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At Ohio's Hospice, we are committed to the following:

**Mission**
Our mission is to celebrate the lives of those we have the privilege of serving by providing superior care and superior services to each patient and family. We are a group of not-for-profit, community-based hospices.

**Access**
Ensure timely and ready access to superior end-of-life care for all people in the communities we serve.

**Quality**
Ensure a culture of continuous improvement for the delivery of superior care and superior services.

**Sustainability**
Ensure the strength and sustainability of our Mission through accountable stewardship and responsible management of resources.

Ohio's Hospice of Dayton is one of the first hospices in the country, and has served this area since 1978. Volunteers and area hospitals came together to create Hospice of Dayton and we continue to enjoy incredible community support as we have for over 38 years.

As a non-profit community hospice, every dollar donated helps us provide superior care and superior services to patients and families in our communities. We offer services no other hospice can. We are dedicated to meeting the needs of our community. Our shareholders are the members of the Ohio communities, who are the owners of Ohio's Hospice affiliates.

Ohio's Hospice of Dayton, Ohio's Hospice of Butler & Warren Counties, Ohio's Hospice of Miami County, Community Care Hospice, Hospice of Central Ohio and Ohio's Community Mercy Hospice are affiliates of Ohio's Hospice, a partnership of mission-driven, non-profit hospices in Ohio committed to a shared vision of strengthening and preserving community based hospices. Members of Ohio’s Hospice share the values of:

- Providing a patient atmosphere of hospitality, respect and caring
- Attending to the social, physical, and spiritual needs of each person we are privileged to serve
- Preserving and enhancing patient dignity
- Celebrating the life of each individual we serve
- Reducing unnecessary suffering in the communities we serve
RELATE

We believe in the value of effective communication as a key component of customer service and we practice R.E.L.A.T.E. in all interactions with others. R.E.L.A.T.E. is an acronym for:

R  Reassure
E  Explain
L  Listen
A  Answer
T  Take Action
E  Express Appreciation

We believe in words that work and use them in responding to requests and questions.

RELATE
Words that work - phrases
• I have the time.
• I’m sorry.
• We would never want to add to your distress.
• What you need is important to us (me).
• Your comfort is important to us (me).
• Your satisfaction is important to us (me).
• Please & Thank you
• May I:
  o Assist you?
  o Take your arm?
  o Show you where that room (person) is?
• It is our (my) privilege to serve you.
• We (I) are (am) here to serve you.
• I am happy to find out the answer to your question.
• May I have a few minutes to get the answer for you and I will get back to you.
• We (I) would like to honor your preferences/values.
• I would love to hear your story.
• Please share with me your story.
• Give me the honor to celebrate your life’s story with you.

Words that don’t work
• It’s not my job.
• I don’t know.
• No problem.
• I’m too busy right now.
• We are short staffed.
• That’s not our (my) job (department).
• My shift (day) is over.
• I won’t be able to help you
• That way (pointing)

Code of Conduct
The Code of Conduct, PolicyStat ID: 1659299, explains the responsibility of all employees, physicians and volunteers to practice in an honest, decent and proper manner.

Patient Rights and Organizational Ethics
We support the philosophy that all patients and families should understand, and participate, in their health care decisions.

Frequently Asked Questions (FAQs)
• How are patients told about their rights and responsibilities?
  ➢ Each patient and family is presented with a copy our Patient and Family Care Guide or Hospice House Hospitality Guide, both of which include Patient Rights and Responsibilities.
• How can a patient formulate an advanced directive (living will or durable health care power of attorney)?
  ➢ Every patient receives information on advanced directives upon admission.
  ➢ The patient's social worker is available to help patients and families formulate an advanced directive.
  ➢ Advance Directive forms are also available for download from our website, https://www.hospiceofdayton.org/hospice-of-dayton/need-help/advance-directives/
• What if my patient is hearing impaired or non-English speaking, how can I arrange services for them?
  ➢ Patient and Family Support Services can assist in arranging for foreign language interpreters, sign language interpreters for deaf patients, and for access to TDD equipment.
• What can patients or family members do if they have concerns about care or hospice services?
  ➢ Patients and family members are encouraged to discuss their concerns with their physician, nurse, social worker, chaplain or any member of their Quality of Life (QoL) Interdisciplinary Team (IDT).
  ➢ Additional options for assistance are included in the Patient and Family Care Guide, and our Hospice House Hospitality books.
How do I report ethical or safety concerns?

