



New Caregiver Orientation Reference Guide

Supplements to the UMass Memorial HealthAlliance

- Code of Ethics and Business Conduct book
- Privacy & Information Security book
- Patient Rights brochure

Policies:

- Videotaping, Audio Taping and Photography by Patients, Patient Family/Visitors and the Public
- Breach of Confidential/Protected Information
- Fraud and Abuse Reporting Policy
- Code of Ethics and Business Conduct
- Patient Rights Under the Health Insurance Portability and Accountability Act (HIPAA)

Introduction:

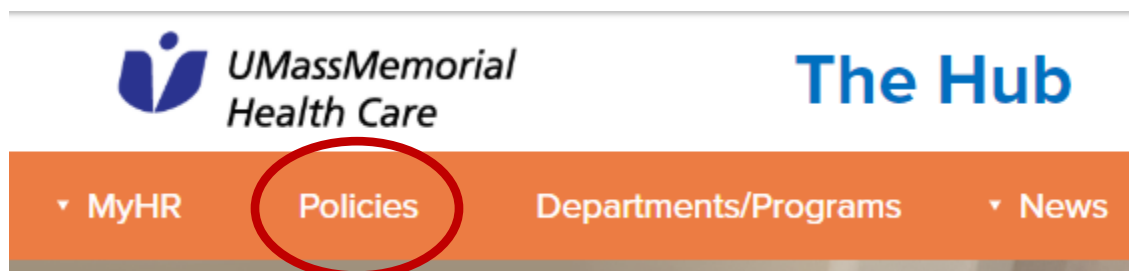
As a new member of the UMass Memorial HealthAlliance-Clinton Hospital family, you are entering into a healthcare environment where each individual contributes to our success at providing the highest quality of care and an exceptional patient experience to the members of our community. Your job or assignment may or may not be working directly with patients, however, the work you provide does impact the patient and family members. In addition, by virtue of being in the hospital, you will come into contact with patients and their families and visitors in some capacity.

To ensure that all caregivers working within the UMass Memorial HealthAlliance-Clinton Hospital have the information necessary to perform their job within this environment, general orientation into the hospital must be complete prior to beginning your job assignment, accessing systems and providing patient care or services.

The Hub intranet:

This Reference Guide is designed to give an overview of UMass Memorial HealthAlliance-Clinton Hospital policies and does not constitute an employment contract. For a more complete outline of these policies, please refer to The Hub intranet and click on the “**Policies**” link.

www.umassmemorialhub.org



COVID-19 Updates

(applicable to all HA-C paid and non-paid caregivers and all contracted staff.)

Employee Health is your first line of support and who to contact with your questions

- Call Elizabeth Curran, Manager, Employee Health: 978-514-5349
- Email Elizabeth Curran: ecurran@healthalliance.com

Symptoms: fever, new cough, sore throat, shortness of breath

- In addition to recent travel and/or cruise

To contribute:

- Visit: www.healthalliancefoundation.org/donation.
- Call Kathy Boudreau, Special Events Coordinator, Development: 978-466-4516
- Email Kathy Boudreau: kboudreau@healthalliance.com

Stay up-to-date on the latest developments:

- Frequent emails from HealthAllianceCommunications
- Social media (Facebook, Instagram, Twitter)
- The Hub (intranet)

Mandatory use of Employee Self-Reporting tool prior to your shift, even if working remotely.

- Visit The Hub for more information.
- Update health status and symptoms via mobile application (NOW) or website <http://www.umassmemorial.org/selfreporting>, or,
- Download the app: Instructions can be found on the Hub.
- For technical support, contact the IS Support Center at 508-334-8800.
- In the event you can't use the app, you need to use a WOW (workstation on wheels), iPad or computer station provided at the entrances of our campuses, prior to starting your shift.

A few important reminders:

- You will need your network ID and password to log into the tool.
- You only need to complete the form on days that you are working, even if working from home.
- It must be done before you start your shift.
- You must do this even if you are not experiencing any symptoms.
- Your responses will only be reported to Employee Health Services.
- Managers will only know whether or not you logged in and completed the form.

Proper Personal Protective Equipment (PPE) is provided to meet the needs of your job

- All PPE meets Center for Disease Control and Department of Health regulations

Hand Hygiene is your #1 defense against infection

- ALWAYS follow proper hand washing and sanitizing techniques.
- It's the BEST way to keep you, our patients and your coworkers safe.

Caregivers Not Attending Hospital New Caregiver Welcome Orientation:

New Non Employee Caregivers: As a new caregiver, you are expected to review the content of this Orientation Reference Guide on the first day, or prior to the first day, of your job assignment. The review of this orientation book must happen before accessing systems and providing any patient care or services. All caregivers are encouraged to direct all questions related to hospital policies and guidelines directly to your Department Manager or designee, or Human Resources on an ongoing basis.

- Complete, sign, and submit the **Identification Badge Request Form**. The completed **Identification Badge Request Form** verifies the completion of the following forms:
 - Hospital Orientation Checklist
 - Confidentiality Statement
 - Compliance Quiz (80% or better is considered a passing score. All incorrect responses require a re-education and both manager/designee and caregiver must initial/date to verify the re-education)
 - Conflict of Interest/Relationship Disclosure
 - Code of Ethics Acknowledgement
- Immediate next steps upon completion of the review of this Hospital Orientation Reference Guide:
 - Refer to the intranet on an ongoing basis for policy review; Your Manager, Supervisor or Designee will help you if needed.
 - Give *original* completed and signed documents noted above to your Department Manager or designee.
 - Submit the *original* completed and signed **Identification Badge Request Form**. Public Safety Resource will issue your ID badge.
 - If applicable, log into the E-Learning 4U (EL4U) system to complete online required education, and register for required classroom education. Please note, generally, access into the EL4U system will be available on the Wednesday following your start date at the Hospital. Any questions regarding the applicability of education requirements on the EL4U system may be directed to Human Resources. (If appropriate, you will need to complete a Personnel Data Survey form)

Caregivers Starting 'Off-Cycle':

New Employed Caregivers: As a new caregiver, you are expected to review the content of this Orientation Reference Guide on the first day, of your job assignment. The review of this orientation book must happen before accessing systems and providing any patient care or services. All caregivers are encouraged to direct all questions related to hospital policies and guidelines directly to your Department Manager or designee, or Human Resources on an ongoing basis.

