



BARE Facts

2025 Basic Annual Required
Education for Team Members

MISSION

Extending the Healing Ministry of Christ

VISION

- Wholistic
- Exceptional
- Connected
- Affordable
- Viable

LIVING OUR SERVICE STANDARDS

How we treat those we serve and each other is what sets us apart from other health care organizations. Our Mission, Vision and Values flow naturally into our Service Standards of promise to Keep Me Safe, Love Me, Make It Easy and Own It for every person, every time. Whether you are clinical or non-clinical, your actions and behaviors can create an environment that either builds trust or causes anxiety and fear. We have made it easy for you to ensure that you are always building trust and providing excellent care by exhibiting our Service Standards.

All team members are accountable for consistently living out our Service Standards and the added behaviors listed below to ensure an exceptional experience for every person, every time.

KEEP ME SAFE

- I make safety my number one priority.
- I protect privacy and confidentiality.
- I keep my environment clean.
- I follow the dress code and wear my badge correctly.

LOVE ME

- I treat others with uncommon compassion.
- I nurture whole-person care through CREATION Life.
- I treat others with fairness and respect.
- I listen and communicate using iCARE.
(Introduce, Connect, Anticipate, Reinforce, Extend)

MAKE IT EASY

- I help guests to their destination.
- I speak highly of others to provide connected care.
- I collaborate to create solutions, not excuses.
- I innovate and continually seek ways to improve our work.

OWN IT

- I am positive and aim to exceed all expectations.
- I follow through on commitments.
- I use discretion with personal devices.
- I recover service and restore trust using ACT.
(Acknowledge/Apologize, Correct, Thank)

Team members must conform to all AdventHealth Hendersonville organizational and departmental policies and procedures including, but not limited to:

- Mission
- Vision
- Values
- Code of Conduct as outlined in the “Guidelines for Employees” handbook



Safety

Emergency Alerts

To report an emergency in the main hospital, dial 5555. Clearly state the alert type, event type and specific location. To report an emergency at one of our clinical or onsite locations, dial 911 and notify first responders, then call the Administrator On Call at 828-844-4702.

FACILITY ALERT

Event	Public Announcement
Decontamination	Facility Alert + Decontamination + Location + Directions
Hazardous Material Spill	Facility Alert + Threat + Location + “Avoid the area”
Fire (Code Red)	Facility Alert + Code Red + Location + Directions
Mass Casualty	Facility Alert + Mass Casualty + Location + Directions
Utility/Technology Interruption	Facility Alert + Utility/Technology Interruption + Location + Directions
Weather	Facility Alert + Weather Event + Location + Directions
Evacuation/Relocation	Facility Alert + Evacuation + Location + “Stand by for further instructions”

SECURITY ALERT

Event	Public Announcement
Armed Intruder	Security Alert + Armed Intruder + Location + “Run, Hide, Fight”
Bomb Threat	Security Alert + Bomb Threat + Location + “Avoid the area”
Civil Disturbance	Security Alert + Civil Disturbance + Location + “Avoid the area”
Controlled Access / Lockdown	Security Alert + Controlled Access/Lockdown + Location + “Reroute Access to...”
Missing Adult	Security Alert + Missing Adult + Descriptor + Location + “Respond to all entry points”
Missing Infant/Child	Security Alert + Missing Infant/Child + Descriptor + Location + “Respond to all entry points”
Agitated/Combative Person	Security Alert + Code BERT + Location
Suspicious Package	Security Alert + Suspicious Package + Location + “Avoid the area; Security respond”

MEDICAL ALERT

Event	Public Announcement
Medical Emergency (Code Blue)	Medical Alert + Code Blue + Location
Rapid Response	Medical Alert + Rapid Response + Location
Obstetrical Emergency	Medical Alert + Obstetrical Emergency + Location
Obstetrical Hemorrhage	Medical Alert + Obstetrical Hemorrhage + Location
Newborn Distress	Medical Alert + Newborn Distress + Location
Stroke	Medical Alert + Stroke + Location

Weapons of Mass Destruction

After the events of September 11, 2001, a heightened awareness of disaster and bioterrorism preparedness developed across the United States. The Department of Homeland Security was formed. Among its many functions is to protect the nation's infrastructure and coordinate our nation's response for future emergencies.

Weapons of Mass Destruction (WMD) are known as CBRNE agents – chemical, biological, radiological, nuclear and explosive. Online as well as onsite training in WMD is available for hospital team members.

Emergency Operations Plan (EOP)

The Emergency Operations Plan (EOP), contains specific information needed to respond in a disaster situation. There are four phases of a disaster – Preparedness, Response, Mitigation and Recovery.

It is the policy of AdventHealth to use the Hospital Incident Command System (HICS) – a system that defines hospital command structure and roles in a disaster event. We also use the National Incident Management System (NIMS) format. This system allows response agencies (e.g., fire, law enforcement, hospitals, government agencies) to communicate using common terminology. We must be NIMS compliant for Federal and State funding purposes. The EOP contains information for disaster responses including specific incident plans that provide information for specific job roles during a disaster event, as well as additional information that may be needed such as vendors, supply sources and other emergency agency contact information. We also maintain a fixed decontamination system, a portable decontamination shower and a decontamination team who can help the victim and prevent contamination of the facility. AdventHealth Hendersonville will execute this plan at least twice per year at the hospital and at least annually at AdventHealth Hendersonville offices that are not on the main campus to practice our response to disaster situations and effective use of our EOP. AdventHealth participates in local, regional and state emergency planning. We also give a daily report of bed status and available medical specialty services to the state office for updating in case of a large-scale disaster. In the event of an actual disaster, Hospital Incident Command will be activated.

To access “Emergency Operations Plan (EOP)” visit Connect and select Policies. Navigate to PolicyTech and search for “Emergency Operations Plan.” Printed copies are kept in Administration and in the Emergency Department.

Q: What do I do if I am confronted by someone who says they have been exposed to a chemical?

A: First and foremost, ensure your own safety and the safety of those around you. You will not be able to help anyone if you become a victim, and you may even make things worse. Have the victim exit the building the same way that they came in. Reassure the victim that we will take all the steps necessary to care for them. Note: the victim may be hurting other people by contaminating the building. Once the victim has exited the building, call the Administrative Supervisor who will initiate a Facility Alert for Decontamination. The Decontamination Team will assemble the equipment, provide decontamination of the victim and then bring him/her back into the building for needed medical care. The Administrator On Call or Administrative Supervisor will decide if a Facility Alert will be called, based on the number of contaminated victims and the demand for hospital equipment and personnel.

Q: What do I do if I am at home and contacted to come in for an Emergency Incident?

A: Report to the Café to await further instructions.

Q: Where are some of the key functions found during an Emergency Incident?

- The Hospital Command Center will be in the AdventHealth Hendersonville Executive Board Room (backup will be in the Clinical Education Classroom).
- The staffing pool will be in the Café Dining Room.
- The families of victims will be in the main lobby.
- The media will be routed to the parking lot of 1151 Naples Road.
- The Emergency Room will serve as triage.
- Physician Services team members may be called in by Administration if needed.



ELECTRICAL SAFETY

DO:

- Do become familiar with the “Electrical Safety” policy found on Connect. Select the Policy Central tab, navigate to PolicyTech and search.
- Do protect yourself and patients from electrical shock.
- Do check all medical equipment for an inspection sticker before use, and immediately notify the Biomedical Engineering Department if equipment does not have a sticker.
- Do inspect all patients’ personal equipment from home for a UL label and intact cord and plug.
- Do be extra careful with IV poles, as the combination of electricity, metal and fluids easily conducts electricity.
- Do check the floor and your hands for moisture before touching equipment or patients.
- Do report any electrical hazard or incident to your supervisor and the Engineering Department.
- Do fill out a work order on Connect and attach a copy to the malfunctioned equipment, as well as call the Biomedical Engineering Department.
- Do know that the red outlets are “Live” outlets for emergency and life-maintaining use when the hospital is on emergency power.

DON'T

- Don't use medical equipment that has not been inspected by the Biomedical Engineering Department.
- Don't use multiple extension cords or extension outlets or run electrical cords through doorways.
- Don't continue to use faulty equipment.
- Don't overload circuits.
- Don't use electrically operated decorations.

FIRE SAFETY

In a hospital setting, fires are most commonly caused by malfunctioning electrical equipment or smoking. It is your responsibility to provide as safe an environment as possible for your patients. To help protect your patients, learn what to do in case a fire occurs. If anything in a patient's room catches on fire, follow the **R.A.C.E.** reminders.

R Rescue the patient from immediate danger.

A Alert by pulling the nearest fire alarm — In the hospital, call ext. 5555, state “Code red” and give the location. For locations other than the main hospital, dial 911.

C Confine or contain the fire — Close the door to that room.

E Evacuate the area. The charge person in your area at the time of the emergency must determine whether it is necessary to evacuate other patients. Know how to use the sheet slide technique. Fire slides can be found in the storage rooms, hanging on the wall, on the following units: Med/Surg has one, ICU has one, ED has two, Behavioral Health has two. Once a room is cleared of all persons, place a pillow/linen on the floor in front of the door. The fire extinguisher is to be placed in front of the closed door of the room where the fire is located.

For information, see “Fire Safety Management” on Connect. Select the Policy Central tab, the Environment of Care category, and Fire Safety sub-category. You will find a complete plan for partial to full evacuation. Each off-site office should refer to their fire evacuation policy.

All AdventHealth properties - Hospital, AdventHealth Medical Group offices and business offices - are non-smoking facilities. This includes e-cigarettes and vaping.

Fire Extinguishers

It is your responsibility to know where the extinguishers, pull stations, firewalls, doorways and exits are located in your area. If you cannot locate them, check with your supervisor. Do not use an elevator during a fire or fire alarm. The fire extinguishers in AdventHealth facilities can extinguish all types of fires. To operate a portable fire extinguisher, think of **P.A.S.S.**

P Pull the pin.

A Aim the hose at the base of the fire.

S Squeeze the handle.

S Sweep the hose from side to side.



ARMED INTRUDER

How to Respond When an Armed Intruder is in Your Area:

1. EVACUATE (RUN!)

If there is an accessible escape path:

- Have an escape route and plan in mind.
- Leave your belongings behind.
- Keep your hands visible.
- Follow the instructions of law enforcement officers.

2. HIDE OUT (HIDE!)

If evacuation is not possible:

- Hide in an area out of the armed intruder's view.
- Block entry to your hiding place and lock the doors.
- Silence your cell phone and/or pager.
- Turn off lights and sources of noise.
- Remain quiet.

3. TAKE ACTION (FIGHT!)

- As a last resort and only when your life is in imminent danger.
- Attempt to incapacitate the armed intruder.
- Act with physical aggression and throw items at the armed intruder.

CALL 911 WHEN IT IS SAFE TO DO SO!

How to Respond When Law Enforcement Arrives:










- Remain calm and follow instructions.
- Put down any items in your hands (i.e., bags, jackets).
- Raise hands and spread fingers.
- Keep hands visible at all times.
- Avoid quick movements toward officers such as holding on to them for safety.
- Avoid pointing, screaming or yelling.
- Do not stop to ask officers for help or direction when evacuating.

