Welcome to Student Orientation!
“Every job is a self-portrait of the person who did it. Autograph your work with excellence.”

- From a poster in an auto repair shop
“No one can whistle a symphony. It takes an orchestra to play it.”

~ H.E. Luccock
The Piedmont Story

Piedmont Atlanta Hospital ▪ Piedmont Fayette Hospital ▪ Piedmont Henry Hospital ▪ Piedmont Mountainside Hospital ▪ Piedmont Newnan Hospital ▪ Piedmont Heart Institute ▪ Piedmont Medical Care Corporation ▪ Piedmont Clinic ▪ Piedmont Healthcare Foundation
Piedmont Healthcare: On the Map
Kevin's Focus

- Quality, safety and service
- Access
- Reducing cost of care
- Systemness

Making sure Piedmont is and remains a great place to work

Philanthropy

Making Atlanta a healthcare destination

About PHC

- 5 hospitals
- Close to 100 physician and specialist offices
- 44,000 surgeries last year
- 250,000 emergency room visits last year
- 235 organ transplants last year
Piedmont Atlanta Hospital

About PAH
- Buckhead (Fulton County)
- 488-bed tertiary referral center
- Flagship hospital of Piedmont Healthcare System
- Over 108 years of service

PAH Awards
- **Best in Atlanta for Overall Cardiac Care, Cardiac Surgery and Coronary Intervention 2012** (Healthgrades)
- No. 1 in patient satisfaction results three consecutive years among hospitals within a 50-mile radius of Atlanta (HCAHPS survey)
Piedmont Fayette Hospital

About PFH

- Fayetteville
- Sole hospital provider in Fayette County
- 172-bed, acute-care, community hospital
- Built by Piedmont in 1997

PFH Awards

- Named one of the nation’s *100 Top Hospitals* in 2010 as well as 2004 to 2007 by Thompson Reuters (formerly Solucient)
- Named among the 2012 Most Wired U.S. hospitals
Piedmont Mountainside Hospital

About PMH

- Jasper
- Sole hospital provider in Pickens County
- 52-bed, acute-care, community hospital
- Joined Piedmont in 2004

PMH Awards

- 2011 Press-Ganey Partner of Choice and Best Places to Practice Awards
- 2011 Small Hospital of the Year by Georgia Alliance of Community Hospitals
- Top 4 in patient satisfaction results three consecutive years among hospitals within a 50-mile radius of Atlanta (HCAHPS survey).
Piedmont Newnan Hospital

About PNH

- Newnan
- Joined PHC in March 2007
- Sole acute care hospital in Coweta County
- 136-bed, LEED certified replacement hospital opened spring 2012
- Replacement hospital opened spring 2012

PNH Awards

- 2012 Small Hospital of the Year by Georgia Alliance of Community Hospitals
- PNH Outpatient Center named one of the Top Women's Imaging Centers to Watch in 2010 by Imaging Technology News
Piedmont Henry Hospital

About PHH

- Stockbridge
- Sole hospital provider for Henry County
- 215-bed, acute-care, community hospital
- Joined Piedmont in January 2012
- Certified Stroke Center and Accredited Chest Pain Center

Charlie Scott
CEO

PHH Awards

- First Place in the Josh Nahum Infection Prevention and Control category for the 2011 PHA Quality and Patient Safety Awards
- Achieved the GHA Presidents Honor Roll
Piedmont Physicians
Piedmont Heart Institute and Piedmont Medical Care Corporation

Sid Kirshner
CEO

About PHI
- Founded by Piedmont in 2007
- Integrated cardiovascular healthcare delivery system with more than 25 locations
- Fuqua Heart Center of Atlanta at Piedmont Atlanta Hospital
- Over 100 affiliated PHI physicians – cardiology, interventional cardiology, cardiothoracic surgery, vascular surgery, heart transplant surgery

About PMCC
- Formed in 1994
- Over 190 physicians, including 20 specialists across metro Atlanta
- Over 60 primary care locations; 15 specialty locations
- More than 1,000,000 encounters projected
About Piedmont Foundation

- The Foundation makes it possible for patients, staff and the community to support our mission as a not-for-profit healthcare system – raising funds for the entire system. Our Foundation has been named as a high performers by the Association for Healthcare Philanthropy based on a higher than average return on investment for contributed dollars as well as net returns and cost to raise a dollar.

- The Foundation raises funds for many areas including non-revenue programs such as Cancer Wellness, advanced clinical education for staff, diabetes education programs and the 60+ Older Adult Services.

- In fiscal year 2013, $9.1 million in new gifts and pledges were raised and more than $11 million from private gifts were spent by Piedmont.

- A donation of $1 million has the financial impact of $40 million in operating revenue. (Based on a 2.5% margin.)

- **Count Me In** is the employee giving campaign, encouraging employees to join the efforts of the Foundation. Donations can be made directly from your pay check and employees can specify the initiatives they want to support.
Our Focus / Direction:

**One Piedmont**: Continue to transition the organization to a high functioning operating company recognized for our clinical care.

**Patient Centered**: As we adapt to the pressures of the external environment, keep the needs of the patient in the center of our decision making.

**Stewardship**: Improve care by reducing waste and improving our efficiency.

**Talent**: Improve the engagement of the workforce and invest in our talent. Be known for our clinical expertise and our physician leadership. Retain and recruit top clinicians to Piedmont.

**Strategic Growth**: Position Piedmont for long-term viability under healthcare reform by executing on those initiatives that will be essential to our success, regardless of the many unknowns.

**Quality-Safety-Service**

- QSS core measures
- Safety culture: Promise Hour
- Emergency room focus
- Process improvement

**Stewardship**

- STARS: $150M ~ 24 months
- Focus away from the bedside
- Revenue enhancement
- Supply cost reduction
- Agency / Premium labor
- Efficient operations
- Philanthropy

**Talent**

- Physician and nursing leadership
- Talent management
- Succession planning
- Diversity

**Strategic Growth**

- Access: immediate care
- Epic enhancement and expansion
- Piedmont Clinic, PMCC, PHI
- Service lines and clinical partners
- Facility enhancement
- PWHP launch
- New products

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The Environment We’re Given: Environmental Assessment

The Environment We Create: Cultural Attributes and Behaviors

The Outcomes We Achieve

---

Recognize Physician Leadership and Exceptional Physician Recruitment

Pilot new designs | Assess quickly, implement thoroughly

Change in payer mix; high deductible plans
Piedmont’s Priorities

Patient Safety
Reliability from the patient’s perspective...