- Staff should follow the chain of command for resolution of ethical issues that arise in the care of the patient. Very often these concerns are effectively addressed through collaboration of the IDT. Assistance may be obtained, as well, from the Ethics Committee or sub-committee. Any staff member who feels he, or she, cannot participate in any aspect of care for religious or ethical reasons should notify their supervisor.
- An anonymous compliance hotline (800)949-4749, or www.lighthouse-services.com/hospiceofdayton, is available for employees to anonymously report any of the following incidents:
  - Ethical violations
  - Wrongful discharge
  - Unsafe working conditions
  - Internal controls
  - Quality of service
  - Vandalism and sabotage
  - Theft
  - Improper conduct
  - Discrimination
  - Conduct violations
  - Alcohol and substance abuse
  - Threats
  - Fraud
  - Bribery and Kickbacks
  - Conflict of Interest
  - Misuse of Company property
  - Embezzlement
  - Violation of Company Policy
  - Violation of the Law
  - Falsification of Contracts
  - Reports or Records

- Any staff member who feels that a safety issue is not resolved after following the chain of command or utilizing the anonymous compliance hotline, may notify the Joint Commission of concerns at 1-800-994-6610.

How can I help protect and assure patient privacy and security?

- Close doors during procedures and daily care routine.
- Protect privacy during interviews and conversations.
- Use required passwords and protections when employing electronic equipment and devices, and at all times in handling medical records and charts.
Encourage patients in the Hospice Houses to send valuables home with family.

**Clinical Care - Assessments**

**FAQs:**

- **Who does assessments?**
  - Qualified individuals assess the patient’s and family’s needs to determine the care or services needed through the development of the plan of care.

- **What is assessed?**
  As possible, each patient’s needs and history in these areas:
  - Physical (disease, systems of body, pain, effects of medications/treatments, prognosis)
  - Functional status (Activities of daily living (ADLs), mobility, emotional response)
  - Nutritional Status (current intake, artificial feedings, food resources)
  - Mental (orientation, cognitive ability, level of concentration)
  - Communication/Language barriers (deaf, blind, illiterate, non-English primary language)
  - Psychosocial (cultural influences, weaknesses, strengths, needs, support system, mental health, drug use, diversion)
  - Spiritual (religious practices, beliefs, resources)
  - Bereavement (survivor risk factors, previous losses)
  - Respite (caregiver relief, use of volunteers)
  - Safety (personal e.g. abuse and neglect, home e.g. fire, meds, mobility, Fall Risk)
  - Equipment (operation of, fire hazards, electrical)
  - Eligibility for hospice/discharge needs

- **When does the assessment occur?**
  - Initial Assessment: Admission visit is completed by a RN on the same day of referral with patient/family approval.
  - Care Manager RN: 24 hours with patient/family approval.
  - Homecare SW: Within 5 days of admission.
  - Chaplain: Within 5 days of admission, if requested.
  - Comprehensive re-assessments occur for all team members at each patient visit

- **What are some of the assessment tools that I need to become familiar with?**
  - Examples of assessment tools include:
    - Local Coverage Determinations (LCDs) and Determining Terminal Status (DTS)
    - Initial Nursing Assessment and Ongoing Nursing Assessment
    - Functional Assessment Scale (FAST) for Alzheimer’s patients
• Palliative Performance Scale (PPS) for functional status
• New York Heart Association (NYHA) for heart failure patients
• SW initial psycho/social assessment and ongoing assessments
• CH initial and ongoing spiritual assessments
• Bereavement Assessment (adults)
• Children’s Bereavement Assessment
• Suicide Risk Assessment

• How is information gathered from assessments and reassessments shared?
  ➢ Through the patient’s electronic medical record using:
    o The Plan of Care
    o Clinical Notes
    o Orders
    o Medication profiles
  ➢ Through collaboration with QoL IDT members and other care providers
  ➢ During the QoL IDT meetings
  ➢ At Complex Care Meeting
  ➢ Interagency meetings and care conferences with other providers

• Who can work with the pediatric population?
  ➢ Only individuals with experience in caring for the pediatric population will work with children.

*It is important to refer to more in-depth assessments when problem areas are identified.*

**Assessing and Reporting Abuse, Neglect & Exploitation**
It is important to assess for signs of abuse and neglect during every interaction with the patient or family member.

• What are some signs and symptoms of abuse?
  ➢ Unexplained bruising, cuts, burns
  ➢ Inappropriate administration of medication
  ➢ Exposure to extremes in weather conditions
  ➢ Verbal humiliation or threats
  ➢ Misuse of money/theft of property

• What are some signs of neglect?
  ➢ Excessive thirst or hunger
  ➢ Insufficient shelter or clothing
  ➢ Lack of functional aids
  ➢ Inadequate medical care
  ➢ The absence of, or inappropriate, supervision
• What do I do if I think a patient is being abused, neglected or exploited?
  ➢ Collect, document and report objective data to QoL IDT members and Team Leader. Consider the following questions:
    o Who is the alleged victim?
    o Who is the alleged perpetrator?
    o What did you see (cuts, mishandling) or hear (verbal abuse, retelling of events)?
    o Where (on the alleged victim’s body, geographic location) did it occur?
    o When did it happen?