- Complete, sign, and submit, to the Human Resources Department (located in the Simonds Building on the Leominster Campus):
 - Hospital Orientation Checklist
 - Confidentiality Statement
 - Compliance Quiz (80% or better is considered a passing score. All incorrect responses require a re-education and both manager/designee and caregiver must initial/date to verify the re-education)
 - Conflict of Interest/Relationship Disclosure
 - Code of Ethics Acknowledgement

UMass Memorial Health Care Mission, Vision, Values:

- **Mission:** A Statement about Our Present & Why Our Organization Exists

UMass Memorial Health Care is committed to improving the health of the people of our diverse communities of Central New England through culturally sensitive excellence in clinical care, service, teaching and research.

- **Vision:** A Statement about our Future and What We Want To Be

As one of the nation's most distinguished academic health care systems, UMass Memorial Health Care will provide leadership and innovation in seamless health care delivery, education and research, all of which are designed to provide exceptional value to our patients.

- **Values:** A Guide to Our Decision-making as We Move to Our Future

Consistently excelling at patient-centered care

Acting with personal integrity and accountability

Respecting one another

Effecting change through teamwork and system thinking

Supporting our diverse communities



Caregiver and Patient Experience:

We work in a public and dynamic environment...

- A place where **tension and stress** are common; Where **multiple viewpoints and interests** exist

And...

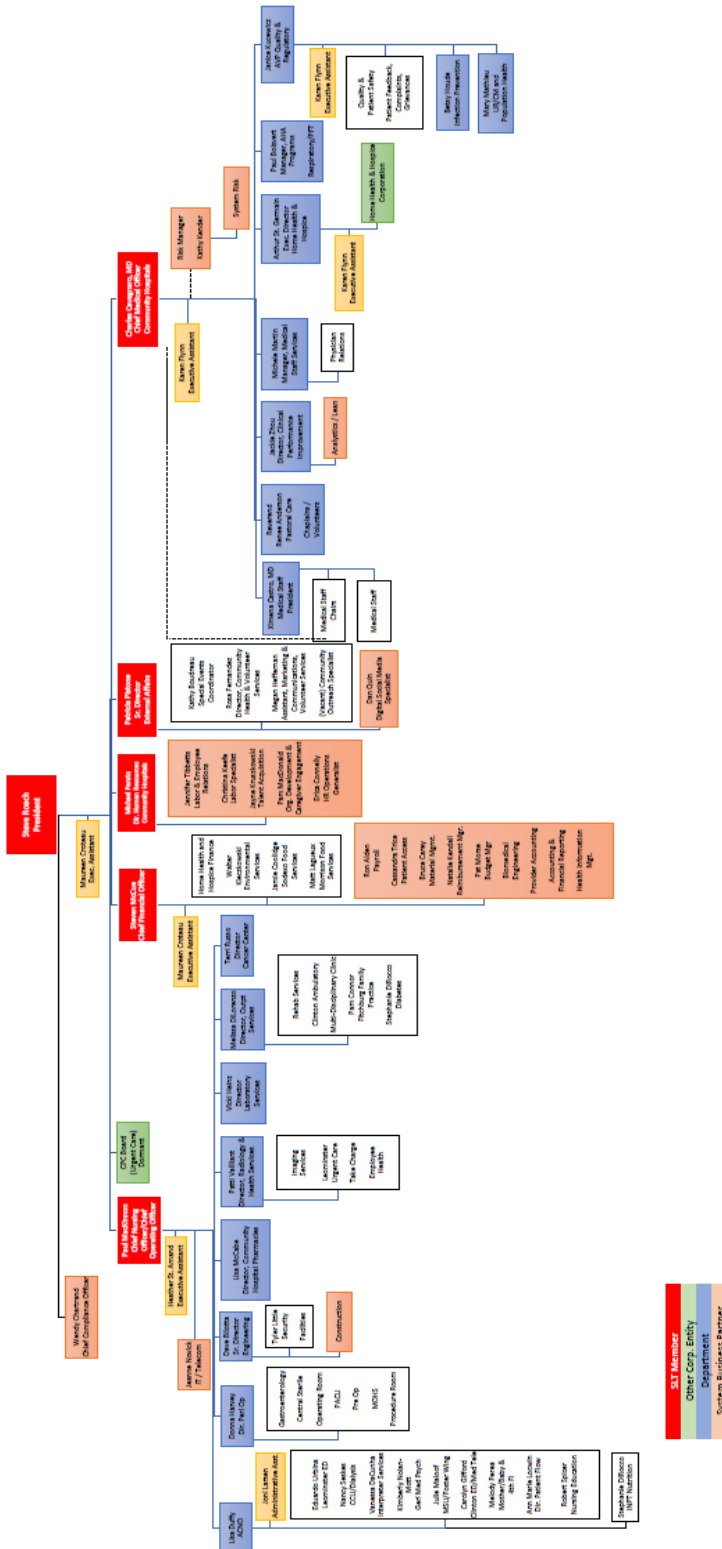
- Where **confidentiality** needs to be protected; Where **civil behavior** is expected; Where **competency** and **caring** is demonstrated

We show RESPECT and CONSIDERATION for others regardless of title, salary, or position;
ALL OF US deserve to be treated with RESPECT.