1. Don’t hurt me
2. Heal me
3. Be nice to me

...in this order

Deviations from best-practice care causing Significant Patient Harm = Serious Safety Event
Piedmont’s Priorities

Hand Hygiene

Engaging our patients and visitors to help us increase our use of appropriate hand hygiene.

Hand hygiene is the single most important thing anyone can do to help prevent the spread of infection.

Good hand hygiene includes:
- Soap and water, or
- Alcohol-based hand sanitizer

All caregivers – physicians, nurses and other staff – are expected to practice hand hygiene **before** and **after** every patient contact.
Piedmont’s Priorities

**STARS**
Strategic Transformation and Resource Stewardship

**SUPPLIES AND CONTRACT SERVICES**
- Replace more expensive items with equal quality alternatives
- Standardize and simplify options
- Re-negotiate pricing

**REDESIGN HOW WE WORK**
- Leadership accountability
- Communication
- Patient safety
- Process improvement
- Strategic decision-making
- Cost savings
- Financial stewardship

- Cross-trained, mobile workforce
- Collaborative decision-making and shared accountability
- Centralize operational services and streamline processes
- Standardize policies, procedures, and job roles

**REVENUE CYCLE**
- Asking for payment upfront
- Turning clinical and financial data into information to support timely decision-making
- Reducing denials and improving collections
- Better documentation = getting paid more accurately

Piedmont HEALTHCARE
Piedmont’s Priorities

**STARS**
Strategic Transformation and Resource Stewardship

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Piedmont HEALTHCARE
Piedmont’s Priorities

How we measure ourselves

Our Balanced Scorecard is published monthly and tracks our performance by entity on QSS, People, Stewardship and Growth goals.
Our Accreditation: DNV (Det Norske Veritas)

In 2014, Piedmont is transitioning from The Joint Commission accreditation to DNV. DNV has been managing risk since 1864. Globally, they provide risk and quality management services in more than 100 countries and across ten industries, one of which is healthcare. DNV Healthcare received CMS Deeming Authority in 2008, and the organization has accredited nearly 500 hospitals across the United States including several in Georgia. Piedmont will be the first in the Atlanta area.

Our partnership with DNV is a collaborative approach to accreditation:
- Better support for Piedmont’s quality programs including best practices and pathways
- Better support of the goals of our Balanced Scorecard
- Ensures CMS Reimbursement

*Losing this accreditation would be like you losing 50 – 60% of your income!*
Piedmont Priorities

Piedmont Career Pathways

PIEDMONT CAREER PATHWAYS
CORE VALUES

Quality, Safety & Service
Establishes and maintains the highest service standards by placing patients at the center of all care, service quality and safety considerations; is dedicated to delivering the best in all aspects of our business.

Systemness (teamwork & collaboration) & Adaptability
Functions effectively as one Piedmont, engaging across entities, groups, and teams, by fostering open communication, mutual respect, and shared decision-making contributing to quality patient-centered care; anticipates and adjusts to changing healthcare landscapes; maintains positive attitude about necessary change; actively seeks more efficient ways of serving our patients and communities under a unified vision and leadership.

Business Execution & Accountability
Drives for results and completion; works through plans with defined targets, metrics, and priorities to deliver Piedmont’s goals of the highest quality of patient care; holds one’s self and others accountable to standards of performance and professionalism; accepts personal responsibility for outcomes and results.

People / Self Development
Seeks opportunities for self and others to acquire, enhance, and transfer knowledge, skills, and abilities to increase individual and organizational performance resulting in improved care for communities we serve.

Stewardship
Exhibits ownership and protection for the assets our communities have entrusted to us; demonstrates a deep commitment to patients and communities Piedmont Healthcare serves by embracing our responsibility for using resources wisely and in ways that align to our mission. These resources include people, time, facilities, supplies, tools, technology, and finances.
The Piedmont Promise

What is a promise?

_Something that has the effect of an expressed assurance; an indication of what may be expected._
Living the Promise

*How* we deliver it and *what* we deliver is how our customers experience our brand.

**HOW**

“Is there anything I can help you with?”

**WHAT**

“We have very good staff here. We’ll take very good care of you.”

**EXPERIENCE**

Four key points of service (Four C’s): Compassion, Confidence, Connection and Control
<table>
<thead>
<tr>
<th>Sterile environments can still be warm</th>
<th>Smile, be in the moment.</th>
</tr>
</thead>
<tbody>
<tr>
<td>You may not want to be here</td>
<td>Hold patients hand, hug when needed.</td>
</tr>
<tr>
<td>Patients are more informed than ever</td>
<td>Listen to their concerns and respect their opinions.</td>
</tr>
</tbody>
</table>
The Promise in Practice

Respectful of your time
Knock on a patient’s door when entering.

Alleviate your fear
Sit down with patients when you can.

Take charge of your healthcare
Give patients opportunities to ask questions and get more information.
The Promise in Practice

Respect your fellow human beings, treat them fairly, disagree with them honestly, enjoy their friendship, explore your thoughts about one another candidly, work together for a common goal and help one another achieve it.

Our Success is Everyone’s Responsibility!
One System...One Promise

Thank You
for your personal commitment to the Piedmont Promise!
Positive Relationships and Teamwork
Piedmont Healthcare is committed to a work environment in which all individuals are treated with respect and dignity.

- **Compassion**... Caring for every person everyday with dignity and respect.
- **Commitment**... Dedicating ourselves to improving the lives of others.
- **Service**... Providing a safe and supportive environment to ask, learn and heal.
- **Excellence**... Leading in quality through expertise, innovation and technology.
- **Balance**... Using resources efficiently and effectively.
Two way “Relationship”

If you are doing the “right things” according to our Values, and policies then you are contributing to and ensuring the best working environment

Drug Free Workplace
Tobacco and Smoke Free Campus
Workplace Violence
Open Door
Dress and Professional Appearance
Equal Employment Opportunity
Economic – Supervisor (or position with power)
- Taking tangible employment actions
  • Both positive and negative
- Implicitly or explicitly based on sex or protected categories

Environment - Anyone
- Sexual or directed at protected category
- Unwelcome and offensive
- Either severe or repeated
- Interferes with work performance or creates intimidating, hostile or offensive work environment
No one cares how much you know... till they know how much you care.
At Piedmont Healthcare, we’ve made a promise.