Refer to the Assessing and Reporting Abuse and Neglect PolicyStat ID: 1661889

At-Risk Factors for Complicated Grief
• What signs do I look for to identify At-Risk factors for complicated grief?
  ➢ Physical illness in the caregiver
  ➢ Young children or adolescents at home
  ➢ Isolated; no community or family support
  ➢ Ambivalent relationship with the patient/deceased
  ➢ Multiple losses (death, jobs, moves) or crises
  ➢ Death of a child
  ➢ Exaggerated dependency on the patient/deceased
  ➢ Strong denial re: illness, impending death
  ➢ Sudden onset or decline/death
  ➢ Intense guilt or self reproach
  ➢ Intense clinging or pining
  ➢ Intense anger or depression
  ➢ Elderly, needs support
  ➢ Poverty, few financial resources
  ➢ History of suicidal ideation or attempts
  ➢ Expression of suicidal ideation
  ➢ History of mental illness
  ➢ History of drug/alcohol use or abuse
  ➢ Social Workers will refer to Pathways of Hope for complicated pre-death bereavement, as well as for all post-death bereavement care.

Suicide Precautions
Any remark or action suggesting suicidal ideation should be taken seriously and acted upon immediately.

• How will I know someone may be suicidal?
  ➢ Behavioral cues
    o Feelings of hopelessness
    o Sudden mood changes
Giving away valued possessions

- Indirect verbal cues
  - “It would be better if I had never been born.”
  - “I don’t think I can take any more.”

- Direct verbal cues
  - “I feel like killing myself.”

**What do I do if I think someone is suicidal?**

- Tell your supervisor
- Ask them if they have a plan.
- Determine if they can carry out the plan.
- Ask them to contract they will not kill themselves. (form #CLIN0046)
- Provide them with the Crisis Resource List.
- Provide a safe environment.
- Notify QoL IDT members, your team leader and the Clinical Director.
- Document what was said, what occurred, interventions, referrals made, and the plan for continued assessments.
- Do not leave them alone.
- Refer to the Suicide Precautions PolicyStat ID 1771505 and Crisis Resource List for additional details.

**Quality of Life (QoL) IDT and Function**

- **Who are the members of the Quality of Life IDT?**
  - The QoL IDT consists of the attending physician, medical director, nurse, personal care specialist (PCS), social worker, pharmacist, counselor, chaplain, volunteer, patient, family, and consulting staff.
  - The QoL IDT meetings are attended by the medical director, the nurse, team leader, social worker, chaplain, volunteer and other members as needed.

**Quality of Life (QoL) Team Plan of Care**

- **When, why, and how does the QoL Team plan of care function in the care of the hospice patient?**
  - It is initiated at time of referral in collaboration with attending physician.
  - It is reviewed every two weeks with the QoL IDT members and is based on ongoing comprehensive assessments.
  - It is updated with changes in condition, changes in levels of care, and as a part of the QoL IDT meeting.
  - Includes information based on physical, psycho/social and spiritual needs, functional limitation, physician’s orders, and the family’s ability to provide appropriate care for the patient.
• How do we ensure an individualized patient care?
  ➢ Through QoL IDT collaboration which is based on comprehensive assessments. This collaboration ensures that the Plan of Care is individualized and provides specific instructions for care based on the patient’s goals of care.

• What dictates a patient transfer (from one level of care to another), referral to another agency, or discharge?
  ➢ Patients are transferred, referred, and/or discharged based on the patient need, as well as continued eligibility for hospice services.

Standards of Care
• What is the basis of our standards of care?
  ➢ Hospice follows accepted standards of practice in providing care including:
    o NHPCO (National Hospice and Palliative Care Organization) Standards
    o INS (Infusion Nurses Society) Standards
    o ONS (Oncology Nursing Society) Standards
    o Geriatric, Pulmonary and Cardiac Standards

• What does Continuum of Care mean?
  ➢ Continuum of Care refers to coordination of care from admission to death, or discharge, and occurs no matter what level of care, or location of care, the patient is in.

Resources
• How does Ohio’s Hospice provide physical or speech therapy for patients?
  ➢ There are processes in place for contracted agencies (ET, ST, PT, etc.), when our staff is not able to provide them.

• Where can community resource information be found?
  ➢ Community resource information is available to all staff on the intranet.

