. Intent is irrelevant. It’s the impact on the receiver or those witnessing the event that matters.

Sexual harassment is not always obvious or cut and dry. If you’re not sure, don’t say or do it.

One isolated joke or incident will probably not constitute sexual harassment; however, taken into combination, it can constitute a hostile work environment.

Racial, Ethnic, Religious Harassment

Examples include: offensive statements, conduct, threats, insinuations, innuendo, demeaning jokes, or slurs that are based on race, ethnicity, or religion directed at an employee, patient, volunteer, visitor or a racial, ethnic or religious class or group.

Personal Harassment

This includes excessive or offensive verbal abuse, touching, mocking, leering, being made the object of jokes or other conduct that is demeaning or intimidating toward a person. Personal harassment includes but is not limited to handicap, personal characteristics, mannerisms, arrest record, or sexual orientation.

“Harassment is in the eye of the beholder. Intent is irrelevant. It is the impact on the receiver or those witnessing the event that matters.”

Lateral Violence-Harassment

Generally lateral violence occurs between peers and includes unintentional, thoughtless acts to purposeful, intentional, destructive acts meant to harm, intimidate or humiliate another group or individual(s). It is also known as “bullying” as in the conscious, willful and deliberate, hostile activity intended to harm, induce fear through threat or further aggression and create an atmosphere of terror.

Examples include: nonverbal innuendo, verbal affront, undermining actions, unavailability, withholding information from a team member, sabotage such as “setting up to fail”, infighting, scapegoating, backstabbing, failure to respect privacy, broken confidences, inequitable assignments, belittling gestures, unwarranted criticism, fault finding, segregation, isolation, and hazing.

Retaliation For Reporting Harassment

Retaliation of any kind against an individual who reported harassment or participated in an investigation regarding an alleged harassment claim is a type of harassment and is strictly prohibited.
You’re part of the workplace

- Make sure you’re not involved in any “inappropriate behavior”
- Treat all employees, patients, visitors, and guests with dignity and respect.
- Respect your co-workers’ rights to their dignity and their jobs.
- Don’t jump to conclusions based on someone’s dress, actions, or physical appearance.
- Remember that “No” means “NO!”
- Always think about how others may feel before you speak or act.

“Employees should treat others with dignity and respect without offending the sensibilities of others.”

Is The Following Examples Harassment?

1. A manager tells his female secretary that her job will be upgraded if she goes along with his demands for sexual favors. **Yes**
2. A male file-clerk is promised a promotion if he agrees to have an affair with the female office manager. **Yes**
3. A female nurse has to listen to remarks about her physical characteristics whenever she enters the room. **Yes**
4. A male nurse is offended and embarrassed by a “beefcake” photo put up by the female workers. **Yes**
5. Co-workers are telling funny jokes using offensive language of a sexual nature in the presence of others. **Yes**
6. A nurse posts pictures and makes demeaning comments about another employee on a website. **Yes**
7. During the lunch hour, a new employee is taken to a strip bar during his first week of employment as a means of initiation to the company. The employee refuses to attend, but is told by his male co-workers that by not doing so he will end up obtaining the worst assignments in the company. Employee attends at first but later refuses to attend these lunch hour meetings at strip bars. The employee later documents a pattern of negative work assignments, poor work performance reviews, and an increase in negative comments. **Yes, definitely. Employee has suffered detrimental effects from his refusal to participate.**
8. A male employee is passed over for promotion because his male supervisor hopes to start dating the less qualified female employee. **Yes, sexual discrimination occurs when sexual content leads to an unfair treatment of the employee due to their sex. In this case, the male employee is treated unfairly due to his sex and the situation involves sexual content.**
9. A male supervisor tells a female subordinate an inappropriate sexual joke; however, there is no prior history or any plans of treating the female employee any differently than any other employee. **Probably not. The situation involves sexual content but not unfair treatment. The supervisor told a rude joke, but did not sexually harass the female. However, if this supervisor told enough sexual jokes, and the employee felt she was required to listen to them, the supervisor could be creating a hostile work environment.**
10. During a conversation about weekend activities, a supervisor tells one of his employees that he very much enjoyed Saturday morning synagogue services, that religion is an important part of his life, and that he is planning to invite the employee to his daughter’s upcoming bar mitzvah. **No, without more, supervisor’s statements could not reasonably be perceived to be coercive and would not violate Title VII.**
11. A supervisor, who is a born-again Christian, tells an employee who is not a born-again Christian that she considers the office to be “a place of God”, and that if the employee is unwilling to shape up and “play by God’s rules”, the employee will be replaced. **Yes, these comments are explicitly coercive and would constitute religious harassment.**
12. A group of employees engage in a pattern of verbal attacks on another employee, ridiculing his Shinto religion. The employees openly and repeatedly refer to their co-worker as a “Godless pagan” and “the heathen”, including at staff meetings and in front of their supervisors. After the supervisors fail to stop the attacks, the employee files a charge with the EEOC. **Yes, this pattern of conduct is sufficiently severe and pervasive to alter the co-worker’s working conditions, creating a hostile work environment, and constitutes religious harassment.**
“Excellent People Provide Excellent Service”

The Quality Department wishes to welcome you to McLaren Greater Lansing! We would like to take a moment during your orientation to provide you with some information that will assist you in providing care and service to our patients, and families.

Here are some suggestions to help improve patients’ perceptions of the quality care they receive:

⇒ **Respond to all patient requests promptly.**
   
   If you are unable to assist immediately, explain this to your patient. Together, agree on a time frame when their request will be fulfilled. Patients are very understanding if they are kept informed.

⇒ **Communicate clearly with patients, do not assume they understand everything they are told.**
   
   Take time to answer their questions and ask if they have others. Often patients do not know what to ask.

⇒ **Patients equate the quality of their care with how well they are treated as a person.**
   
   Clinical and professional excellence is a given. Impressions are based on personal interactions. Treat each patient with the same respect and dignity you expect for yourself.

⇒ **Take a moment each day to truly “talk” with patients.**
   
   Ask about their family, hobbies, occupations, etc. This “small talk” will personalize your care and truly enhances a patient’s impression of both you and the hospital.

⇒ **Before leaving a patient, always ask if there is anything they may need.**
   
   Taking the initiative to provide additional service is paramount in increasing patient satisfaction.

Remember that patients are in a strange and often frightening environment. Before coming into the hospital, they had control of their lives; now that control has been dramatically reduced. This loss of control creates apprehension and a sense of helplessness. It’s everyone’s responsibility to help our patients maintain as much control and involvement in their care as is possible. Take every opportunity to assist our patients, and their families, in a personal and understanding manner. When you do, you will see how a little effort on our part makes a huge impression on the patient’s satisfaction.

Thank you for your commitment to QUALITY CARE!

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**Quality Improvement Resources:**

517-975-6033

Leadership Policy and Procedure Manual

**Points to Remember**

- Continuous Improvement is an ongoing effort to improve services or processes. These efforts can be incremental improvement over time or breakthrough improvement all at once. Processes are constantly evaluated and improved related to efficiency, effectiveness, and flexibility

- The MGL Quality Improvement Plan is located in the Leadership Policy and Procedure manual. Ultimately the purpose of this plan is to outline the organizational efforts related to quality

- Each department is expected to develop a QI plan

- We implement QI improvement initiatives through the PDCA process
Quality at McLaren Greater Lansing

There are many resources and tools available to help us improve. McLaren Greater Lansing uses the PDCA cycle to support quality efforts.

- **P: PLAN** the change
- **D: DO** the change
- **C: CHECK** the results for improvement
- **A: ACT** to hold the gain and adopt the change

Each department identifies quality initiatives specific to the care and processes they provide. A department QI plan is submitted each year. Although your Manager or Supervisor will facilitate the quality initiatives, you should expect to be part of the improvement process and a member of the quality team for your area. You are the expert! Be ready and be involved in the improvement efforts identified for your department.

Departments report to the **Board Quality Improvement Committee (BDQI)** on a quarterly basis to share results of their quality improvement projects.

MGL’s Quality Improvement Plan

To establish continuous improvement, McLaren Greater Lansing follows a Quality Improvement Plan. You can find this plan in the **Leadership Policy and Procedure manual**.

**Purpose:** Create a process for all quality improvement activities at McLaren Greater Lansing.

**Goals:** Reduce risk and increase the well-being of patients, visits, and staff.

**Peer Review:** Evaluation of the quality of care provided by licensed persons (e.g. RNs & Physicians). The work of the peer review process is protected so that the reviewers are free to openly discuss the case without the chance that actions against them may occur.

McLaren Greater Lansing’s **Board of Directors** oversee the QI initiatives through its **Board Quality Improvement Committee (BDQI)**. The BDQI provides input, and guidance for the quality initiatives that occur at the department level.

Each department at McLaren Greater Lansing is responsible for developing and implementing a Quality Improvement Plan.
How do we know what to work on?

Our Mission states,

“McLaren Health Care, through its subsidiaries, will be the best value in health care as defined by quality outcomes and cost.”

Health care is held accountable to deliver high quality, outcomes driven, cost efficient care by many external customers. The Centers for Medicare and Medicaid Services (CMS), Blue Cross / Blue Shield of Michigan (BCBSM), Joint Commission and others direct some of the quality indicators we are involved in and are constantly striving to improve.

Examples include:

- Acute Myocardial Infarction (AMI)
- Emergency Care
- Heart Failure
- Inpatient Psychiatric Care
- Pneumonia
- Stroke Care
- Surgical Care
- Venous Thromboembolism (VTE) Prophylaxis

Know what quality improvement initiative is underway in your department. Be knowledgeable. Be involved.
What is Survey Readiness?

McLaren Greater Lansing maintains all employees should be performing their job in such a way that we are ready for a survey at any time, at any hour, and on any day.

Why must we be survey ready?
The Centers for Medicare and Medicaid Services (CMS) and Joint Commission surveys are unannounced. More importantly, we should be meeting regulatory standards all the time. Accreditation is required by insurance carriers and is an indication of a commitment to quality.

Why are health care facilities surveyed so often?
There are many regulations governing health care facilities that require us to be surveyed on a regular basis. We are accredited by the Joint Commission and regulated by the Center for Medicare and Medicaid Services (CMS). Other departments also have accrediting bodies as well (i.e., Lab).

Licensing

=> An organization MUST be licensed by the State of Michigan.

The Michigan Department of Health and Human Services, Bureau of Health Systems (MDHHS) surveys health care facilities to ensure that the minimum necessary licensing requirements are met.

If a hospital or health care facility does not meet these licensing requirements, it cannot continue to operate as a hospital or health care facility.

Certification

=> A health care facility MUST be certified as being in compliance with the federal Conditions of Participation before it can bill the State of Michigan or the Federal Government for Medicare or Medicaid services.

This certification process involves surveys specifically related to the Conditions of Participation as developed by the Centers for Medicare and Medicaid Services (CMS). CMS contracts with the State of Michigan to perform surveys on behalf of them. Thus the Michigan Department of Consumer and Industry Services (MDCIS) surveys for both licensing and certification.

=> Life Safety Codes are another component of the Medicare / Medicaid Conditions of Participation.

These regulations define how the building must be constructed and maintained (e.g., proper lighting and ventilation requirements, square footage requirements, fire safety requirements). Hospital facilities are typically surveyed on an annual basis to ensure compliance with the Life Safety Code Standards.

Survey Readiness Resources:

517-975-7712

Quality and Safety Intranet

Points to Remember

- Know and understand the regulations which guide our practice.
- Comply with the regulations.
- Contact your manager or supervisor if you come in contact with a surveyor and let him/her know the details of your interaction.
- Call the Quality Management Department at 517-975-6033 should you be the first individual aware that a surveyor has entered the building.
What is Survey Readiness, Continued...

**Deemed Status**

⇒ When an organization seeks the ability to survey health care facilities for the purposes of Medicare and Medicaid certification requirements, but such entities are not government affiliates.

Deemed Status is a special relationship between the agency and CMS.

Organizations, such as Joint Commission have achieved deemed status with CMS.

⇒ Joint Commission surveys our health care facility on behalf of CMS to insure that we are meeting the Conditions of Participation as established by CMS.

In addition to surveying for compliance with the Medicare and Medicaid Conditions of Participation, Joint Commission will also survey for compliance with their own unique accreditation standards.

**Survey Timing**

⇒ Accreditation surveys occur at least every three years.

All surveys are unannounced

⇒ Certification surveys (by or for CMS) can occur any time.

These surveys may be announced or unannounced and can be one of the following:

♦ Complaint Investigations
♦ Initial Certification
♦ Validation Survey

**If it is ever determined that a health care facility has violated a Condition of Participation, the health care facility can lose its ability to participate in the Medicare and Medicaid program**

This means that the health care facility cannot bill for services it provides to Medicare and Medicaid recipients. Due to the volume of services provided to Medicare and Medicaid recipients, an inability to participate in Medicare or Medicaid could have a serious impact on the health care facility’s financial viability.

Additionally many insurance companies tie their permission to bill for their services to Medicare and Medicaid certification. This could jeopardize a health care facility’s ability to bill for some insurances.

It would be very difficult for a hospital to survive without Medicare and Medicaid certification.

If you come in contact with an unaccompanied surveyor:

⇒ Ask the surveyor for identification
⇒ Contact Quality Management at 517-975-6033

Every patient. Every time.
Section 7
Safety-Risk Management

What is Safety/Risk Management?
Patient safety is all about being proactive not reactive

GOALS
“Just Culture”
Errors/ “mistakes” evaluated
Contributing factors reviewed
Determine accountability in relation to actions

Not non-punitive (blame free)
“accountable” environment
“Risk” belongs to everyone
#1 Priority: Patient Safety and Positive Patient Outcomes

Why did this event happen so we can reduce the potential for it to happen again?

What is an Occurrence Report?
An occurrence is an incident which is not consistent with routine hospital activities.

Occurrence reports shall be completed in, but not limited to, the following situations:
- Events that deviate from system policy/ procedure or customary practice.
- Occurrences which caused, or could have caused, injury to a patient, employee or visitor (Example: Falls).
- Any event that is inconsistent with the routine care of a patient (Example: Medication Error).
- Unanticipated events that result in an adverse outcome.
- Notify Security when an occurrence involves property damage, missing articles, or injuries incurred by visitors.
- Occurrence involving patient care equipment that could or did result in adverse outcome (example: patient burn from equipment).
- Any patient leaving against medical advice or refusing recommended treatment.

- Incidents involving medical devices/ equipment that adversely impacts patient care.

Please use McLaren Safety First to report an Occurrence incident to inform Risk Management of actual or potential areas of risk at McLaren. The Risk staff can also be contacted directly: 517-975-8954.

Reporting an Occurrence incident are intended to be a tool for performance improvement, not to be punitive.

Points to remember
- Complete an Occurrence report using McLaren Safety First whenever you experience something related to patients or visitors that is out of the ordinary (including errors and near misses)
- Employees are not allowed to witness a medical durable power of attorney for health care form

Resources:
Compliance & Risk:
517-975-8954

Call for patient safety issues, unanticipated adverse outcomes “near misses”
Things to remember when completing an Occurrence Report through McLaren Safety First

Never write: “McLaren at fault or liable”. This is a legal conclusion and not necessarily the facts. Just because an adverse occurrence happens does not mean McLaren or its employees were negligent.

The patient’s chart is documented as to the facts of the occurrence and all medical treatments given. The occurrence report is never mentioned in the medical record because Michigan law protects occurrence reports from being discovered in a lawsuit. The rationale for protecting occurrence reports is that they are used for tracking problems and identifying ways to resolve risks and improve the quality of care. In the past, there was a fear that if these reports were discoverable, no one would track and trend the data and hence try to remedy problems.

The employee shall notify the attending physician of any occurrence affecting the medical care of the patient or patient injuries.

If the occurrence involves property damage or missing articles, notify security and complete an occurrence report for the Patient Safety Department for tracking purposes.

The occurrence report needs to be submitted through McLaren Safety First within 24 hours. All serious occurrences shall be brought to the attention of the Risk Manager immediately.

Remember the shall nots” of an occurrence report:
• It shall not be referenced in the medical record

Personal Notes Regarding an Occurrence

Many health care professionals assume that making private personal notes after a hospital incident provides “protection”. The reality is that such notes more often than not can adversely affect the liability risk of not only the health care professional who makes them, but others as well for the following reasons:
• Notes of this kind are not privileged and may be subpoenaed.
• When major incidents occur, individually prepared personal notes may contain emotional and erroneous information.
• Innocent contradictions, which result between personal notes and medical charts or witness perceptions, are used by opposing counsel to create the impression that the note writer and/or others involved are dishonest.

Safe Medical Device Act (SMDA) Reporting

“The SMDA mandates that every employee must report every occurrence involving equipment failure causing injury or death to a patient and/or an employee. This includes machine malfunction and operator error. For more information see the Medical Equipment Section in your manual.”
Your Role in Patient Safety

- Attend safety and security programs.
- Report hazards.
- Be alert for problems and/or risks. Notify Risk Manager with any concerns, especially with regard to potential liability for the hospital.
- Be honest. The purpose of occurrence reports is to correct problems, not take disciplinary action.
- Make suggestions to aid our goal of improving the quality for all our patients.