A promise that we will make your safety our priority.

A promise to recognize that this sterile environment can still be warm. That “hospital” and “hospitality” are not similar just by coincidence. And that world-class healthcare feels better when it’s down to earth.

The promise means that, even though we love what we do here, we understand you may not want to be here. It means knowing patients are more informed than ever, but really that “endoscope,” “laparoscope” and “colonoscope” aren’t equally intimidating.

Our promise is to be respectful of your time.

We promise to alleviate your fear. By hearing your story. To do everything in our power to make you well. And that we will. So we’ll remind you to: Get your colonoscopies, mammograms, exercise at least three times a week, and eat your vegetables.

We promise to empower you to take charge of your healthcare. By providing you with some of the world’s best doctors, nurses and specialists. The latest in medical technology. Information you can understand. And lots of genuine, heartfelt concern.

That’s our promise.
...in the millions of moment-to-moment decisions made each day at Piedmont Healthcare.

Safety Trumps ALL

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Why are we doing this? Isn’t healthcare pretty safe?

44,000 to 98,000 patient deaths per year due to medical error (Institute of Medicine - To Err Is Human, 1999, 2000)

298,865 patient deaths from 2001-2003 due to patient safety incidents – approximately 100,000 deaths per year (HealthGrades, 2005).

100,000 deaths = A 757 crash every day.
In 2005, **Duke Health System** announced that maintenance staff drained hydraulic oil from elevators into detergent containers during their normal maintenance processes. Subsequently, the hydraulic oil was utilized during the Operating Room sterilization processes. The surgical instruments exposed to the hydraulic oil were used in multiple surgical cases before the error was discovered.

**Linda McDougal** underwent a double mastectomy at **United Hospital (St. Paul, MN)** only to be told after surgery that she never had cancer. The lab had mixed up her pathology tests with those of another patient.
Facts about errors

1. Everyone makes errors – even very experienced workers.
2. We work in high-risk situations that increase the chance we will make an error.
3. We can avoid most errors by practicing low-risk behaviors.
4. Culture affects how we behave, and our behaviors determine outcomes.
5. Most near-misses and significant events are due to system or process problems.

Adapted from Excellence in Human Performance, The Institute of Nuclear Power Operations, 1997
At Piedmont Healthcare we’ve made a promise to make safety our priority

<table>
<thead>
<tr>
<th>What we believe in...</th>
<th>What we do...</th>
</tr>
</thead>
<tbody>
<tr>
<td>S Supporting the Team</td>
<td>• Practice Peer Checking and Peer Coaching</td>
</tr>
<tr>
<td>A Asking Questions</td>
<td>• Speak Up for Safety Using ARCC - Ask a question, Request change, voice a Concern, use the Chain of command</td>
</tr>
<tr>
<td></td>
<td>• Practice with a Questioning Attitude: Validate and Verify</td>
</tr>
<tr>
<td>F Focusing on Task</td>
<td>• Use STAR – Stop, Think, Act, Review</td>
</tr>
<tr>
<td>E Effective Communication Every Time</td>
<td>• Use Read and Repeat Backs</td>
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<tr>
<td></td>
<td>• Ask Clarifying Questions</td>
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<tr>
<td></td>
<td>• Effective handoffs</td>
</tr>
<tr>
<td></td>
<td>• Notifications using SBAR – Situation, Background, Assessment, Recommendations/Request</td>
</tr>
</tbody>
</table>
A Teamwork Success Story

At Piedmont Fayette, an OB tech noted that the sponge count was incorrect following a C-Section. She notified the OB (peer coaching) and together (teamwork) they searched for the missing sponge. When they did not find the sponge on the floor or in the trash, they took an X-ray - and found the sponge still in the patient.
Consider these examples

A nurse feels that the medication that has been ordered for her patient is incorrect – but she is afraid to speak up to the ordering physician.

An environmental services worker observes his supervisor going in and out of patient rooms without sanitizing his hands – but does not say anything.

• Why did these employees hesitate to speak up for safety?

• What makes it hard to speak up for safety?
SAFETY PLEDGE

“At Piedmont Healthcare we’ve made a promise. A promise that will make your safety our priority.”

- I promise to do no harm and make safety my top priority.
- I promise to speak up until I am heard and to listen until I hear.
- I promise to be approachable so that others can share their safety concerns with me, in the best interest of the patient.
- I promise to focus on doing what we say we are going to do by following policies and procedures.
- I promise to be obsessed with failure by assuming the worst is likely to happen without my best prevention efforts.
- I promise to do my part to be accountable not only for myself, but for my care team.
- I promise to include my patients and their families in my thinking and planning, because communication is key to their safety.
- I promise that lack of effort on my part will not be the source of failure.
- I promise to treat every medication as though it were lethal.
- I promise to remember that hands-off are the most dangerous moments for my patients.
- I promise to make it my practice to provide what I would like to receive when I am sick, because I know my time will come.

Print name

Signature ___________________________ Date ___________________________
Environment of Care
Hospital safety is regulated by numerous authorities, including (but not limited to):

- **DNV**
  - Environment of Care
  - Life Safety
  - Emergency Management

- **Federal**
  - EPA
  - OSHA
  - CMS

- **State**
  - GA EPD
  - Fire Marshall

- **Local Agencies**
  - Fire Departments
  - Water Districts
Don’t Hurt me, Heal me, Be Nice to me

Create a Safe Environment for our everyone (Patients – Visitors – Staff)

Make Safety a way of Life

Safety a top priority in decision making
Speak-up on a Safety issue
Question the Process ( what can go wrong)
Safety Suggestions

One Day each of us will be a Patient

A Culture of Safety
What’s Wrong With This Picture?
What’s Wrong With This Picture?
Safety Quiz

What’s Wrong With These Pictures?
A Safe Work Environment is Everyone’s Right and Responsibility!

✓ Apply safe work practices
✓ Med Servers must be closed
✓ 02 Tanks in Racks (Only full tanks in full rack)
✓ Keep exit door clear and unobstructed
✓ Keep corridors and hallways clear and free from equipment
✓ Keep floors free of Slip, Trip, & Fall Hazards
A Safe Work Environment is Everyone’s Right and Responsibility!