Patient and Family Education
• How do I check my patient’s competencies?
  ➢ Ask the patient to verbalize their understanding of what has just been taught.
  ➢ Ask them to return demonstration.

• How do I educate my patients?
  ➢ Written educational materials and demonstration are used in the teaching process (Oxygen administration, administration of nebulized medications, sample diets, information on G-Tube feedings, etc.).
- Patient’s level of comprehension is evaluated by return demonstration and verbalization of understanding.

Medication
- Who is our pharmacy provider?
  - Enclara Pharmacia is our pharmacy provider
  - We also utilize a network of local, community pharmacies for urgent and unrelated medications.

- What is the “Formulary”?
  - The Formulary is a list of approved medications that should be used for our patients.
  - If the patient is on a non-formulary medication, you may be asked to work with the family to change to a formulary alternative.
  - A copy of the Formulary is provided to staff, and is available on employee intranet at: https://www.hodemployee.net

- How are recalled medications identified & communicated?
  - The pharmacist will identify drugs to be recalled, retrieve drug information, and inform the nursing staff.
  - Homecare – The Pharmacy will notify the Chief Nursing and Care Officer, Team Leaders, Medical Directors and Care Managers who will contact the patient and assess for Adverse Drug Reactions (ADR). They will then follow the ADR policy as appropriate, PolicyStat ID 1571877.

- How do we collaborate with the pharmacist to ensure that pharmaceutical review of all patients’ medications occur on a continuing basis?
  - A pharmacist reviews all medication profiles on admission.
  - The RN, Medical Director, and Pharmacist confer, when necessary, on a patient’s response to medications.
  - For homecare new admissions - all medication profiles will be reviewed within 72 hours by a pharmacist.
  - For homecare patients (ongoing) - a pharmacist will be available for consultations as needed for medication related concerns.
  - For homecare patients on IV infusion(s) - the face sheet, infusion orders, medication profile, and care plan must be faxed to contracted infusion provider for pharmacist review and dispensing of the IV infusion.
  - The medication profile for all patients will be reviewed at time of initial visit, at each subsequent visit, and once every 2 weeks at IDT meeting.

- Does Ohio’s Hospice administer investigational drugs?
  - Investigational drugs and research protocol treatment modalities will not be routinely administered to Ohio’s Hospice patients. However
Ohio’s Hospice may provide hospice services to patients undergoing research protocols if certain criteria are met.

- **What is an adverse drug reaction and the procedure for addressing it?**
  - An adverse drug reaction (ADR) is defined as a largely unpredictable, and unexpected, biological response to medication
  - If the patient has an ADR:
    - Contact the patient’s physician for follow up orders to address any symptoms.
    - Call the pharmacist (voice mail 1114) to give information as outlined in PolicyStat ID 1571877, this completes the required ADR report. ADR forms are also located on the intranet and in designated places in both Hospice Houses.
    - Complete an incident report (Form #ADMN006) and send to Infection Control/Employee Health.
    - Notify dispensing pharmacy.

- **What are the guidelines for safely administering a 1st dose of medication in the home or Hospice House?**
  - Consult with pharmacist before administering first dose to ensure that medication can be administered in the home.
  - Review patient allergies.
  - Obtain anaphylactic kit, if appropriate.
  - Collaborate with Care Manager, Team Leader, or Physician as needed.
  - Document all information in the patient’s medical record.

**Nutrition**

- **When is a nutritional assessment and reassessment performed?**
  - Review the “Nutritional Assessment and Intervention Policy”, PolicyStat ID: 1565800.
  - The admission RN assessment includes a nutritional assessment and the care manager reassess as part of the ongoing comprehensive assessments.
  - Dietary issues are included on the plan of care and reviewed as a part of the QoL IDT meeting.

- **When should Dietetic Services be called for a consultation?**
  - Review the “Nutritional Assessment and Intervention Policy”, PolicyStat ID: 1565800.
  - A dietetic consultation is necessary on all TPN patients and for all new tube feeding patients.
Dietetic Services is notified by telephone or written notice when a nutrition consultation is indicated.

- When will a dietetic service consult be performed?
  - Dietetic Services completes a referral or consultation assessment within 7 working days for Home Care patients and within 72 working hours for Hospice House patients

- Where are the Hospice House patient menus posted?
  - Each patient care suite has a menu book so that patients can order what they want at any time.
  - The unit clerks have copies of the daily menu options.
  - There is also a “House Menu” option that is used when a patient does not order from the room service menu book.

- How does Ohio's Hospice meet a patient's individualized dietary and preference needs?
  - Therapeutic diets are available to accommodate patient food preferences, religious and ethnic backgrounds. A suggested order may be utilized to activate a diet order.
  - Dietary intake is monitored and supplementation may be offered when appropriate.