Serious Adverse Events

An unexpected and undesired incident directly associated with the care or services provided to a patient. These events include those resulting in serious harm (loss of life, limb, or vital organ) to the patient, or the significant risk thereof. Incidents are considered critical when there is an evident need for immediate investigation and response.

WHAT SHOULD I DO?

Advance Directives

Advance Directives are a statement about an individual’s health care wishes that may be used if the person can no longer speak for themselves. There are two types of Advance Directives:

1. Living Wills
   - LIVING WILLS ARE NOT RECOGNIZED IN THE STATE OF MICHIGAN.

2. Durable Power of Attorney for Health Care
   - DURABLE POWER OF ATTORNEY FOR HEALTH CARE IS THE LEGAL DOCUMENT RECOGNIZED IN MICHIGAN.

Hospitals are required to

- Ask adult patients if they have an advance directive when the patient is admitted
- Obtain copies of the Directive (Durable Power of Attorney for health care) and place them in the patient record
- Respect the patient’s health preferences
- Assist a patient who does not have an advance directive but wishes to complete one by getting a form/brochure for them

If someone asks you for your help with completion of an Advance Directive, refer to your supervisor or Risk Manager. You don’t want others to perceive you as steering the patient.

The Advance Directive can be as simple as giving someone else the authority to speak on your behalf, or one can be very specific about certain procedures.

Completion of an Advance Directive is important for everyone, not just the elderly population or when undergoing a hospital procedure.

Information booklets can be obtained from Patient Registration.
Why Patient Safety?

Patient safety is extremely important to MCLAREN GREATER LANSING. Not only do we have a corporate initiative regarding patient safety, but MCLAREN GREATER LANSING has involved staff at every level to assist with identifying safety initiatives. You are an integral part to enhancing patient safety here. All organizations/agencies that survey us evaluate our response to patient safety issues. As it was well published in the news media, the American population believes that health care providers need to focus on improving patient safety.

Everyone must participate in the efforts because we need everyone to ensure the highest practicable safety environment. We want you to become an active participant in our patient safety efforts. Please check with your supervisor to learn how you can play a role in this initiative.

Quality Initiatives Related to Patient Safety

MCLAREN GREATER LANSING is proud of the many quality initiatives related to safety issues.

PHARMACY

Our pharmacy ordering system assists us in identifying potential adverse drug events before they happen. An adverse drug event is an unexpected undesirable effect of a medication (including side effects). This computer program allows us to monitor lab values related to medication therapy and alerts us of potential adverse reactions that may occur. This provides an additional check to enhance patient safety.

FALLS

MCLAREN GREATER LANSING continuously monitors the occurrence of falls. We attempt to reduce falls in many ways. One mechanism employed is to identify individuals who may need enhanced monitoring because they are at risk of having increased falls. Patients may have yellow wrist bands, they may receive additional staff supervision, psychiatric consultations, or even have their medications adjusted.

Check with your supervisor to learn what safety measures are employed in your department. Take the opportunity to participate with the McLaren team and help us reduce errors and improve patient safety.

Patient Safety Dashboard Report

As one of its initiatives to address patient safety, McLaren Health Care Corporation established an ongoing Patient Safety Dashboard program for our organization.

The Corporate Patient Safety Dashboard (PSD) is a monthly report that displays a set of selected measures based on identified components of patient safety. All the facilities under McLaren Health Care Corporation participate in this report. This allows us to trend specific patient safety measures over time and provides national, as well as corporate, comparisons.

The PSD is shared with McLaren Greater Lansing’s Board Quality Improvement Committee to ensure that trends are identified and appropriately addressed. Many quality initiatives have resulted from this process.
Section 8
Abuse and Neglect

Definitions

Patients have a right to be protected from abuse, neglect and harassment of all forms, whether from staff, other patients, family, or visitors. This includes the right to a safe environment.

Abuse and neglect can occur by someone in their living environment before the patient is admitted, but also during a hospital stay by medical staff, consultants, volunteers, family members or visitors.

Definitions

Abuse:
The willful infliction of injury, unreasonable confinement, intimidation or punishment, with resulting physical harm, pain, or mental anguish.

Neglect:
Neglect is considered a form of abuse and is defined as the failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.

Immediate Jeopardy:
A situation in which the hospital’s non-compliance with one of the requirements of participation in the Medicare/Medicaid program has caused, or is likely to cause, serious injury, harm, impairment, or death to a patient.

Harm

Serious harm can result from both abuse and neglect. According to the regulations, psychological harm is as serious as physical harm.

Whenever a situation occurs that can be considered a violation of the regulatory requirements, CMS will consider whether the situation is an “Immediate Jeopardy” circumstance. Therefore any time someone suspects abuse or neglect, a report to their supervisor must be made. An investigation must follow to determine if any form of harm or potential harm occurred or could occur. See in this section for a listing of triggers CMS has identified as potential “Immediate Jeopardy” situations. Notice how these “triggers” are really broad.

CMS has identified particular steps that healthcare facilities must take to ensure compliance with the patient rights standards associated with preventing abuse and neglect. These steps are: 1) Prevention, 2) Screening, 3) Identification, 4) Training, 5) Protection, 6) Investigation, and 7) Reporting. These seven steps to prevent abuse and neglect are classified into three topics: PREVENTION, INTERVENTION, DETECTION & REPORTING.

Resources:

Risk Officer:
517-975-8954

Points to remember

- Understand the definitions of abuse and neglect
- Understand that abuse or neglect can occur prior to or during a hospital stay
- You have to report suspected abuse or neglect immediately to your supervisor
- Make sure you can speak about prevention, detection, and intervention as it relates to your job duties
- If convicted of abuse or neglect health care workers can lose their license or be sent to jail
Prevention

If the patient’s abuse or neglect happened in their private life, it is important that hospital staff know about such incidents as early in their stay as possible. The time the patient spends with us can then be used to help prevent abuse or neglect in the future by means of patient/family education and connection to community resources.

Abuse or neglect during a hospital stay, can be prevented by making sure systems and procedures are in place to protect the patient from all forms of abuse, neglect and harassment, whether from staff, other patients, or visitors.

Preventative systems are numerous throughout our organization. Some examples of how we implement such measures include:

- Checking criminal backgrounds because persons with a record of abuse or neglect should not be hired as employees.
- Training staff to report potential or real harmful situations.
- Training staff in abuse and neglect.
- Protect patients from abuse during investigation of allegations of abuse or neglect or harassment.
- Investigating all allegations in a timely and thorough manner.
- Report any incidents, analyze and respond with appropriate corrective, remedial or disciplinary action.
- Following the policy and procedure related to abuse and neglect.
- Knowing how to identify abuse or neglect.
- Ensuring all policies and procedures of the organization are followed.

Detection

It is important for all hospital staff to be aware of their surroundings and look out for warning signs of abuse or neglect, whether it occurred prior to admission or during a hospital stay.

It is the responsibility of all staff to immediately report any suspicion of abuse or neglect to your supervisor. If your supervisor is not available, contact the Patient Care Manager of the unit or the nursing supervisor.

When confronted with a potential abuse or neglect situation, clinical staff should utilize the physical and psychosocial assessment process to evaluate the signs of abuse or neglect. If you are an employee in this category, make sure you are familiar with McLaren Greater Lansing procedures regarding assessment of patients.

A key component of the assessment process includes admission documentation of bruises and ongoing skin assessments, monitoring and reporting of bruises.

CMS has published its guidelines regarding what it expects health care workers to evaluate when looking at abuse/neglect issues. In addition, CMS has published what it considers “potential triggers” when it evaluates allegations of abuse or neglect and how issues become “triggers” for Immediate Jeopardy determinations. If something rises to the level of an Immediate Jeopardy determination by the CMS, serious consequences can result (see Survey Readiness”). Some of the CMS identified “triggers” are listed on the next page.

Intervention

Whenever a case is presented to a supervisor as being suspicious of potential abuse or neglect, all staff have a responsibility to appropriately intervene to ensure that the patient is protected and that the occurrence is properly investigated.

Intervention Includes

- Protecting patients from abuse/neglect during the investigation
- Ensuring a proper and thorough investigation of allegations of abuse or neglect
- Analyzing occurrences for determination of trends that may be related to abuse/neglect
- Physical treatment and emotional support as necessary
- Social work consult
- Education for self care and safety
- Referral to community resources

Discharge to a safe environment, which may include commencing guardianship proceedings, if applicable or detaining in protective custody until the next business day of the probate court, or until a safe environment is identified.
CMS has established guidelines for determining Immediate Jeopardy as it relates to incidents occurring in health care settings. The following are examples of what the government has identified as issues it could investigate for a potential determination of Immediate Jeopardy.

It is important to understand that harm does NOT have to occur before a surveyor can label an incident as an Immediate Jeopardy situation. Potential and actual harm apply. Each of the identified guidelines also has a trigger that assists in identifying what CMS will consider for each guideline.

**Failure to protect from abuse**
Triggers: Serious or suspicious injuries; staff striking or roughly handling an individual; staff yelling, sexual harassment, or sexual assault.

**Failure to prevent neglect**
Triggers: lack of timely assessment, lack of supervision for individual with special needs, failure to carry out doctor’s orders, access to chemical and physical hazards by individuals at risk, repeat occurrences such as falls, lack of supervision of cognitively impaired individuals, unsupervised smoking of an individual with a known safety risk, and use of restraints without adequate monitoring.

**Failure to protect from psychological harm**
Triggers: Application of chemical/physical restraints without clinical indications; presence of behaviors by staff such as threatening or demeaning, resulting in displays of fear, unwillingness to communicate, and recent or sudden changes in behavior by individuals; or lack of intervention to prevent individuals from creating an environment of fear.

**Failure to protect from undue adverse medication consequences and/or failure to provide medications as prescribed**
Triggers: Administration of medication to an individual with a known history of allergic reaction to that medication; Lack of monitoring and identification of potential serious drug interaction, side effects, and adverse reactions; Administration of contraindicated medications; Pattern of repeated medication errors without intervention; Lack of diabetic monitoring resulting or likely to result in serious hypoglycemic or hyperglycemic reaction; or Lack of timely and appropriate monitoring required for drug titration.

**Failure to provide adequate nutrition and hydration to support and maintain health**
Triggers: Food supply inadequate to meet the nutritional needs of the individual; Failure to provide adequate nutrition and hydration resulting in malnutrition; e.g., severe weight loss, abnormal laboratory values; Withholding nutrition and hydration without advance directive; or Lack of potable water supply

**Failure to protect from widespread nosocomial infections; e.g. failure to practice standard precautions, failure to maintain sterile techniques during invasive procedures and /or failure to identify and treat nosocomial infections**
Triggers: Pervasive improper handling of body fluids or substances from an individual with an infectious disease; High number of infections or contagious diseases without appropriate reporting, intervention and care; Pattern of ineffective infection control precautions; or High number of nosocomial infections caused by cross contamination from staff and/or equipment/supplies.

**Failure to correctly identify individuals.**
Triggers: Blood products given to wrong individual; Surgical procedure/treatment performed on wrong individual or wrong body part; Administration of medication or treatments to wrong individual; or Discharge of an infant to the wrong individual.

**Failure to safely administer blood products and safety monitor organ transplantation**
Triggers: Wrong blood type transfused; Improper storage of blood products; High number of serious blood reactions; Incorrect cross match and utilization of blood products or transplantation organs; or Lack of monitoring for reactions during transfusions.

**Failure to provide safety from fire, smoke and environment hazards and/or failure to educate staff in handling emergency situations**
Triggers: Nonfunctioning or lack of emergency equipment and/or power source; Smoking in high risk areas; Incidents such as electrical shock, fires; Ungrounded/unsafe electrical equipment; Widespread lack of knowledge of emergency procedures by staff; Widespread infestation by insects/rodents; Lack of functioning ventilation, heating or cooling system placing individuals at risk; Use of non-approved space heaters, such as kerosene, electrical, in resident or patient areas; Improper handling/disposal of hazardous materials, chemicals and waste; Locking exit doors in a manner that does not comply with NFPA 101; Obstructed hallways and exits preventing egress; Lack of maintenance of fire or life safety systems; or Unsafe dietary practices resulting in high potential for food borne illnesses.

**Failure to provide initial medical screening, stabilization of emergency medical conditions and safe transfer for individuals and women in active labor seeking emergency treatment (Emergency Medical Treatment and Active Labor Act).**
Triggers: Individuals turned away from ER without medical screening exam; Women with contractions not medically screened for status of labor; Absence of ER and OB medical screening records; Failure to stabilize emergency medical condition; or Failure to appropriately transfer an individual with an unstabilized emergency medical condition.
As part of the culture change at MGL, workforce members are directed to implement AIDET during exchanges with patients, visitors, and each other. AIDET allows the speaker to give a brief introduction to patients and guests that will build confidence and decrease anxiety. The AIDET model includes the “Five Fundamentals of Service”:

### AIDET (Sell Yourself!)

1. **Acknowledge the patient.** Smile and make eye contact. Call the patient by his or her name.
2. **Introduce yourself.** Your name, role, and what you’re going to do and why you’re qualified to do it.
3. **Duration of the task at hand.** Provide the patient with the length of time expectancy for processes, procedures, waiting, etc.
4. **Explanation.** Discuss what’s next, what tools you’re using, who’s coming, what you’re doing, and why.
5. **Thank the patient.** Tell the patient you are appreciative of him or her for choosing MGL.

### The Five Must Haves

<table>
<thead>
<tr>
<th>Great People with a purpose.</th>
<th>Always smile and use your AIDET.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Take people where they are going.</td>
<td>Rather than point or give directions take patients/visitors to their destinations.</td>
</tr>
<tr>
<td>Use key words at key times.</td>
<td>“Is there anything else I can do for you? I have time.”</td>
</tr>
<tr>
<td>Foster an attitude of gratitude.</td>
<td>“Thank you for choosing McLaren Greater Lansing. Have a great day.”</td>
</tr>
<tr>
<td>Round with reason.</td>
<td>To better connect with staff, patients, family and other customers round for expectations.</td>
</tr>
</tbody>
</table>

### Forbidden Phrases vs. Use Instead!

<table>
<thead>
<tr>
<th>Forbidden Phrases</th>
<th>Use Instead!</th>
</tr>
</thead>
<tbody>
<tr>
<td>“I don’t know.”</td>
<td>“That’s a good question, let me check and find out.”</td>
</tr>
<tr>
<td>“We can’t do that.”</td>
<td>“Wow, that’s a tough one. Let me see what we CAN do.” (Find an alternative offer.)</td>
</tr>
<tr>
<td>“You’ll have to.”</td>
<td>Soften the request with phrases such as: “You’ll need to...” or “Here’s how we can help you with that”</td>
</tr>
<tr>
<td>“Hang on a second, I’ll be right back.”</td>
<td>“It may take a minute or two; may I put you on hold while I check?”</td>
</tr>
<tr>
<td>“NO” when used at the beginning of any sentence...</td>
<td>If you think before you speak, you CAN turn a negative into a positive response.</td>
</tr>
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</table>
Patient Complaints and Grievances

Most professionals take pride in the work they do. Dealing with complaints is often challenging and upsetting, since you may be asked to fix many problems that either you did not cause or you simply cannot fix. Although it is sometimes difficult to believe, complaints are a gift; they offer us an opportunity to repair our image, and provide us with important information about what we can improve.

Did you know?

⇒ Satisfied customers (patients or families) are more likely to return to our facility.
⇒ Research shows that customers who have complaints that are resolved quickly are more loyal to an organization than customers who have not had a complaint.
⇒ Patients who go away unhappy tell an average of 10-15 people about their experience!

MGLs Complaint Policy (100-47):

This policy outlines the process for dealing with, and documenting, complaints and resolution attempts. Complaint handling is an important process, not only to ensure satisfied customers, but also to meet regulatory requirements. The Centers for Medicare & Medicaid Services (CMS), as well as our accrediting body, Joint Commission require that we resolve patient complaints, document those resolution attempts, and track, trend, and report patient complaint data.

Complaints and grievances are received by the hospital in many ways, including:

⇒ Directly from patients and visitors within the hospital
⇒ Phone call
⇒ Letter
⇒ E-mail
⇒ Fax
⇒ Patient satisfaction surveys
⇒ Regulatory agencies
⇒ Website

We should attempt to resolve complaints as soon as they are brought to our attention.

What is the Difference Between a Complaint and a Grievance?

Complaint —

⇒ A source of dissatisfaction expressed verbally or in writing by any patient, guardian, family member, friend, or visitor.
⇒ This is handled on the spot by staff.

What does this mean to you?