Our Standards of Respect



UMass Memorial HealthAlliance-Clinton Hospital Organization Chart:



Revised: April 9, 2021

Diversity and Cultural Competency

Diversity = Differences among people with respect of age, class, ethnicity, gender, gender expression, physical and mental ability, race, sexual orientation, religion, spiritual practice, physical stature and build, education level, job level and function, personality traits and other human and social differences.

Culture = The values, beliefs, customs, norms, patterns of behaviors, and practices shared by a group.

Cultural Sensitivity = Basic respect for, and appreciation of, human differences.

Cultural Competence in Healthcare = Ability to deliver culturally-appropriate care, specifically tailored to patients with diverse values, beliefs and behaviors.

Why learn about Cultural Competencies?

They are the skills you use to work well with patients of all cultures. These skills will:

- Help patients receive more effective care
- Help your facility meet The Joint Commission (TJC) standards
- Improve your job performance

Developing the cultural competencies needed for your job means you can help patients of all cultures feel better about their care. **There are many cultural factors to be aware of:**

- Country of origin
- Preferred language
- Communication style
- Views of Health
- Family and community relationships
- Religion
- Food preferences

Communicate effectively

- Listen to how the patient talks about his or her condition
- Ask indirect questions, if needed
- Look for clues
- Talk with others who know the patient
- Ask for the patient's views on treatment
- Use interpreters effectively

Learn about each patient

- Ask questions to avoid cultural stereotypes
- Learn the patient's view about health
- Learn about accepted ways to show respect
- Understand relationships
- Consider privacy needs

Language & Interpreter Services:



Communication with Patients Preferring to Receive Health Information in a Language other than English (Interpreter or Auxiliary Services)

The role of the Interpreter Services Office is to transmit and facilitate effective communication as well as a cross-cultural understanding between the non-English, LEP person and Deaf or Hard of Hearing patient and health care providers.

Any person who participates in treatment discussions and decision making will be informed of the availability, at no cost, of a Qualified Interpreter and/or other auxiliary aids and services as necessary to meet his or her communication needs. Such notice will be communicated at the appointment scheduling or arrival at the Emergency Department.

Trained interpreters are available 24 hours a day, seven days a week to provide interpreting services either in person, or by telephone and video to non-English and LEP persons, and to Deaf and Hard of Hearing individuals being treated at UMass Memorial HealthAlliance - Clinton Hospital.

How to Access Interpreter Services:

- **Leominster Campus:** Extension 4077 - Beeper: 508-722-2350 (Everyday: 6:00 a.m. – 12:00 a.m.)
- **Fitchburg Campus:** Extension 5602 - Beeper: 508-722-0338 (Monday - Friday: 9:00 a.m. to 3:00 p.m.)
- **Clinton Office:** 978-368-3968 Beeper: 978-205-0224 (Monday – Friday: 8:00 a.m. to 3:00 p.m.)
- **After Hours:**
 - The office is closed after 12:00 a.m.
 - Use Over--Phone-Interpreters (OPI) - Available 24/7 with access to over 200 languages
 - Use Video Remote Interpreting (VRI) - with 40 languages available including American Sign Language (ASL).
 - **Interpreter Services Fax: Leominster: 978-466-4353 Clinton: 978-368-3713**
 - **How to reach Telephonic Interpreting Services provider:**
 - Use information found on your Interpreter Services' badge
 - Access instructions and dual-handset and cordless phones are available on every floor/unit
 - From any Hospital in-house phone, dial extension **4949** (Leominster/Fitchburg) **85190** (Clinton Campus)
 - From outside the Hospital, dial **978-466-4949**
 - Provide the following information
 - Client Access Code / Department Code (found on your Interpreter Services badge)
 - Language Needed, Medical Record Number, Caller's First Name, Department
 - The use of telephonic interpreters must be documented in the patient's chart

Interpreter Services: What You Need to Know:

- The use of '**Qualified Medical Interpreters**' – trained professional medical interpreters available in-person, over-the-phone, and video – is mandate by federal and state law, Joint Commission standards and hospital policy.
- Bilingual employees, family and friends should not be used as medical interpreters, unless it is a life-threatening emergency and no other resources are readily available for communication. These situations need to be carefully documented in the patient's chart.
- Minors are prohibited by law to be used as an interpreter (must be 18 and older)
- Caregivers are responsible for documenting the use or refusal of interpreter services in the patient's chart.

Communication with Deaf or Hard of Hearing Individuals:

- **Remote American Sign Language interpreters** are available 24/7 through Video Remote Interpreting (VRI).
- **In-person American Sign Language interpreters** are available upon request. Contact our office for assistance or the following agencies to schedule an ASL interpreter:
 - **Partners Interpreting:** 508-699-1477 or email: services@partnerinterpreting.com
 - **Language Bank:** 844-579-0610
- Don't forget to document the use of ASL interpreters in the patient's chart.

Pastoral Care Services:

The Pastoral Care Services department supports the psychosocial, spiritual and religious needs of patients, families and staff. The Pastoral Care staff includes a 20-hour chaplain covering all HealthAlliance-Clinton locations. The ministry is complimented by the support of area clergy. The interfaith chapel is located in Lobby D of the Leominster Campus, and on the 1st floor of the Clinton Campus, and is available 24/7. The C.A.R.E.S. Channel is available in every patient room on the Leominster Campus for relaxation and stress reduction.

Examples of services provided include:

- Pastoral visitation, prayer, blessings, communion, spiritual resources, encouragement and support during illness and recovery
- Assisting patients/families in times of anxiety, crisis, bereavement, and important life-support decisions
- Providing sacramental ministry, contacting area clergy, facilitating rituals of healing
- Availability of pastoral support to staff and community interfaith collaboration

How to Access Pastoral Care Services:

- Pastoral Care Offices are located on 3rd floor of the Leominster Campus, (978-466-2195 x2195).
- The chaplain has limited hours; Please leave a non-emergency message at 978-466-2195 (x2195)
- Submitting Consults: Chaplain visits are now on a consult only basis. Consults are submitted via EPIC and are done by the RN, NP or MD.
- In urgent cases contact the Administrator on Call who would be the person to contact Pastoral Care Services for major incidents only.
- Catholic clergy may also be contacted at the request of the patient for sacrament of the sick only.
- Volunteers are available to provide visits, prayers and the Eucharist to our Catholic patients.
- Interfaith Volunteers are available to provide spiritual support.
- Two therapy dogs round out our pastoral care team: Sophie and Will.