- Do not block extinguishers, electrical panels or medical gas shut-off valves
- Flammables must be kept to a minimum and stored properly
- Keep decorations off fire doors
- Storage must be 18” below fire sprinklers
- Know where to find policies/procedures
- Needles/Sharps must be disposed of properly
- Report Hazards/ Variance Reports
✓ No smoking anywhere on campus (including personal vehicles).
✓ Enforcement is everybody's responsibility.
✓ Observe “No Smoking” Signs
✓ Direct those who smoke to a public sidewalk.
Follow security measures designed for your area.

- Emergency numbers on badge card
- Off Campus, dial 911 for all emergencies
- Please call and report any suspicious activity.
- Wear Your ID badge *at all times!*
- Security will provide escorts as requested
- Report all property thefts and accidents *immediately!*
- No guns allowed on the property *(Even in your car)!*
- Understand your role in a Code Silver
We work with and around hazardous materials EVERY DAY!

Types of hazardous materials in hospitals include:

✓ Glutaldehyde (Cidex),
✓ Formaldehyde (Formalin)
✓ Cleaning agents and disinfectants
✓ Hand Sanitizer - Yes!  It’s Flammable!

Access Safety Data Sheets Online on the Quick Link tab found on the Piedmont Village

Select “SDS On-Line”
New Format for Chemical Labels and Pictograms

A Closer Look at Label Elements

- Pictogram
- Product Identifier
- Signal Word
- Hazard Statement(s)
- Precautionary Statement(s)
- Manufacturer Information

Sulfuric Acid
Danger!
Causes severe skin burns and eye damage. May be corrosive to metals.

Signal word: Danger

Precautionary statements:
- Wear protective gloves/protective clothing/eye protection/face protection.
- IF SWALLOWED: Rinse mouth. Do NOT induce vomiting.
- IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
- Immediately call Poison Center or doctor/physician.
- See Material Safety Data Sheet for further details regarding the safe use of this product.

Manufacturer Information:
HazMat Institute 1234 Jones Street, Washington DC, 20001
Telephone: +1 (800) 555-6789

HAZARD COMMUNICATION STANDARD

THE RIGHT TO KNOW
THE RIGHT TO UNDERSTAND

Piedmont HEALTHCARE
New Format for Safety Data Sheets

Section 1: Identification (Product Identifier)
Section 2: Hazards identification (Signal Word/Pictograms/Hazard Statement(s)/Precautionary Statement(s))
Section 3: Composition/information on ingredients
Section 4: First aid measures
Section 5: Firefighting measures
Section 6: Accidental release measures
Section 7: Handling and storage
Section 8: Exposure controls/personal protection
Section 9: Physical and chemical properties
Section 10: Stability and reactivity
Section 11: Toxicological information
Section 12: Ecological information
Section 13: Disposal considerations
Section 14: Transport information
Section 15: Regulatory information
Section 16: Other information

Note: Items in RED are present on the new label as well
Protect yourself when working with hazards!

PPE:

Personal Protective Equipment
Learn the codes and how to respond at your location.
• Secure outside doors
• Close interior doors
• Pull drapes and blinds
• Cover non-ambulatory patients with extra pillows and blankets
• Move patients and visitors into interior hallways away from windows
How do you know if a medical device is safe to use?

• All clinical equipment must undergo a safety inspection by Bio-Med regardless of ownership prior to use.
• Look for the Bio-Med inspection sticker before using any medical device.
• Report Failure and Error Protocols to Bio-Med Department using online work order system called EasyNet.
Electricity

Plumbing

Water

HVAC

- Users must have a basic knowledge of operating utility systems in their work area.

- To report a Utility Management problem: call or fill out a work order form for Engineering.
Emergency Electrical Power

Life Safety
- Fire Alarm System
- Exit lights
- Means of egress lighting

Critical
- Life Support Equipment

Equipment
- Infant Abduction System
- IS Equipment

A red receptacle indicates Emergency Power is available

Loss of Power

Seconds until power is available
8
10

Only Clinical Equipment should be plugged into Red receptacle. No Radio/TV
R.A.C.E.

**Rescue**
Pull the fire alarm

**Alarm**

**Confine**

**Extinguish**

* Evacuation to area of refuge
* Shelter in place

**Pull the pin**

** Aim the nozzle**

**Squeeze the handle**

**Sweep base of fire**
Risk Management
Student Orientation
What is Risk Management?

Proactive activities undertaken to identify, evaluate, manage, and reduce the risk of injury to patients, staff, and visitors and the risk of financial loss to the organization.
How Do We Decrease Risk?

- Improve patient safety and quality of care
- Decrease medical errors
- Achieve optimal patient outcomes
- Increase success in risk prevention
- Trend/analyze data through early identification and timely reporting
When to Contact Risk Management

- Event resulting in harm or injury
- Concern about potential risk or hazardous condition
- Occurrence of a Serious Safety Event (SSE)
- Any questions regarding legal or regulatory issues
- Threat of lawsuit
Examples of Serious Safety Events

• Unanticipated death
• Significant medication error resulting in harm or injury or IV related issue
• Fall with major injury
• Procedure on wrong patient, wrong site or wrong procedure
• Retained foreign body
• Unanticipated deterioration in patient condition
• Missed diagnosis or misdiagnosis resulting in patient harm
Variance Reporting = Safety Reporting

- Safety reports are used throughout Piedmont Healthcare for reporting variances/incidents/deviations
- Reporting may be submitted anonymously
- Factual and concise description of occurrence (limited to 1000 characters)
What is a Variance?

Any occurrence not consistent with the routine care or operations of the facility. Examples include but are not limited to:

- Medication errors
- Complications
- Unexpected outcomes
- Diagnostic test omissions/delays
- Lost Specimens
- Elopements
- Falls
- Any injury to patient or visitor
What to Report

These may include:

• Complications of anesthesia
• Pressure wounds
• Retained foreign body
• Post-operative hemorrhage or hematoma
• Pulmonary embolism or deep vein thrombosis developed during hospitalization
• Sepsis/infection which develops during hospitalization
• Post-operative wound dehiscence
• Transfusion reaction
• Birth trauma-injury to neonate
• Obstetric trauma
Why Report?