All They Want to Know Is:

- Location of the active armed intruder
- Number of armed intruders
- Physical description of armed intruder
- Number and type of weapons held by armed intruder
- Number of potential victims at the location

HAZARDOUS CHEMICALS SAFETY (HAZARD COMMUNICATION)

AdventHealth's Hazard Communication Program, also known as "Right-to-Know," is operated in compliance with the Occupational Safety and Health Administration (OSHA) 29 CFR1910.1200. Manufacturers of chemicals write Safety Data Sheets (SDS) containing details on chemical and physical dangers, safety procedures and emergency response procedures. Each chemical and hazardous product in your workplace must have an SDS online for additional information which cannot easily be put on a label. The new pictograms and hazards appear as follows:

Health Hazard  <ul style="list-style-type: none">• Carcinogen• Mutagenicity• Reproductive Toxicity• Respiratory Sensitizer• Target Organ Toxicity• Aspiration Toxicity	Flame  <ul style="list-style-type: none">• Flammables• Pyrophorics• Self-Heating• Emits Flammable Gas• Self-Reactives• Organic Peroxides	Exclamation Mark  <ul style="list-style-type: none">• Irritant (skin and eye)• Skin Sensitizer• Acute Toxicity (harmful)• Narcotic Effects• Respiratory Tract Irritant• Hazardous to Ozone Layer (Non-Mandatory)
Gas Cylinder  <ul style="list-style-type: none">• Gases Under Pressure	Corrosion  <ul style="list-style-type: none">• Skin Corrosion/ Burns• Eye Damage• Corrosive to Metals	Exploding Bomb  <ul style="list-style-type: none">• Explosives• Self-Reactives• Organic Peroxides
Flame Over Circle  <ul style="list-style-type: none">• Oxidizers	Environment (Non-Mandatory)  <ul style="list-style-type: none">• Aquatic Toxicity	Skull and Crossbones  <ul style="list-style-type: none">• Acute Toxicity (fatal or toxic)

Team Member Responsibility:

1. Before using a chemical, read the label and the SDS
2. For each chemical you have in your work area, know...
 - a. - the name of the chemical
 - b. - what personal protective equipment (PPE) to wear
 - c. - how to contain if it spills
 - d. - how to store and handle
 - e. - how to render first aid if exposed

3. Any container with a chemical in it must have a label displaying the following information:

- Name of the chemical
- Type of hazard present (e.g.: toxic, flammable, corrosive, reactive, etc.)
- Danger pictograms
- Signal word

Safety Data Sheets contain the following:

- Identification
- Hazard(s) identification
- Composition
- First-aid measures
- Firefighting measures
- Accidental release measures
- Handling and storage
- Exposure controls/personal protection
- Physical and chemical properties
- Stability and reactivity
- Toxicological information
- Ecological information (not required)
- Disposal consideration (not required)
- Transport information (not required)
- Regulatory information (not required)
- Other information (including date of preparation or last revision)

If you spill a chemical or discover a spill, follow these steps:

1. Isolate the area.
2. Notify your supervisor.
3. Call operator (5555) to have them notify Engineering and EVS.
4. Follow the Hazardous Materials and Waste Spill policy.
5. Spill kits are located on each floor (reference Hazardous Materials and Waste Spill policy).
6. Enter event into Origami.

Disposal:

- Follow the Hazardous Materials and Waste Spill Policy.
- SDS provides guidelines for any and all disposal of chemicals.

LIFE SAFETY

- All hallways in the hospital should be kept free of equipment. When attended equipment is in a hallway, it should be on wheels and only on one side of the hallway.
- All debris should be picked up and spills should be cleaned up immediately
- Take personal responsibility for cleanup.
- All exits and stairwells should be free and clear of anything.
- No items should be stored closer than 18 inches below a sprinkler head.
- Report all unsafe situations or building/grounds conditions which could cause injury and/or slow evacuation through exits from the hospital in case of an emergency.

OXYGEN SAFETY

The oxygen cylinders used when transporting patients can be dangerous missiles if they become damaged. By following the safety rules listed below, you can help prevent accidents that could harm patients, visitors or team members.

- Never leave oxygen cylinders freestanding or leaning against a wall.
- Secure oxygen cylinders in a supporting cart or rack.
- When transporting a patient on oxygen via bed or stretcher, make sure oxygen cylinders are secure to prevent dropping the cylinder or allowing contact with walls, elevators, etc. Use cylinder holders to secure oxygen cylinders.
- Always use both hands when handling cylinders, and never grasp the cylinder by the stem.
- Never drag cylinders across the floor.

Please contact a respiratory therapist if you experience any problems or have questions about oxygen or oxygen safety.



PREVENTING BACK INJURY

Back injuries are very common in the workplace. Even though most people think that back injuries come from things like lifting a heavy box, those who work at a computer desk can also hurt themselves. Injuries can occur over a period of time. This means something as simple as bending over to pick up a pencil off the floor can cause back injury. By making a few changes in your work area and work habits, you can lower your chances of back injury.

PUT GOOD POSTURE IN MOTION

Poor posture starts as a comfortable habit, but eventually it hurts – not just in your back, but all over. Those aches and pains may even be signs of a serious posture-related problem. So, while learning good posture may feel strange at first, you'll be surprised at how quickly it becomes a comfortable habit, and how good it looks and feels.

Good posture in motion (body mechanics) means keeping your spine's three curves in their neutral alignment. To achieve this, keep your ears in line with your shoulders, your shoulders in line with your hips. "Don't Slouch!" Whether you're standing, lifting or bending, good posture in motion is the safest and most energy efficient manner with the least chance of injury. To prevent back irritation, it is advisable to change your position frequently.

Standing Rest one foot on a low box or stool to support your lower back. If possible, raise or lower your work surface so your shoulders and neck stay relaxed.

Lifting **Heavier >5 lbs.** Get close to the load and tighten your abdominal muscles. Use a straight back bend: Keep your back and neck in line, bend at the hips and lift with your legs and buttocks.

Lighter <5 lbs. Use "Golfer's Lift." Shift all your weight to one leg and elevate the other leg behind you as you flex forward at the hips. Use one hand to stabilize as you grab the lighter object with the other hand.

Bending Keep your back and neck in line as you bend at the hips. Remember to tighten your abdominal muscles to protect your lower back.

Walking Walk "tall." Pull in your abdominal muscles and hold your shoulders back.

Sitting Sit with a rolled-up towel supporting your lower back. Keep feet flat on ground with your buttocks against the back of the chair and your knees even with your hips.

Sleeping The best way to sleep is on your back with a small pillow under your knees, or on your side with a pillow between your knees. Use only one pillow under your head, and sleep on a firm mattress to support your three curves.

Turning Don't twist! Pivot your feet toward the direction where you are lifting.

Reaching Overhead Use a step stool in order to reach at shoulder height rather than overhead to prevent overextending your back.

To protect your back from injury, evaluate your own work environment and follow these tips in your daily routine:

When Standing:

- Adjust your workstation so you can stand up straight.
- Keep work close to you.
- Have a footrest to prop up your foot, which will decrease lower back pressure. Shift weight frequently and keep hips level.
- Using a mat or cushioned material is best for standing.
- You should always wear supportive shoes. Heels are not recommended.
- When reaching overhead, use a footstool to get closer to the object.
- While standing, keep your shoulders back and avoid a "sway back" posture.
- While leaning forward, support your upper body with your arms.



When Sitting:

- Keep the top one-third of the screen at or below eye level; distance from operator a minimum of 18", typically at arm's length. Head should be straight forward with neck and spine aligned.
- Wrists should be a natural extension of the forearm, not angled up or down, and upper arm should be vertical.
- Elbow relaxed. Lower arm opens at least 90° to 100° angle in relation to upper arm.
- Adjust backrest to accommodate the normal curve of the lower spine.
- Keep keyboard at elbow level with wrists supported.
- Thighs parallel to the floor
- Easily adjustable seat height. Seat pan short enough (front to back) for knee clearance and with a waterfall front edge so there is no pressure against the upper leg at the seat edge.
- Swivel chair with 5-point base and casters.
- Feet resting firmly on the floor; footrest needed if feet are not supported by the floor.
- Document holder in line with front monitor. Height and angle adjusted for the comfort of the user.



Infection Prevention

BLOODBORNE PATHOGENS

Bloodborne pathogens are disease-causing germs that are present in human blood and certain body fluids. The three bloodborne pathogens that are of major concern to health care workers are Hepatitis B (HBV), Hepatitis C (HCV) and Human immunodeficiency virus (HIV). If you are exposed to HBV through a needle stick injury and you have not been vaccinated, your risk of infection can be up to 30%. The risk is less for blood splashes into mucous membranes or on broken or abraded skin. The chances of becoming HIV positive when exposed to HIV through a needle stick is less than 1%. The risk is less for blood splashes into mucous membranes or broken/scraped skin. The HBV vaccine is offered to all team members. If you have not been vaccinated against Hepatitis B and want the vaccine, please contact Associate Health to schedule an appointment. There is no charge for this vaccine.

Sharps Safety: To prevent blood and body fluid exposures always:

- Wear a mask with a face shield if there is any chance of contamination to your mouth, nose or eyes.
- Use sharps with safety engineered devices where available. Sharps injuries can occur with the incorrect activation of the safety features or malfunction of protective devices.
- Dispose of all sharps and syringes in a sharps container with the safety device activated.
- Wear gloves when giving injections, doing fingersticks, drawing blood or starting IVs.
- Change sharps containers when they become $\frac{3}{4}$ full. Do not try to dispose of sharps in a full container as this can lead to injury.

Post Exposure:

1. Wash the area with soap and water, rinse eyes or mucous membranes, and remove contacts.
2. Notify the Administrative House Supervisor on duty and your unit manager/supervisor to obtain exposure packet. Follow instructions and fill out completely.
3. Obtain required information on source patient.
4. Seek medical treatment as indicated through Employee Health or the ED if needed.
5. Go to the AdventHealth Laboratory for baseline labs.
6. Report the exposure to Employee Health and submit an Origami Employee Injury Event through the HUB.

Safe Injections and Medication Usage Practices:

- Remember the motto: "One needle, one syringe, used on one patient, only one time."
- Single-use vials should only be used for a single patient and discarded after use.
- Multi-dose vials should be labeled with an open date and discarded within 28 days of opening.
- Gently apply pressure to the access port of lines/tubing while cleaning it with an alcohol wipe prior to attaching.



HAND HYGIENE AND NAILS

Performing hand hygiene reduces the transmission of germs to our patients and to ourselves and decreases the risk of health care-associated infections. Germs spread from contact with other people and, sometimes, from contact with environmental surfaces like telephones, computer keyboards, bedside rails and other items in the patient's room. Perform the hand hygiene activities for at least 20 seconds each time you wash. If you use alcohol hand sanitizer, rub the agent over your hands and wrists until they are completely dry. If your hands are dry in less than 20 seconds, you did not use enough of the sanitizer.

Perform hand hygiene with soap and water or with an alcohol-based hand sanitizer:

- Before eating, drinking, handling food or applying makeup.
- When you arrive and before leaving work.
- Before and after any contact with a patient or any items in the patient's environment.
- Any time you handle contaminated equipment or surfaces.
- Prior to putting on and after removing gloves.
- After using the restroom.