E-Learning 4U (EL4U): **Required Education:**

What is E-Learning?

E-Learning or “electronic learning” uses technology to deliver and facilitate learning online. E-learning is self-paced and hands-on.

Why is E-Learning Important?

E-Learning 4 U (EL4U) contributes to the Hospital goal of providing excellent quality and safety through the continuous learning of all staff. It supports our standard of ongoing readiness and annual required education, by providing easy to use and on-demand training (staff members without computer access are still able to complete the required annual required education online. These individuals should work with their direct manager for assistance.)

What does this mean as a New Hire?

All new caregivers are required to complete additional required education as part of the orientation process. All required education is automatically assigned to you via EL4U and will appear in the system after your hire date. To access the required education, please log into the EL4U system:

- Via The Hub intranet site, scroll to bottom of the screen to the Footer.
- Click on E-Learning 4 U.
- Login: Use your employee ID number in both the User ID and Password fields.
- You will be prompted to change your password upon initial log in.
- After completing the required courses as listed under the To-Do tab, you have the option to print out a certificate. Print a certificate for your records and ask your manager if he or she would also like a copy.

Registration is Required for Classroom Programs – Register via EL4U

- Some education is conducted in a classroom-type setting. Registration is required to attend classroom programs. Please log into EL4U and register accordingly.

Questions: If you have any questions or need assistance logging into the EL4U system, please contact the EL4U Institution Administrator, Pamela MacDonald at 978-466-4257 or x4257 in Human Resources, Leominster campus.

Equal Opportunity/Affirmative Action:

- UMass Memorial HealthAlliance-Clinton Hospital provides equal opportunity/affirmative action in employment and all terms, conditions, and privileges of employment to all employees and applicants for employment.
- No person is to be discriminated against because of race, color, religion, age, national origin, gender, sexual orientation, disability, or veteran status or any other category protected by law.
- All procedures, policies and programs are designed to promote a diverse and inclusive workplace in which there is equal opportunity in all aspects of hiring and employment.
- There is a strict prohibition against retaliation of any kind toward an individual who has complained or who has cooperated with an investigation.
- **Expectations of All Caregivers** - Any caregiver who believes that he or she has been subject discrimination or has complaints involving affirmative action processes, has experienced retaliation may discuss this with his or her Manager and/or Human Resources Business Partner
- **Expectations of All Managers** - Any manager who receives a complaint from a caregiver **MUST** refer the complaint to a Human Resource Business Partner to ensure proper action is taken

Confidentiality:

- Compliance programs are in place because the risks associated with non-compliance have grown dramatically.
- minimize these risks to health care organizations in a heavily regulated industry.
- demonstrate good corporate citizenship.
 - All workforce members have the responsibility to maintain confidentiality for the integrity of UMass Memorial HealthAlliance-Clinton Hospital.
 - Access to confidential information or data is permitted **only when authorized and only in order to perform assigned tasks: only for treatment, payment and health care operations.**
 - Confidentiality refers to patient, employee, financial and other business related information.

Patient Information (HIPAA):

Confidentiality is a restriction of access to data and information to individuals who have a need, a reason and permission for access. UMass Memorial HealthAlliance-Clinton Hospital serves several small communities in which many of our employees, non-employees, volunteers and patients live. There may be times when someone from our community, including workforce members, may ask you for information about patients receiving care at the hospital.

- Under the HIPAA Privacy Rule, Individuals (patients) have the right to:
 - Inspect and request either a paper or electronic copy of their medical records (fees will apply).*
 - Request a correction to their medical information (reason required).*
 - Request that we use a specific telephone number or address to communicate with them.
 - Request that we limit certain disclosures of their medical information (we are not required to agree to this request).
 - Request that we limit certain disclosures of their medical information to their health plan if an item or service is paid in full out-of-pocket.*
 - Receive a list (an accounting) of how their medical information was disclosed (excludes disclosures for treatment, payment, health care operations and some required disclosures; fees may apply)*
 - Obtain a paper copy of this notice even if they receive it electronically.
 - Register a complaint.
 - Opt out of our hospital inpatient list or fundraising requests.

**Requests must be in writing.*

REMEMBER:

- Do not reveal any patient information to the inpatient, outpatient, emergency, mental health, chemical dependency, or ambulatory units without specific consent from the patient or patient's authorized family member.
- Patient information should be discussed only in patient care areas. Patients should not be discussed in corridors, rest rooms, elevators, cafeteria, gift shop or lobby.
- Breach of confidentiality by any workforce member may result in disciplinary action including termination of job assignment.

****Required** Read and Sign the Confidentiality Statement:**

Read, complete and sign the Confidentiality Statement. The completed and signed Confidentiality Statement **must be on file prior to accessing systems and providing patient care or services.**

“Snitch” Provision:

Massachusetts General Law Chapter 112, section 5F, also known as the “Snitch” Provision of the Board of Registration in Medicine Regulations, requires that any health care provider or hospital employee involved in patient care will report, to the Board of Registration in Medicine, any person who there is reasonable basis to believe is in violation of section 5 or any of the regulations of the Board.

No employer may discharge, refuse to hire, or discriminate against an employee who has made a report to the Board of Registration in Medicine as required under the “Snitch” Provision or has testified or cooperated with an inquiry or proceeding unless the employee knowingly participated in fraudulent proceedings.