- Are temperature controls observed for nutritional supplements and when are they offered?
  - Sanitation and temperature controls are observed when therapeutic supplements are transported to home care patients.
  - Therapeutic supplements are offered when it is the sole source of nutrition and the condition is related to the patient’s terminal diagnosis.

**Emergency Preparedness**

- What is the Emergency Code for:
  - FIRE/SMOKE - CODE BURN
  - TORNADO - CODE WATCH/WARN
  - HOSTAGE SITUATION - CODE HOLD
  - BOMB THREAT -CODE PIPE
  - MISSING PATIENT - CODE GROUNDS
  - MEDICAL EMERGENCY - CODE STAT
  - All other information, and greater details, on emergencies can be found in the Emergency Preparedness Manual found on the intranet under the Facilities section.
• What do I do if there is a loss of electrical power?
  ➢ Remain calm and plug required equipment into RED Emergency Outlets. Wait for further directions.

• What do I do in the event of a utility failure?
  ➢ Contact maintenance if necessary.

Patient Prioritization During a Disaster:
• How do we prioritize patient needs in the event of a disaster?
  ➢ Upon admission, with ongoing updates, each patient receives a priority rating (Level 1, 2, or 3) to determine the scale of prioritizing patient contact in the event of a disaster.

• What are the levels of triage prioritization?
  ➢ Level 1 = homecare patients with oxygen, IV’s, no caregiver, actively dying, or requiring daily or every other day visits
  ➢ Level 2 = homecare patients with elderly or disabled caregivers or requiring visits every 2-3 days
  ➢ Level 3 = patients in the Hospice Houses, long term care facilities, hospitals, or homecare patients who are ambulatory, not totally dependent on others for ADL’s, or who can wait 4-5 days for a visit.

Fire Safety
• What do I do in case of a Fire?
  ➢ Rescue Patients/Persons in the area.
  ➢ Alarm, pull the fire alarm pull station and dial 9911.
  ➢ Contain fire & smoke: Close doors & windows.
  ➢ Extinguish if possible (see below).
  ➢ Evacuate building to assigned gathering locations.

• How do I use a Fire Extinguisher?
  ➢ Pull the pin.
  ➢ Aim nozzle at base of fire.
  ➢ Squeeze handle while holding extinguisher upright.
  ➢ Sweep nozzle from side to side.

• Where do I find information on fire safety in my department?
  ➢ In the Emergency Preparedness Manual and refer to the chart posted on the wall in each department

• What is Ohio’s Hospice smoking policy?
  ➢ The Hospice Houses are smoke free facilities.
Smoking is prohibited outside of clearly designated areas at the campus perimeter.

**Staff Safety**

- What are potential safety risks I may encounter in my department?
  - Know the safety risks specific to your department (may include blood borne pathogen exposure, back injuries from lifting, exposure to chemicals, infectious agents)

- How can I protect myself from these risks?
  - Use Personal Protective Equipment (PPE) as needed.
  - Use proper body mechanics throughout your workflow.
  - Use Universal Precautions when providing care to patients.

- How do I report an injury?
  - Inform your immediate supervisor.
  - Fill out an incident report and submit to Infection Control/Employee Health Department.

- What type of safety training do I receive?
  - All new employees receive training during new employee orientation.
  - Annual updates include a review of all codes, (fire, safety, infection control, infectious waste) as well as, the Material Safety Data Sheets (MSDS) information.

**Security**

- When security is needed during normal business hours, who do I contact?
  - Monday through Friday, 8:30am to 5:00pm, contact Facilities Personnel by calling extension 4403, 4404 or 0.
  - After hours, Security is available via (Ext.4403) or via walkie-talkie located at all team stations Hours:
    - Monday - Friday (4:30pm - 8:30am)
    - Weekends, Holidays - all day

- How can I get a security escort to the parking lot at night?
  - For Ohio’s Hospice of Dayton Hospice House, staff Call Security (ext. 4403).
  - Onsite security is available from 11pm to 7am at the Ohio’s Hospice of Butler & Warren Counties Hospice House.
  - If security is not available, staff members are asked to use the buddy system.

- How is field staff safety ensured in unsafe areas or situations?
  - Contact the Care Coordination Center or the Team Leader during regular business hours.
After hours, call the Care Coordination Center or the Administrator on Call for further instructions.