⇒ If you have received a complaint from a patient or visitor, it is important that you attempt to address the issue using the 4 A’s of Service Recovery—Anticipate, Acknowledge, Apologize, Address.
⇒ If you cannot resolve the issue, or you recognize that you feel defensive or are unable to devote the needed attention, involve your director, manager, or supervisor.
⇒ Take credit for your resolution attempts! Document the issue and your steps to correct it in McLaren Safety First Feedback.
Patient Complaints Continued

**Grievance –**

- A written or verbal complaint by a patient, or the patient’s representative, regarding the patient’s care, abuse or neglect, issues related to hospital compliance, or a billing complaint related to rights and limitations.
- This is a concern that staff are unable to handle on the spot.

**What if the patient is not satisfied, or what if the patient complains after he / she leaves the hospital?**

- CMS mandates any complaint(s) not resolved “immediately, by staff present” become a "grievance."
- A grievance is any complaint that we didn’t resolve, or any complaint that we receive after the patient has been discharged, or any complaint that a patient or visitor presents to us in writing (including e-mails, faxes, etc.).
- Grievances are received in many ways, including phone, letter, fax, e-mail, from our website, from regulatory agencies, and from patient satisfaction surveys.
- A grievance requires a written response letter.

**What does this mean to you?**

- Most grievances are received by the patient advocate, who works with the director, manager, or supervisor to resolve the complaint to the patient’s satisfaction.
- You may be asked about what you recall about the events identified in the grievance.
- Investigations and follow-up must be provided to the patient advocate to facilitate a written response to the complainant.
- Investigations must be thorough and address each issue that is mentioned by the complainant.

Letters of response to grievances require very specific language to meet CMS guidelines, including the hospital contact person, the steps taken on behalf of the complainant to investigate, the results of the investigation, and the date of completion. In addition, this letter must be written in a language and manner that the complainant will understand.

The patient advocate is available to assist all departments with facilitating complaint resolution and can be reached at 517-975-8506.
Patient Rights

McLaren Greater Lansing (MGL) employees and medical staff strive to provide comprehensive, quality health care in a spirit of personal caring, safety and concern. MGL has the responsibility to provide adequate and appropriate care, to respect patients’ rights, and to recognize a patient’s responsibilities. In an effort to accomplish this goal, the following rights and responsibilities have been developed.

MGL recognizes the right of the patient to exercise his/her rights while receiving care or treatment in the hospital without coercion, discrimination, or retaliation. A patient has the right to have a surrogate (a parent, guardian, next of kin, or legally authorized representative) exercise his/her rights when the patient is incapable of doing so, without coercion, discrimination, or retaliation.

The Right to Access Care

- A patient will not be denied care on the basis of race, creed, color, ethnicity-national origin, religion, gender, sexual orientation, age, handicap, HIV status, marital status, education, or source of payment.
- The patient has a right to receive a reasonable response to requests and needs for treatment or service.

The Right to Make Decisions Involving Your Care

- The patient has the right to participate in the development and implementation of his or her plan of care and actively participate in decisions regarding his or her medical care. To the extent permitted by law (determined by applicable State and Federal law), this includes the right to request and/or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
- Before a procedure or treatment is carried out, a patient has the right to receive as much information about any proposed treatment or procedure as needed to give informed consent or to refuse a course of treatment. Except in emergencies, this information will include a description of the procedure or treatment, the medically significant risks involved in the treatment, alternative course of treatment or non-treatment and the risks involved in each and to know the name of the person who will carry out the procedure or treatment.
- A patient has the right to access protective and advocacy services, including financial counseling, or have these services accessed on the patient’s behalf.
- A patient has the right to leave the hospital even against the advice of his/her physician.
- A patient has the right to have an appropriate assessment and management of pain.

NOTE: MGL will take reasonable steps to determine the patient’s wishes concerning designation of a representative to exercise the patient’s right to participate in the development and implementation of the patient’s plan of care and make informed decisions regarding his or her care. Unless prohibited by applicable State law:

- When a patient who is not incapacitated has designated, either orally to hospital staff or in writing, another individual to be his/her representative. MGL will provide the designated individual with the information required to make an informed decision about the patient’s care, and will also involve the designated representative in the development and implementation of the patient’s plan of care. MGL will also seek the written consent of the patient’s representative when informed consent is required for a care decision. The explicit designation of a representative by the patient takes precedence over any non-designated relationship and continues throughout the patient’s inpatient stay or outpatient visit, unless expressly withdrawn, either orally or in writing, by the patient.
- In the case of a patient who is incapacitated, when an individual presents the hospital with an advance directive, medical power of attorney or similar document executed by the patient and designating an individual to make medical decisions for the patient when incapacitated, MGL, when presented with the document, will provide the designated individual the information required to make informed decisions about the patient’s care, and will involve the designated representative in the development and implementation of the patient’s plan of care. MGL will also seek the consent of the designated individual when informed consent is required for a care decision. The explicit designation of a representative takes precedence over any non-designated relationship and continues throughout the patient’s inpatient stay and expressly withdraws the designation, either orally or in writing.
- When a patient is incapacitated or otherwise unable to communicate his or her wishes, there is no written advance directive on file or presented, and an individual asserts that he or she is the patient’s spouse, domestic partner (whether or not formally established and including a same-sex domestic partner), parent (including someone who has stood in loco parentis for the patient who is a minor child), or other family members and thus is the patient’s representative, MGL will accept this assertion, without demanding supporting documentation, and will provide the individual the information required to make informed decisions about the patient’s care, and will involve the individual as the patient’s representative in the development and implementation of the patient’s plan of care. MGL will also seek the consent of the individual when informed consent is required for a care decision.
- MGL will treat the individual as the patient’s representative unless:
Patient Rights Continued

- More than one individual claims to be the patient’s representative. In such cases, it would be appropriate for MGL to ask each individual for documentation supporting his/her claim to be the patient’s representative. MGL will make its determination of who is the patient’s representative based upon MGL’s determination of who the patient would most want to make decisions on his/her behalf. Examples of documentation MGL might consider could include, but are not limited to, the following: proof of a legally recognized marriage, domestic partnership, or civil union; proof of a joint household; proof of shared or co-mingled finances; and any other documentation MGL considers evidence of a special relationship that indicates familiarity with the patient’s preferences concerning medical treatment;

- Treating the individual as the patient’s representative without requesting supporting documentation would result in MGL violating State law. State laws, including State regulations, may specify a procedure for determining who may be considered to be the incapacitated patient’s representative, and may specify when documentation is or is not required; or

- MGL has reasonable cause to believe that the individual is falsely claiming to be the patient’s spouse, domestic partner, parent, or other family member.

- A refusal by MGL of an individual’s request to be treated as the patient’s representative, based on one of the above-specified familial relationships, will be documented in the patient’s medical record, along with the specific basis for the refusal.

The Right to Information

- A patient has the right to receive information from the physician about his or her illness, course of treatment, outcomes of care (including unanticipated outcomes), and his or her prospects for recovery.

- A patient has the right to receive information in a manner that can be understood. Communications with the patient will be effective and provided in a manner that facilitates understanding by the patient. Written information provided will be appropriate to the age, understanding, and as appropriate, the language of the patient. As appropriate, communications specific to the vision, speech, hearing, cognitive, and language-impaired patient will be appropriate to the impairment.

- A patient is entitled to information about the hospital’s rules and regulations that affect patient care and conduct.

- A patient has the right to be informed of the relationships between McLaren Greater Lansing and other persons and organizations that may be participating in the provision of his or her care (such as home-care agencies).

- An individual who is or has been a patient is entitled to inspect, or receive for a reasonable fee, a copy of his or her medical record upon request within a reasonable timeframe.

- A patient has a right to resolve potential, or actual, issues arising in supporting patient’s rights, either by filing a complaint/grievance or by advisory consultation from the Hospital’s Ethics Committee.

- The patient’s family has the right of informed consent for donation of organs and tissues.

The Right to Communication

- A patient has a right to know the professional status of any person providing for their care.

- A patient has a right to know the reasons for any proposed change with the Professional staff responsible for his/her care.

- A patient has the right to be advised of the hospital grievance process, should he or she wish to communicate a concern regarding the quality of care he or she receives or if he or she feels determined discharge date is premature. Notification of the grievance process includes: whom to contact to file a grievance, and that he or she will be provided with a written notice of the grievance determination that contains the name of the hospital contact person, the steps taken on his or her behalf to investigate the grievance, the results of the grievance and the grievance completion date.

- A patient has the right to have his or her own physician and family member or representative of his or her choice notified promptly of his or her admission to the hospital. When the patient is incapacitated or otherwise unable to communicate and to identify a family member or representative to be notified, the hospital will make reasonable efforts to identify and promptly notify a family member or patient’s representative.

NOTE: MGL will document that the patient was asked, no later than the time of admission, whether he/she wanted a family member/representative notified, the date, time, and method of notification when the patient requested such, or whether the patient declined to have notice provided. If the patient was incapacitated at the time of admission, the medical record will indicate what steps were taken to identify and provide notice to a family member/representative and the patient’s physician.

The Right to Personal Safety

- A patient has the right to remain free from seclusion or restraints of any form that are not medically necessary or
are used as a means of coercion, discipline, convenience, or retaliation by staff.

- A patient has the right to receive care in a safe environment.
- A patient has the right to be free from all forms of abuse or harassment.
- A patient may exercise their rights while receiving care without coercion, discrimination, or retaliation.

**The Right to Personal Privacy and Confidentiality of Medical Treatment/Records**

- A patient is entitled to full consideration of privacy concerning his or her medical care program. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. The patient has the right to be advised as to the reason for the presence of any individual involved in his or her healthcare.
- A patient has a right to confidential treatment of all communications and records pertaining to his or her care and hospital stay. Written permission will be obtained before medical records can be made available to anyone not directly involved with a patient’s care.
- A patient has the right to access, request amendment to, and receive an accounting of disclosures regarding his or her health information as permitted under applicable law.
- A patient is entitled to associate and have private conversations with his or her physician, attorney, or any other person of his or her choice.
- A patient has the right to be afforded privacy during personal hygiene activities, during treatments, and when requested, as appropriate.

**The Right to Spiritual Beliefs**

- A patient has the right to have cultural, psychosocial, spiritual, and personal values, beliefs and preferences respected.
- A patient has the right to request pastoral and/or other spiritual care, which shall be respected and accommodated, as appropriate.

**The Right to Formulate Advance Directives (Medical Durable Power of Attorney) and to Appoint a Representative to Make Health Care Decisions on Your Behalf**

- The patient has the right to formulate Advance Medical Directives and appoint a surrogate to make health care decisions on his or her behalf to the extent permitted by law.
- A patient has the right to have a family member or representative of his or her choice participate in his or her care as appropriate and allowed by law.
- A patient has the right to have all patient’s rights apply to the person who may have legal responsibility to make decisions regarding medical care on behalf of the patient.
- A patient has the right to expect hospital staff and practitioners who provide care in the hospital to comply with his or her directives.
- A patient has the right to expect the hospital will not condition the provision of care or otherwise discriminate against the patient based on whether or not the patient has executed an Advance Directive.
- A patient has the right to file a complaint related to Advance Directive requirements with the State survey and certification agency.

NOTE: Patients in the emergency department, who are in observation status, who are undergoing same-day surgery, or who have been admitted as an inpatient will receive notice of MGL’s policies regarding implementation of their advance directive. Issuance of this notice will be documented in the patient’s medical record.

**The Right to Transfer and Continuity of Care**

- A patient has a right to know the reason for any transfer within a facility or to another facility.
- If a patient’s physician feels that a patient should be transferred to another facility, the patient has the right to receive complete information and explanation from the physician concerning the need for, or alternatives to, such a transfer.
- A patient has the right to have reasonable continuity of care.
- A patient has the right to be informed by his/her physician or a delegate of his/her physician of the continuing healthcare requirements following his/her discharge from the hospital.

**The Right to be Informed of Any Experimentation or Other Research Projects Affecting Your Care**

- A patient is entitled to information concerning any experimental procedure proposed as a part of his or her care and shall have the right to refuse to participate in the experiment without jeopardizing his or her access to services or continuing care.
**Patient Rights Continued**

**The Right to be Informed of Hospital Charges**
- A patient is entitled to receive and examine an explanation of his or her bill regardless of the source of payment.
- A patient has a right to be fully informed, prior to or at the time of admission, and during stay, of services available in the facility, and of related charges including any charges for services not covered by the Social Security Act or by the facility’s basic per diem rate.
- A patient has the right to be informed of the source of the hospital’s reimbursement for his/her services, and of any limitations which may be placed upon his/her care.

**The Right to Visitation**
- A patient will be informed of his or her visitation rights, including any clinical restriction or limitation.
- A patient has the right to receive the visitors whom he or she designates, including, but not limited to, a spouse, a domestic partner (including a same-sex domestic partner), another family member, or a friend, and has the right to withdraw or deny such consent at any time.
- A patient’s visitors will not be restricted, limited, or otherwise denied visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.
- MGL will ensure that all visitors enjoy full and equal visitation privileges consistent with patient preferences.

NOTE: The medical record will contain documentation that the patient/representative received notification of his/her rights to visitation.

NOTE: If the patient believes that he or she is not able to exercise any of the foregoing rights, the patient is invited to contact the Patient Advocate at (517) 975-8506.

**Patient Responsibilities**
In addition to their rights, patients have a responsibility to take, within their capacity, a role in their care. These responsibilities include:
- A patient is responsible for following the hospital’s rules and regulations affecting patient care and conduct.
- A patient is responsible for providing a complete and accurate medical history.
- A patient is responsible for making it known whether he or she clearly understands the plan of care and asking questions and following instructions.
- A patient is responsible for following the recommendations and advice prescribed in a course of treatment by the physician.
- A patient is responsible for providing information about unexpected complications that arise in an expected course of treatment.
- A patient is responsible for being considerate of the rights of other patients or residents and hospital staff and property.
- A patient is responsible for providing the hospital with accurate and timely information concerning his or her sources of payment and ability to meet financial obligations.
- A patient is responsible to provide prompt payments for service billed that are not covered by insurance, or to make proper arrangements regarding outstanding balance.
- A patient and/or advocate will be an active participant in the decision-making process relating to his or her care through information/education received by the professional staff.
- A patient is responsible for keeping appointments and for notifying the hospital or physician when he/she is unable to do so.
- A patient is responsible for his/her actions should he/she refuse treatment or not follow his/her physician’s orders.

**Filing a Complaint**
In addition to the organization’s complaint process, any person may file a complaint about a health facility with the Michigan Department of Community Health. You may contact either agency in writing or verbally to obtain further information regarding this process. Written complaints may be submitted to:

Michigan Department of Health and Human Services (MDHHS), Bureau of Health Systems, Division of Operations, Complaint Investigation Unit
P.O. Box 30664, Lansing, MI 48909

You may call 1-800-882-6006 for additional information.
Employee Parking

Parking rules have been designed to allow for adequate vehicle parking for patients, visitors, handicapped individuals and staff.

Vehicle Registration

- Any car brought to work needs to be registered
- Forms available at the Security department
- Parking Permit stickers shall be displayed on the front windshield, driver’s side, lower corner.

Off duty employees visiting may park in the visitor parking areas by displaying a note on their dashboard: “Visiting Patient, Room #”, or “Procedure/Test”.

Greenlawn Campus:

Shuttle buses run from the Washington lot to the main campus from 5am until 8:40pm.

Employees must park in the designated areas during the following times:

- If you work 5a-8:40p*: ride bus Washington lot to Greenlawn
- 7p-7a: Rear entrance of ramp or any lot. Until 8am the next day.
- If you come in between 1:45p and 5p: In any ramp entrance, do not park in physician parking.
- After 5pm: Main lot, Visitor lot, Professional lot or Meerman lot.
- All employee cars must be out of visitor areas by 8am.

*Employees who start between 11am and 1pm and leave after 8:30pm on a daily basis, may be eligible for a special parking pass. See SECURITY for Exception form.

Buses do not run on Weekends and Holidays. Employees may park on campus all day. Employees are never allowed to park in the OB /Breslin lot or Emergency lot.

Pennsylvania Campus:

Employees can park behind the main hospital. There is no bus.

Resources:

Security Office
GRN: 517-975-8000
PENN: 517-975-3100

Smoking:
Safety Policy and Procedure Manual

Parking:
Administrative Policy and Procedure Manual

Points to remember

- Any car brought to work needs to be registered
- Check with your supervisor where you should park
- Breaks and lunch times are to be arranged with your supervisor
- Smoke only in designated areas
Smoking

Smoking and tobacco use is not permitted in any McLaren - Greater Lansing owned or leased buildings or vehicles, or on property that is owned or leased by MCLAREN - GREATER LANSING, including parking lots, parking ramps, and walkways. An exception will be made to allow smoking in personal vehicles. Until such time as adequate employee parking is made available on the Greenlawn Campus on all shifts, an “employee only” smoking hut on the 5th floor parking ramp will be maintained for Greenlawn employees who do not have assigned parking spaces on campus. This policy will be communicated and enforced by MCLAREN - GREATER LANSING Security and leadership personnel.