Examples of reportable violations include:

- Writing a prescription without a license
- Coming in to work drunk (once or repeatedly)
- Operating on patients while under the influence of drugs
- Medical/Health condition that is impairing physician from providing care.
- **YOU ARE NOT AT RISK FOR REPORTING**

Examples of Potential Conflicts of Interest Could include:

- An employee or board member has ownership or leadership in an organization with which the hospital does business (e.g. a supplier, a contractor, etc.).
- A surveyor on a TJC survey team or DPH survey team works for, or has privileges at CNEHA or within the UMass Memorial Health Care system
- A home health organization, or physical therapy company, or other similar vendor offers any type of remuneration after a referral is made, or offers same in return for referrals
- A surgeon requires instrument/supplies for his/her cases from a company in which he or she has an interest
- A physician is observed to consistently require use of a particular vendor for his or her cases for post-acute care referrals
- A nurse working on a unit also works part time for a home health agency and is observed encouraging a patient to request his/her HHA for home care

Examples of Relationships Could Include:

Note: Relationships and observations should be reported as well as disclosed. The fact that the relationship exists in and of itself may not be problematic. The problem would be that it existed but wasn't disclosed. Further, some relationships are specifically prohibited under Stark and anti-trust regulations.

Disclosures should also be made in relation to certain outside relationships.

- If an employee works for other health care employers in the area, that relationship should be disclosed, along with the nature of that employment
- If an employee also works for a supplier, contractor or some other vendor which has a business relationship with UMass Memorial HealthAlliance-Clinton Hospital, that relationship should be disclosed
- If an employee sits on a committee or board of an organization which has a relationship with UMass Memorial HealthAlliance-Clinton Hospital, that relationship should be disclosed

It should be noted that it is not the intent of the law or the standards to prohibit certain relationships or activities-though some may not be allowable. Each must be assessed individually. What is important to understand is that civil and monetary penalties can be applied by federal and state enforcement agencies to individuals as well as organizations. As such, disclosure is a protection afforded to you.

The Corporate Compliance Office should be contacted for any questions or clarifications regarding these issues.

Information Technology/Systems

- The Hospital provides access to software applications and equipment to assist you in your work environment.
- All electronic resources, including software, hardware devices, and network systems are owned by the organization and should not be used for private use. Examples of tools include:
 - ✓ **E-mail; PC's and peripheral devices; Internet access; Company Intranet; Clinical and Financial systems; Remote Access**
- Privacy and confidentiality requirements and resulting controls apply to all information maintained, processed, or accessed across the organization's systems.
- Health Insurance Portability and Accountability Act (HIPAA) requires privacy and confidentiality, among other things. Criminal penalties may result for infractions.

Logging into the network for the first time

- **UMassMemorial Domain Users**
 - ✓ Enter the username your manager gave you.
 - ✓ Enter the one-time password your manager gave you and change it to your own. Your new password requirement is a minimum of 15 characters and does NOT require numerical, uppercase or lowercase characters. Special characters are not acceptable.
 - ✓ Contact the IS Support Center for assistance at 508-334-8800

Passwords/security requirements

- If you can't remember your password, or mistype password more than 5 times in a row, the network will lock you out. You will need to call the IS Support Center at 508-334-8800.
- The IS Support Center requires all callers requesting password reset or password changes to provide their employee ID number.
- Never share passwords; if you believe your password has been compromised, change it immediately, or call the IS Support Center. To change your password anytime, simply press Ctrl Alt Delete and follow the steps to change your password.
- Some systems do not allow the user to change their own passwords. Call the IS Support Center for assistance.
- Once logged in, if you leave your workstation, you must either log out, or lock your workstation to prevent unauthorized access – utilizing **(Ctrl Alt Delete)**.
- **IS Policies:**
 - ✓ [Acceptable Use of Electronic Resources](#)
 - ✓ [Written Information Security Program \(WISP\)](#)
 - ✓ [Information Services Disaster Recovery Management](#)

Staff Request to be Excused from Patient Care:

- Staff members may request to be excused from a patient's care due to their cultural, religious or ethical beliefs.
- If a situation arises, make a request to your manager that you be excused from participating and indicate the aspect of care or treatment that presents a conflict.
- The staff member is responsible for providing patient care until alternate arrangements can be made.
- The manager will make the decision on the request.
- The manager will make a reasonable effort to accommodate the request provided that such accommodation does not adversely affect the care or treatment of any patient or the proper functioning of the patient care unit.

Sexual Harassment:

All Caregivers are responsible for creating a workplace that is free of sexual harassment.

- UMass Memoria HealthAlliance-Clinton Hospital takes all allegations seriously and responds promptly to complaints; Sexual harassment is not tolerated.
- Where it is determined that inappropriate conduct has occurred, the Hospital will promptly act to eliminate the conduct through appropriate Corrective Action up to and including Termination.
- Retaliation against an individual who has complained about sexual harassment or who has cooperated with an investigation is unlawful and will not be tolerated.
- Anyone found to have engaged in retaliation will be subject to severe discipline, up to and including possible termination.

Definition:

- Sexual advances, requests for sexual favors, and verbal/physical conduct of a sexual nature when:
 - a) Submission to or rejection of such conduct is made either explicitly or implicitly a term or condition of employment or as a basis for employment decisions; or
 - b) Such conduct have the purpose or effect of unreasonably interfering with an individual's work performance by creating an intimidating, hostile, humiliating or sexually offensive work environment
- Sexual harassment may affect an individual at any level or position within the organization.
- Two key issues in assessing sexual harassment are: whether the behavior is unwanted and not welcomed by the individual to who it is directed, regardless of the intent or purpose of the conduct.