You MUST use soap and water for hand hygiene:

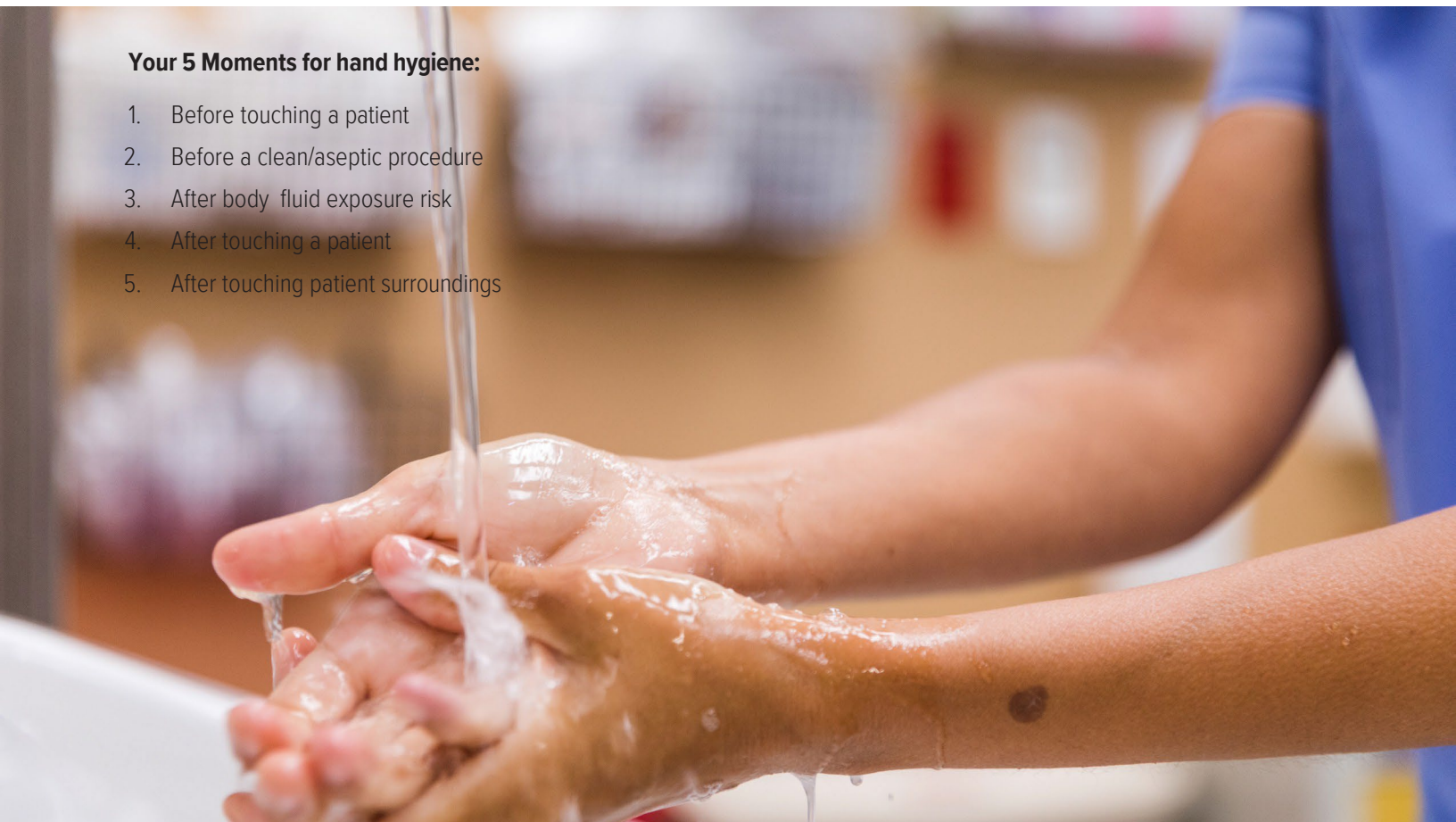
- If your hands are visibly soiled with blood or body fluids.
- You work in nutritional services
- You are caring for a patient with *Clostridium difficile* (C. diff)
- You are caring for a patient with a norovirus infection
- After using the restroom, sneezing or blowing your nose
- After no more than 10 uses of alcohol-based hand sanitizer

FINGERNAIL HYGIENE

You may not wear any type of artificial nails if you provide direct patient care, prepare and/or provide items for patient care use. Artificial nails are defined as any material applied to the nail for purposes of strengthening or lengthening the nail. This includes but is not limited to inlays, overlays, wraps, fillers, acrylics, gels, tips, extenders, tapes, nail appliques nail decoration, press-on nails, nail-piercing jewelry, or any bonding material. Natural nails should be trimmed so they are no longer than 1/4 inch beyond the tips of the fingers. Nail polish may be worn but must be in good repair without chips and cracks.

Your 5 Moments for hand hygiene:

1. Before touching a patient
2. Before a clean/aseptic procedure
3. After body fluid exposure risk
4. After touching a patient
5. After touching patient surroundings



ISOLATION PRACTICES

Standard precautions are based on the principle that all blood, body fluid, excretions, secretions, non-intact skin, mucous membranes and contaminated items or equipment in the patient environment have germs that can be transmitted. Standard precautions should be used all the time and include:

- Hand Hygiene
- Use of PPE (Personal Protective Equipment) (e.g., gloves, masks, eyewear)
- Respiratory hygiene/cough etiquette
- Sharps safety
- Safe injection practices
- Sterile instruments and devices
- Clean and disinfected environmental services

Use of respiratory etiquette:

- 1) Use a tissue to cover your mouth or nose when coughing or sneezing. Dispose of tissue after use.
- 2) If tissue is not available, then cough or sneeze in your elbow.
- 3) Use proper hand washing after coughing or sneezing.

Transmission-based Precautions

Transmission-based precautions are used for patients with known or suspected infections that are easily spread to others in addition to standard precautions. Associates must notify the receiving area when taking a patient on any of these types of precautions out of their room for tests or procedures prior to the arrival of the patient in these areas. Patients on transmission-based precautions will have a sign on their door describing the type of precautions. The sign will give special instructions on what type of personal protective equipment (PPE) is needed.

The different types of transmission-based precautions are:

CONTACT PRECAUTIONS:

This type of precaution/isolation is used with patients who have germs or diseases that are spread by direct or indirect contact with the patient or the patient's environment.

This is used for patients who have an infection or colonization with a multi-drug-resistant germ (MDRO). MDRO germs (like MRSA, VRE or ESBL) are resistant to treatment with certain antibiotics. Contact precautions require the use of gloves and gowns. Good hand washing after glove and gown removal is very important. Gowns must be worn whenever entering the patient's room.

C. ENTERIC CONTACT PRECAUTIONS:

This type of special contact precaution is used with patients who have who have C. difficile or other GI illnesses. Gloves and gowns are required. Good hand washing after glove and gown removal is essential. Hand washing must be done with soap and water – NOT an alcohol hand-sanitizing agent. The room and patient equipment must be cleaned in a special way (e.g., with bleach).

DROPLET PRECAUTIONS:

This type of precaution/isolation is used with patients who have germs or diseases that are spread by respiratory droplets propelled through the air for short distances (3 to 6 feet). This type of precaution must be used for illnesses like the seasonal flu, meningitis and rubella. Team members and visitors must wear an isolation mask when entering the room. The patient must wear a mask when leaving the room. Good hand washing is essential after removal of PPE.

AIRBORNE (N95-REQUIRED) PRECAUTIONS:

This type of precaution/isolation is required for patients with known or suspected infections that are spread through the air by very small droplet nuclei. The germs may be spread through coughing, sneezing, talking and medical procedures that involve the respiratory tract and can remain in the air for long periods of time. Tuberculosis (TB), measles and chickenpox are examples of airborne diseases. The patients should be placed in negative pressure isolation. The door must remain closed. Team Members must always wear an N95 respirator while in the room.

ENHANCED DROPLET CONTACT PRECAUTIONS

This type of precaution/isolation is required for patients with known or suspected infections related to COVID-19 or other emerging infections. The germs may be spread through direct contact with the patient or their environment, coughing, sneezing, talking or medical procedures that involve the respiratory tract. The door must remain closed. Team members must always wear an N95 respirator, gown, gloves and protective eyewear.

MULTIDRUG-RESISTANT ORGANISMS (MDRO)

MDROs are organisms such as MRSA, VRE, Clostridium difficile “C. difficile,” and multi-drug resistant Klebsiella. Patients with these organisms should be placed into isolation. Gloves and gowns should be worn when entering the room of patients who have MDROs. Strict adherence to hand hygiene is very important when caring for these patients or having contact with these patients’ environment. For patients with C. difficile, the environment/patient equipment should be cleaned with bleach. There are patient educational pamphlets available. Remember to document in Epic whenever you provide MDRO-specific education to patients/family members.

TUBERCULOSIS

Tuberculosis (TB) is an airborne-spread disease. Populations at risk include the elderly, immune-compromised, people living in crowded conditions (like jails), and people from certain areas of the world (like Latin America, Southeast Asia and Africa). Symptoms include fever, night sweats, cough (sometimes bloody) and tiredness. Patients known or suspected to have TB must be placed in airborne isolation in a room with negative pressure. Team Members must wear an N95 respirator or Powered Air-Purifying Respirator (PAPR) while in the patient’s room. It is important that you notify the receiving area of the patient’s diagnosis prior to transferring a patient with known or suspected TB. If you are offered medications for prevention of TB after an exposure, be sure to take the full course of the medication.

HOSPITAL ACQUIRED INFECTIONS

There are multiple variables that influence the development of a surgical site infection (SSI). This includes both patient and health care variables. Steps to minimize the risk of (SSI) include proper disinfection/sterilization of equipment and the environment, use of a standard checklist prior to the start of surgery, adhering to surgical quality measures (e.g., starting/stopping prophylactic antibiotics on time, maintaining optimal patient temperature, maintaining patient glucose control), and patient/family education. There is a patient education pamphlet available for education of the patient and family on SSIs. Be sure to document in Epic that patient education was done.

CENTRAL LINE BLOODSTREAM INFECTIONS

Prevention of central line-associated bloodstream infections (CLABSIs) may be accomplished through the use of the following steps: (1) use of a standardized insertion checklist every time, (2) providing patient/family education about CLABSIs, (3) vigorously rubbing and applying friction with the site sanitizer (e.g. alcohol wipe) whenever accessing the central line port, and (4) removing the line as soon as possible. There are patient/family education pamphlets available. Be sure to document in Epic that patient education was done. Daily documentation of the continued need for a central line must be done.

CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

Prevention of catheter-associated urinary tract infections (CAUTIs) may be accomplished through the use of the following steps: (1) Use of the standardized Foley insertion kit, (2) providing patient/family education about CAUTIs, (3) daily assessing and documenting the need for a Foley catheter, (4) removing the Foley catheter as soon as possible, (5) not inserting the Foley for convenience (i.e. limiting the use and duration to situations necessary for patient care), (6) using aseptic technique for Foley insertion and maintenance, and (7) securing catheters for unobstructed urine flow and drainage. Foley catheters inserted during surgery should be removed as soon as possible after surgery unless there is a documented need for continuance.

ANTIBIOTIC STEWARDSHIP

Antibiotics prevent millions of deaths each year, yet inappropriate prescriptions and overuse have led to antibiotic resistance that kills at least 1.14 million people a year. To improve the quality of care we provide to our patients, AdventHealth participates in Antibiotic Stewardship. This work is done in collaboration with the ordering provider, pharmacist, infectious disease physicians and infection preventionists. After an antibiotic is ordered, the pharmacist will review the medical record for appropriateness of antibiotic therapy, adjust the doses of the antibiotic based on the patient’s renal function, assess for duplicated antibiotic orders, and attend patient care rounds to address antibiotic questions and issues. The Antibiotic Stewardship Committee helps to ensure that ordering providers are following evidence-based guidelines associated with prescribing antibiotics.