Patients and Visitors.

Patients and visitors shall be informed of the Smoke and Tobacco-Free Environment policy through admission or pre-registration documents signs posted at strategic locations around the facilities. Reference Policy No. 200-116 Smoke and Tobacco-Free Environment – Patient.

Security personnel and all employees will be expected to assist patients and visitors with compliance to McLaren - Greater Lansing’s smoke and tobacco free environment.

Visitors who are observed smoking or using tobacco products or who request a place to smoke or use tobacco products will be asked to use their private vehicles. If a patient is observed smoking or using tobacco products or requests to smoke or use tobacco products, the Manager or designee of the department shall be notified to assist the patient with compliance to this policy. The Patient Care Manager/designee will seek assistance from the inpatient’s physician for orders for nicotine replacement therapy if this is required and no orders are noted on the chart.

Employees, Volunteers, Physicians, and Vendors.

Employees who choose to smoke or use tobacco products during regular break times and unpaid lunch periods may do so only in personal vehicles or, for those employees who work on Greenlawn, in the area designated in lieu of personal vehicle access. Reference Human Resources Policy/Procedure 300-4.12 Timekeeping.

Employees who choose to smoke during the workday should recognize that others might be sensitive to or even medically compromised by exposure to smoke odors from hair or clothing of smokers, just as they are to heavy applications of perfume, after shave or cologne. Supervisors will be expected to take those steps reasonably necessary to manage this risk and enforce appropriate hygiene standards.

Smoking is permitted in vehicles while on MCLAREN - GREATER LANSING owned or leased property.

Vendors may not smoke on MCLAREN - GREATER LANSING owned or leased property, except for their personal vehicles.

Employees who violate the Smoke and Tobacco-Free Environment policy are subject to disciplinary action, under HR Policy/Procedure 300-3.1 Employee Counseling and Discipline. Violation of this rule is considered a minor infraction.

MCLAREN - GREATER LANSING will provide low-cost or no-cost therapy and options for smoking cessation or nicotine replacement therapy to employees who wish to quit smoking/tobacco use. Employees and their spouse will be provided therapy for up to three “stop using” attempts free of charge. After the third attempt, a written appeal may be made to the VPHR for consideration of additional opportunity.

Break Time

From the Employee Handbook:

“If the work demands allow, there is one 10 minute paid rest period or break for each four (4) hour work period.” Breaks cannot be combined unless approved by the department manager. Breaks not taken will not be compensated. Breaks cannot be carried over from one day to the next. An employee may not take a break at the beginning or end of a shift.”
DIRECTONS TO

McLaren
GREATER LANSING

McLaren-Greater Lansing
Greenlawn Campus
401 W. Greenlawn Avenue

McLaren Orthopedic Hospital
Pennsylvania Campus
2727 S. Pennsylvania Avenue

For general information, call (517) 975 6000
mclaren.org/lansing
What All Employees Can Do

- Watch for unusual behavior.
- Familiarize yourself with the staff in your work area so you can easily identify personnel who may not belong there.
- Report suspicious persons immediately.
- Watch for persons in “uniforms”. Even a person in uniform may not belong.
- Discourage patients from wearing jewelry or keeping cash in their room. Offer to secure patient valuables through the Security Department.
- Put equipment and supplies away when not in use.
- Trust your gut. Communicate/report, don’t hesitate to alert security, coworkers, management, or local law enforcement.
- Be willing to write reports, i.e. Statements, Occurrence/Lost/Found, Security Incidents, and Vehicle Accidents.

Personal Safety Tips

- Lock your vehicle. Don’t leave items in plan view. If possible, don’t leave items in the vehicle at all (including cell phones).
- Lock your office door whenever you are away.
- Lock your purse in your desk drawer or employee locker.
- Wear your I.D. Badge at ALL times.
- Walk with a friend or in groups. Use the security escort service if available at your site.

Resources:

Security Office
GRN: 975-8002

Security Office
PENN: 975-3100

Safety Policy and Procedure Manual Section 6

Emergencies:

PENN: 22222
GRN: 22222
Off Sites: 911

Points to remember

- Follow suggested safety tips for your own protection
- Use your common sense; know all threats should be taken seriously
- Know what a Code pink/purple is and your role is
- A potentially violent situation is best deflected by being aware of your surroundings, being calm and willing to help
Security Wants To Know About:

- Threats, physical and verbal assaults
- Thefts, missing or vandalized property
- Unauthorized person(s) on MGL property or in the building
- Disturbances
- Any unusual activity or conditions
- Accidents

For any emergency And to get a hold of security:

ON CAMPUS:
Greenlawn: call 22222
Pennsylvania: call 22222

Off site: call 911

Code Gray (Violent/Combative Individual)

Reference: MGL P/P 500.SC.4
Note: Staff will only take measures necessary to protect the individual, self, and others from injury.

Any Staff member confronted with or witnessing a potentially violent situation (i.e., a combative person) should initiate a “Code Gray”. Prior to arrival of Code Gray Response Team members, staff members should also prepare to assist in the following manner:

1. Verbal Abuse Incident
   a.) Assist in attempts to verbally de-escalate the assailant.
   b.) Call in a second person to assist.
   c.) Add distance/barriers between the victim and the assailant.

2. Physical Battery
   a.) Protect self and others by assisting the victim in stopping/deflecting blows from the assailant.
   b.) Create a diversion by putting distance/barriers between the victim and the assailant.
   c.) Get medical assistance, if necessary.

Any employee hearing the request should contact the switchboard (GRN: 1-2-3, PENN: 2-1-2-3), identify that a Code Gray is in progress and provide the location of the incident. Upon hearing the Code Gray overhead page, Code Gray Response Team members will immediately respond.
**Code PINK / Code PURPLE**

WHAT IS “CODE PINK”?
“Code Pink” is the hospital-wide overhead page used when it is suspected that an infant or has been abducted, or is in the process of being abducted, from the facility.

WHAT IS “CODE PURPLE”?
“Code PURPLE” is the hospital-wide overhead page used when it is suspected that a child has been abducted, or is in the process of being abducted, from the facility.

MGL'S SECURITY MEASURES
MClaren - Greater Lansing has extensive security measures in place to prevent a child or infant from being abducted. All infants and children wear ID bracelets, as do their parents/legal guardians. Parents/legal guardians receive training when their child is admitted. There is also a security system in place in both the Birthing Center and the Pediatric Unit. Both staff and parents/legal guardians escorting a child from these floors must show special identification permitting them to transport children.
As part of a general measure, all employees will receive Code Pink/Purple training, so they are prepared and know what their responsibilities are on a day to day basis and when a Code Pink/Purple is called.

EVERYONE HAS A ROLE ON A DAY TO DAY BASIS!
In order to be prepared for a Code Pink/Purple, employees need to be knowledgeable and alert. This includes:

- Knowing where all entrances and exits are within the facility to consider possible “escape routes”.
- Being alert to unusual behavior, such as people making frequent visits to the nursery or the Pediatric unit “just to see the babies”.
- Wearing your photo ID conspicuously.

Please report any strange behavior. If you suspect a child has been abducted, call 123 (GRN) or 2123 (PEN) to report a “CODE PINK/PURPLE” and to provide a description. Call 911 if you are on an off-site campus.

YOUR ROLE WHEN “CODE PINK” or “CODE PURPLE” IS CALLED:
It is very important that you know what your role is when a Code PINK/PURPLE is called. Code responses should be discussed at the department level ahead of time.
These are the general steps that need to be followed:

- Proceed to the nearest exit. Monitor area for persons leaving the facility carrying an infant or package, which might conceal a baby or child.
- If you arrive at an exit that is already secured, proceed to the next nearest exit. **ALL EXITS MUST BE COVERED ASAP.**
- Once all exits are covered, any extra employees should search their work area.
- **DO NOT PLACE YOURSELF IN HARM'S WAY!**
- Identify suspicious behavior. Ask for identification. Call for assistance if needed. There is a phone at every exit with a direct line to the operator.
- Be particularly aware of large packages/bags which could hold an infant or child.
- All staff on duty will remain on site until the authorities complete proper questioning.
- A complete search of the facility will be coordinated by Security and local authorities.

It should also be noted that hospital staff will NEVER carry an infant/child. Staff will always transport infants/children through the hospital via cribs, etc. As always, just because someone is wearing scrubs it does not mean they work for the hospital. Therefore someone carrying an infant/child is suspicious.
**Violence in the Workplace**

Violence is the threat of force or actually using force to cause harm.

**Examples of violence:**

**What should you do?**
Be aware of your surroundings, especially items and people that may be potentially dangerous such as parking lots, isolated areas, patients brought in by the police.

**Be aware of behavior cues such as:**
- Agitation
- Raised Voice
- Tense Posture
- Unreasonable Demands
- Pacing
- Fist Clenching
- Flushed Face
- Threatening Gestures

**To defuse a potentially violent situation:**
- Check your own emotions
- Be Calm
- Be Courteous
- Be Respectful
- Maintain Eye Contact
- Be Willing to Help

**Major sources of workplace violence are:**
- Disgruntled employees
- Domestic violence that spreads into the workplace
- Patients with mental impairments
- Disgruntled family and friends of patients
- Alcohol Abuse patients

**There are four phases of the assault cycle. They include:**
1. Activation or Trigger
2. Escalation
3. Crisis
4. Recovery

**If someone is showing signs of losing control:**
NOTIFY SECURITY by calling 22222 (GRN), 22222 (PEN), or 911 (off-sites).

Potentially violent situations may be diffused by controlling your own emotions, speaking in a calm and respectful voice, listening, and showing willingness to help.

**Other tips include:**
1. Remain calm and alert
2. Keep a safe distance from the person
3. Leave yourself an escape route
4. Listen to the person
5. Be supportive
6. Offer the person choices
7. Avoid touching the person
8. Leave area for help

**After notifying Security, you should also:**
- Notify your supervisor
- Complete an occurrence report and if applicable an incident report

**All threats should be taken seriously!!**
Section 12
Fire Safety

Life Safety – Fire Safety

The Life Safety Management Plan describes how the organization will establish and maintain a life safety management program to provide a fire-safe environment of care. MGL has designed a program that considers life safety. The plan describes the processes for protecting patients, staff, visitors, and property from fire and the protection addressed in the Life Safety Code.

Fire Prevention

Fire prevention is critical in maintaining a workplace free from fires. ALL employees play a role in fire prevention. The goal of the fire prevention program is to prevent fires before they start.

Employees can help by:

- Knowing how fires are started.
- Knowing how to report fire situations.
- Practicing good housekeeping.
- Knowing what to do if a fire occurs.
- Knowing your department’s emergency procedures.

Hospitals are designed and built in smoke compartments or zones. These smoke compartments are called areas of refuge and are separated by fire doors and walls. Fire doors should never be wedged open or obstructed from closing because this prevents the doors from closing and creating an area of refuge.

- Keep corridors clear of obstructions so that a safe exit route is available in the event of a fire.
- Do NOT block or prop open corridor or stairwell doors. The doors are intended to limit the spread of smoke and fire.
- Do NOT use the elevator in the event of a fire.
- Do NOT block sprinklers. Maintain at least 18 inches of clearance around the sprinkler head.
- If you smell a burning odor or see fire/smoke, initiate a Code Red immediately.
- Do NOT wedge fire doors open.
- Touch closed doors before entering. If the door is hot, do NOT open it.
- Obtain a firewall penetration permit from Facilities Management prior to performing/contracting any work that may require penetrations through firewalls, i.e., cabling, running conduits, etc.

Points to remember

- Know the location of fire alarm pull boxes and fire extinguishers
- Report smoke or suspicious odors immediately
- Maintain corridors free of clutter
- Participate in all Code Red announcements as if they were real
- Know what the acronyms RACE and PASS signify
- Know the number to call in case of an emergency (GRN: 22222, PEN: 22222; OFF-SITE: 911)
Fire Safety and Evacuation

In the event of a fire, it is important to act quickly and competently to ensure the safety of patients, visitors, and staff. It is your responsibility to know what to do if a fire were to occur (Remember: RACE).

R rescue anyone in immediate danger. Move them to a safe area, such as to another room, or to an adjoining corridor behind fire doors.

A activate the alarm. Do this by pulling the handle on the nearest fire pull station (or blowing the whistle/horn in certain off-site facilities) and by contacting the switchboard at 22222 for the Greenlawn Campus, or 22222 for the Pennsylvania Campus, or 911 for off-site facilities.

C contain the fire if possible with a blanket or sheet (preferably wet) at the base of the door. Close all doors.

E extinguish the fire if it is controllable and after everyone has been safely removed from the area. Extinguish the fire with the proper fire extinguisher. In an electrical fire disconnect the power source. Always keep a clear escape route to your back.

Evacuation

A decision to evacuate will be made by the person in charge of the scene as identified in MGL P/P #500.FS.5. All employees should be familiar with their department evacuation plan. If you do not know the plan, Ask Your Supervisor NOW!

It is the policy of MGL that all employees shall observe the procedural guidelines developed for horizontal, vertical, and full vertical evacuations and shall be knowledgeable of their specific departmental evacuation roles, responsibilities, and procedures as identified in MGL P/P #500.EM.4.

Horizontal Evacuation – Move people horizontally (on the same floor) to a designated area of refuge or through as many fire doors as possible. Most fire doors close automatically when the fire alarm is activated. Fire doors are specifically designed to resist fire. Areas of refuge are beyond the fire doors to the compartment in which the fire is contained.

Vertical Evacuation – Use the nearest available stairwells to evacuate. Patients should be moved two levels below the level of the hazard, if possible. Do NOT evacuate into the basement level. Do NOT evacuate upwards unless the only route is up.

Full Vertical Evacuation/Total Facility Evacuation – Conducted by order of the Chief Operating Officer, or designee, or the Lansing Fire Department. Follow directions from the person in charge at the scene.

Off-Site Facility Evacuation – In the event of a fire, immediately evacuate all staff, patients, and visitors from the building and assemble at the designated meeting area. Follow appropriate notification procedures and obtain an accurate head count for staff and patients.

REMEMBER – R.A.C.E.

R Rescue anyone in immediate danger
A Activate the alarm
C Contain the fire
E Extinguish the fire, if safe

EMERGENCY NUMBERS:
GRN: 22222
PEN: 22222
OFF SITE: 911
**Code Red – Fire Emergency**

The **CODE RED** announcement is used to alert personnel of a fire/smoke emergency situation. The Code Red announcement means that someone has pulled a fire pull station handle, one of the fire detection devices (smoke detectors) has been activated by smoke, or a call was made to the Switchboard that reported a fire/smoke situation. ALL Code Red announcements should be taken seriously and employees should respond according to procedures outlined in **MGL P/P #500.FS.5** or in departmental policies/procedures.

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**Types of Fires**

- **CLASS A** – Involves items such as wood, paper, cloth, furniture, rubber, or other similar combustible materials
- **CLASS B** – Involves flammable/combustible liquids, gasses, or grease
- **CLASS C** – Involves electrically energized equipment, computers, patient beds, extension cords, motors, appliances, or other similar electrical items

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**Fire Extinguishers**

Fire extinguishers are located throughout MGL facilities and are identified by locator signs above or near the fire extinguisher. Take time now to locate the extinguishers in your department.

It is important to choose the proper fire extinguisher when confronted with a fire. Used properly, fire extinguishers can save lives and property by putting out a small fire or by containing the fire until the fire department arrives.

REMEMBER that fire extinguishers have a limited range and a limited amount of extinguishing agent. Extinguishers are effective against small fires, but should not be used if ANY of the following is true:

1. You have not been properly trained to use the fire extinguisher.
2. The fire spreads beyond its immediate area.
3. The fire could block your escape route.

You must know how to operate the extinguisher before an actual fire. *There is no time to read the directions in an emergency.*
**Types of Fire Extinguishers**

All fire extinguishers in MGL facilities are labeled as to the type of fire they will extinguish as well as those they cannot be used on.

The ABC-type fire extinguisher is a multipurpose dry chemical extinguisher that may be used on Types A, B, or C fires. Some ABC extinguishers may contain Halon. When Halon reacts with the fire, it produces toxic fumes so it is important to leave the area after discharging a Halon extinguisher. Halon extinguishers are normally located near areas with a lot of electrical items such as the main computer room on the Greenlawn Campus. Most portable fire extinguishers in MGL facilities are the ABC-type.

The BC-type fire extinguisher contains Carbon Dioxide and it may be used on Types B and C fires.

BC-type extinguishers may be located in electrical areas.

Do **YOU** know what to do in case of a fire?

Do **YOU** know where the closest fire extinguisher and fire pull station are located?

**When Using a Fire Extinguisher**

Remember the **PASS**-word!!

- **P** → PULL the pin.
- **A** → AIM at the base of the fire and **ALWAYS** keep an escape route to your back.
- **S** → SQUEEZE the lever.
- **S** → SWEEP from side to side. Move carefully toward the fire and sweep back and forth until the flames appear out.