**Hazard Communication Program**
- What information is found in Material Safety Data Sheets? (MSDS)
  - MSDS contain the following information:
    - Product name, manufacturer chemical formula, severity of the hazard.
    - Hazards, exposure limits
    - How it looks and acts.
    - Temperature/concentration for ignition, fire fighting facts.
    - Effects, symptoms, first aid
    - Causes for being unstable.
    - How to clean up, disposal.
    - Personal protection equipment
    - Any other details

- What should I do in the event of a chemical spill?
  - In the event of a spill:
    - Clean up if you are familiar with the chemical and have been trained.
    - Report spills or leaks – fast.
    - Use approved waste disposal containers.
    - Wear required protective equipment.

**Safe Medical Device Act**
- What do I need to know about the Safe Medical Device Act?
  - Report any event to your manager, or the Administrator on Call, where the potential for serious illness, injury or death has occurred to an employee or patient, due to a medical device.
  - Managers must report deaths to both the FDA and device manufacturer
  - Serious injuries or illnesses must be reported to the device manufacturer or sent directly to the FDA only if the manufacturer is unknown.
  - The reports must be made within 10 working days.
  - Become familiar with the Safe Medical Devices Act Policy in the Emergency Preparedness Manual under the Facilities section of the intranet.

- What do I do in the event an employee or patient is injured or dies due to a medical device?
➢ Immediately notify the Administrator in charge when a Safe Medical Devices User Event has occurred causing an actual severe illness, injury, or death.

➢ Complete an Incident Report Form on all product or equipment concerns.

➢ Save all packaging, supplies, accessories and equipment.

➢ If the event involved durable medical equipment, remove the equipment from patient use, label it & set it aside.

**Infection Control/Employee Health**

• **What are the three ways that we prevent infections?**
  ➢ **Proper Hand hygiene is the number one way to prevent infections!!!**
    o Wash hands 20 seconds with warm water and soap using friction motion. Turn off water faucet with paper towels.
    o If using Alcohol Gels, you must rub your hand together, using the gel, until dry (most surveyors expect you to rub them for 20 seconds).

➢ **PPE**
  o Appropriate PPE provides physical barriers to prevent spread of infection (i.e., gloves, gown, masks, TB masks, goggles). See “Blood Borne Pathogen and Exposure Control Plan” policy located in the Emergency Preparedness Manual under the Facilities section of the intranet, for PPE use requirements and recommendations.

➢ **Linen Handling**
  o Bag soiled linen at site of use.
  o Handle soiled linen with disposable gloves.
  o Carry soiled linen away from body and clothing.
  o Deposit all soiled linen in hamper labeled soiled linen.
  o Do not sort or rinse soiled linen.
  o Keep clean linen cart covered. Do not return linen from patient’s rooms to common clean linen supply.

• **What three types of infection control precautions are practiced by personnel?**
  1. **Universal Precautions**
     o Assume Blood/Body substances (i.e. sexual fluids, etc.) of all patients to be contaminated with Blood Borne Pathogens (i.e., AIDS, Hep B, Hep C).
     o Utilize physical barriers (PPE and hand hygiene).
  2. **Standard Precautions**
     o Assumes all body fluids (i.e. blood, urine, stool, saliva, tears) of all patients to be contaminated with infectious materials. Utilize physical barriers (PPE and hand hygiene).
3. Transmission-Based Precautions
   o Looks at the disease and how it is spread then adds specific precautions (i.e. isolation of Tuberculosis patients, handling of wounds and dressings from patient with drug resistant organism such as MRSA & VRE. Includes airborne, droplet & contact isolation).

• What is done to prevent Hepatitis B?
  ➢ The Hepatitis B Vaccine is provided free to all staff whose job duties place them at risk for potential exposure to blood/body substances. (i.e., direct patient care providers, maintenance, housekeeping, security, supply dept).

• What should I do if I am accidentally stuck by a needle?
  ➢ Administer First Aid to the site of the needle stick immediately.
  ➢ Report the incident immediately to the supervisor.
  ➢ Go to local designated US Health Works Facility immediately, within two hours of incident.
  ➢ Complete an incident report same day or no later than 2 working days, of incident and submit to the Infection Control/Employee Health Department.
  ➢ Keep follow-up appointments
  ➢ The best prevention to the follow the policy of absolutely no recapping of dirty needles!!

• Where are Eyewash Stations located in the Hospice Houses?
  ➢ Hospice House of Dayton:
    o Eye wash stations available for splashes/exposures to eyes. (Colp in med-prep room, laundry room, Shaw 2nd floor janitor's closet, and in each patient wing, janitor’s closet, kitchen janitor’s closet, dirty equipment room).
  ➢ Hospice House of Butler & Warren Counties:
    o Eyewash Stations are located in the Janitors Closet.