- Improve patient safety, care and outcomes
- Compliance with regulatory guidelines for reporting events leading to injury, illness, or malfunction
- Data contribution for trending/analysis and process change
- Encourages a “just culture” in which reporting errors is non-punitive
Common Barriers to Reporting

- Staff feels overworked with not enough time to report
- Reports are viewed as a non-clinical safety function and not for clinical events
- Staff are busy at the time of the incident, then forget
- Perception that completion of an incident report is a nursing function only
- Reporter fears embarrassment or wants to avoid embarrassing a co-worker
- Reporter does not want to be considered a whistleblower or tattletale
- No routine reminders or periodic education as to the importance of reporting
- Thought someone else would complete the incident report
- Non-physicians uncomfortable reporting physicians
- Lack of computer skills to complete form online
- Lack of confidentiality – anonymous reporting not allowed
- Reporting thought to be unnecessary due to lack of adverse outcome feedback or follow-up
- Fear of punishment, disciplinary action, or retribution
- Fear of lawsuits, having to testify or “go to court”
- Uncertain of value in filing or completing incident reports
- Lack of administrative support
- Inadequate reporting policies and procedures
- Unclear definition as to what constitutes a reportable incident
- Difficulty in accessing computer or the unavailability of incident report forms
- Fear of placing the facility at risk
When a Variance Occurs

- Care for Injured Patient/Visitor
- Document facts of events in medical record (avoid conclusions and/or blame)
- Notify Physician (if necessary)
- Notify your Manager or Supervisor
- Notify Risk Management (if necessary)
- Complete an online Safety Report  **DO NOT REFERENCE THE COMPLETION OF THE REPORT IN YOUR MEDICAL RECORD DOCUMENTATION**
weCare
Caring, Coping, Connecting After a Real Event

- Program to support the Second Victim
  Second victim = a healthcare provider involved in an unanticipated adverse patient event, medical error and/or patient related injury who becomes victimized by the event

- Three tiers of support
  - Peer to peer
  - Support group
  - Professional assistance
RISK MANAGEMENT REQUIRES A TEAM APPROACH

WE ARE ALL RISK MANAGERS!
Breaking the Chain
Infection Prevention & Control
NEO 2015
It’s Everyone’s Business in Healthcare

- Do everything possible to prevent the spread of germs or infection in the health care setting

- Our purpose is to **BREAK** the chain of infection
Breaking the Chain
Role of Infection Prevention & Control

- Identify and reduce the risks of infections from developing and spreading in the hospital

- If chain of infection is not broken, may result in a Hospital Acquired Infection (HAI) = any infection that develops after admission into the hospital
The #1 most important task that you can do to stop the spread of infection is…

Hand Hygiene
Performing Hand Hygiene (HH)

- **Why?**: Hands are dirty!
  
  **HH Fact**: Bacteria per square cm
  - Face 10,000, Axilla 500,000, Scalp 1 million
  - **Hands of medical personnel 40,000-500,000**

- **How?**: Use alcohol rub hand sanitizer or soap and water

- **When?**: Should you perform hand hygiene? Do you **not** use alcohol sanitizer?
Clostridium Difficile (C. diff)

- **C. diff**: Spore-forming gram positive bacilli
  - A germ that causes diarrhea
  - Often recurs and can progress to toxic megacolon, sepsis, and/or death
- Patients with C. diff will be on **contact isolation** during their hospitalization
  - Symptomatic patients are an important source for transmission
  - Skin contamination and environmental shedding of C. diff persist after resolution of diarrhea for several weeks
  - Contaminated surfaces, devices or materials may serve as a reservoir for C. diff spores
- Use **Bleach-containing** wipes for disinfection
- Use **Soap and Water** for handwashing
Additional Hand Hygiene Key Points

• Nail Maintenance
  – Must avoid wearing artificial fingernails and extenders—including acrylics, gels, wraps, stickers, and any nail decorations
  – Keep natural nail tips less than ¼-inch long

• Do not bring or use lotion from home
  – Hospital approved lotion is provided

• PHC Hand Hygiene Program
  – Goal: Improve HH compliance by monitoring staff and using peer checking and coaching to promote best practice

• Thus, when is your first opportunity to perform hand hygiene? Second?
Standard Precautions

- Blood, body fluids from all patients are potentially infectious
- Use appropriate personal protective equipment (PPE)
- Needles shall not be bent, recapped, or removed from syringe and placed in needle box
- No eating, drinking, or applying lip balm in clinical area
- Practice respiratory hygiene & cough etiquette
Basic Personal Protective Equipment (PPE)

• Gloves
• Mask
• Face shield/Goggles
• Gown

PPE = Specialized clothing or equipment worn by a person for protection against infectious materials.
Donning and Doffing PPE – Sequence

**Donning** – Putting on PPE
1) Hand Hygiene
2) Gown
3) Mask or respirator
4) Goggles or face shield
5) Gloves

**Doffing** – Safely removing PPE
1) Gloves
2) Goggles or face shield
3) Gown
4) Mask or respirator
5) Hand Hygiene
Appropriate Glove Use

Health-care workers (HCWs) wear gloves for two main reasons:

1) To prevent microorganisms which may be infecting, commensally carried, or transiently present on HCWs’ hands from being transmitted to patients and from one patient to another

2) To reduce the risk of HCWs themselves acquiring infections from patients

It is important that HCWs are able to correctly select the most appropriate type of gloves to be worn and to differentiate between specific clinical situations when gloves should be worn and changed and those where their use is not recommended.
Glove Use Indications

- Sterile Gloves Indicated In: Any surgical procedure; vaginal delivery; invasive radiological procedures; performing vascular access and procedures (central lines); preparing total parenteral nutrition and chemotherapeutic agents

- Clean Gloves Indicated In Clinical Situations: *Potential for touching blood, body fluids, secretions, excretions and items visibly soiled by body fluids*

- Gloves Not Indicated *(except for Contact Precautions)*: *No potential for exposure to blood or body fluids, or contaminated environment*
Safe Injection Practices

- Fluid infusion and administration sets should be used for one person only
- Use single dose vials whenever possible
- Use sterile, single-use disposable needles and syringes
- Decontaminate ports and vials tops with alcohol
- Never leave needles in vials
- Dispose of sharps and needles correctly
- If using multi-dose vials, use in medication area
Transmission-based Precautions (Isolation)

AIRBORNE Precautions

DROPLET Precautions

CONTACT Precautions
Airborne Precautions

- Used for patients known or suspected to be infected with germs transmitted by airborne droplet nuclei that remain suspended in the air

**Examples:** Tuberculosis (TB), measles, varicella (chicken pox)

**Control Measures:**
- Place patient in a private room (*negative pressure or use HEPA filter air scrubber*) with Airborne Precautions sign on patient’s door, always wear an **N95 mask**, and use Standard Precautions
- Keep the room door **closed** at all times
Droplet Precautions