**Watch the fire area. If the fire re-ignites, repeat the process.**
Section 13
Emergency Preparedness

Emergency Management Plan

The Emergency Management Plan describes how MGL will establish and maintain a program to ensure effective response to disasters or emergencies affecting the Environment of Care. The Environment of Care Manager is responsible for developing this plan.

General Responsibilities of the MGL employee with regards to the EMP: Know your role/responsibility for each code; Participate in all code announcements as if they were real; Know your departments initial response procedures; Know your departmental evacuation plan; Know the number to call in case of an emergency (PENN: 22222; GLN: 22222; OFF-SITE: 911)

Emergency Paging

How to activate a Code Page:
For emergencies on the GREENLAWN CAMPUS call the Switchboard at 22222.
For emergencies on the PENNSYLVANIA CAMPUS call the Switchboard at 22222.
For emergencies at off-site facilities call 911.
Tell the operator the TYPE OF CODE you need paged, the EXACT LOCATION (identify which campus), and your NAME.

**This verbal communication is EXTREMELY IMPORTANT in facilitating the timely and accurate paging of emergency codes and their locations.

Resources:

For emergencies:
Greenlawn: 22222
Pennsylvania: 22222
Off Site: 911

For non-emergencies:
Environment of Care Specialist: 975-7630

Environment of Care Policy and Procedure Manual

For emergency action details see the following policies/procedures, which are located in the Environment of Care Manual:

#500.EM.1 – Code Triage (Disaster)
#500.EM.2 – Code Weather Watch/Warning
#500.EM.3 – Code Yellow – Bomb Threat
#500.EM.4 – Evacuation Plan
#500.EM.5 – Disaster Time Tracking Process

Points to remember

• Respond quickly and effectively to disaster
• Provide first aid to victims and minimize loss of life
• Treat injured and provide temporary food and shelter
• Care for the existing patient load
• Know the disaster plan, especially evacuation routes and alarm signals
• Know your role, where to report, the person to report to, and your specific duties/responsibilities
• Take training and drills seriously
• Know the number to call in emergencies
Weather Information

**Severe Weather Watch** – Issued when severe weather (thunderstorm, snowstorm, flood) may occur.

**Severe Weather Warning** – Issued when severe weather is imminent.

**Tornado Watch** – Issued when conditions are such that a tornado may develop.

**Tornado Warning** – Issued when a tornado has been sighted in the immediate vicinity.

**Severe Snow/Ice Storm Watch** – Issued when conditions are such that severe snow/ice storms may occur. Refer to MGL P/P 500.EM.2 for response activities.

**Severe Snow/Ice Storm Warning** - Issued when conditions are such that severe snow/ice storms will occur or has occurred. Refer to MGL P/P 500.EM.2 for response activities.

**Flood Watch**
This advisory is issued when conditions are such that flooding may occur. Refer to MGL P/P 500.EM.2 for response activities.

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**Code Triage**

**WHAT IS A DISASTER?**

Disaster has been defined as any event that overwhelms the facility’s ability to operate normally and provide customary patient care.

They may be the result of NATIONAL EMERGENCIES (wars, nuclear/biological/chemical attacks), or MASS CASUALTIES (fires, civil disturbances, plane crashes). A disaster may be INTERNAL (fire, bomb threat) or EXTERNAL.

The following provides some key information you need to know to appropriately respond to a Code Triage. For further details, see MGL Code Triage P/P 500.EM2 in the Environment of Care Manual.

**Code Triage Alert:** Indicates that a potential for an external disaster exists, an external disaster is imminent, or an external disaster has occurred and MAX result in casualties being transported to MGL’s Greenlawn Campus. No actual personnel or equipment movement should occur upon hearing this announcement. However, Incident Command Staff will report to the Chief Nursing Officer’s Office, or other designated area, to evaluate the situation. The announcement will be made at both campuses to ensure all employees are aware of the potential disaster situation. Supervisors/managers should evaluate their department’s status (personnel and equipment) at this time.

**Code Triage External/Internal:** Indicates that an external/internal disaster has occurred and WILL result in casualties being transported to MGL’s Greenlawn Campus. Upon hearing a Code Triage announcement, Code Triage response procedures must be implemented. The announcement will be made on both campuses to ensure all employees are aware of the situation. Hospital personnel will report as indicated in MGL P/P 500.EM.1. The majority of non-clinical personnel will report to the Central Personnel Pool (CPP) on their respective campus. Department / unit managers / supervisors must submit a resource report to the Incident Command Center. The Switchboard will notify off-site facilities about the situation. Off-site facilities must fax a resource request form to the Incident Command Center and be prepared to provide assistance as requested. All departments must activate their disaster phone tree to determine available personnel in the event more need to be called in to support the disaster response.

Hospital employees can call into the MGL Employee Disaster Information Line (517-975-8007) to get details about MGL disaster response activities.

ID badges MUST be worn and visible at ALL TIMES, especially during a disaster response.

Remain calm and follow directions from the Command Center, your supervisor, or the person in charge of the area you are assigned to work in.

Only information approved by the Incident Command Center will be released to families or the public. Refer all media inquiries to the Public Information Center (Education Center; 975-7019)

**Disaster Function Areas**

GLN Primary ICC: WCC 2203
GLN Secondary ICC: Pro. Bldg., Ste. 30
GLN Public Information Ctr.: Education Center
PENN Primary ICC: Administration
PENN Secondary ICC: Security Office
PENN Public Information Ctr.: Classroom D&E
Priority 1 (Red) Treatment Area: ED
Priority 2 (Yellow) Treatment Area: ED/PACU
Priority 3 (Green) Treatment Area: Urgent Care Center
Code Triage, Continued

Priority 4 (Black) Treatment Area: Morgue
GLN Triage: Ambulance Bay
PENN Triage: Main Parking Lot by UCC
Decon Area: Decon Room/Ambulance Bay
Central Personnel Pool: Cafeteria

Emergency Contact Information

Emergency Contact Information may be found in the orange emergency response guides that are located in each department/unit.


ANY PROBLEMS DURING A DISASTAR SHOULD BE COMMUNICATED TO THE COMMAND CENTER.

INCIDENT COMMAND CENTER
Located in the Women’s & Children Conference Rooms 2203 A & B on the Greenlawn Campus. Coordinates all areas and functions during a disaster

CENTRAL PERSONNEL POOL (CPP)
Established only after Code Triage has been activated. Located in the cafeteria on each campus unless otherwise announced. All available hospital personnel must report to the CPP upon the Code Triage External/Internal announcement

Bomb Threats – Code Yellow

Are you prepared?

What to do....

If you receive a telephone bomb threat:

- Remain Calm
- Quietly signal another employee to report the bomb threat (GLN: 22222, PENN: 22222, or Off-Site: 911). Provide exact department/location and campus when reporting to the switchboard.
- Record, in writing, every word spoken by the caller.
- Use the Phone Log for Bomb Threats form to gather and document data on the caller.
- Keep the caller on line as long as possible.
- Inform the caller that the building is occupied and that detonation could result in death and injury to many persons.

If you hear the Code Yellow announcement:

- Remain CALM
- Follow department search guidelines as outlined in the Code Yellow Policy and department policies/procedures.
- Report “All Clear” or “Not All Clear” to the Command Center.

REMEMBER:
- Do NOT touch/move any suspicious object.
- Eliminate all radio traffic and cellular phone use.
- Be patient and thorough during the search.
- Carry out search in a calm and confident manner so as not to worry patients.
Overview

- NIMS
- What is ICS/IMS?
- Who uses ICS/IMS?
- Why use ICS/IMS?
- When is ICS/IMS used?
- ICS/IMS Concepts/Principles
- Command & General Staff

Components
- Command and management
- Preparedness
- Resource management
- Communications and information management
- Supporting technologies
- Ongoing management and maintenance.

What is ICS/IMS?

- A component of the National Incident Management System
  - Comprehensive
  - National
  - All Levels
  - All Disciplines

What is ICS/IMS?

- Model tool for command, control, and coordination

- Provides a means to coordinate the efforts of individual agencies as they work toward the common goal of stabilizing an incident.

National Incident Management System (NIMS)

- A consistent nationwide template to enable all government, private-sector, and nongovernmental organizations to work together during domestic incidents.

National Incident Management System (NIMS)
Who Uses ICS/IMS?

- Fire Departments
- Police Departments
- Sheriff's Departments
- Emergency Management Agencies
- Michigan State University
- Emergency Medical Services (EMS)
- State/Federal Government
- Other Hospitals

Why Do We Need ICS/IMS?

JCAHO Standard (EC.4.10)

2. The hospital establishes the following with the community:
   - hospital's role
   - An "all hazards" command structure within the hospital

More From JCAHO …

JCAHO says (E.C. 4.10)

19. Alternate roles and responsibilities of personnel during emergencies, including who they report to within a command structure and… the community’s command structure.

NFPA 11-4.3

- “The Disaster Committee shall model the disaster plan on ICS.”

American College of Surgeons

- Predetermine Who is in Charge
- Patient Triage & Flow
- Who is in Charge of What Area
- How to Handle
  - Media
  - Security
  - Communications
- Designate an Operations Center

Federal Regulations

- 29 CFR 1910.120 (OSHA)

“The Incident Command System shall be established by those employers for the incidents that will be under their control and shall be interfaced with the other organizations or agencies who may respond to such an incident.”
HSPD-5
  • “Requires… adoption of NIMS [National Incident Management System] by State and local organizations [as] a condition for Federal preparedness assistance (grants, contacts, and other activities)…”

When is ICS/IMS used?
• Hazardous Materials Incidents
• Planned Events
• Natural Disasters
• Multiple Casualty Incidents
• Air, rail, water, or ground transportation incidents
• Acts of terrorism

Incident Command/Management System (ICS/IMS)
• Result of wild land fires in Southern California during the 1970’s
• Multiple agencies involved
• Identification of organizational problems
• Resulted in development of the original ICS/IMS for effective incident management

ICS/IMS (cont.)
• Evolved into an all hazard/all-agency system
• Suitable for use regardless of jurisdiction or agency involvement
• Ability of organizational structure to adapt to any incident
• Applicable and acceptable to users throughout community or region

The Incident Command System Compares to Common Business Management Concepts

The Incident Command System Compares to Common Business Management Concepts

- Planning
- Directing
- Organizing
- Delegating
- Communicating
- Coordinating

ICS/IMS
Factors That Affect Disaster Management

- Dynamics
- Complexities
- Confusion

DYNAMIC
- Constantly changing situations
- Incident priorities change
- Negative impact on organization
- Readiness for any type incident
- The situation must be controlled or the situation will control you

COMPLEXITIES
- Many responsibilities
- Incidents with major problems
- Requirement of interagency cooperation

Confusion
- Time constraints
- Persons calling for assistance
- Command officers
- Communication networking

Principles of ICS/IMS
- Common Terminology
- Modular Organization
- Integrated Communications
- Single vs Unified Command
- Manageable Span of Control
- Designated Incident Facilities
- Comprehensive Resource Management

Common Terminology
There is an essential need for **common** terminology in any emergency system

Avoid use of all acronyms, slang and abbreviations

Use “clear text” communication
Modular Organization

- ICS/IMS organizational structure develops in modular fashion at any incident
- Top-down development
- Command is always staffed
- ICS/IMS organizational structure is based on the management needs of the incident

Modular Organization (Simple Incident)

- Incident Command
  - Triage
  - Decon
  - Pt. Care

Modular Organization (Complex Incidents)

- Incident Command Staff

Incident Commander

- Incident Commander
  - Finance
  - Ops
  - Planning
  - Logistics
IC Responsibilities

- Assess incident priorities
- Determine strategic goals
- Determine tactical objectives
- Develop incident action plan
- Develop appropriate organizational structure

IC Responsibilities (cont.)

- Manage incident resources
- Coordinate overall emergency activities
- Ensure employee safety
- Coordinate activities of outside agencies
- Authorize release of information to media

Medical Officer (Medical Staff Director) Responsibilities

- Facilitate Medical Staff Recruitment & Staffing
- Plan & Project Patient Care Needs
- Monitor Delivery of Medical Care
- Provide Technical Support to the IC

PIO Responsibilities

- Interface with other media sources
- Establish press area
- Provide and control tours and photo opportunities
**PIO Responsibilities**

- Provides central point for dissemination of information
- Reduces risk of conflicting information from multiple sources
- Coordinates with IC on what information to release (e.g., cause, names, injuries)

**Safety/Security Officer Responsibilities**

- Role may be separated:
  - Security Officer
  - Safety Officer
- Monitors and assesses safety hazards or unsafe situations and develops plans for ensuring personnel safety
- Offers IC suggestions about how to minimize present and potential risk

**Safety/Security Officer Responsibilities (cont.)**

The Safety Officer has the authority to bypass the chain of command to correct unsafe acts and remove persons from imminent danger

**Liaison Officer Responsibilities**

- Represent IRMC at the community Emergency Operations Center
- Coordinate hospital operations with external agencies
- Ensure IRMC’s capabilities/limitations/needs are addressed at the EOC
**Operations Section Chief Responsibilities**

- Direct and coordinate all tactical operations
- Develop operational plans
- Request or release resources through the Logistics Section
- Consult with IC about the overall incident action plan

**Planning Section Chief Responsibilities**

- Responsible for the collection, evaluation, dissemination, and use of information about the development of the incident and the status of resources

**Primary Planning Functions**

- Situation status – past, current, predicted
- Resource status – current, predicted
- Use of this information – Knowing what has and is happening creates for accurate prediction model.
**Logistics Section Chief**

- **Incident Commander**
- **Medical Officer**
- **Safety/Security Officer**
- **PIO**
- **Liaison Officer**

- **Operations Section Chief**
- **Planning Section Chief**
- **Logistics Section Chief**

**Logistics Section Chief Responsibilities**

- Responsible for providing facilities, services, and materials for the incident
- Manages service and support resources

**Finance Section Chief**

- **Incident Commander**
- **Medical Officer**
- **Safety/Security Officer**
- **PIO**
- **Liaison Officer**

- **Operations Section Chief**
- **Planning Section Chief**
- **Logistics Section Chief**
- **Finance Section Chief**

**Finance Section Chief Responsibilities**

- Responsible for all cost and financial considerations of the incident

**Finance Section Chief Responsibilities [cont.]**

- Future Payments
- Future Budgeting
- Payment of Personnel Cost
- Cost Recovery

**Designated Incident Facilities**

- Command Post(s)
- Incident Command Center
- Priority Treatment Areas
- Labor Pool
- Triage & Receiving
- Decon Room/Area
Summary

• NIMS
• What is ICS/IMS?
• Who uses ICS/IMS?
• Why use ICS/IMS?
• When is ICS/IMS used?
• ICS/IMS Concepts/Principles
• Command & General Staff

Any Questions?
WMD – Weapons of Mass Destruction

The federal government has recognized that the potential for the use (and the knowledge about, and availability of) weapons of mass destruction (WMD) to terrorist groups and individuals has increased and threatens society. To that end, Presidential Decision Directive 39 “United States Policy on Counterterrorism” was issued in June 1995 to help the U.S. prevent, investigate and manage the consequences of terrorist use of weapons of mass destruction. In 1996, Public Law 104-201 (commonly called the Nunn-Lugar-Domenici bill) directed the Department of Defense to develop a domestic preparedness program to improve federal, state and local emergency responses to WMD incidents.

Since hospitals are an essential part of the emergency response system, it is essential that hospital staff become more knowledgeable about WMD events. Experts advise that local communities should be prepared to deal with the consequences of a terrorist event for the first 12-36 hours before federal agencies will be completely able to augment local response and provide specialized support.

Definition of terrorism: the unlawful use of force against persons or property to intimidate or coerce a government, the civilian population, or any segment there of, in the furtherance of political or social objectives.

Domestic terrorism: terrorist acts that are directed at elements of the U.S. government or population without foreign direction.

International terrorism: terrorist activities that are foreign based and/or directed by countries or groups outside the United States.

Terrorist acts using weapons of mass destruction can be conducted by an individual or a group. Some examples of terrorist groups can include ethnic separatist groups, left or right-wing radical organizations, racist groups or issue-oriented groups.

The motivation of terrorists can be to protest government policies, further nationalist or separatist agendas, or for retaliation, revenge or extortion. The act may occur as a covert event in which people are unknowingly exposed, or as an announced event in which persons are warned that an exposure has occurred. This is often done to get immediate publicity for a cause. Terrorists do not always want to kill people; sometimes just making a large group of people ill will meet their goals of disrupting services (i.e. diversion of public safety and EMS resources from other community needs), creating chaos and inflicting long-term psychological stress.

Acts of terrorism are usually directed at “key assets” or an organization, system or physical plant, the loss of which could have economic or social impact. Potential targets of terrorist acts can be civilian or military government facilities, industries (especially those that are part of the “military-industrial complex” or that have high economic impact), financial institutions, infrastructure systems (mass transit, tele-communications, energy, etc.), storage installations for explosive devices, sports/special event venues, schools, hospitals/clinics, shopping centers (or places with large groups of people) and places with historical or symbolic significance.