Inappropriate Conduct – Some Examples:

- Unwelcome sexual advances – whether they involve physical touching or not
- Sexual jokes, written or oral references of a sexual nature, suggestive or insulting comments, gossip regarding one's sex life, inquiries into one's sexual experiences, comments on an individual's body, comments about an individual's sexual activity
- Displaying sexually suggestive objects, pictures, cartoons
- Unwelcome leering, whistling, brushing against the body, sexual gesturing
- Dissemination or distribution of sexually explicit voice mail, email, graphics, downloaded material or websites

Expectations for all Caregivers:

- Any caregiver who believes that he or she has been subject to sexual harassment or retaliation may discuss this with his or her Manager and/or Human Resources Business Partner
- Complaints should be filed as soon as possible following the incident(s)

Expectations for All Managers:

- Any manager who receives a complaint from a caregiver **MUST** refer the complaint to a Human Resource Business Partner to ensure proper action is taken
- Complaints should be referred to Human Resources immediately

Other Resources:

- Massachusetts Commission Against Discrimination (MCAD)
- Equal Employment Opportunity Commission (EEOC)

Attendance:

Attendance and punctuality are reviewed on an ongoing basis for any rolling 12-month period.

Occurrence of unscheduled absence is defined as:

- An employee's absence from work for a portion of his/her scheduled shift (2 hours or greater) without the supervisor's prior approval.
- Beginning when an employee is absent from work for a portion of, or all of, his/her scheduled shift, and ends when the employee returns to work.
- An absence that relates to personal family illness (except for situations protected under the law).

Standard of Conduct Guidelines:

The Hospital strives to maintain a positive and productive work environment. To achieve this, Standards of Conduct have been established to set fair and reasonable expectations for standards of behavior. The Hospital expects all workforce members to act in a professional, businesslike, respectful, courteous and cooperative manner at all times when dealing with fellow workforce members, employees, patients/residents, representatives from other organizations and the general public. It is the expectation that workforce members will act in a manner that will not embarrass, endanger, or violate the rights of patients, visitors, staff or other employees.

Dress Code & Professional Appearance at Work:

Professional appearance of workforce members greatly influences the impression the organization makes on its patients, visitors, and other members of the community. Workforce members are expected to present themselves in a professional, clean and conservative manner.

- Caregivers working with machinery should not wear loose fitting clothing
- Long hair that hangs loosely is not permitted for patient care caregivers or those that work in any food service positions
- ID badge must be worn at all times and must be above the waistline
- Shoes must be appropriate, safe and professional
- Sneakers, flip flops or tennis shoes are not permitted unless approved by the manager

Solicitation and Distribution:

To prevent disruption and interference of operations and patient care, and to prevent disturbance to our patients and visitors, the Hospital prohibits solicitation and distribution of advertising material, handbills, and printed or written literature of any kind

- Solicitation & distribution is prohibited during working time and in patient care or treatment areas
- Caregivers may not post literature or other material in public places in HealthAlliance buildings or on its property
- Hospital computers and telecommunications networks may not be used to distribute literature or other material
- UMass Memorial HealthAlliance-Clinton Hospital may solicit for events and sponsored programs or distribute literature for official and administratively approved programs

Drug and Alcohol Free Workplace:

Caregivers have the responsibility to maintain a work environment free from drug and alcohol abuse and to report any suspected violation of this policy to their manager/supervisor.

- Under no circumstances may a Caregiver work when he/she is reasonably suspected of being in violation of this policy (impaired or under the influence).
- Caregivers are prohibited from the illegal use, sale, dispensation, distribution, possession or manufacture of illegal drugs, controlled substances or alcohol while on Hospital property (including parking lots), or representing UMass Memorial HealthAlliance-Clinton Hospital or engaging in activities within the scope of employment regardless of whether on UMass Memorial HealthAlliance-Clinton Hospital property.
- Caregivers are required to notify management if under any medication that may impair the ability to perform job responsibilities safely and/or adequately.

Environmental Sensitivity/Allergy:

Examples of Common Environmental Allergens:

- Scents or perfumes
- Smoke
- "Chemicals" in general
- Pollen, dust mites, and pet fur & dander

Treatment and Management:

- Assess upon admission for environmental allergies/sensitivity
 - **Document:** Allergen and reaction type in the EMR
 - **Alert:** Post appropriate signage on patient door
 - **Plan:** Individualize plan of care to include avoidance of the allergen
 - Ask about allergies – Communicate with care team
 - Environmental Services will work with nursing caregivers
 - If the allergen is related to cleaning products, accommodations will be made by Environmental Services & Nursing Services

Caregivers:

- Contact Employee Health if you personally are affected by environmental sensitivities/allergens



Payroll – Check Your Check Weekly:

Comp Administration: Thursdays via direct deposit.

- Log into *HRCconnect* from The HUB, or from home at www.myhrconnect.org
- View paystub one day prior to pay day (Wednesday's at 12:00 AM)
- Contact the IS Support Center for assistance with the links or login

Patient Rights and Responsibilities:

UMass Memorial HealthAlliance-Clinton Hospital preserves patients' rights, and sets the proper tone of the relationship between patients the hospital by informing all patients of their rights and responsibilities. In addition, patients will be given information on the proper method of dealing with any instances in which they feel these rights have been violated.

A pamphlet explaining these rights is given to each patient upon admission.

Patient Rights include the right to:

- Expect that treatment records are confidential unless the patient has given permission to release information or reporting is required or permitted by law.
- Consent or decline to take part in research affecting their care and be told of realistic care alternatives when hospital care is no longer appropriate.
- Know about hospital rules that affect them & their treatment & about charges & payment methods.
- Know about hospital resources, such as patient representatives or ethics committees that can help them to resolve problems and questions about their hospital stay and care.
- Present a concern or complaint with the knowledge that their care & the future availability of care or service will not be jeopardized.
- Know the identity of physicians, nurses and others involved in their care, as well as when those involved are students, residents or other trainees.
- Considerate & respectful care that does not discriminate against them based on race, color, national origin, disability, language, religion, gender identity, age and/or sexual preference.
- Be well-informed about their illness, possible treatments, & likely outcome & to discuss this information with their doctor.
- Consent to or refuse a treatment, as permitted by law; and withdraw or withhold life sustaining treatment or resuscitative services/care.
- Have an advance directive, such as a living will or health care proxy.
- Expect that the hospital will give necessary health services to the best of its ability.
- Know if this hospital has relationships with outside parties that may influence their treatment & care.
- Review their medical record and have the information explained, except when restricted by law.
- **Privacy** - Can't be stressed enough! The medical record contains confidential information. Employees only have the right to review a patient's medical record for the purpose of caring for that patient or as required to do their job. Also, keep in mind conversations in hallways; elevators, cafeteria, etc. may be overheard.