• Used for patients known or suspected to be infected with germs transmitted by large droplets that do not remain suspended in the air

Examples: Meningitis (meningococcal), influenza, mumps, pertussis

Control Measures:
• Place patient in a private room with Droplet Precautions sign on door
• Use Standard Precautions along with a surgical mask
Contact Precautions

• Used when patients known or suspected to be infected with germs that can be spread by indirect or direct contact

**Examples:** C. diff, Scabies, Lice, MDROs – MRSA, VRE, CRE, CRO, ESBL

**Control Measures:**

• Place patient in a private room with a **Contact Precautions Sign** on the door
• Use Standard Precautions along with **gloves, gown**, and other barriers as appropriate
• Perform consistent hand hygiene
Hospital-approved Disinfectants

- PDI Super Sani-Cloth wipes
  - Purple top
  - Kill or wet time in 2 minutes

- PDI Sani-Cloth Bleach wipes
  - Gold/Orange Top
  - Kill or wet time in 4 minutes

- Sani-Cloth AF3 wipes
  - Grey top (alcohol free)
  - Kill or wet time in 3 minutes

- Hospital approved disinfectant
  - Kill time on bottle

*Note: Follow manufacturer’s recommendations when cleaning equipment*
Cleaning up blood and/or body fluid spills

1) Don appropriate PPE
2) Remove any glass or sharp objects using mechanical means
3) Clean body fluids from surface using absorbent towels
4) If towels are saturated and dripping with body fluids place in red bag trash, otherwise place in regular trash
5) Use disinfecting wipes to disinfect the surface
6) Remove PPE and wash hands
IP Policies and Plans

• All can be found on the intranet (Village)

• Exposure Control Plan for Bloodborne Pathogens is located on the Infection Prevention website*
  — Mandated by the Occupational Safety and Health Administration (OSHA), “Final Rule, 1991.”
  — Process: Wash exposed area immediately, report exposure, and follow protocol

*Mountainside: In Infection Control Manual on units
## Call Us Anytime

<table>
<thead>
<tr>
<th>PHC Infection Prevention &amp; Control Departments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Piedmont Atlanta Team</strong></td>
</tr>
<tr>
<td>Karen Williams</td>
</tr>
<tr>
<td>Shalom Hernandez</td>
</tr>
<tr>
<td>Jo Lenyk</td>
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<tr>
<td>Evelyn Williams</td>
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<td>Irene Khan</td>
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<tr>
<td><strong>Piedmont Fayette Team</strong></td>
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<tr>
<td>Colleen Bridier</td>
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<tr>
<td>Barbara Oxford</td>
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<td><strong>Piedmont Henry Team</strong></td>
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<tr>
<td>Marie Ayers</td>
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<tr>
<td>Vacancy</td>
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<tr>
<td><strong>Piedmont Mountainside</strong></td>
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<tr>
<td>Tammy Johnston</td>
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<tr>
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<tr>
<td><strong>Piedmont Newnan</strong></td>
</tr>
<tr>
<td>Debra Spavone</td>
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</tbody>
</table>
Points to take with you:

• Break the chain of infection
  • Most efforts focus on controlling the route of transmission through Hand Hygiene; use of PPE; and the cleaning, disinfection and sterilization of equipment, instruments and work surfaces

• ALWAYS PRACTICE GOOD HAND HYGIENE

• Always follow standard precautions; and if needed, transmission-based isolation precautions

• Visit our website for resources and updates

• We are available for you
Keep the Promise…

to perform hand hygiene before I touch you or your environment.
Patient Centered Care
Cultural competence is the ability of health care providers and health care organizations to understand and respond effectively to the cultural and language needs brought by the patient to the health care encounter. Cultural competence requires organizations and their personnel to do the following:

1. value diversity;
2. assess themselves;
3. manage the dynamics of difference;
4. acquire and institutionalize cultural knowledge; and
5. adapt to diversity and the cultural contexts of individuals and communities served.
Culture is a dominating force in shaping behaviors, values, and beliefs that impact an individual's health and response to illness.

*It is critical to treat everyone as an individual – a key principal in our approach to providing Patient- and Family-centered care.*

Patient and Family-centered care is an innovative approach to plan, deliver and evaluate health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families.
CultureVision provides internet-based access for doctors, nurses and other practitioners to obtain the information they need to:

• ask the right questions
• treat patients in a culturally appropriate manner
• look for culturally specific diagnostic support for our patients

*Within five minutes and with a few mouse clicks*, providers can get the information they need to improve their ability to care for patients.
On-the-spot access to culturally competent patient care.
Abuse Recognition – ACT!
We are ALL mandated reporters
Types of Abuse

- Child Abuse/Neglect
- Elder Abuse/Neglect
- Sexual Abuse
- Teen Violence
- Domestic Violence
ACT

Advocate

Communicate

Teamwork
PHC Compliance Program & Code of Conduct
Who, What, When

• Training is required as new hire and annually
• All policies/procedures are found on the “Villages”
• Those responsible for adhering to PHC Codes of Conduct
  
  Board Members
  Executive Staff
  Medical Staff
  Volunteers
  Vendors and Suppliers
  Consultants
  Affiliated Students
  Agency Staff

Mark Guza –
PHC SVP &
Chief
Compliance
Officer
Piedmont Healthcare, Inc.

Code of Conduct

• The Code is a reference and guide for the Compliance Program

• The Standards identified are PHC behavioral expectations
What Does Compliance Do?

- Identify and detect compliance risks
- Investigate and document issues
- Facilitate correction/prevention of issue
  - Training, process analysis, reinforcement of policy and procedure, etc.
- Monitor and audit sustained correction
A compliance issue – any activity that you know or suspect to be in violation of

- Federal Laws
- State Laws
- Local Laws
- PHC Rules and Regulations
- PHC Policies and Procedures
- PHC Standards of Conduct
Many Laws & Regulations

- Federal & State False Claims Act (Fraud & Abuse)
- Medicare & Medicaid Conditions of Participation
- HIPAA (Privacy/Information Security)
- EMTALA (Anti-Dumping)
- Stark and Anti-kickback
How Can Issues Occur?

- Error
- Poor judgment
- Bad decisions without adequate information
- Opportunity/"cutting corners"
- Rationalization
- Lack of familiarity with company policies and procedures
Before you make a concerning decision – THINK!