**CBRNE**

CBRNE is the acronym used for identifying five categories of terrorist weapons of mass destruction:

- **Chemical**
- **Biological**
- **Radioactive**
- **Nuclear**
- **Explosives**

1. **Chemical Agents (CBRNE)**
   Chemical agents act within minutes and people exposed will develop symptoms right away. The primary route of exposure for chemical agents is inhalation. The toxicity of the agent depends largely on the size of the particles and/or water solubility of the gas. Large particles and highly water soluble gases will be trapped in the nasopharynx and small particles and gases with low solubility will enter more deeply into the lungs. Quick decontamination is essential and antidotes are available for some chemical agents.

2. **Biological Agents (CBRNE)**
   Biological agents are living organisms, that when in the form of liquid droplets, aerosols or dry powders cause harm or disease. The use of biological agents is attractive to terrorists because most of them are relatively inexpensive and do not require sophisticated technology to produce or deliver. Fortunately, however, most biological agents are difficult to effectively disperse via aerosol devices. Many agents are extremely sensitive to things like temperature, humidity and ultra-violet light; wind speed and direction may determine the extent of biological agent release.

The signs and symptoms of diseases produced by biological agents can take days to weeks to develop. The signs and symptoms are usually non-specific and may mimic natural infections/epidemics, like the flu. This is why a high index of suspicion is so important. This delay in onset of symptoms is one of the reasons the use of biological agents is attractive to terrorists, because it lowers the terrorist to escape the area before detection.

Hospital personnel may be the first people to recognize whether patient presentation is “typical” of an infectious disease or “unusual”. The epidemiological pattern will probably be the main sign that a bioterrorism attack has occurred so healthcare providers need to have a high index of suspicion. This is especially true because the symptoms are non-specific.
arrives. Early response can keep a situation from getting out of control. Plans need to be utilized and followed as close as possible.

MGL has disaster response plans in place to respond to all hazards including terrorist events. Refer to the Emergency Preparedness section of the EC manual for specific policies/procedures. Familiarize yourself with response activities that pertain to you.

Being aware and having adequate preparation are crucial to combat terrorism and deal with the medical consequences of a WMD terrorist incident. The purpose of this information is not to scare you, but rather to alert you to the issues and complexities associated with a community wide WMD terrorist event. Hopefully, increased awareness by hospital staff will enable our facility to respond more effectively in the event that terrorism does strike.

Contact the MGL Environment of Care Manager for more details at 975-7705.

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### 3. Radioactive Agents (CBRNE)
A radiation dispersal device (RDD) is any device that causes purposeful dissemination of radioactive material across an area without a nuclear detonation. The material dispersed can originate from any location that uses radioactive sources. The radioactive source is blown up using conventional explosives and is scattered across the targeted area as debris.

Radiation cannot be seen, smelled, felt, or tasted by humans. If an event occurs where radioactive materials were released, people will be told where to report for radiation monitoring and blood tests to determine whether they were exposed to radiation as well as what steps to take to protect their health.

### 4. Nuclear Devices (CBRNE)
A nuclear incident is an event in which a nuclear agent is used as a weapon of terrorism. It can involve the detonation (or threatened detonation) of a nuclear bomb or the detonation (or threatened detonation) of an explosive device that includes nuclear materials. Nuclear agents are the least likely weapon of mass destruction to be used by terrorists because of the difficulty of acquiring, building and using nuclear weapons. However, terrorists could cause a nuclear incident by detonating an explosive device (like a truck bomb) near a nuclear power plant or attacking nuclear cargo during transport. Food or other products could be contaminated with radioactive materials.

### 5. Explosive Devices (CBRNE)
An explosive device is any substance or article designed to explode, either by a rapid release of gas and heat or by a chemical reaction. Examples of explosive devices include homemade bombs, pipe bombs, letter bombs, dynamite and military ordinances, and fertilizer bombs.

The FBI reports that 70% of all terrorist attacks in the world involve explosives (usually bombs) and that 3,163 bombing incidents occurred in the U.S. in 1994. The FBI also states that: (1) public safety agencies have only a 20% chance of finding an explosive device; (2) only 4% of bombings are preceded by a warning or threat; (3) hundreds of “hoax” bomb incidents are reported each year; and (4) residential properties are the most common targets for bombers.

The dissemination of nuclear, biological, and chemical agents as aerosols may often be attempted through the use of bombs or explosives.

Early activation of the Emergency Response Plans are critical. In the case of a chemical or biological situation, activation will need to occur with the first patient that arrives. Early response can keep a situation from getting out of control. Plans need to be utilized and followed as close as possible.

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### If you are interested in learning more about “weapons of mass destruction,” the following internet sites provide useful information:

- **Chemical Agents**: http://ccc.apgea.army.mil
- **Biological Agents**: http://www.bt.cdc.gov

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# MGL EMERGENCY CODES

For emergencies call... GLN: 22222 Penn: 22222 Off-Site: 911

<table>
<thead>
<tr>
<th>CODE NAME</th>
<th>EVENT</th>
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<tbody>
<tr>
<td>CODE RED</td>
<td>FIRE</td>
</tr>
<tr>
<td>CODE BLUE</td>
<td>CARDIAC ARREST - ADULT</td>
</tr>
<tr>
<td>CODE WHITE</td>
<td>CARDIAC ARREST - CHILD</td>
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<tr>
<td>CODE LITTLE BLUE</td>
<td>RESPIRATORY/CARDIAC ARREST – INFANT</td>
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<tr>
<td>CODE WEATHER (WATCH/WARNING)</td>
<td>SEVERE WEATHER</td>
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<tr>
<td>CODE PINK</td>
<td>INFANT ABDUCTION</td>
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<tr>
<td>CODE PURPLE</td>
<td>CHILD ABDUCTION</td>
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<tr>
<td>CODE SILVER</td>
<td>HOSTAGE SITUATION</td>
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<tr>
<td>CODE YELLOW</td>
<td>BOMB THREAT</td>
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<tr>
<td>CODE ORANGE (INTERNAL/EXTERNAL)</td>
<td>HAZARDOUS MATERIAL INCIDENT</td>
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<tr>
<td>CODE TRIAGE ALERT</td>
<td>EMERGENCY/DISASTER ALERT</td>
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<tr>
<td>CODE TRIAGE (INTERNAL/EXTERNAL)</td>
<td>DISASTER INCIDENT</td>
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<tr>
<td>CODE GRAY</td>
<td>VIOLENT/COMBATIVE INDIVIDUAL</td>
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</table>
Clinical Engineering is the hospital department responsible for all Patient Care Equipment.

Patient Care Equipment: any electrical equipment used to treat, monitor, diagnose, and care for patients. This includes medical equipment owned by Ingham, loaners and rental equipment and items brought in by patients or employees from home.

Patient care equipment that is owned by or permanently resides at IRMC facilities will have a bar code control number placed on it by Clinical Engineering.

ANY electrical or battery-operated equipment used within 6 feet of a patient MUST:
- Be inspected PRIOR to use.
- Have an “approved for use” inspection sticker.
- Have a grounded power cord with a three prong plug (if electrical).

ALL operators of electrical equipment are responsible for:
- Inspecting the power cords and plugs on the equipment BEFORE plugging into an outlet.
- Knowing how to safely operate the equipment prior to using it.
- Ensuring there is a Clinical Engineering sticker, if the equipment is used in a patient care area.

If a piece of equipment fails any checks, DO NOT USE IT!

Report any failures or repairs needed on patient care equipment to Clinical Engineering (x56277).

Tags and Stickers

Every piece of medical equipment that is inventoried has a unique control #. This is the number used to track the unit for inspection/service history and location. If there is not a tag on an item it has not been added to the inventory.

This number is required when calling for service to open a Work Order (Please have it available).

You will also find the following sticker on every piece of medical equipment:

Approved by MCES for patient use.
For service or information call 517-975-6277

Points to remember
- Know how to operate the equipment before your do
- Make sure inspection sticker is up to date
- Report all electrical hazards or medical equipment failures to Biomed
- Have control number available when placing a service request
- Portable heaters & heating pads are not allowed

RESOURCES:
Clinical Engineering: 517-975-6277
Safety Policy and Procedure Manual: Section 7

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Clinical Engineering: 517-975-6277

Safety Policy and Procedure Manual: Section 7

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Control #
Medical Equipment Failure

National legislation now regulates that medical device failures related to deaths must be reported to the FDA and serious injury or illness to the manufacturer. This reporting must occur within 10 days of the event. This includes machine malfunction and operator error.

Under the Safe Medical Devise Act is stated that if medical equipment FAILS while it is being used on a patient and contributes to or causes injury or death, you MUST:

1. Stabilize patient, if applicable.
2. Notify PCM or Nursing Supervisor immediately.
3. Notify Patient Safety Department immediately.
5. Impound equipment and notify Clinical Engineering that the equipment is under investigation.
6. Tell Clinical Engineering you are completing an occurrence report.
7. Do NOT touch or change the settings on the equipment.
8. Collect any disposable and accessories and forward them to Patient Safety Department.
9. Do not release any equipment to a vendor/manufacturer that is involved in an occurrence until Patient Safety Department releases the equipment.

Prohibited Items

Items NOT permitted in patient care areas:
1. Portable Heaters (not allowed anywhere in the facility)
2. Heating Pads
3. Electric Razors (unless battery-operated)
4. Extension Cords
5. 2-prong Power Cords or Plugs

In patient care areas, multiple outlet strips are allowed ONLY if they are permanently attached to a wall/cart.

Cellular phone use is NOT permitted in the hospital as they can interfere with medical equipment and cause patient injury or death. Please instruct patients and visitors to turn their phones OFF if they carry them. The phones continue to transmit even in standby or “waiting” mode.

Cellular phones are only permitted in the lobbies.

Critical Alarms

Any alarm that is intended to protect the individual receiving care or alert the staff that the individual is at risk and needs immediate assistance.

It is YOUR RESPONSIBILITY to know:

1. Which devices you use in your work area that have critical alarms
2. How to set and check the operation of alarms
3. What the appropriate response should be when an alarm occurs.

NEVER ignore or turn off critical alarms unless clinical protocol requires it. Critical alarm examples include:
- EKG leads off alarms
- Heart rate limit violations
- Arrhythmia alarms
- Ventilation (respiration rate, air flow, pressure) alarms
- Emergency bath station nurse call alarms
Section 15
Infection Control

How Infection Control Can help you...

The purpose of the Infection Control department is to control and prevent infections of patients, visitors, employees, volunteers and professional staff.

Licensing and accrediting agencies prescribe standards, which the Infection Control department implements in our hospital through policies, surveillance, prevention and reporting.

The Infection Control Policy and Procedure manual contains all information pertaining to Infection Control topics.

Introduction

Throughout time we have learned more about infectious diseases, prevention and treatment. Safety precautions have improved over the last years, but the risk to healthcare workers is still great if workers fail to follow the safety guidelines.

Find out during your orientation, which policies and procedures are pertinent to your job and become familiar with them.

If you have questions, the Infection Control department can be reached at 517-975-8509.

Hand washing is your best protection against infection and also protects others

Hand Hygiene includes both hand washing with soap and water and hand rubbing with alcohol-based products that do not require the use of water.

Hands are to be washed with soap and water at the following times:

- At the start and end of each shift
- Before and after eating, drinking and smoking
- Before and after using the toilet
- After blowing/wiping your nose or coughing into your hands
- Whenever hands are obviously soiled
- When caring for a Clostridium difficile patient

In the absence of the above conditions, hospital approved alcohol-based products are preferred because of their microbiocidal activity, reduced skin drying and convenience.

Hand washing Guidelines:

- Remove hand and wrist jewelry
- Wet hands with warm running water; obtain hospital approved soap
- Clean under nails and between fingers
- Wash and/or scrub with cleansing agent for 15 seconds using friction
- Wash 2 or 3 inches above wrist
- Direct hands downward into sink to keep contaminated water from running onto your forearms
- Rinse thoroughly with warm water
- Dry hands with paper towel and discard
- Turn off faucet with a dry paper towel and discard in regular waste
- May apply hospital approved lotion

RESOURCES:
Infection Control: 517-975-8509
Infection Control Policy and Procedure Manual
Safety Policy and Procedure Manual: Section 2

Points to remember

- Know your policies and procedures needed for your job
- This includes McLaren Greater Lansing’s Bloodborne Pathogen Exposure Control Plan, Contract Borne Pathogens, Droplet Pathogens, Airborne Pathogens, and Neu-tropenic Precautions
- Know your isolation signs
Section 15
Infection Control

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDBRUB

Duration of the entire procedure: 40-60 seconds

1. Wet hands with water;
2. Apply enough soap to cover all hand surfaces;
3. Rub hands palm to palm;
4. Right palm over left dorsum with interlaced fingers and vice versa;
5. Palm to palm with fingers interlaced;
6. Backs of fingers to opposing palms with fingers interlocked;
7. Rotational rubbing of left thumb clasped in right palm and vice versa;
8. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
9. Rinse hands with water;
10. Dry hands thoroughly with a single use towel;
11. Use towel to turn off faucet;

Your hands are now safe.

World Health Organization
Patient Safety
SAVE LIVES
A World Alliance for Safer Health
Clean Your Hands

WHO acknowledges the Bill and Melinda Gates Foundation (BMGF), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009
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Personal Protective Equipment (PPE)

Personal protective equipment will be worn when performing all tasks and procedures where exposure to blood and body fluids can be reasonably anticipated.

- **Location** – Clean utility room/Isolation Carts/ AIIR Ante rooms, gloves also in patient rooms
- **Gloves** – Do hand hygiene prior to putting on gloves. Wear clean gloves when touching blood, body fluids, mucous membranes and non-intact skin. Wear clean gloves for performing venipuncture and other vascular access procedures. Perform hand hygiene. Remove gloves without touching the outside of the gloves. Remove gloves promptly after use, before touching non-contaminated surfaces and before providing care to another patient. Immediately wash hands after removing gloves. Utility gloves can be cleaned and reused if undamaged.
- **Masks/Respiratory Protection, Eye Protection, Face Protection** – Various types of masks, goggles and face shields are worn alone or in combination to provide barrier protection during tasks, procedures and patient care activities that are apt to generate splashes or sprays of blood or body fluids. When resuscitating a patient, use the ambu bag that can be found in each patient room.
- **Gowns** – Impermeable gowns are worn to protect skin and prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood or body fluids. Remove soiled gown before leaving patient’s room.

Make sure PPE is available and that it fits properly. Check it for flaws or damage and remove promptly if soiled. Remove before leaving the work area and dispose of according to guidelines. Then practice hand hygiene.

“Touching is a human need, don’t stay away from patients. Use your PPE”

Standard Precautions

A group of infection prevention practices that apply to all patients. Assume that every patient is potentially infected or colonized with an organism that could be transmitted to others. Standard Precautions are the use of barriers such as personal protective equipment that isolate blood and body fluids from other patients and from you.

Become familiar with the Standard Precautions Policy. You can find it in the Infection Control Manual.

Standard Precautions include:

- Hand Hygiene
- Personal Protective Equipment (PPE)
- Respiratory Hygiene/Cough Etiquette
- Patient Placement
- Patient Care Equipment
- Care of the Environment
- Linen/Laundry
- Safe Injection Practices
- Worker Safety

Other Infectious Diseases

Bloodborne Infectious Diseases are one type of Infectious Disease. Other types require spread through contact with the organism or inhalation of infectious droplets or particles.

Read on for a summary:
Contact Pathogens

Contact Pathogens are transmitted through contact/touch. Microorganisms move from hands or objects to others thereby spreading diseases including *Methicillin-Resistant Staphylococcus Aureus* (MRSA), *Vancomycin-Resistant Enterococcus species* (VRE), *Extended Spectrum Beta Lactamase (ESBL)* and *Clostridium difficile*.

Contact Isolation Precautions include placing patients in a private room.

Droplet Pathogens

The droplets we refer to here are the kind that are created by coughing or sneezing. Droplets can carry microorganisms that carry diseases such as *Influenza*, *Mumps*, *Rubella*, *Pertussis*, *Diphtheria*, *Streptococcal Pharyngitis* (strep throat), *Neisseria Meningitis*, and several types of *Pneumonia*.

Patients with any of these diseases need to be isolated from others.

Airborne Pathogens

Airborne diseases are transmitted by small microorganisms that float in the air. Such diseases are *Measles*, *Varicella* (including Disseminated Zoster), and *Tuberculosis*.

Isolation precautions include placing the patient in a private room that has negative air pressure relative to the corridor. Room air is exhausted to the outside of the building. When the patient’s room door is opened the air inside the room will not go into the hallway.

Become familiar with the Airborne Precautions policy if you come in contact with patients of this nature. The policy describes isolation precautions and patient care.