• When are employee Incident/Injury Reports filled out?
  ➢ An Incident Report (Form #ADMNoo6) must be completed following any injury or incident involving staff, visitors or patient/patient family.
  ➢ Turn in to Infection Control/Employee Health Department the same day, or no later than, 2 working days hours following incident.

• What Hospice House rooms are TB patients placed in, and are they permitted to leave their room?
Suspected or confirmed cases of TB are placed in private, negative pressure isolation rooms. A “STOP” sign is placed on the door of the isolation room, and patients are confined to that room during the stay.

- How are employees protected from TB?
  - All employees and volunteers go through initial and annual Tuberculosis screening, and follow-up as appropriate.
  - Fit testing for the N-95 Tuberculosis mask is provided during new employee orientation, and yearly, for all health care workers expected to care for patients with suspected or confirmed active Tuberculosis.
  - Patients with suspected or confirmed active TB wear masks when being transported by ambulance, or moved through the hallways of the Hospice Houses.

- What Infection surveillance does Ohio’s Hospice perform?
  - Patient, employee, volunteer and contracted employee infections are tracked and trended for follow up as needed.

- Who do I contact to report infections?
  - Infection Control/Employee Health (IC/EH) Nurse at 256-4490 ext. 2289 (Confidential voice mail).
  - Patient Infections are entered into the patient’s medical record under “Adverse Events/Infections” and a report is used by the IC/EH Nurse to enter the information into a DEYTA Data Base for tracking, trending and benchmarking.

- Does Ohio’s Hospice have spill kits for cleaning up blood, body fluids and chemo spills?
  - Yes

- Where are they located?
  - For Homecare RN’s and PCS’s, in their PPE kits.
  - For the Hospice Houses, on the Housekeeping carts.
  - Remote supply closets in the Hospice House units.
  - In the General Supply Rooms.

Performance Improvement (PI)
- What is Performance Improvement?
  - The goal of PI is to continually improve our performance by designing processes well, and systematically monitoring, analyzing, and improving patient care outcomes.
• How are PI Teams initiated?
  ➢ Performance Improvement (PI) teams are chosen each year based on the highest priority needs.

• What methods are used by the teams to work through process improvement?
  ➢ We utilize the Plan, Do, Check, Act (PDCA) process as the methodology used by PI teams.
    o PLAN: Planning the action to be taken involving those closest to the performance improvement activity. Planning includes collecting and analyzing baseline data, setting performance expectation measurements for the new process.
    o DO: Implementing the action and collecting data to measure the results of the action.
    o Check: Comparing the collected data to the desired performance data to be sure it works as planned. If the original planned action is not effective, new actions are planned.
    o ACT: Incorporating the effective action into regular operations. Monitor to be sure the improvement is sustained (we monitor for 1 year).

Joint Commission Unacceptable Abbreviations:
• What abbreviations may not be used when completing clinical documentation?
  ➢ To reduce the risk of patient harm, best practice is to not use abbreviations. Below is a list of abbreviations that should never be used as stated by Joint Commission.
  ➢ For additional information on approved hospice abbreviations, please refer to Approved and Unapproved Abbreviations PolicyStat ID: 2085394.

<table>
<thead>
<tr>
<th>UNACCEPTABLE ABBREVIATIONS</th>
<th>PREFERRED TERM</th>
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<tbody>
<tr>
<td>1. U (for unit)</td>
<td>Write &quot;Unit&quot;</td>
</tr>
<tr>
<td>2. QD, Q.D, QID, QOD (Latin abbreviations for once daily, four times daily, and every other day)</td>
<td>Write &quot;Daily&quot;, &quot;Four times daily&quot;, and &quot;Every other day&quot; or &quot;1X day&quot; or &quot;4X day&quot;</td>
</tr>
</tbody>
</table>
| 3. Trailing Zero (X.0mg) and Lack of Leading Zero (.Xmg) | Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)  
*Exception: A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation. |
4. MSO4 or MgSO4 or MS  Write “morphine sulfate” or “magnesium sulfate”

5. IU (for International Units)  Write “International Unit”

Waived Testing

- **What waived test does Ohio’s Hospice perform?**
  - There are two waived tests:
    - The glucometer machine to test the concentration of glucose in the blood.
    - The CoaguChek machine to monitor coagulation time.

- **Who can perform the waived tests?**
  - Both tests are performed by qualified operators on appropriate equipment.
  - Competency training is provided as a part of new employee orientation, followed by yearly competency review.

- **Where are the glucometer & CoaguChek manuals kept?**
  - Equipment manuals are available for staff reference in:
    - The Clinical Team Rooms
    - The Team Stations
    - Refer to “CoaguChek XS System” PolicyStat ID: 2373780.