- Is this in the best interest of my patients? The hospital? The health system?
- Will my career be ruined?
- Would the news headlines embarrass me, my family or PHC?
- Do I need additional information or resources?
Reporting Process for Compliance Issues

- Talk to your supervisor/manager
- Call, email or visit the Compliance Department
- Call our HOTLINE 24/7

1-800-466-0462

*If it is an HR issue and not a Compliance issue we will forward to HR
Risk Areas of Concern:

- Billing & Reimbursement
- Documentation & Coding
- Conflict of Interest
- Gifts and Gratuities
- Ineligible Persons
- Anti-Dumping Regulations (ER & Laboring Patients) – EMTALA
- Medical Staff/Referral Source Relationships
- Confidentiality and Security of Patient Information
False Claims

Overcharging for a product or service
Delivering less ordered or promised
Underpaying money owed to vendors/government
Charging for a higher valued item or service than delivered.

Billing must be accurate!
False Claims Act & Your Responsibilities

Federal and State False Claims Acts – see Handout

Both offer Whistleblower “QuiTam” relator protections

The law and PHC policy prohibits retaliatory action by the employer against an employee who in good faith brings evidence of unlawful practices to the attention of the proper authority
Conflict of Interest

*when personal or financial interests appear to influence professional judgment

*we must always disclose actual/potential conflicts of interest

Examples:
Pharmaceutical and medical device manufacturers
Durable medical equipment suppliers
Home health, skilled nursing, medical transport, etc.
Gifts and Gratuities

• No money, gifts, or gift certificates from patients/families.

• No money, gifts, or gift certificates from vendors and referral sources/physicians.

• They may donate to the Piedmont Foundation in yours or your Department’s name.

Rule of Thumb: If you can eat it or plant it, you can probably accept it if you remember to share!
The following lists are checked before Piedmont can contract with, employ, or credential anyone:

- Office of Inspector General (OIG) Sanction Report
- General Services Administration (GSA) Excluded Parties List
- U.S. Department of the Treasury Specially Designated Nationals & Blocked Persons Lists
Emergency Medical Treatment &
Active Labor Act

Medically screen/administer emergency treatment before transferring:
- Stabilize the patient’s emergency condition
- Inform the patient of the reason for the transfer
- Obtain the patient’s written consent
- Notify the receiving facility
What is Privacy?
Rules we follow to make sure we don’t disclose information to people who shouldn’t receive it.

What is Information Security?
Rules we follow to make sure people can’t get information they shouldn’t have.
Protected Health Information (PHI)

- Includes Health and Billing Information
- Not Just Name, Birth Date, SS#
- Must remove 20 elements to de-identify
Policy Prohibits Staff, Physicians and other Providers from Accessing:
- the records of friends, family members, co-workers or their own records

Only allowed to access the records of someone you are directly involved in treating.

Compliance routinely audits records access.

Piedmont owns the medical records – these are legal documents and may NEVER removed from hospital property.
• All Piedmont Emails archived for one year
  • Do not open suspicious attachments
  • Do not engage in inappropriate conduct
  • All are monitored and reviewed periodically
• Streaming audio and video is prohibited
• No expectation of privacy or personal use
• Secure and protect your workstation
• No software installs w/o IS approval
• No posting of PHC-owned materials or Piedmont Information on the Internet
“What happens at Piedmont, stays at Piedmont.”

Sites are monitored and word gets around. . .

Do NOT post pictures, conversations, recordings, or any other Protected Health Information on any social networking sites.

Do NOT post any PHC owned information on any social networking sites.

Doing so will result in disciplinary action.
A breach of unsecured data is defined as the “...unauthorized acquisition, access, use, or disclosure of protected health information which could compromise the security or privacy of such information.”

In other words, Unsecured Protected Health Information is PHI that is not shredded, encrypted, or securely stored.

We are required by law to notify the involved patients and government if there is a breach of unsecured data.
Language Services Provided

• Limited English Proficiency (LEP) ensures patients have equal access to medical care
• Oral and Signing Interpreter Services are provided Free of charge
• Interpreters must be qualified before providing services to LEP patients
• Language Line
“I know I should report...but I’m concerned about retaliation.”

Retaliation means you are treated differently because you reported an issue.

**We have Zero Tolerance for Retaliation!**
If you have made a good faith report and someone retaliates against you – tell us right away.

*The Compliance Department is here for you.*
The Patient experience
Living the Piedmont Promise
Our patients say...

• Don’t hurt me
• Heal me
• Be nice to me
PIEDMONT PROMISE

At Piedmont Healthcare, we’ve made a promise.

A promise that we will make your safety our priority.

A promise to recognize that this sterile environment can still be warm. That “hospital” and “hospitality” are not similar just by coincidence. And that world-class healthcare is even better when it’s down to earth.

The promise means that, even though we love working here, we understand you may not want to be here. It means knowing patients are more informed than ever, but realizing that “endoscope,” “laparoscope” and “colonoscope” all sound equally intimidating.

Our promise is to be respectful of your time.

We promise to alleviate your fear. By hearing your concerns. To do everything in our power to make you well. And keep you well. So we’ll remind you to: Get your colonoscopies, get your mammograms, exercise at least three times a week, and eat your vegetables.

We promise to empower you to take charge of your healthcare. By providing you with some of the world’s best doctors, nurses and specialists. The latest in medical technology. Information you can understand. And lots of genuine, heartfelt concern.

That’s our promise.
Service and Operational Excellence is…

not a program

a systematic approach to building a great organization

an ongoing effort to make Piedmont Healthcare: a great place to work, a great place for patients to receive care and a great place for physicians to practice medicine.
“Rigorous, disciplined measurement is the best way to drive progress.”

~Michael Porter

- Measure what is important
- Measure often
- Post results for all to see
HCAHPS – What is this?

• **Consumer Assessment of Healthcare Providers and Systems**

• Standardized patient perception of care tool that is being used across the country to compare the patient’s experience in a hospital.