The Airborne Precautions are to be used in addition to Standard Precautions.

Neutropenic Precautions

Neutropenic precautions protect the patient who’s immune system is down or who is for other reasons more likely to be affected by infectious diseases.

*Do not enter a patient room where Neutropenic precautions are in effect if you are ill or if you have been recently vaccinated unless authorized by a nurse or physician.*

There are special guidelines for patient care and room cleaning (see policy).

Contact Precautions are used in addition to Standard Precautions.

“Contact diseases can be prevented by proper hand hygiene and use of gloves”

See the Droplet Isolation Precautions Policy for isolation procedure and patient care.

Droplet Precautions are to be used in addition to Standard Precautions.

“Tuberculosis patients and their care is very important. Employees who deal with TB patients will be Fit Tested (size mask) and all employees get annual TB screens.

TB patients are always in a negative air pressure room.

Tuberculosis is caused by a bacterium, spread from person to person through the air (inhaled).”

Always perform hand hygiene upon entering the room.

Fresh flowers and live plants are NOT permitted in the room.
Isolation Signs

To help prevent the transmission of microorganisms among patients, visitors and healthcare workers, isolation precautions are used.

Guidelines are in place for the correct use of these precautions. The following posters are copies of actual posters you may find on the patient’s door.

If you have any questions or are unsure, DO NOT ENTER until you speak with the attending medical staff.

The RN responsible for the care of the patient shall initiate isolation based on the patient diagnosis in consult with the patient’s physician and/or Infectious Disease Director. Only the patient’s RN, physician and/or Infectious Disease Director can initiate or terminate patient isolation.
CONTACT PRECAUTIONS
(in addition to Standard Precautions)

VISITORS: Report to nurse before entering.

Gloves
Don gloves upon entry into the room or cubicle.
Wear gloves whenever touching the patient’s intact skin or surfaces and articles in close proximity to the patient.
Remove gloves before leaving patient room.

Hand Hygiene
Hand Hygiene according to Standard Precautions.

Gowns
Don gown upon entry into the room or cubicle.
Remove gown and observe hand hygiene before leaving the patient-care environment.

Patient Transport
Limit transport of patients to medically necessary purposes.
Ensure that infected or colonized areas of the patient's body are contained and covered.
Remove and dispose of contaminated PPE and perform hand hygiene prior to transporting patients on Contact Precautions.
Don clean PPE to handle the patient at the transport destination.

Patient-Care Equipment
Use disposable noncritical patient-care equipment or implement patient-dedicated use of such equipment.
Individual sessions are available for all employees who would like to receive more information about the above topics. This can include hands on practice and instruction on using PPE, engineering controls, and work practices as well as answering various infection control questions.

Resources:
- Your Supervisor
- Infection Control: 517-975-8509
  Or
- Employee Health Services: 517-975-6780
(see also the Employee Health Section in this handout)
Information about Bloodborne Pathogens

The Hepatitis B and the Hepatitis C viruses can cause serious liver disease. Many infected people have no symptoms at all for many years but in the meantime the liver is being damaged. Symptoms that may be experienced include jaundice, fatigue, abdominal pain and loss of appetite.

Hepatitis B is more easily transmitted than Hepatitis C but can be prevented with a vaccine, where there is no vaccine for Hepatitis C.

HIV attacks the immune system. Some people with the virus have no symptoms at all. Recent treatments are resulting in people staying healthy longer. The infection can eventually lead to AIDS. There is no vaccine for HIV.

Hepatitis B, Hepatitis C and HIV are spread most easily through blood. However they can also be spread through many other body fluids including semen, vaginal secretions, amniotic fluid, cerebrospinal fluid, peritoneal fluid, pleural fluid, pericardial fluid, synovial fluid and saliva in dental procedures. The most common ways are by sharing needles, from having unprotected sex, or from mother to child.

Any body fluid that is visibly contaminated with blood could also be infected. In situations where it is difficult to differentiate between fluids, all body fluids should be considered potentially infected.

Unfixed tissue or organs (other than intact skin) from a living or dead human, cell or tissue cultures that contain HIV, organ cultures, and culture medium or other solutions that contain HIV or Hepatitis B virus can all considered to be potentially infective.

At work exposure can occur when:

- Your skin is punctured with a contaminated needle or a sharp object
- Blood or OPIM is splashed on a break in your skin, or in your eyes, nose or mouth.

Bloodborne Pathogens: Protect Yourself! Know the Plan

Your job is helping others, but sometimes your job may put your own health at risk. You may come in contact with blood and body fluids that may be infected. McLAREN GREATER LANSING will provide you with the equipment, procedures and training for you to work safely. Your job is to use these tools to protect yourself.

Your tool chest includes:

- The Bloodborne Pathogen (Exposure Control) Plan which can be found in the Infection Control Manual
- MIOSHA’s standard for Bloodborne Infectious diseases including appendices is attached to the Bloodborne Pathogen (Exposure Control) Plan
- Sharps Injury Prevention Plan which can be found in the Safety Manual

The Bloodborne Pathogen (Exposure Control) Plan was developed to provide you with the safest possible environment and includes information about:

<table>
<thead>
<tr>
<th>Standard Precautions</th>
<th>Engineering Controls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work Practices</td>
<td>Personal Protective Equipment</td>
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<td>Environmental Services</td>
<td>Regulated Waste Disposal</td>
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<td>Laundry</td>
<td>Vaccinations</td>
</tr>
<tr>
<td>Post Exposure Follow-up</td>
<td>Communication of Hazards</td>
</tr>
</tbody>
</table>

Use the plan to protect yourself. Immunize against Hepatitis B. Contact Employee Health for more information. Safety measures must still be followed to protect yourself against other diseases such as Hepatitis C and HIV/AIDS.

STOP

When giving direct patient care you may be exposed to blood and body fluids. The handling of patients’ materials, supplies, laundry, etc. can result in contact with blood or body fluids.

Many blood and body fluid samples are also obtained from patients and then processed by staff. When performing any task where you may be exposed to a patient’s blood or body fluids always STOP.
Biohazardous Waste Management

Biohazardous waste includes:
- Liquid or semi-liquid blood or other body fluids.
- Items contaminated or caked with blood or body fluids which release these substances if compressed or handled.
- Contaminated sharps (needles, scalpel blades, trocars, etc.)

Pathological and microbiological waste containing blood or body fluids.

All biohazardous waste is to be bagged in either red bags or receptacles labeled as biohazardous waste. (See red/orange fluorescent biohazard label) Everything in a red bag or designated receptacle is to be considered biohazardous and treated as such in a manner consistent with Standard Precautions. Sharps: all needles, scalpel blades, razor blades and discarded broken glassware must be placed in puncture proof containers. Careful precautions must be observed to prevent injury or infection to personnel. Linens are disposed in the blue or clear containers identified for linens. If they are soggy with blood/body fluids, linens need to be treated as biohazardous waste. Wear gloves to handle contaminated laundry. Be careful to prevent exposure to your skin and clothing. Place the laundry in appropriate container (if wet in leak resistant container). Trash may contain sharps. Do not push it down with hands. Carefully shake it down and carry it holding by the top, away from your body. Put hazardous waste in specially labeled containers. All biohazardous waste is incinerated in compliance with government regulations.

Sharps Injury Prevention

Do not shear/break contaminated needles of other contaminated sharps
- Do not bend, recap or remove needles from devices.
- Do not use surgical blades to remove sutures.

More than a half million sharps injuries occur each year. Safety procedures now include needles systems or safe needle devises. The Bloodborne Infectious (Exposure Control) Plan has guidelines and discusses the different systems available at MCLAREN GREATER LANSING. You will be trained in the proper use. Always follow safety handling procedures. Never reuse discardable sharps. Place sharps containers within reach and slightly below eye level.

Other Recommendations

- Do not reinsert used needles into a multiple-dose vial or solution container.
- Do not use a single needled/syringe to administer I.V. medication to multiple patients.
- Minimize splashing, spraying or splattering.
- Transport blood or body fluids in closed containers and wear gloves.
- Keep contaminated patient equipment away from everything else and make sure it is cleaned properly before it is used again.
- Clean spills according to guidelines.
- Keep work surfaces and protective coverings clean.

At no time should you open or sort through biohazardous trash.
Section 16
Employee Health and Back Safety

Employee Health...

Vaccinations and post exposure follow up is handled at MCLAREN GREATER LANSING through Employee Health. Any questions in this regard can be directed to them.

MCLAREN GREATER LANSING is required to have a medical record for each employee. This confidential file is kept by Employee Health. Employee Health and the employee are the only ones with access to the file.

Resources:

Employee Health Services:
517-975-6780
FAX: 517-975-6747

Human Resources Policy and Procedure Manual
Section 11

Safety Policy and Procedure Manual
Section 2

Infection Control Policy and Procedure Manual
Section 2

Points to remember

1. Questions about vaccinations or post exposure follow up? Call Employee Health (EHS)
2. Report all Blood and Body fluid exposures immediately using Safety First
3. Report all other incidents within 24 hours.
4. Prevent potential back injury or pain by lifting, pushing, sitting and walking according to the guidelines set for your job.
5. Exercise will strengthen your back and prevent injuries.

Incident Reports

- Incident Reports are used to report all employee injuries that occur during working hours. Reports are completed electronically using McLaren Safety First
- Employee incidents need to be reported to Employee Health Services and your supervisor immediately
- Bloodborne Pathogen exposures need to be reported to the Administrative Nursing Supervisor immediately!

Exposure to Blood and Body Fluids – What to do

DO NOT DELAY, REPORT AND TREAT EXPOSURES IMMEDIATELY

You must be evaluated for exposure to blood-borne pathogens. The Center for Disease Control recommends HIV post-exposure prophylaxis within 2 hours of the exposure.

Exposes include:
* Needle sticks from used needles
* Cuts from sharps contaminated with blood
* Splashes of blood or body fluid into eyes, noses or mouth
* Contact with blood or body fluid into chapped or broken skin

Treat an exposure as an emergency. Immediately wash or flush area and contact your supervisor or the Nursing Administrative Supervisor (Call the operator and ask to speak with the Nursing Supervisor for an emergency situation). You will be treated in the Emergency Department. All labs, medications (if needed), and counseling will be provided free of charge.

Urine and saliva must contain visual blood to be an exposure risk.

Complete an Incident Report and forward the original to Employee Health Services immediately.
Prevention

**Hepatitis B Vaccination**

The Hepatitis B vaccine is a safe and effective method of preventing Hepatitis B.

At the time of hire all employees, at risk for exposures, are offered the vaccine free of charge.

Both Hepatitis C and HIV infections are life threatening diseases with no cure. Prevention by following safety guidelines, and always using personal protective equipment when at risk, is your best protection.

**Tuberculosis**

Tuberculosis is caused by a bacterium, spread from person to person through the air (inhaled). All employees receive regular screening to see if they have been infected. The hospital has isolation rooms specifically for patients with TB. Employees who come in contact with TB patients will be fitted with a special respirator to wear when in contact with patients to prevent disease transmission.

Contact borne pathogens such as MRSA and VRE are spread by touch and can be prevented by proper hand washing and use of gloves. Learn the isolation precautions needed for your job! Always practice universal precautions.

**Lifting and Proper Body Mechanics**

Proper posture and body mechanics can help to protect your body, especially your back, from pain and injury. Back pain is usually the result of a number of contributory factors. Poor posture and faulty body mechanics are generally involved. Below are some instructions on how to lift properly and protect you back from injury.

**Proper Lifting Techniques**

- Squat to lift and lower. Do not bend at the waist.
- Keep you low back bowed in while bending over.
- Keep the weight as close to you as possible.
- Bow your back in and raise up with your head first.
- If you must turn, turn with your feet, not you body.
- Never jerk or twist!
- Put the weight down by keeping your low back bowed in.
- Keep you feet apart, staggered if possible.
- Wear shoes with non-slip soles.
- Always use PATRANS or patient sliders for the lateral transfer of patients.
- Use lift equipment whenever possible.

**Risk Factors for Back Injury**

- Lifting with your back bowed out
- Bending and reaching with your back bowed out
- Slouched sitting
- Jerking or twisting
- Lack of proper rest
- Obesity
- Loss of strength and flexibility
- Stressful living and working habits
- Smoking
- Poor Nutrition

Exercise is good!
WORK SAFELY AT YOUR COMPUTER

**Viewing Angles and Distance**

- Position monitor, keyboard, and chair in straight line
- Top of monitor screen at or slightly below the eye horizon
- Comfortable, non-straining distance to read monitor (typically 15-30 inches)
- Adjust brightness, contrast, and color to comfortable levels
- Avoid glare by positioning away from windows and direct lights
- Keep written work materials propped up near monitor screen

**Neutral Typing Position**

- Use an adjustable chair, keyboard tray, or desk/table to achieve the "neutral position" of a straight hand: wrist: forearm
- Keep upper and lower arms at a 90 degree angle to each other
- Position mouse as closely to keyboard as possible to minimize reaching and twisting

**Lower Back Support**

- Use a chair that provides lumbar (lower back) support - if adjustable, adjust to maintain an erect sitting posture
- Ideal chairs can be easily raised or lowered, and have 5 wheel legs for safety
- Keep feet planted firmly on floor or footstool to counterbalance forces on lower back

**Legs and Feet**

- Plant feet firmly on floor or - if not possible - use a footstool
- Keep thighs parallel to floor
- Ensure leg clearance from table or keyboard tray to avoid bumps, scratches, pinches, and torn clothing
Proper Posture

Some people habitually adopt poor spinal alignment throughout their various postures. This can predispose the spine to injury and pain. The following is some information about how to maintain proper posture and protect your spine.

There are three natural curves to your spine. It is important that you try to maintain these curves during activity and rest. Students should pay particular attention to how their books and bags affect the spinal curves, especially if you carry everything over one shoulder. It is better to distribute the load over both shoulders.

Sleeping Posture

- Sleep on a mattress that is firm but not extremely hard.
- Do not sleep in one position too long, especially if sleeping more than 7-9 hours.
- Getting out of bed, roll to one side, sit up sideways, using your arms.

Sitting Posture

- Do not slump-sit.
- Sit close to your work.
- Use a chair that supports you back in a slightly arched position.
- Sit with your feet flat on the floor and your knees below your hips.

Standing Posture

- Do not wear high-heeled or platform shoes for long periods of time.
- Do not stand in one position too long. Put one foot up and change positions.
- Do not lock your knees.
- Keep your stomach muscles tight
- Do not stand bent forward at the waist or neck with your work in a low position.
- Keep work at a comfortable height.
Incident Report Policy

I. POLICY

In the interest of providing a safe and healthy environment, and in accordance with the accrediting bodies, state and federal safety laws, McLaren Greater Lansing establishes an expectation that all incidents be promptly and immediately reported and recorded on the Health Care Worker Incident Report and using the procedure defined below.

II. PROCEDURE

In the event of an on-the-job illness/injury for employees:

- The individual shall immediately notify his/her manager or supervisor.
- The individual completes an event electronically on McLaren Safety First.
- The manager or supervisor refers the individual to Employee Health Services (EHS).
- If follow up care is required immediately and EHS is closed, the manager or supervisor will refer the individual to the Emergency Room. The employee should then follow up with EHS directly once the office reopens.
- For non-emergent care, the individual must follow up in EHS when EHS re-opens.
- Physician services will not be paid unless EHS provides proper authorization.
- EHS is not to be used in lieu of an individual’s private physician for personal illness/injury.

In the event of an on-site illness/injury for health providers not employed by McLaren Greater Lansing, volunteers, students and contractors:

- The individual immediately notifies his/her McLaren Greater Lansing contact, manager or supervisor.
The manager or supervisor fills out the supervisor’s analysis and refers the individual to the Emergency Department if medical attention is immediately warranted.

For non-emergent care, the individual should follow up with their company’s or school’s designated medical provider.

III. ADMINISTRATIVE RESPONSIBILITY

Corporate Employee Health Services, subsidiary specific Risk Management.

REFERENCE

MHCC Policy HR 0180 Work Related Illness and Injury Incident Reporting

MHCC Policy HR 0351 Workers’ Compensation

7/1/16 updated process to electronic submissions on McLaren Safety First. Removed II.C – Forwarding of Incident Reports due to electronic process.
3/5/12 II.C.2 and 3 removed Risk Management
8/8/07 removed JCAHO
Doing the Right Things for the Right Reasons

Healthcare is a highly regulated business and the laws and regulations that govern the industry are becoming more numerous and complex. All workforce members of McLaren Greater Lansing (MGL) are required to follow the federal, state and local laws, regulations and requirements and conduct business with a high degree of integrity and honesty.

The term “Workforce Member” refers to employees, contracted workers, physicians, volunteers, residents, interns, students, agents and other individuals authorized to act on behalf of MGL, whether inside or outside of our facilities.