Waste Stream Management Process

ITEMS THAT ARE DISPOSED OF IN THE DRAIN

Maintenance IV Solutions containing:

- Potassium Chloride
- Potassium Phosphate
- Sodium Phosphate
- Calcium
- Sodium Bicarbonate
- Dextrose
- Saline
- Lactated Ringers



Sink

REGULAR TRASH

- Syringes without needles
- Medication packaging and caps
- Gloves
- Stained gauze/dressings
- Diapers
- Empty oral syringes
- Non-contaminated PPE
- Disposable items not saturated with blood/body fluids
- Drained/empty IV bags/IVPB WITHOUT patient information
- Empty power injector syringes used in imaging
- OR/Procedural Areas: empty syringes



SOILED LINEN

All soiled linen must be bagged (not overstuffing) and tied securely in soiled linen bags and returned to the laundry.

NOTE: Absolutely NO Covidien disposable under pads are allowed in the soiled linen bag. These objects are disposable and belong in the trash. If disposed with linen, equipment gets damaged.

If clean linen is stained or damaged, do not discard; instead, place in torn and stained bag on the clean linen cart to be recycled.



PHARMACEUTICAL WASTE

Non-viable medications that can no longer be sold, returned to the manufacturer, wholesaler or reverse distributor, or donated to a charitable organization.

WHY?

To keep medications out of landfills and from poisoning our water supply.

WHERE DO WE DISPOSE OF THE MEDICATIONS?

Non-viable medications that can no longer be sold, returned to the manufacturer, wholesaler or reverse distributor, or donated to a charitable organization should be disposed of in the appropriate container.



All unused medications

- Syringes with medication (without needles)
- Partial vials containing Rx waste
- Creams, ointments and patches
- Oral dosage forms (solid and liquid)
- IV/IVPB solutions/tubing containing medications/additives
- IV bags and tubing containing medications
- Empty IV or IVPB with vials that contain patient information
- Closed ampules not returned to Pharmacy due to contamination
- Hibiclens and Betadine



TRACE CHEMOTHERAPY

Materials that have contained or come in contact with chemotherapy medications during preparation, handling and/or administration.

Yellow trace chemotherapy container or bag:

- Paraphernalia used during chemo preparation, handling and/or administration (to include gloves, masks, gowns that could be contaminated with chemo)
- Properly close and transport to the designated soiled utility room



BIOMEDICAL - SHARPS

Objects capable of puncturing, lacerating, or otherwise penetrating the skin are disposed in the sharps container. Biomedical waste in syringes or tubes are also placed in the sharps container.

WHY?

To keep sharp objects from puncturing people's skin.

If it pokes or cuts (needle, blade, scissor, hemostat):

- Empty syringe with a needle
- Empty IVPBs (with vials) that contain patient information
- Opened empty glass vials and ampules (controlled and non-controlled substances)
- Butterfly needles
- Empty carpule syringes
- Sharps from sterile field
- Syringes including unused/contaminated saline flushes
- Any other sharps
- Large syringes containing blood-tinged contrast





HAZARDOUS OR P-LISTED WASTE:

Use Black Bin for:

- Insulin
- Warfarin and packaging
- Nicotine patches/gum and packaging
- Non-empty chemotherapy bags/vials
- Oral and IV contrast
- Silver nitrate



BIOMEDICAL - RED BAG

WHY?

To prevent exposure to bloodborne pathogens.

The following are NOT considered biomedical waste and are NOT placed in a red bag: vomitus, urine, feces, saliva, sputum, nasal discharges, sweat and tears unless **visibly contaminated with blood**.

These items **are** considered biomedical waste and do require red bag disposal: body parts/human tissue, blood, blood products, used blood bags and blood administration kits.

Additionally, used **disposable** absorbent materials **SATURATED** with blood, body fluids, secretions or excretions (including used surgical sponges). Suction canisters with soiled contents, hemovacs, chest drainage units, and hemodialysis products are also disposed in a red bag/box.

Do **NOT** place linen with blood or other body fluids in the red bag/container – this results in permanent loss. Always return to soiled linen hamper.



ADVENTHEALTH EMPLOYEE HEALTH

What to do if a work injury occurs:

1. Immediately notify your department director, manager or supervisor of the injury.
2. If the injury is severe, please report to the Emergency Department for treatment (e.g., trauma, bleeding excessively or life-threatening). If the injury is not severe, the team member should contact Employee Health at 828-687-6288 to request an appointment with our Workers' Compensation Provider.
3. All injuries must be reported within 24 hours through Origami Risk. The online injury report can be found on The Hub. Once logged into the Hub, select the Quick Links & Resources icon and then Workplace Injury Event icon. Fill out all required information. Then submit.
4. Employee Health MUST be notified of all ER visits, treatments, referrals and work restrictions that are the result of a workplace injury. ER visits are not allowed unless there is a true emergency. If you go to the ER during business hours for a non-emergency, you may be responsible for payment.
5. Feel free to contact Employee Health for assistance with questions.

If a Sharps or Blood/Body Fluid Exposure occurs:

1. Immediately notify your department supervisor, manager or director of the exposure.
2. The Exposure Instruction Packet provides step-by-step instructions in the event of a needle-stick or exposure incident. The Exposure Packet can be found on the Employee Health team page.
(From the AdventHealth Connect page, select Employee Health under Departments.)
3. Complete the exposure packet by providing all the required information.
4. **Please report to the Laboratory to have blood drawn within 60 minutes or as soon as possible.**
5. If a source patient is identified, ensure the Laboratory has the lab order form with all the patient information. Labs must be drawn on the source patient. **Do not discharge the patient until labs have been drawn!**
6. Within 24 hours, return the completed exposure packet to the Employee Health Office. The fax number is 828-684-3525. All needle/sharp sticks are put into a surveillance system. It is imperative that the incident investigation form in the Exposure Packet be complete and returned to Employee Health. The information must be accurate, and you must identify the needle/sharp involved with the injury.
7. An exposure is considered a workplace injury. It must be reported as such. An online injury report must be submitted through Origami for all needle sticks or exposures.
8. All of the steps listed above must be complete in the event of any exposure-related incident.
9. If the exposure involved a known HIV positive or unknown source, please contact Employee Health during regular business hours, or report to the ER to discuss post-exposure prophylaxis (PEP) with a physician, if after hours.
10. Feel free to contact Employee Health for assistance with questions.



Patient Rights

CONFIDENTIALITY OF PATIENT INFORMATION

The Health Insurance Portability and Accountability Act, also known as HIPAA, is a federal regulation that guarantees patients a right to privacy and a right to access their protected health information. Protected health information includes but is not limited to patient name, demographics, diagnosis and treatment.

Associates, volunteers and students are required to refrain from viewing and sharing patient information (e.g., written, verbal, fax or electronic) with anyone not directly related to the patient's care or authorized by the patient to receive confidential information. Remember that the use of cell phone cameras in the hospital or office setting is not allowed. Also, please be cautious when posting on social websites.

Any violations of the HIPAA Privacy Regulation should be reported to Regional Corporate Responsibility and Privacy Officer, Michelle Daw, at 828-650-8127.

Remember, having access to health information doesn't give you the right to access.



INCLUSIVE DIVERSITY

We value the diversity of our patients, team members, business colleagues and visitors, and treat them with kindness and respect regardless of their background, race, religion or culture.

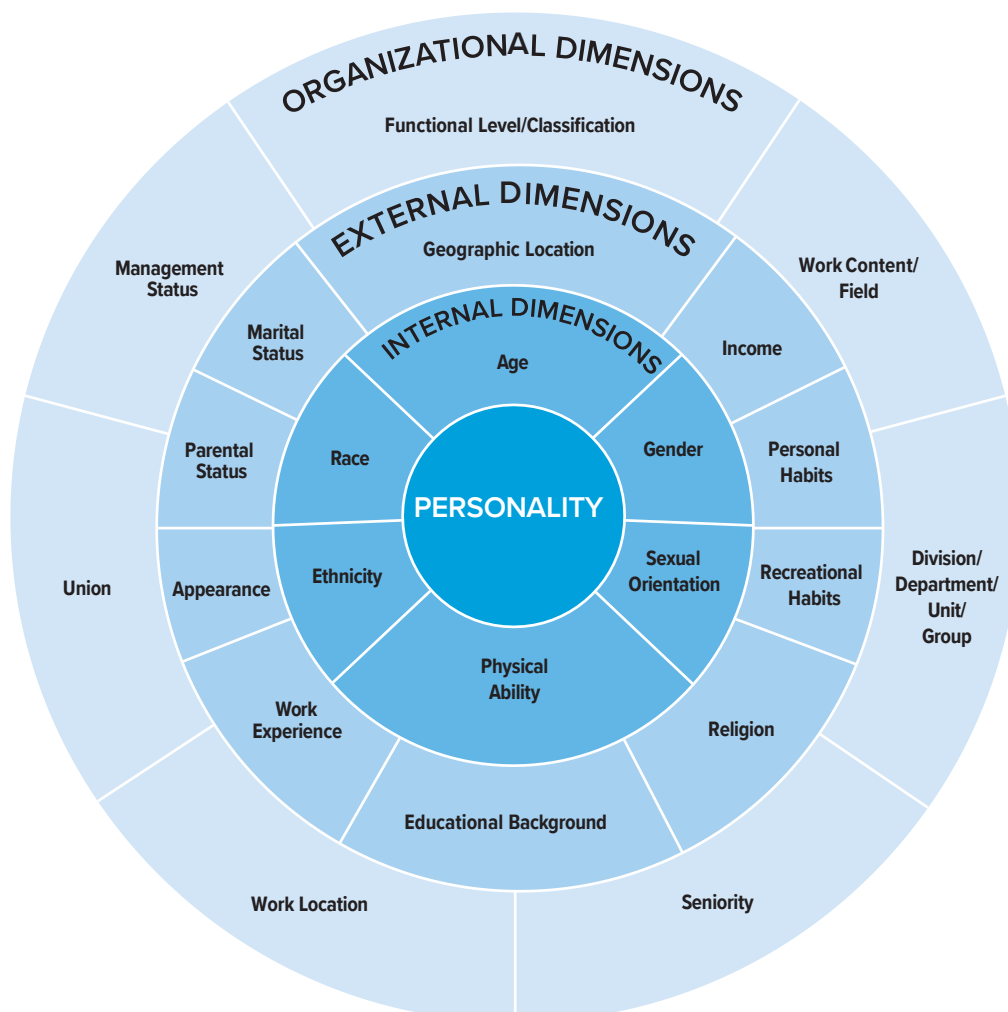
Creating a Supportive Workplace Environment

When individuals feel that they cannot be themselves at work, they will not fully engage as part of the team or in assigned work.

- Organizational leaders play an important role in setting the tone for the shift towards increased diversity and inclusiveness in an organization.
- Open, effective communication and clear channels for feedback optimize the opportunity for discussion of issues related to inclusion and discrimination.

What Makes Each Person Unique?

Each person is a blend of all 25 dimensions on the diversity wheel. The more alike two people are, the more answers they will have in common.