Any patient who believes his or her rights have been violated may notify:

- UMass Memorial HealthAlliance-Clinton Hospital Patient Representative Line at 978-466-2073
- The Board of Registration in Medicine
- The Department of Public Health
- The Joint Commission

*** All numbers and addresses are located on the back of the Patient's Bill of Rights brochure.**

Patient Complaint/Grievance Process:

- Any patient, family member, or authorized representative has the right to file a complaint, have that complaint investigated, and receive a response. It is the policy of UMass Memorial HealthAlliance-Clinton Hospital to treat all complainants with the same measure of dignity and respect regardless of age, race, national origin, color, language, religion, sex, marital status, disability, veteran status, financial status, ancestry, gender identity and/or sexual preference.
- Patients can freely voice complaints and recommend changes without being subject to coercion, discrimination, retaliation or unreasonable interruption of care, treatment and services.
- Departmental Managers, Supervisors, and Directors are responsible for addressing complaints and notifying the Quality Management Patient Safety Specialist. The appropriate Medical Staff department chairperson is responsible for addressing complaints involving members of the Medical Staff.
- All workforce members who receive and/or are aware of a patient/family/authorized representative's complaint/grievance are responsible to notify their Supervisor/Manager promptly.

Patient Safety:

All UMass Memorial HealthAlliance-Clinton Hospital employees and affiliated professionals are responsible for reporting all patient safety occurrences, actual or potential (near-miss); as soon as possible after the event or near miss occurs.

Safety Event (Incident) Reports are used to identify and document any accident, injury, medication error, adverse drug reaction, medical device failure or unusual event (including "near misses") which involves an inpatient, outpatient and/or visitor (any non-employee;) to provide information regarding possible unsafe areas or equipment; to facilitate correction of any unsafe condition; and to provide data for statistical analysis.

SAFETY EVENT REPORTING is *NOT* meant to be punitive in nature; its primary goal is to identify areas needing system improvements.

Safety Events are reported in our Electronic Patient Occurrence Reporting System located online.

Disclosures: Consistent with UMass Memorial HealthAlliance-Clinton Hospital's ethical practice which fosters effective communication, our policy indicates that the primary care provider will notify the patient/family of any unanticipated outcomes, good or bad.

Safety Event Reports are protected to an extent, but ultimately, they may be discoverable in a court of law; which means an attorney could have access to them. Therefore,

- NO copies should be made
- Do NOT document in the medical record that a safety event/incident report has been completed
- Document the FACTS within the patient's medical record. Make no assumptions, do not set blame. (Just the facts, please!)

What happens to the safety event once you have submitted it?

- The event is reviewed and monitored by the Patient Safety Specialists.
- The event is electronically sent to the Manager/Director of the involved Department(s) for investigation and follow-up
- Summaries of events are reported to the Quality and Patient Safety Committee, the Patient Care Assessment Committee and the Board of Trustees.

EMTALA – The Emergency Medical Treatment and Active Labor Act:

What is EMTALA? The Emergency Medical Treatment and Active Labor Act was originally implemented in 1985 to protect all patients seeking medical care in an emergency room. The law defines the responsibilities and actions of any healthcare organization and its workforce. EMTALA applies to you as a workforce member of a healthcare organization regardless of the department or area in which you work.

Who does EMTALA cover?

- The EMTALA regulation covers anyone who seeks medical services in an Emergency Department or seeks emergency medical services in any other area on the medical campus.

How does EMTALA work?

- As a workforce member of UMass Memorial Health Care, you are required to help patients get the help that they need. This may involve providing direct patient care via a Medical Screening Examination. It may also involve escorting someone to the Emergency Department or calling an ambulance to transport someone to an Emergency Department. It is not enough to give someone directions to the Emergency Department. Our obligation is to escort the individual and to inform a workforce member in the Emergency Department of the reason that you brought the person there.
- The Medical Screening Exam (MSE) is done to determine whether or not an emergency medical condition exists. The MSE must be provided to any individual regardless of their ability to pay and in a nondiscriminatory manner. If the MSE cannot be performed or completed, it is our responsibility under EMTALA to make arrangements for the MSE to be completed. Components may include taking a simple history, doing a physical exam and/or including a more complex exam with ancillary services (such as lab work).
- Once the Medical Screening Exam is completed, a determination is made whether or not an emergency medical condition exists. An emergency medical condition exists when symptoms are so severe that without immediate medical attention the health of an individual (or unborn baby) would be in serious jeopardy. If an emergency medical condition is found to exist, the workforce member must provide or arrange for stabilizing treatment. A patient is stabilized when the emergency medical condition is resolved, when the patient is medically stable for transfer or when the patient is medically stable for discharge. In the case of labor, a woman is not considered stable until both the baby and the placenta are delivered.
- Individuals have the right to refuse the medical screening exam, any stabilizing treatment and/or a transfer. If a person refuses treatment after seeking care, hospital workforce member must make every effort to get the person's written informed consent documenting that they were informed about EMTALA, the risks and benefits of treatment and the reason for their refusal of care. If they refuse to sign, you must document this refusal.
- Documentation is a critical part of meeting our EMTALA obligation. Workforce members working in an Emergency Department must keep a log of all patients who presented for care under EMTALA. The log must note the date, time, patient name, chief complaint and the disposition (what ended up happening to the patient – admitted, sent to another facility, etc...). Workforce members working in a Labor and Delivery Unit must also keep a log to track all patients who present for emergency treatment.