- **When are quality controls performed, and where are records maintained?**
  - CoaguChek has an internal monitoring system and does not require daily quality control procedures.
  - For the glucometer, quality control procedures are performed, at minimum, once a day when in use.
  - Records for Hospice House and homecare glucometers are kept in the shift leader’s office in the Dayton Hospice House.

Competency/Staff Training

- **How do we ensure that our staff is competent?**
  - Through individual background checks including past experience, licensure and reference checks prior to hiring.
  - Annual competencies are identified & measured for all staff and volunteers.
  - Performance evaluation & supervisory visits with clinical staff occur annually.
Each discipline also has initial competencies that are validated prior to working independently.
- Required continuing education standards and credits.
- Educational offerings and classes are provided on a continuing basis.

**What Educational Opportunities are offered for staff**
- Mandatory educational offerings for all staff include Relias modules on OSHA/Infection Control, Fire Safety/Disaster Plan and Personal Safety.
- Additional educational programs and in-services are offered annually based upon needs assessments and at leadership's direction.

**How is a physician’s licensure verified prior to hire?**
- Physicians who are seeking employment have their license verified through the Ohio License Center located on the Internet.

**How is new staff oriented to Ohio’s Hospice?**
- Newly hired employees attend new employee orientation.
- Each employee attends department specific orientation.
- Clinical staff members are assigned to mentors who provide on-going education.

**If I am a supervisor/manager, who can I contact for information in areas that I am not trained in?**
- Supervisors/Managers meet with the Directors of each department to learn what that department is responsible for, and expects of them. This builds collaborative relationships and allows new supervisors/managers to network and know their resources.
- Supervisors/Managers can also contact an individual in the education department, another department, or their supervisor for assistance in finding the information that they need.

**Information Management**

- How do I get access to patient information?
  - All HIPAA regulations are followed to protect patient privacy. Medical record information is available only to staff on a minimum necessary basis.
It is the job of all staff to protect the confidentiality of the information within the record. This includes all electronic devices.

**Telephone and Cell Phone Usage**

- **How do I use my cell phone safely?**
  - Do not use your cell phone while driving!
  - Be aware of who may be able to overhear your conversations to avoid a violation of patient privacy.
  - When in a home, if you must use your phone to discuss patient information, please excuse yourself from the presence of the patient and go somewhere private to talk.

**2017 Joint Commission National Patient Safety Goals**

1. **Improve the accuracy of patient identification:**
   - Use of two patient identifiers: Name and Birth date

2. **Improve the safety of using medications:**
   - Medication reconciliation is completed with every visit and comprehensively at every change in level of care.
   - When discrepancies are identified, follow up is completed with the patient’s Primary Care Physician, or the hospice physician providing care.

3. **Reduce the risk of health care-associated infections:**
   - Follow the CDC 20 Second Hand Hygiene Guidelines
   - Follow the CDC “Cover Your Cough” Guidelines

4. **Reduce the risk of patient harm resulting from falls**
   - Patient's fall risk is evaluated on admission, with change in condition, and changes in levels of care.
   - The plan of care is individualized to address the patient’s fall risk score and individual needs.
   - Occupational Therapy evaluations are utilized for high risk patients who overestimate their abilities in the Hospice Houses, and for high risk patients in homecare.

5. **The organization identifies safety risks inherent in its patient population**
   - Identify risks associated with home oxygen therapy such as home fires.
   - Oxygen safety is assessed on admission and at every visit. Follow up is completed as needed.
• Refer to the “Oxygen Therapy” PolicyStat ID: 1993845 for specific instructions on the use of oxygen therapy and safety measures.
• A copy of Therapy Support’s “Oxygen Information” booklet is provided to all homecare patients utilizing oxygen therapy.

Acronyms and Glossary of Terms
• Where do I find the most up to date list of accepted Acronyms and glossary of terms?
  ➢ You will find this information on the Intranet under the “Pocket Pals and Survey” section.

Important Telephone Numbers
Ohio’s Hospice of Dayton Main Number (937) 256-4490
Ohio’s Hospice of Butler & Warren Counties Main Number (513) 422-0300
Toll Free 1-800-653-4490
Ohio’s Community Mercy Hospice (937) 390-9665
Hospice House Colp North (937) 256-0371
Hospice House Shaw East (937) 256-0198
Hospice House Shaw West (937) 256-4265
Compliance Hotline Ext. 6702
Ohio’s Hospice of Miami County (937) 335-5191
Infection Control (937) 256-9507 Ext. 5550
Joint Commission 1-800-994-6610
Pathways of Hope (937) 258-4991
Security (evenings & weekends) (937) 256-0120
Voice Mail (external) (937) 256-9507
Voice Mail (toll free) 1-866-223-9860