• CAHPS measures the patient’s perception of consistency in clinical care and in the environment

• 4 Point scale – Always, Usually, Sometimes or Never
Always Behavior – *What Do They Really Mean?*

<table>
<thead>
<tr>
<th>Level</th>
<th>Behavior</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>5</strong></td>
<td>Always</td>
<td>The customer “will return” “Excellent care”, “WOW” service. Will recommend to friends and family. Increased market share.</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>Usually</td>
<td>The customer “might” return “Pretty Good care”, “Okay”, “Some were nice.” May or may not tell others. No gain in market share – stays the same!</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>Sometimes</td>
<td>The customer “might not” return “Good care”, “Average”, “Could be better” The customer may be complaining about their experience. If another hospital is suggested, the patient may go.</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td>Sometimes</td>
<td>The customer “will not” return “Fair care”, “Dissatisfied”, “They didn’t care about me.” They are telling others about their poor experience. Customer would go elsewhere if they could. Loss of market share.</td>
</tr>
<tr>
<td><strong>1</strong></td>
<td>Never</td>
<td>The customer is “gone” “Poor care”, “Very Dissatisfied”, “I’m not going back there!” Losing lots of market share.</td>
</tr>
</tbody>
</table>
Why does providing a very good patient care experience matter?

• It’s the right thing to do
• People want very good service
• Makes your job easier
• Transparency via public reporting
• Patient experience as a quality measure
• Financial Incentives – Pay for Performance
  – 70% Quality Measures
  – 30% Service Measures
Share your WOW experience

Restaurants
Resorts
Stores

Think of a time when you were blown away by how well you were treated...
Service Recovery

According to the Agency for Healthcare Research and Quality (AHRQ), no matter how well we manage the patient experience, we will not meet all of our patients’ expectations all of the time.

Problems are inevitable, so how we respond to complaints/concerns has a direct influence on overall patient perception of care.

Service Recovery is how we restore trust and confidence in our ability as an organization to “get it right”.
WHAT MATTERS MOST IS HOW YOU SEE YOURSELF.
AI DET & Key Words: Living the Piedmont Promise
Five Fundamentals of Consistent Communication

- Safety: Acknowledge
- Decrease Anxiety: Introduce
- Increase Compliance: Duration
- Quality: Explanation
- Patient Loyalty: Thank You

Source: Studer Group
“Key Words are the cornerstone of consistent, excellent patient care”

- Dr. Dan Smith,
  Sharp HealthCare
Improved clinical outcomes and increased patient and physician satisfaction
Key message: You are important

- Eye Contact
- Smile
- Shake hands
- Acknowledge everyone in the room
- Sit
- Relationship question, non-medical query
Introduce

- Your Name
- Your job in the organization
- “I am Nancy, I am your nurse today. I am really looking forward to caring for you today. I will be with you from 7am-7pm”
Manage Up!

• Name
• Job
• Years of Experience

“I have more than 10 years of nursing experience and I have cared for hundreds of patients”
Duration

Key Message: I anticipate your concerns

- How long will it take me to clean your room?
- How long your procedure will take?
- When test results will be back?
- When the MD will be in to see you?
- When pain medicine is due?
- How often will food trays be delivered?
Connecting the dots and understanding the why.

- Why are you waking me up to take my vital signs and blood?
- Why can’t I eat?
- Why can’t my doctor be on time?

Explain the treatment plan

- Using language that patient and their family can understand
- “I know this is a lot of information. What questions do you have for me?”
Thank You

*Key Message: I appreciate the opportunity to care for you*

**Closing Key words**

- Thank you for choosing Piedmont.
- Thank you for letting me care for you.
- It was a pleasure caring for you today.
Write Your Own AIDET

Acknowledge

Introduction

Duration

Explanation

Thank you
<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge-  Good morning, Piedmont Transplant Clinic,</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Introduce- This is Susan, how may I help you?</td>
</tr>
<tr>
<td>E</td>
<td>Duration- “ It would be my pleasure to schedule your appointment. I need to ask you several questions regarding your insurance and contact info which will take no longer than 5 minutes to complete.”</td>
</tr>
<tr>
<td>D</td>
<td>Explanation- During your first visit, you will be here about of 2 hours. We have a very good team ready to care for you.</td>
</tr>
<tr>
<td>T</td>
<td>Is there anything else I can do for you?</td>
</tr>
<tr>
<td></td>
<td>Thank you for calling the Piedmont Transplant Clinic</td>
</tr>
</tbody>
</table>
Key Words

- Connects the dots for patients of the “why”
- Comfort the patient
- Decreases patient anxiety
- Impacts patient’s perception of the quality of care

- “We’re going to do our best to keep you comfortable and informed.”
- Please / Thank you / You are welcome / It’s why we’re here
- “I’m going to take very good care of you.”
- “I’m going to help manage your pain.”
- Patients name (use 3 times in the room)
- “Let me help you.”
- “What is your biggest worry (concern).”
- “We will work together to help you heal.”
- “For your safety / for your privacy”
- “I’m going to keep you informed
- “The next step is..”
- “Let me clean my hands before we start.
- Is there anything I can do for you right now?”
- We have a very good team here at Piedmont.
It is all about …

Every person, every time!
Start using AIDET when communicating with patients, family members and *each other*.

Ask the patient, “Is there anything I can do for you before I go?”
Complete AIDET Assessment

Thank you for your time.
Is there anything else I can do for you right now?
Occupational Health
Regulatory Agencies

OHS Programs are Based on Various Regulatory Agencies

• Centers for Disease Control (CDC)
• Occupational Safety and Health Administration (OSHA)
• National Institute for Occupational Safety and Health (NIOSH)
• Det Norske Veritas (DNV)
• Americans with Disabilities Act Amendments Act (ADAAA)
Fit for Duty

Please do not come to work if you are sick!

- Fever (temperature > 100°F)
- Rash
- Draining or open wound or lesion
- Conjunctivitis (pink eye)
- Influenza-like illness
- Inform OHS if you have worked with any contagious condition

Some conditions require a physician’s note before returning to work
Follow these steps:

1. Report the incident to your supervisor immediately. *Please do not wait!*

2. Complete an Incident Report.

3. Contact or report to OHS.

*Information and forms on the Village*
Injured at Work: What if?

I Work Off-site…
- Call or email before driving to campus

I Work After OHS Hours…
- Consult the House Supervisor for further directions
  - Fax the Incident Report to OHS
  - Leave a message for OHS

Information and forms on the Village
Blood Borne Pathogen

Follow these steps:

1. Wash the affected area
2. Complete an Incident Report
3. Call or go directly to the Occupational Health Services
4. Follow all other workers’ compensation procedures
Important Information for BBP

To Complete Incident Report

- Patient name
- Room number
- Physician
- Date of birth
- Brand of device
- Size of device
- Safety feature
- Safer device/method