The Four Dimensions of Diversity

Personality	Internal	External	Organization
<ul style="list-style-type: none"> ● Likes ● Dislikes ● Values ● Beliefs 	<ul style="list-style-type: none"> ● Traits such as race and gender that may cause you to make assumptions or base judgement on 	<ul style="list-style-type: none"> ● Controllable aspects of our life that may change over time ● Influences choice of work, friends, etc. 	<ul style="list-style-type: none"> ● Aspects of culture found at work

What are cultural influences?

- Culture is the shared values, traditions, norms, customs, arts, history, folklore, practices and institutions of a group of people.
- Influences are like river currents that run through our lives and relationships:
 - Shape our perceptions and opinions
 - Influence how we interpret what we see and hear
- May have strong influence on a patient's and family's view of illness and health care.

Appreciating Differences

- Accept and appreciate differences among people rather than attempt to ignore, dismiss or correct them.
- Foster a work environment in which co-workers understand one another and work together as a team.
- Avoid in-group/out-group attitudes and behaviors in which some team members are treated like insiders while others are treated like outsiders.
- Acknowledge the strengths and weaknesses of each individual.
- Appreciate the similarities as well as the differences among people.

What is Unconscious Bias?

- Everyone has it.
- People use their individual frame of reference and filters based on their upbringing, experience and values to make decisions.
- It affects whom we choose to associate with.

How to Avoid Stereotyping

Members of a cultural or gender group may have many of the same traits, but no one is exactly like the description of their cultural group. Interact with each person as an individual with a unique identity and characteristics.

Ideas for Embracing Diversity

- Learn about the cultural backgrounds, lives and interests of team members and patients.
- Take opportunities to interact with team members and patients to increase comfort levels.
- When you're involved in planning activities, be open to team members' suggestions and ideas.
- Be aware of culturally significant events and holy days outside of your own traditions stay sensitive to these when scheduling important meetings.
- Recognize and acknowledge special days and events such as International Day of Persons with Disabilities, International Day to End Racism, etc.
- Acknowledge all faiths among our team members and patients.

Embracing Inclusion

- Remember to be aware of your biases.
- Be inclusive. Everyone brings a uniqueness to the workplace that makes it richer.
- Deliver services to all with uncommon compassion.
- Treat people in the way they wish to be treated.
- Welcome ideas that are different from your own.
- Understand the diverse elements that you personally bring to the organization.
- Take time to learn about the different cultures, races, religions and backgrounds represented by your team members, customers and patients.

Sensitivity and Respect

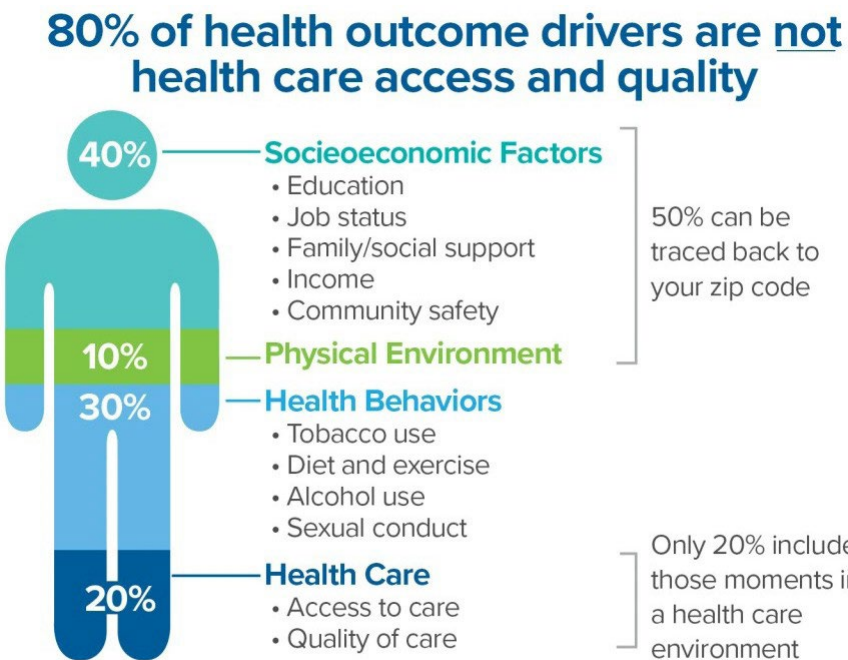
Diversity involves the concept of caring. People don't care how much you know, until they first know how much you care!

Diversity, Equity and Inclusion

AdventHealth's promise to patients is to advance equity in clinical access, outcomes, and experiences to empower all patients to experience wholeness – body, mind, and spirit.

Social Determinants of Health:

A person's overall quality of life and length of life are determined by a multitude of factors starting before a person is born. While clinical care can certainly be impactful in preventing, diagnosing, managing, and treating diseases, only about 20% of a person's overall health is determined by clinical care. The majority of a person and a population's health are determined by their social environment, the conditions in which people are "born, grow, live, work and age."



Source: Institute for Clinical Systems Improvement; Going Beyond Clinical Walls: Solving Complex Problems, 2014

- **Where someone is born** is a better predictor of their health outcomes than genetics.
- **Education quality and opportunity** can set a trajectory for earning and literacy that impacts every component of individual health, including access.
- **Physical environments** determine whether healthy options to live, work and play are available and whether they can be accessed.
- **Social and community networks** increase involvement, cohesion, and stability, reducing the impact of trauma and filling in critical support gaps.
- **Financial stability** improves access to healthy resources, including nutritious food, and decreases the impact of adverse events.

Your zip code determines your health more than your genetic code.

Equality means each individual or group of people is given the same resources or opportunities.

Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.

Each AdventHealth Facility DEI Council has developed a Health Equity Plan to mitigate disparities in care and outcomes in the communities we serve.



QUALITY ASSESSMENT PERFORMANCE IMPROVEMENT (QAPI)



QAPI is the merger of two complementary approaches to quality management: Quality Assessment (QA) and Performance Improvement (PI). AdventHealth Hendersonville's QAPI program involves all departments and services (including those services furnished under contract or arrangement); and facilitates a multidisciplinary, systematic performance improvement approach to improve outcomes, care and services.

Our organization is guided by a QAPI Plan that is reviewed and updated annually. This plan includes a broad and inclusive list of PI goals representative of our organization's priorities for improvement.

QAPI is a data driven and proactive approach to quality improvement. Data is reviewed formally at quarterly meetings. When data reveals the need, we implement improvement action plans or performance improvement projects to improve processes, systems, outcomes, and satisfaction. Here at AdventHealth Hendersonville, we strive to employ evidence-based practices and data to benchmark our organization, establish goals and define measurements for improvement.

IMPROVING PERFORMANCE/QUALITY

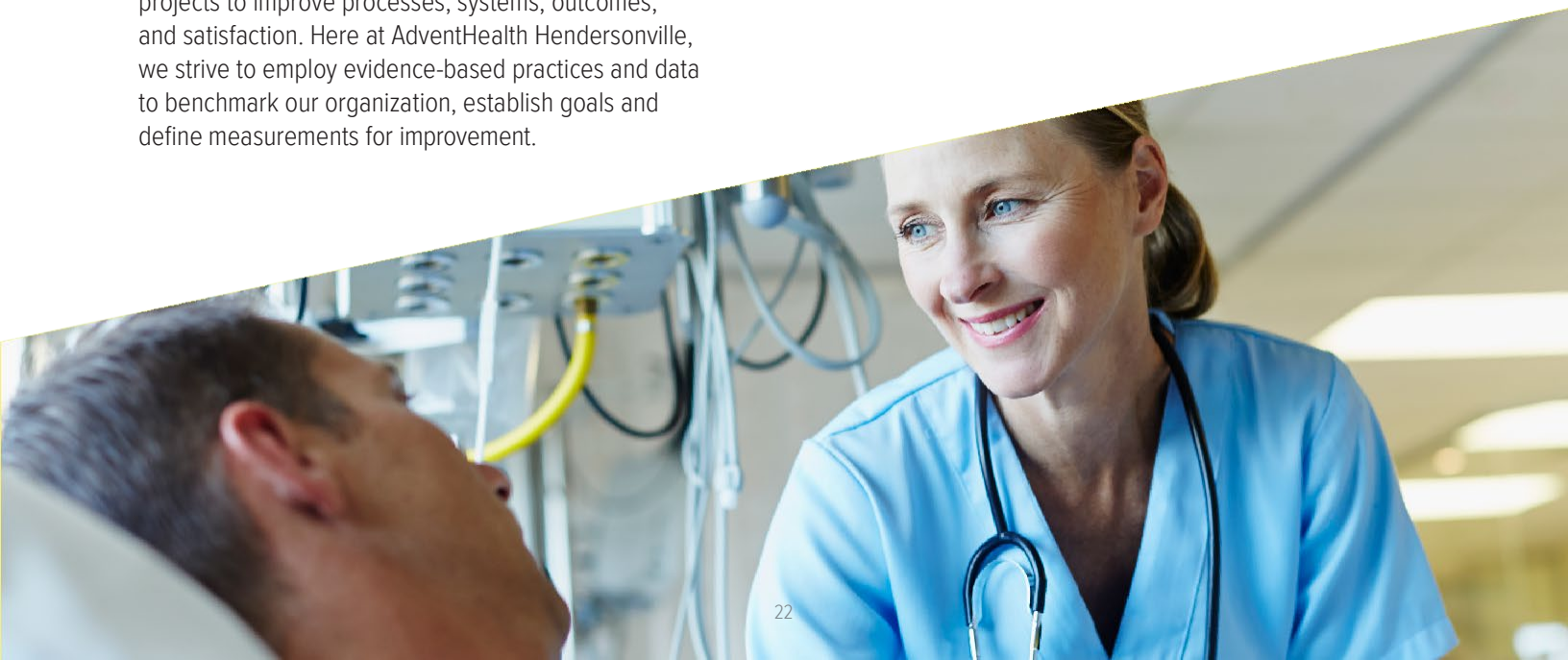
Continuous improvement of the care and service we provide is an important goal for all of us. We know most of the work in any department is guided by a set of steps or a process. In fact, there are many processes we use each day to carry out our work. Improving the steps of our processes is one of the best ways to reach our improvement goals of continuous improvement.

We provide quality to our patients when we:

1. Reduce unwanted variation in our work to achieve consistent results,
2. Deliver services to meet customer needs and expectations, and
3. Design our work procedures to help us do things right the first time.

Improvement of any kind happens through the effort of both individuals and teams. We maximize our results by using standard problem-solving methods. The problem-solving methods used at AdventHealth are:

1. Lean principles:
 - Rapid Improvement Project (Kaizen)
 - Value Stream Mapping
 - 5S (Organizing the work environment for efficiency)
 - A3 (A single page problem mapping and solving tool)
 - Visual Management
 - Huddles Boards / Unit Culture LENS Boards
2. PDCA (Plan-Do-Check-Act)
3. RCA2 & HFACS (Root Cause Analysis & Actions and Human Factors Analysis & Classification System)
4. FMEA (Failure Mode & Effects Analysis)



HIGH RELIABILITY AND SAFETY CULTURE

High Reliability Organizations operate in high-risk environments through a combination of reliable systems, processes and organizational culture to manage risk effectively and operate safely. A highly reliable work setting has a strong ability to self-reflect where:

- Leaders support continuous learning to assess performance
- Team briefings and debriefings are consistently performed to assess systems
- Trust is fostered to support open sharing of clinical, operational and cultural defects
- Knowledge is used to eliminate defects

The quality of care we provide patients is of utmost priority and at the heart of our mission and values. Safety is always on our mind for every patient and every team member, every day. We are working to achieve a strong safety culture.