Throughout this Section of the Basic Orientation Handbook references will be made to confidential and/or proprietary information, whether it pertains to a patient or to MGL’s business activities. As a workforce member, you should know that MGL has taken the position that the protecting and securing of information that you encounter is to be treated equally. Whether the information is considered proprietary business information or a patient’s personal medical information, the standards will be the same. Protections that are described regarding patient information will be expected to be in place for business or Human Resource information.

This introductory educational guide will help you understand MGL’s Compliance Program, Standards of Conduct and your responsibility to perform your duties in an ethical manner. You will receive additional information and training, at least annually, to educate you about new and existing laws, regulations and standards that govern your behavior.

The Standards of Conduct and the Employee Handbook are strategic elements of the Compliance Program and were developed to clearly define MGL’s position regarding matters of integrity, ethical standards and federal, state and local laws and regulations. These documents and MGL policies and procedures, provide direction of personal judgment needed to complete your duties in an ethical and lawful manner. The principles contained in these documents apply to relationships with patients, physicians, third-party payers, subcontractors, independent contractors, suppliers, consultants or other agencies.

Your signature on the Standards of Conduct Acknowledgement and the Access and Confidentiality Agreement forms indicate that you have received initial education, supplemental materials that you understand you are responsible for, and agree to comply with the Standards of Conduct and related policies and procedures. Deliberate noncompliance with these requirements is unacceptable and can subject you to disciplinary action, up to and including termination of employment or your relationship with MGL.
COMPLIANCE PROGRAM

Elements of a Compliance Program

- Written standards of conduct and policies and procedures that promote compliance and detect inappropriate conduct
- Designation of a compliance officer and compliance committee
- Open lines of communication are available to workforce members and others, providing effective methods for reporting violations or seeking guidance regarding potential violations
- Compliance education and training be provided to all members of the healthcare provider’s workforce
- Auditing and monitoring to evaluate the healthcare provider’s compliance with laws and policies, and to assess risk
- Enforcing standards through well-publicized disciplinary guidelines
- Responding to detected offenses and developing corrective action initiatives

Responsibilities and Expectations

Compliance Officer

The Compliance Officer is a resource for providing education, answering questions or investigating any known or suspected violation.

HIPAA Privacy and Security Officer

The HIPAA Officer is a resource for providing HIPAA education, answering questions or investigating any known or suspected violation.

Compliance Committee

The Compliance Committee is responsible for assisting the Compliance Officer and the Board of Trustees in overseeing and evaluating the effectiveness of the Compliance Program. They review reports of investigations, auditing and monitoring activities and implement policies to reduce MGL's risk of compliance-related violations.

Directors, Managers and Supervisors

Directors, Managers and Supervisors are responsible for supporting the Compliance Program, enforcing policies and procedures, taking action to promptly correct known or suspected compliance issues, and ensuring that workforce members receive appropriate orientation and ongoing training. They serve as role models for demonstrating high ethical standards and compliance with laws and regulations.

Workforce Members

As a member of the workforce, you are expected to behave ethically, follow policies and procedures and to meet all legal and regulatory requirements. Furthermore, you share responsibility for assuring that MGL’s Compliance Program is a success. This includes the obligation to identify any internal problems and report them to the right person so that they may be corrected. You should be familiar with MGL’s Standards of Conduct, policies and procedures, and your job duties.
All new workforce members are required to complete initial training on Compliance, which occurs as part of the Orientation process you are participating in at this time. The initial Compliance training includes, but is not limited to education on HIPAA, the False Claims Act, Standards of Conduct and the other regulations that govern healthcare, and subsequently its workforce. Completion of the initial orientation process will include demonstration of knowledge and understanding.

Other workforce member responsibilities include, but are not limited to:

- Delivering care designed to meet the needs of the patient
- Accurately, legibly and completely documenting the care that has been provided to the patient
- Charging only for necessary services provided to the patient
- Asking questions if you are uncertain about an issue
- Encouraging other workforce members to ask questions
- Being alert to situations that may be unethical or illegal
- Reporting all known or suspected violations
- Supporting workforce members who report known or suspected violations
- Not conditioning a patient’s treatment based on their ability to pay for the services
- Ensuring that all documentation is accurate, legible and complete.
- Assigning diagnoses, procedure and other billing codes in accordance with all coding guidelines based on the information in the medical record

**STANDARDS OF CONDUCT**

**Responsibilities and Expectations**

As an employee of MGL it is your responsibility to behave in an honest and fair manner, maintaining your integrity and respect for others. It is expected that you will be truthful and not participate in deception or fraud. The complete Standards of Conduct are included as an attachment to the Basic Orientation Manual. You are responsible, and will be held accountable, for the information contained in the Standards of Conduct booklet.

The rules and regulations change and new requirements are enacted that impact MGL. MGL will provide all workforce members with an updated version of the Standards of Conduct. You will be held responsible for the updated information.

As a responsible workforce member, you have a duty and obligation to report all known or suspected violations. Do not assume that because others have knowledge of the issue, that they will make the report so you do not have to.

There are several options available for reporting known or suspected violations, you may:

- Contact a member of the Compliance Department via telephone, email or interoffice mail
- Inform your supervisor, who will then forward the report to the Compliance Department
- Leave a message on the Compliance HotLine – 517-975-8333
All reports made to the Compliance Department will be investigated. Any report that you make may be made anonymously; however questions may arise during the investigation so having your name and contact information may be helpful. The information and your identity will be maintained in a confidential manner. Remember, retaliation against you by any workforce member for reporting any issue is strictly prohibited.

You are encouraged to discuss any questions or possible improper conduct with your supervisor or department director. If you feel uncomfortable discussing questions or concerns with your supervisor or director, or do not believe that he/she has adequately addressed your concerns, the Compliance Department should be notified.

**Red Flag Rule**

The Red Flag Rule was enacted by the federal government in response to the increase in matters of identity theft. Mandated in the Red Flag Rule is that any entity that extends credit must comply with the Rule. As MGL allows for patients to be billed for services rendered and to make payments on the balance, MGL meets the creditor definition.

MGL works diligently to protect the confidential/proprietary information and/or PHI that is appealing to individuals who want to be able to successfully impersonate another. There are any number of reasons that a person may participate in identity theft.

If you suspect that there may be a situation involving identity theft immediately contact the Compliance Department.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**

The Act, which is commonly referred to as HIPAA, was enacted to:

- Protect and enhance the rights of consumers by providing access to their Protected Health Information (PHI) and provide consumers with opportunities to control access to their PHI.
- Improve the quality of healthcare by restoring consumer trust in the industry.
- Improve efficiency and effectiveness of the delivery of healthcare to consumers with the creation of a national guide for protecting personal health information.
- Provide expectations to healthcare providers for preventing inappropriate use and/or disclosure of PHI and the penalties for failing to do so.

All workforce members are impacted by the HIPAA Regulations. It is important and expected that all workforce members have an understanding of the Regulations and how their roles are impacted by the Regulations. It is also expected that all workforce members will actively participate in HIPAA education.

The HIPAA Regulations dictate how MGL, as a covered entity, can and cannot use and/or disclose PHI. Also outlined in the Regulations is the expectation that MGL will provide and maintain the security of PHI, including during the electronic transmission of information.

While the Security Regulations apply only to electronic Protected Health Information (ePHI), MGL expects that all workforce members will apply these concepts to all information deemed to be confidential, including but not limited to financial, proprietary or Human Resources data.
All workforce members should understand that violations of any of these rules/requirements might be subject to disciplinary action, up to and including, immediate termination. (Additional references: Administrative Policies and Procedures; Human Resources Policies and Procedures; and the Employee Handbook.)

Some examples of violations include, but are not limited to:

- Utilizing business resources for personal gain
- Utilizing business resources to harass or intimidate other individuals
- Releasing confidential/proprietary information without the authority/permission to do so
- Accessing websites containing inappropriate, non-business related material
- Failing to report a known or suspected violation

**Definitions – as defined in the HIPAA Regulations**

**Authorization**

Is the document that provides direction from the patient, or their acknowledged substitute consent provider, to use and/or disclose their Protected Health Information. A trained workforce member will confirm the validity of this document prior to any PHI being released.

**Covered Entity**

Is a health plan, healthcare clearinghouse and healthcare provider that transmits any health information in an electronic format. A covered entity is required to comply with the HIPAA Regulations. MGL meets the definition of a covered entity.

**Disclosure of Protected Health Information**

When PHI is released, transferred or divulged in any manner outside of MGL. If PHI is released appropriately there is no violation of the HIPAA Regulations. However, if PHI is released inappropriately (example – PHI is faxed to an unintended recipient) a violation has occurred and is to be reported.

**Incidental Use or Disclosure of Protected Health Information**

When PHI (most commonly a patient’s name) is disclosed during the completion of treatment or healthcare operations. This category of a use or disclosure is not avoidable by the healthcare provider and workforce members that do not need the information to complete their job duties are going to encounter the information. Any workforce member that encounters PHI incidentally is to ignore the information and take no action after the encounter.

**Minimum Necessary Rule**

The rule states that access to PHI must be on a need-to-know basis. The Rule requires that healthcare providers:

- Limit access of PHI to the workforce members that need the information to complete their job duties
- Release just the PHI that is necessary to fulfill the request/need
- Request just the PHI that is necessary to fulfill the request/need

**Notice of Privacy Practices**
MGL is required to provide to the patient with an accurate and thorough explanation of how the covered entity may use and/or disclose the patient’s PHI. This document, commonly referred to as the Privacy Notice, is provided to the patient during the admission process. MGL is also required to provide the Privacy Notice to anyone that requests a copy. The Privacy Notice is available on MGL’s webpage.

Protected Health Information (PHI)

PHI is all individually identifiable health information used, disclosed, transmitted and/or maintained by a covered entity regardless of its format. Individually identifiable health information is any information:

- In any form or medium, oral or recorded, that includes demographic information collected from an individual; or
- That identifies the individual; or
- For which there is a reasonable basis to believe that the information can be used to identify the individual. PHI is anything that identifies, in any way, something about a patient

Treatment, Payment of Healthcare Operations (TPO)

Treatment is defined to include the provision, coordination or management of healthcare and related services by one or more healthcare providers. Treatment includes direct treatment relationships with the patient as well as consultations between healthcare providers and referrals of patients for the purpose of healthcare.

Payment is defined to include most activities associated with seeking or approving payment for healthcare services.

Healthcare Operations has a sweeping definition that includes the operational and administrative tasks of healthcare entities (example - conducting audits, reviews and evaluations for competencies or qualifications; Quality Improvement activities; and legal services).

Use of Protected Health Information

When PHI is shared, utilized or examined in any manner inside of MGL to complete activities of treatment (example - a physician reviews the chart prior to a consult), payment (example - Patient Accounts reviews the chart to address a billing concern) or healthcare operations (example - Quality Improvement reviews a medical record during a complaint investigation).

Workforce Members

Is defined as any person whose conduct, in the performance of work for a covered entity is under the direct control of such entity, whether or not they are paid by the covered entity. MGL has identified employees, contracted workers, physicians, volunteers, residents, interns, students and agents as members of the workforce.

Privacy

The purpose of the HIPAA Privacy Regulations is to outline the expected actions of a covered entity in regards to Protected Health Information. As healthcare providers, we acknowledge that we are charged with keeping patient information safe. Healthcare providers also acknowledge the importance of having access to a patient’s history. With the granting of the access, the patient expects that the healthcare provider will maintain their PHI in a confidential manner.
While the HIPAA Regulations provide direction as to what is expected of healthcare providers to demonstrate maintaining privacy of PHI, the Regulations also provide specific rights to patients. The patient has the right to:

- Request a restriction limiting access to his/her PHI
- Access his/her PHI for inspection and copying
- Request an amendment to his/her PHI
- Receive an accounting of the disclosures of his/her PHI made by MGL without an Authorization
- Be provided with MGL’s Notice of Privacy of Practices

The patient has the right to access, inspect and obtain a copy of their PHI. MGL has the responsibility to ensure the integrity of the PHI it maintains. Many of the policies and procedures that MGL has adopted are in response to protecting the integrity of the PHI by limiting access of workforce members to those that need the information to complete their job duties.

The Authorization form is the document that provides permission from the patient to MGL to release his/her PHI. Except in specific circumstances, receipt of an authorization is required before PHI can be used or disclosed. A valid Authorization is necessary for requests to access PHI made by the patient, the patient’s spouse, the parent of an adult patient (even if the parent remains financially responsible) or a minor child. If you wish to access or obtain a copy of your medical information, you are required to complete an authorization. MGL employees are not permitted to access their medical information on any of the computer systems to which they have access.

The Minimum Necessary Rule always applies to every situation that a workforce member encounters. If you are ever asked to use or disclose PHI in the completion of your specific job duties, you have an obligation to make sure that whatever you use or disclose is only the minimum amount of PHI necessary to fulfill the request/task.

Incidental Use or Disclosure of Protected Health Information is permitted as long as reasonable safeguards are in place and minimum necessary standards are followed. There are times when it is necessary to expose patient PHI. In those circumstances, it is important that consideration be given to how much information to disclose.

**Security**

The purpose of the HIPAA Security Regulations is to outline the expected actions of a covered entity in regards to securing Protected Health Information. The government requires that MGL protect the conﬁdentiality and integrity of PHI, and maintain the availability of PHI for internal and external users.

The HIPAA Security Regulations require that MGL conduct audits of systems to confirm that authorized workforce members are accessing records appropriately and for valid reasons. It is also expected that parameters will be established and monitored related to granting access to information to ensure that adequate provisions are established so that the improper use or disclosure of PHI does not occur. Thus protections concerning computer terminals, medical records, access to the building, etc. must be considered when implementing policies and procedures to be compliant with the requirements.

All workforce members, when using computers/workstations to access electronic PHI are expected to:

- Use a unique sign-on which has been assigned by PHNS or the System Administrator
- Immediately change any temporary password assigned
• Not share your password with anyone
• Logout of the system when you no longer need access
• Not logon to a system and leave it accessible for other staff

Any MGL-related information that is maintained on a portable device (including but not limited to a laptop, personal data assistant, thumb drive) will be password protected. If utilizing this type of device, back-up the data in the event of loss or malfunction. You will be expected to provide an inventory of the information maintained on the device in the event that the device is lost or compromised by inappropriate access. If the device is lost or compromised by inappropriate access, immediately contact your supervisor and the Compliance Department. All MGL-related information maintained on any device remains the property of MGL and will immediately be deleted when no longer needed or your employment status changes.

The use of passwords is an integral part of MGL’s security practices. If a workforce member has initially been provided with a default password, it must be changed immediately. When selecting a password:
• Choose something that is easy to remember
• For increased security use letters, numbers and special characters
• Avoid using familiar names and/or dates
• Do not share your password with anyone, for any reason
• Avoid writing down the password
• Change the password at least semi-annually (some systems may prompt changes more frequently)

When using e-mail, all workforce members will take all appropriate precautions to ensure that confidential/proprietary information is not improperly disclosed or otherwise compromised by transmission. MGL has the capability to audit e-mail transmissions. Any workforce member transmitting information via e-mail is responsible for:
• Clearly labeling the subject line
• Including in the body of the message appropriate designations to include: confidential, proprietary, confidential – unauthorized use or disclosure is strictly prohibited, and/or privileged – attorney-client communication
• Making all recipients aware of the obligation to maintain the confidentiality of the information contained in the message
• Ensuring e-mail is only transferred/stored to hard-drive storage when there is an appropriate business need for retaining the e-mail

MGL has the capability to audit Internet use. Inappropriate use can result in disciplinary action, up to and including termination. Some examples of inappropriate Internet use include, but are not limited to:
• Accessing websites that contain material that is sexually explicit, profane, obscene or defamatory
• Participating in chat groups, newsgroups and/or list-serves that are not business-related

The use of camera/video features of wireless/cellular phones is expressly prohibited throughout MGL properties. If you see a patient, visitor or workforce member taking pictures, you should report that to the department supervisor or the Compliance Department.
CONCLUSION

It cannot be stressed enough that all workforce members have a duty and an obligation to report known or suspected violations to your supervisor or the Compliance Department. The reporting of concerns provides MGL with the opportunity to determine whether or not a problem is an isolated event or issue that requires corrective action. Reporting of known or suspected violations should not be considered punitive, nor grounds for retaliation.

Examples of compliance violations that you should report include, but are not limited to:

- Someone taking drugs from the hospital for personal use or sale
- Possible system problem that may result in duplicate billing
- Someone stealing equipment, money or supplies
- A supplier of goods or services trying to influence you or another workforce member with gifts or favors
- Inappropriate use and/or disclosure of a patient’s PHI
- Someone accessing a patient’s PHI when they do not have a work-related reason to do so
- Failing to protect information by sharing your password
- Documentation in the medical record, which does not support the services being billed
- A provider requesting payment in return for referring patients to MGL

**Do not forget your reporting options:**

- Contact a member of the Compliance Department via telephone, email or interoffice mail.
- Inform your supervisor, who will then forward the report to the Compliance Department.
- Leave a message on the Compliance HotLine – 517-975-8333