What we ask of you...

- Anyone can STOP THE LINE of care when patient safety is a concern. (Escalating Safety Concerns & Chain of Command Policy)
- Be proactive – look for opportunities for “Good Catches,” and be on the alert for patient care concerns before they become a problem. Report those good catches and the close calls, too.
- Report when there is a mistake or error. We are open to learning from mistakes.
- Be curious, ask questions and help us find solutions to safety risks.
- Collaboration is key to becoming a high-reliability organization. Treat everyone with respect in your actions and words because our patients are counting on us working together.
- Most importantly, know that you can Speak up for Safety – You have our support!

Origami Risk is our event reporting tool. If you aren't sure how to use it, please ask! Escalate patient care concerns up the Chain of Command as needed or contact the Administrative Supervisor for help by dialing “0” for the operator or 828-684-8501 at any time, 24/7. If you have a concern that you feel is not being addressed, you may contact:

- The AdventHealth Corporate Office CORE (Code of Conduct) Hotline 1-888-924-8433

Additionally, you can contact:

- The Joint Commission (TJC) Phone: 630-792-5800 jointcommission.org



Achieving Strong Safety Culture

Everyone is empowered to stop and question when things don't seem right

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Errors and close calls are openly discussed so we can learn from our mistakes

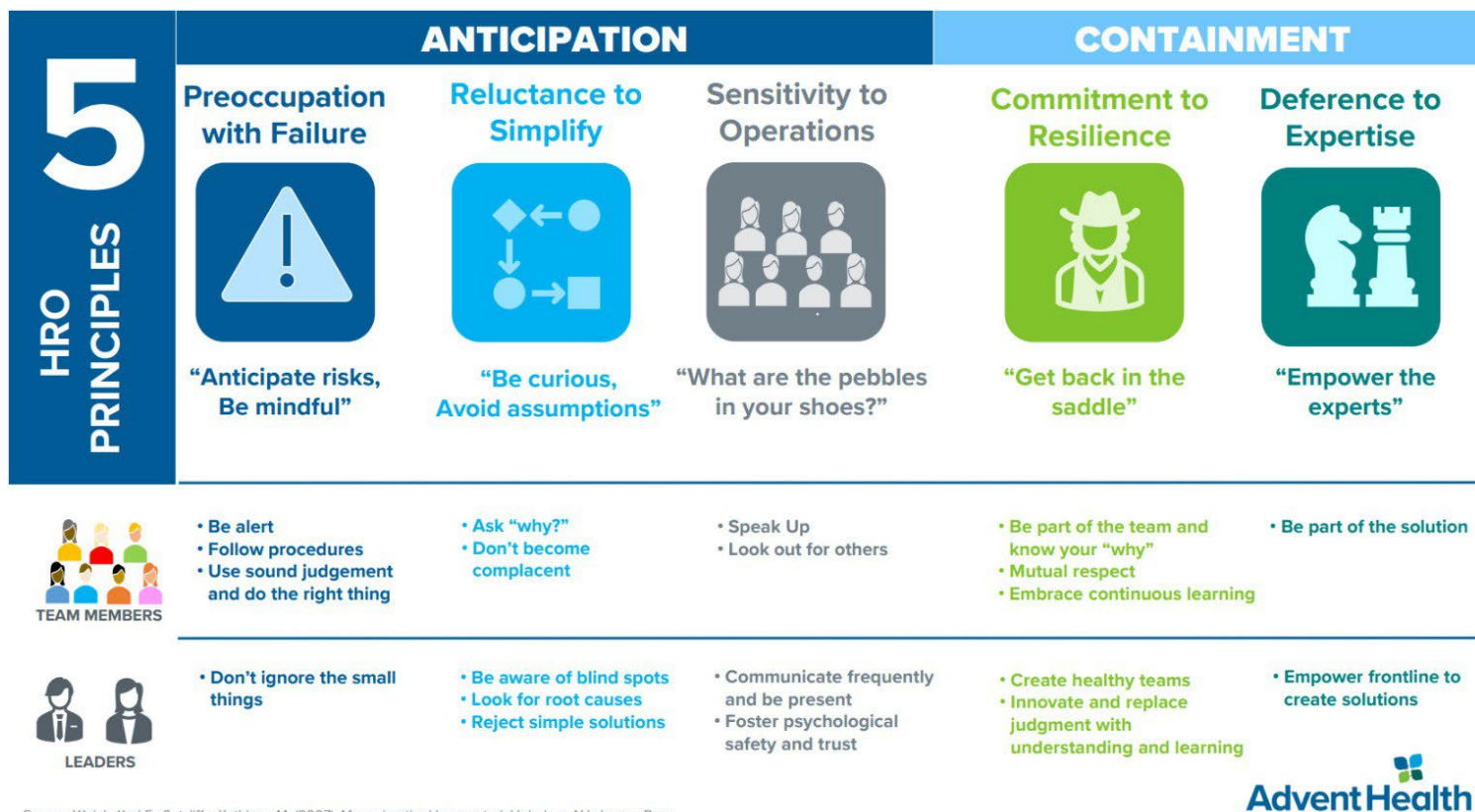
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We are actively alert to small signs or potential problems before they occur

.....

Collaboration is encouraged across all ranks to seek solutions to safety risks





QUALITY INITIATIVES AT ADVENTHEALTH

The Center for Medicare and Medicaid Services (CMS) requires that numerous measures are followed to ensure quality standards are met.

- Sepsis
- Central Line Associated Blood Stream Infections (CLABSI)
- Catheter-Associated Urinary Tract Infections (CAUTI)
- Acute Myocardial Infarction
- Congestive Heart Failure
- Surgical Site Infections
- Stroke
- Venous Thromboembolism
- Immunizations
- ED Through-put
- Perinatal Care

The following Present on Admission Indicators are to be evaluated on all patients upon admission with appropriate actions initiated.

- Skin assessment on admission
- Assessment of infections on admission
- Fall prevention

★★★★★

5-Star Rating

In CMS Overall Hospital Quality

EMERGENCY MEDICAL TREATMENT & ACTIVE LABOR ACT

The Emergency Medical Treatment and Active Labor Act (EMTALA) was enacted to ensure that people who come to a hospital will receive proper evaluation and treatment of possible emergency medical conditions regardless of their ability to pay. Regardless of where in the hospital a patient presents and requests emergency care, we must comply with this law. If we are found in violation of these regulations, Medicare can and does impose large financial penalties/ fines, even if the violation is unintentional!

Key points of the EMTALA law are:

1. We **must** provide a medical screening exam to anyone who comes to our Emergency Department or OB Department requesting an emergency medical evaluation. A medical screening exam is an assessment done by a qualified medical professional to determine if the patient has an emergency condition. An emergency medical condition is an acute condition (including labor of pregnancy and psychiatric disturbances) that without immediate medical attention could result in serious impairment of a body organ or function. (For our Psychiatric or Obstetric patients, the screening can be done by specially trained RNs.)
2. Obtaining insurance information and authorization or arrangements for payment of services **cannot** delay the medical screen and must not affect any treatment or transfer decisions.
3. Associates and medical associates **must not** make any statements or take any action that would encourage a patient to leave before evaluation of a possible emergency medical condition.
4. We **must** complete a transfer form for every patient transferred to another facility for further treatment or testing.
5. We **must** verify and document that the receiving facility and receiving physician accepts the transfer of the patient.
6. We **must** send copies of pertinent medical records with the patient or fax as soon as possible.
7. We **must** take and record the patient's vital signs and address any abnormal test results prior to transfer or discharge.
8. We **should not** give advice or try to evaluate a possible emergency condition over the telephone. We should advise the patient to come in for evaluation.
9. We **must** keep a log of everyone presenting for a possible emergency medical condition including diagnosis and final disposition. This also includes patients we transfer to other facilities.

10. Whenever a patient is transferred to another facility the Administrative Supervisor **must** be involved to ensure that all documentation is sent with the patient.

SAFETY EVENT REPORTING - ORIGAMI Occurrence Report

Definition of an event: An event is anything not expected in the desired care of patients or operation of the facility. This includes unusual events that result in personal injury or property damage/loss and events with the potential for injury or loss. If there is ever a time when you can't decide whether to complete a report, remember this:

If in doubt, fill it out!

1. What should be reported?

- Medication/treatment errors
- Falls
- Lost property (e.g., dentures, glasses, money, etc.)
- Equipment failure resulting in injury to the patient
- All close calls
- All patients who leave the hospital Against Medical Advice (AMA)
- Code of conduct violations or acts of incivility
- Workplace violence events or suspected abuse
- Any other safety concern --> Patient, Team Member, Visitor

2. What should I do if a risk event happens?

- Provide treatment as appropriate.
- Remove safety hazards.
- Notify your on-duty supervisor.
- Complete an ORIGAMI occurrence report before the end of your shift
 - through patient chart in EPIC
 - from Connect page for visitor/facility/ other event

3. Who is responsible for completing the form?

- The person who observes or finds out about the event is responsible for the completion of the form.

4. Should the event be documented in the patient's chart?

- Always document patient care events in the chart.
- Chart objectively what happened, without opinion or judgment.
- Do not document that an ORIGAMI occurrence report has been completed in the chart.

5. What should be charted in the ORIGAMI Occurrence Report?

- At minimum, complete line items with red *asterisk.

6. Who gets the ORIGAMI Occurrence Report?

- Risk Manager
- Leaders receive an anonymous copy of the event so they may review and follow up.

7. Am I going to get myself or someone else in trouble if I make a report?

- No, we believe in just culture. We encourage team members to speak up so we can learn from our mistakes and process issues so we can make improvements.

8. Is there a separate reporting form for “medication-related” errors?

- No. ORIGAMI occurrence report is used for reporting medication errors. Note: Under the Select Event Category, choose Medication.

9. Why should I report an Adverse Drug Reaction (ADR)?

- Adverse drug reactions occur frequently and should always be reported, regardless of severity. New drugs are extensively studied before being approved for use in the general population, but quite often, adverse effects (sometimes serious or life-threatening) are noted after a drug enters the marketplace. ADR reporting may result in prescribing or labeling changes and, in serious cases, may involve withdrawal of the drug from the market. ADRs may be reported by completing the Origami Risk Event Form on Connect (for Select Event Category, choose Medication Interaction, for Select Event Indicator, choose Adverse Reaction/or complete the one-page Adverse Drug Reaction Form. This form is available from the Pharmacy.

PATIENT SAFETY ORGANIZATION

AdventHealth Hendersonville participates in a Patient Safety Organization (PSO). Patient Safety Organizations were created as a result of the Patient Safety and Quality Improvement Act of 2005 which was a groundbreaking federal initiative in patient safety.

The mission of the PSO is to improve patient safety and the quality of health care delivery by providing a protected legal environment with the assurance that the information shared is safe from legal discovery and kept confidential. Its main function is to collect patient safety data, aggregate and analyze that data, then to share any findings as a result of that analysis. Sharing is not only intended to occur amongst the members of the PSO, but also at a national level.

AdventHealth Hendersonville has a defined set of patient safety activities that generate what we call Patient Safety Work Product (PSWP). PSWP is any data, reports, records, memoranda, analysis, or written/oral statements which are assembled or developed with the intent to improve patient safety, health care quality, or health care outcomes. When we create PSWP it must be with the intention of reporting to a patient safety organization, and it must be submitted to the PSO or classified as deliberations and analysis.

The PSWP created at AdventHealth Hendersonville is managed and analyzed in our Patient Safety Evaluation System (PSES). Think of this as the “space” in which we create or assemble PSWP. This can be in meetings, in software programs, or on a data collection sheet. Each specifically defined type of patient safety work product is referred to as a “component.” The information we gather from these components help us to see which areas of our hospital we need to improve.

If our hospital remains compliant with the Patient Safety and Quality Improvement Act, our PSWP can be shared freely with our workforce to improve our hospital, and the information will be legally protected. To remain compliant, we must submit our PSWP to the PSO on a regular and clearly defined basis or classify it as deliberations and analysis. We must only share (disclose) our PSWP with members of our workforce that have a “need to know.”

When our PSES is being utilized in accordance with the law it is an invaluable resource to our team and our patients.



Organ Donation

LIFESHARE OF THE CAROLINAS FOR MEDICAL STAFF

About LifeShare

- Federally designated **organ procurement organization (OPO)**
- Coordinates recovery and distribution of donated gifts for transplantation and medical research
- Educates the public about donation and the importance of registration
- Provides support for donor families during and after donation

Federal Regulators

- Centers for Medicare and Medicaid (CMS)
- Food and Drug Administration (FDA)
- Occupational Safety and Health Administration (OSHA)
- United Network for Organ Sharing (UNOS)

CMS Conditions of Participation: §482.45

- Hospital must notify their local OPO of all deaths **and imminent deaths** in a timely manner: AdventHealth Hendersonville policies state **1 Hour**
- OPO **must** determine medical suitability
- All eligible families **must** be offered the opportunity to donate
- **Only a LifeShare designated requestor trained or approved by the OPO shall approach the family for donation**

Transplant Facts

- **3,049** North Carolinians waiting for a life-saving transplant
- **114,751** Americans waiting for a life-saving transplant
- Another person is added to the list every 10 minutes
- **22** people die each day waiting for an organ

One Donor Can Save Up To 8 Lives by Donating

- Lungs
- Liver
- Heart
- Intestine
- Kidneys
- Pancreas

One Tissue Donor Can Heal 80 People

Common Uses Include:

- **Bone, Tendons and Ligaments** Fractures, Bone disease, Hernia repair, Sports injuries
- **Heart Valves** Congenital heart disease, Valvular heart disease
- **Blood Vessels** Coronary artery bypass surgery, Peripheral vascular disease
- **Skin** Burns, Reconstructive surgery after mastectomy
- **Eyes** Corneal blindness, Corneal scarring, Corneal thinning

DONATION TYPES

Organ Donation

- Patient must be maintained on ventilator
- Organs matched anonymously to recipients
- Organs transplanted immediately after recovery

Tissue Donation

- Must occur within 24 hours of death
- Little or no matching to recipients
- Tissues can be preserved for later use



Discretion and sensitivity must be demonstrated with respect to the circumstances, views, and beliefs of the families of potential donors.

CLINICAL TRIGGERS

Brain Death

- Severe brain injury
- Meets brain death criteria as diagnosed by clinical neurological assessment
- Patient remains on ventilator until organ recovery

Donation after cardiac death (DCD)

- Severe brain injury
- Does not meet brain death criteria
- No hope for meaningful recovery
- Family accepts prognosis and transition to comfort care
- Transition to comfort care takes place in the OR
- Patient must die within 1 hour to donate

ORGAN DONATION

Hospital must call LifeShare WITHIN ONE HOUR when:

- Patient is ventilated with neurological injury
- Patient has a Glasgow Coma Score of 5 or less

Hospital must call LifeShare AGAIN at the following times:

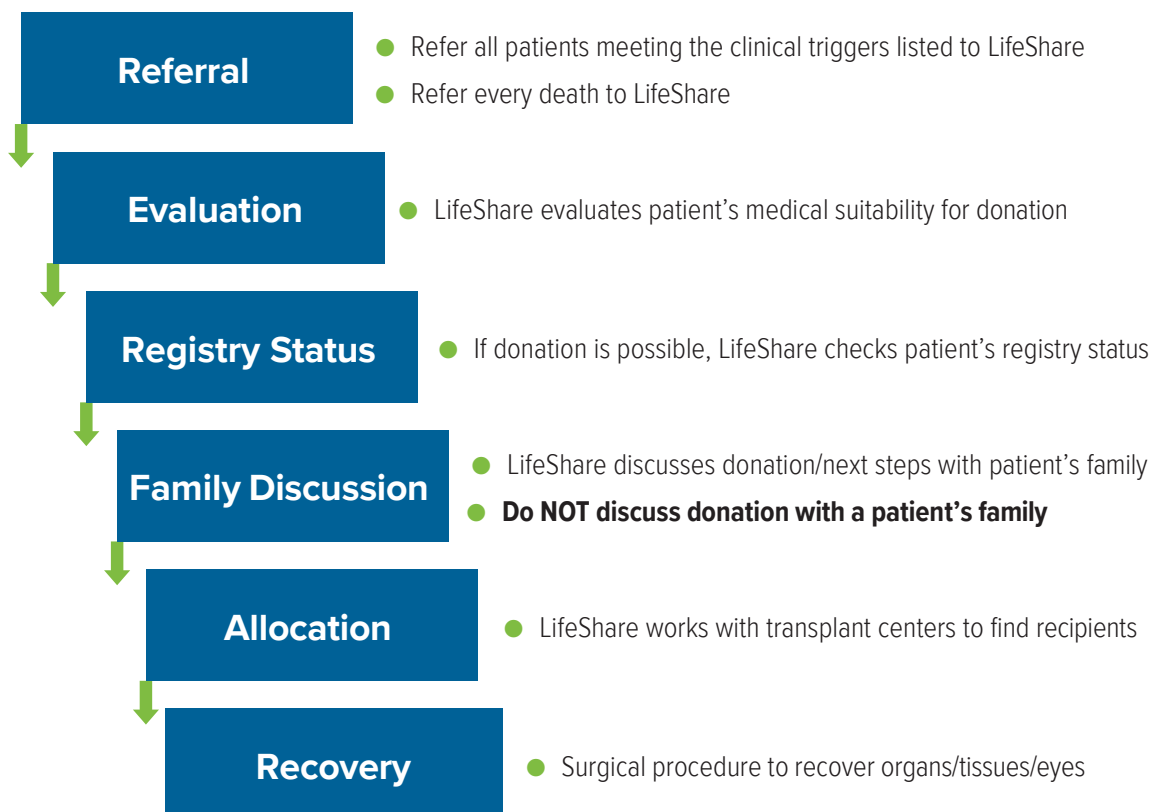
- Prior to brain death testing
- If a Do Not Resuscitate (DNR) or withdrawal of care is considered
- If a family member asks about donation
- If there are significant clinical changes

TISSUE DONATION

Hospital must call LifeShare WITHIN ONE HOUR to report all deceased patients.

- All patients who die of cardiac death – even those previously referred to LifeShare
- Patients who arrive at the hospital deceased

THE DONATION PROCESS



NOTE: LifeShare May Discuss Donation with Family Over the Phone While They Are Still at the Hospital

Patient Care

AdventHealth provides professional health care in an atmosphere of Christian compassion and healing. We value and respect those to whom we give care and service.

ADVANCE DIRECTIVES

Advance directives are legal documents that indicate a patient's treatment choices when they are too ill to communicate with their doctor. Examples are living wills, Medical Order for Scope of Treatment (MOST) forms, "Do Not Resuscitate" forms, and health care power of attorney.

- Living wills direct the physician regarding the use of extraordinary medical treatments that would prolong dying or to stop such treatments if they have already been started.
- A health care power of attorney is a legal document in which an individual is appointed to make health care decisions for another person if they are no longer able to do so for themselves.

It is the responsibility of AdventHealth to determine whether a patient has or wishes to complete an advance directive.

PATIENT ABUSE OR NEGLECT

Categories of abuse and neglect include:

- Abuse or neglect of children
- Abuse or neglect of disabled adults, including disabled elderly adults
- Physical assault
- Rape or other sexual molestation, and
- Domestic abuse

At the time of presentation to our hospital, a thorough history and physical examination must be completed to include assessment for signs and symptoms of abuse or neglect. Certain injuries and behaviors that may indicate violence or abuse include burns, repeated injuries that are difficult to explain as accidental, injuries consistent with the shape of a weapon (such as a belt buckle), fear, depression and withdrawal. These signs and symptoms do not mean that a patient has suffered abuse or neglect but must be used as part of the overall evaluation.

North Carolina state law mandates reporting of the following:

- Known or suspected abuse or neglect of children
- Known or suspected abuse or neglect of disabled adults, and
- Certain categories of wounds, injuries or illnesses.

The individual who knows or suspects that abuse or neglect has occurred must report the information to their supervisor who will notify the appropriate authorities.

For details, see the Administrative Policy "Abuse, Caring for Possible Victims" in PolicyTech.

INTERNAL ALLEGATIONS OF ABUSE

AdventHealth policies and CMS guidelines state that all patients have the right to be free from harm, abuse (sexual and/or physical) or neglect. If a patient or their advocate alleges abuse or neglect by any AdventHealth team member or agent:

1. Ensure the immediate safety of that individual
2. Report to your immediate supervisor
3. Enter an Origami

The internal allegation of abuse will be investigated following AdventHealth Hendersonville policy: Abuse of Patients, Internal Allegation of.

INFORMED CONSENT

Patients have the right and responsibility to be informed and participate in decisions involving their health care. The patient or health care power of attorney must be provided with enough information from the physician to make an informed consent. This information includes an explanation of:

- Diagnosis and condition
- Recommended procedure or treatment
- Benefits and risks of procedure or treatment
- Medically acceptable alternatives
- Benefits and risks of alternative procedures or treatments
- Potential outcome without treatment or procedure
- Likelihood of success, and
- Risk or benefits of doing nothing

A consent form reflects the communication between the physician and patient or health care power of attorney. The patient or health care power of attorney acknowledges that informed consent was provided by signing a consent form or by providing verbal consent over the telephone. If the patient is incompetent or incapacitated, consent may be given by a patient's guardian, health care power of attorney, spouse or next of kin. Some tests and procedures, such as HIV testing and blood transfusions have specific policies and consent forms. Please follow the protocol outlined in the specific policies concerning these items.

PATIENT IDENTIFICATION

Patient identification is confirmed using at least two patient identifiers (patient's name and date of birth).

For details see the Interdisciplinary Policy "Patient Identification" in PolicyTech on Connect.

PATIENT'S RIGHTS AND RESPONSIBILITIES

Patients are given a copy of Patient Rights and Responsibilities on their admission to our hospital.

Patients have the right to:

- Impartial access to medical care
- Medical care within the capability of our hospital
- Considerate and respectful care
- Know the identity of the persons providing care
- Information regarding treatment
- Informed consent
- Participate in care decisions
- Request another physician consultation
- Privacy and confidentiality of information
- Review the medical record
- Have complaints heard, reviewed and resolved
- Participate in discussion of ethical issues/dilemmas
- An interpreter if unable to speak English
- Complete an Advance Directive
- A safe environment
- Freedom from use of restraint, except when medically necessary
- Freedom from abuse
- Communication aids
- The individual who knows or suspects that abuse or neglect has occurred must report the information to their supervisor who will notify the appropriate authorities
- For details, see the Administrative Policy "Abuse, Caring for Possible Victims" in PolicyTech. Comfort and dignity if terminally ill or dying
- Have their families consent to or decline participation in organ donation at the time of death
- Be informed of the hospital's reimbursement
- Have a family member or personal physician notified of the admission, and
- Decide who can visit the patient

Patients are responsible for:

- Providing accurate and complete health information
- Being involved in their care
- Reporting perceived safety risk in their care and treatment
- Accepting the outcomes if they refuse recommended treatments or procedures
- Being respectful and considerate of other patients and health care providers
- Following hospital policies and procedures
- Providing a copy of their most current advance directives to the hospital, and
- Paying their hospital bills as promptly as possible.
- Service Animals/Emotional Support Animals

SERVICE ANIMALS

Under the Americans with Disabilities Act (ADA), a service animal is defined as a dog that has been individually trained to do work or perform tasks for an individual with a disability. The task(s) performed by the dog must be directly related to the person's disability. Service animals can be any breed or size of dog. They are not required to be certified or to go through any professional training program, nor are they required to wear a vest or identification indicating they are a service dog. If it is unclear to you whether someone's dog is a service dog, **you may ask for certain information using two questions.**

You may ask:

- Is the dog a service animal required because of a disability?
- What work or task has the dog been trained to perform?

You are not allowed to:

- Request any documentation that the dog is registered, licensed or certified as a service animal
- Require the dog to demonstrate its task or inquire about the nature of the person's disability

Emotional support, therapy, comfort or companion animals are not considered service animals.

The handler is responsible for caring for and supervising the service animal, which includes toileting, feeding, grooming and veterinary care. Covered entities are not obligated to supervise or otherwise care for a service animal.

Service animals cannot be restricted from areas of the hospital where patients or members of the public can go. It may be appropriate to keep a service animal out of a sterile environment such as the operating room where the animal's presence could compromise the area.

COMPLAINTS, GRIEVANCES OR PATIENT ADVOCATES

Our patients and their experiences are important to us. If a patient or a family representative voices a concern or a complaint, please allow them the opportunity to provide you with more information so that you may assist them with an appropriate resolution.

If the complaint or concern cannot be resolved by you the employee at the time, please notify your Department Leader, the Patient Experience Department and/or reach the Administrative Supervisor at 828-687-5671.

If the patient expresses the desire to file a formal grievance or requests a Patient Advocate, please notify the Patient Experience Department via phone at 828-681-2781 or email camy.horrell@adventhealth.com.

During night and weekend shifts, please contact the Administrative Supervisor at 828-687-5671.

Patient advocacy provides an element ensuring that patients have the right to make decisions about their own health care, promote patient equality and speak on behalf of patients to safeguard the right level of care.

ETHICS CONSULTATIONS

Every patient has the right to autonomy when making decisions about their health care. When patients are unable to make decisions for themselves, a surrogate health care decision maker or family may be appointed when conflict arises about medical decisions for a patient, the Ethics Committee may be consulted to evaluate and ensure ethical principles are considered and respected. Requests for Ethics Consultations may be made to the Administrative Supervisor who will contact the on-call member of the Ethics Committee.

NATIONAL PATIENT SAFETY GOALS AND PATIENT SAFETY

The Joint Commission is the regulatory agency responsible for the development of the National Patient Safety Goals (NPSG). The NPSGs were established to help accredited organizations address specific areas of concern regarding patient safety. The development and annual updating of the NPSGs is overseen by an expert panel of widely recognized patient safety experts, as well as nurses, physicians, pharmacists, risk managers and other professionals who have hands-on experience in addressing patient safety issues in a wide variety of health care settings.

Below is a summary of the 2025 National Patient Safety Goals.

Identify patients correctly

NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.

Improve staff communication

NPSG.02.03.01 Get important test results to the right team member on time.

Use medicines safely

NPSG.03.04.01 Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.



NPSG.03.06.01 Record and pass along correct information about the patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Give the patient written information about the medicines they need to take. Tell the patient it is important to bring their up-to-date list of medications every time they visit the doctor.

Use alarms safely

NPSG.06.01.01 Make improvements to ensure alarms on medical equipment are heard and responded to on time.

Prevent infection

NPSG.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning.

Identify patient safety risks

NPSG.15.01.01 Reduce the risk for suicide.

Improve health care equity

NPSG.16.01.01 Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

Prevent mistakes in surgery

UP.01.01.01 Make sure that the correct surgery is done on the correct patient and on the correct place on the patient's body.

UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01 Pause before the surgery to make sure a mistake is not being made.

IDENTIFICATION OF PATIENTS AT RISK FOR HARM

AdventHealth serves a population of patients seeking treatment for mental health disorders.

We all have a responsibility to keep them safe.

Identifying Vulnerable Patients	Responding with Compassion
Disheveled clothing	Establish rapport.
Unclean appearance	Engage the support of loved ones whenever possible. Be alert to patient or family concerns.
Sitting by oneself/avoiding interaction	Notify your supervisor to ensure the patient can be observed closely for safety.
Withdrawal; Loss of interest	Be alert to potential problems and be prepared to begin de-escalation.
Displays anger, agitation, violent body language	Call 5555, Security Alert – Code BERT.

SAFEGUARDING THE CARE ENVIRONMENT

Survey for and remove hazards, including:

- Sharps
- Loose cords
- Puddles of fluids
- Plastic bags
- Breakable glass
- Potential projectiles



PEER SUPPORT

AdventHealth has an organized Peer Support Team. This team includes specially trained volunteers from a variety of disciplines across our system including providers, nurses, social workers and chaplains. Members of the Peer Support Team provide psychological first aid.

Peer Support is offered to team members who experience a critical incident during the course of their work which causes them to feel personally traumatized or emotionally distressed. Critical incidents include, but are not limited to, the unexpected loss of a patient, an error in medical treatment, a serious on-the-job injury, suicide of a colleague or family member, or a personally threatening situation.

We are here for you

If you experience an emotional reaction to a stressful event (a “second victim” response), we can help. The Peer Support Team is available 24 hours a day. Their goal is to help health care team members quickly return to their satisfying professional practice. Peer Support volunteers are trained in peer support/critical incident stress management and selected because of their compassion for others. You may ask your leader or the Administrative Supervisor to contact the Peer Support Team for you.



Corporate Policies

IDENTIFICATION FOR TEAM MEMBERS, AUXILIARY, CONTRACT EMPLOYEES, STUDENTS

Your ID badge must be worn on the upper left quadrant of the chest where it is always clearly visible with picture/ name facing outward for identification. The badge must be on an entity issued badge reel (heart reel) or clip for facilities where patient care takes place. No lanyards are permitted at any entity where patient care takes place. Students are to wear their school's name badge.

ADVENTHEALTH EMPLOYEE HANDBOOK

I understand that I can view the AdventHealth Employee Handbook through AdventHealth Connect under Quick Links, select Employee Handbook.

Workforce Member Conduct

Policy CWHR237

Our organization is committed to conducting business and operations consistent with ethical and legal standards. As such, all AdventHealth team members are required to review the Workforce Member Conduct Policy in entirety and agree to abide by the principles outlined in it.

Key Highlights:

- All team members are expected to be honest and fair regarding AdventHealth affairs and be knowledgeable about and ensure compliance with laws and regulations.
- Medically necessary health care will be delivered to patients in a compassionate, respectful, ethical, and non-discriminatory manners. Patient records will be reliable and accurate and will be kept confidential in accordance with the law.
- Contacts will be maintained with government officials/ personnel in a professional manner.
- Marketing and advertising will be accurate and consistent with AdventHealth's mission.
- Measures will continuously be taken to identify, avoid or eliminate conflicts of interest.
- Privacy and security of patient protected health information will be maintained.
- Quality care will be provided to eligible patients regardless of financial risk or compensation method.

Failure to adhere to, or comply with, any written AdventHealth policy and procedure will result in disciplinary action, up to and including discharge.

PROFESSIONAL CODE OF CONDUCT

1. Workforce members employed by AdventHealth are expected to be friendly and helpful at all times, treating everyone in accordance with our service standards. Rules of Conduct are outlined in the Workforce Member Conduct Corporate policy (CWHR237).
2. Members of the Medical Staff also have expectations to treat others with respect, courtesy and dignity, as outlined in the Disruptive Behavioral Code of Conduct policy (HVL.ORG.191).
3. If there are concerns that team members or medical staff have violated our standard for professional conduct, then a report should be submitted through the ORIGAMI Occurrence report (HVL.ADM.146). This is available and accessible on AdventHealth Connect/Applications/ORIGAMI.

CORPORATE RESPONSIBILITY

Corporate Responsibility Program Element CWC130

As a health care provider, AdventHealth is subject to many federal and state laws and regulations. Following these laws is not only the right thing to do, but is also essential because violating them causes harm to you, our hospital and our patients. Noncompliance could result in criminal penalties, civil fines and exclusion from the Medicare program. To ensure it we meet this commitment, AdventHealth follows a program called **CORE – Commitment – Obligation – Responsibility – Ethics**. CORE defines the principles and requirements that guide our conduct each day.

Team members are expected to act with integrity and high ethical standards regarding patient care, patient privacy, medical information, financial matters, marketing, business relationships, and all other job duties.



REPORTING LEGAL, ETHICAL AND PRIVACY CONCERNS

All team members are encouraged to report concerns about illegal or unethical conduct, potential privacy violations, or any situation that may feel uncomfortable to them. If you have a concern, you can choose any of the following channels to report it:

1. Speak with your supervisor.
2. Contact Michelle Daw, Regional Corporate Responsibility Officer directly at 828-650-8127, michelle.daw@AdventHealth.com or the Corporate Responsibility Department at Headquarters at 407-200-2961.
3. For employment issues, contact your designated Human Resources representative.
4. Visit the Corporate Responsibility Webline: AdventHealth.alertline.com
5. Call the GuideLine at 1-888-924-8433.

Calls are answered 24 hours a day, 7 days a week.
All calls are confidential and may be made anonymously.

Team members who make reports in good faith will not be retaliated against per Policy CWCR202 “Responsibility to Report and Non-Retaliation”

Federal laws provide that an employee may not be discharged, demoted, or otherwise discriminated against as a reprisal for “whistleblowing.” In addition, whistleblower protections cannot be waived by any agreement, policy, form or condition of employment.

HARASSMENT-FREE WORKPLACE

Policy CWHR103 Sexual and other Unlawful Harassment

Our organization is committed to providing employees with a harassment-free workplace.

All AdventHealth team members are prohibited from engaging in unwelcome sexual advances or other verbal, visual, or physical conduct that is based on race, color, religion, sex, national origin, age, veteran status, disability, or any other category protected under state law or local ordinances which could create a hostile, intimidating, or offensive work environment.

Harassment can be verbal or non-verbal and includes, but is not limited to:

- Discrimination
- Intimidation
- Sexual Harassment

TEAM MEMBER RESPONSIBILITY:

- Inform the individual to stop the behavior immediately.
- Report behavior to Manager/Director immediately and report any continued occurrences.
- If you do not wish to discuss with the Manager/Director, contact Human Resources or report anonymously to the AdventHealth GuideLine number: 1-888-924-8433.



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