When does EMTALA NOT apply?

- EMTALA does NOT apply to an individual who has begun to receive care as a part of a scheduled outpatient appointment and then experiences an emergency.
- EMTALA also does NOT apply to an individual who is already an inpatient at the hospital.
- EMTALA does NOT apply if an emergency medical condition does NOT exist.
- EMTALA no longer applies once the emergency medical condition is stabilized.

EMTALA Violations

- EMTALA violations are subject to serious financial and operational implications including:
- Fines up to \$104,826 per violation
- Loss of Medicare agreement
- Private right of action by the patient against the hospital (lawsuit)

The following activities could be considered violations under the EMTALA law:

- Failing to provide a medical screening exam to an individual seeking emergency care.
- Failing to escort an individual who requests emergency services to the Emergency Department.
- Failing to call an ambulance for an individual seeking emergency services in a place with no Emergency Department
- Delaying a medical screening exam because the patient is unable to pay.
- Failing to provide treatment to a patient with an emergency medical condition.
- Failing to document the reasons for a transfer or discharge.
- Failing to get patient consent for treatment or transfer.

What if I have a question?

- If you are not sure how to handle a situation, ask your supervisor or manager on-call for help. For more specific questions, refer to policy EMTALA Compliance - Medical Screening, Transfers and Refusal of Care.

Quality Patient Safety Committee (QPSC)

The QPSC is a multidisciplinary committee whose goal is to:

- Improve patient quality and safety
- Reduce risk to patients/employees/visitors
- Comply with The Joint Commission (TJC) National Patient Safety Standards

The Committee does this by:

- Gathering and evaluating data from a variety of internal and external sources
- Ensuring that action is taken to follow-up on any quality/safety concerns identified
- Promoting education of patients and staff

Reporting Complaints to The Joint Commission (TJC):

The Joint Commission Accreditation Participation Requirement (**APR.09.02.01**) states: "Any individual who provides care, treatment, and services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the hospital."

In addition to documenting safety concerns via the safety event reporting system, you are encouraged to report safety and quality of care concerns to your supervisor or manager for resolution.

You may also report concerns internally to the Department of Quality's patient safety specialist at 978-466-4337 or the AVP at 978-466-2441.

If your concern about safety or quality of care provided in the hospital is not adequately addressed within the organization, you may prefer to report your concern to The Joint Commission:

- E-mail: complaint@jointcommission.org
- Fax: 630-792-5636
- Mail: Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, Illinois 60181

When reporting your concern in writing, summarize the issue in two pages or less and include the name and full address of the organization in question.

Fall Prevention:

Purpose: Identify patients at risk for falls

All patients are assessed for risk for falls, on admission.

Nursing initiates an individualized **plan of care** for all patients at risk for falling.

The patient who is at high risk for fall is given:



- Yellow non-skid slippers
- Yellow high fall risk magnet for door
- Yellow Fall Risk wristband for adults
- Humpty Dumpty Sticker for children

Everyone can make a difference – What can you do?

- If you see a patient who is wearing yellow slippers, has a yellow wrist band or Humpty Dumpty Sticker and is alone or walking independently ***DO NOT LEAVE THEM ALONE***
- Stay with the patient and alert Nursing Staff
- Should you hear an alarm, or see a flashing light on a patient's bed, **IMMEDIATELY** notify Nursing Staff.

Subpoenas & Litigation/Investigation Document Hold:

A subpoena is a legal request that requires a response.

A subpoena may be a deposition (a witness testimony), or a request for documents.

If you are ever subpoenaed:

- Notify the **Patient Safety Specialist at 978-466-4337**, and/or the **AVP of Quality at 978-466-2441**.
- As an employee of UMass Memorial HealthAlliance-Clinton Hospital **you are covered under the hospital's malpractice insurance policy** and if needed, an attorney will be assigned to you.
- **Do not talk to the plaintiff's attorney** about the case.
- **Do not talk to anyone about the case**, so as not to involve anyone else, who could then be subpoenaed.

2021 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

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

Improve staff communication

NPSG.02.03.01 Get important test results to the right staff person on time.

Use medicines safely

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

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

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

Use alarms safely

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

Prevent infection

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

Identify patient safety risks

NPSG.15.01.01 Reduce the risk for suicide.

Prevent mistakes in surgery

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

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

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



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

National Patient Safety Goals- Things to Remember

Identify patients correctly

The patient's name and date of birth are the two identifiers that are utilized at UMass Memorial Health-Alliance-Clinton Hospital for all interactions. Examples- administering a medication, drawing blood, passing a meal tray.

Improve staff communication

When critical results are being called to the patient care area, it is the responsibility of the receiver to repeat the results and for the sender to document to whom the results were given. Now it is the responsibility of the receiver to inform the appropriate care provider with these results within 30 minutes.

Prevent Infection

Hand wash, hand wash, hand wash.

Identify patient safety risks

All patients that come to the hospital all screened for the risk of suicide. Please follow the documentation policy and implement all appropriate measures as identified in the policy.

Patient Experience/Satisfaction

HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) Survey, is a standardized Survey instrument and data collection methodology that has been in use since 2006 to measure patients' perspectives of hospital care.

All patients that are discharged home receive a survey from our vendor, Press Ganey, inquiring about the care and treatment that they received as an inpatient.

Why is this important?

All hospitals are measured on our own performance and compared to like sized institutions. There are 27 items that encompass critical aspects of the hospital experience- communication with the doctors, nurses, responsiveness of the staff, cleanliness, quietness of the hospital environment to name a few. Each hospital's data is submitted to CMS (Centers for Medicare and Medicaid Services) and this information is publicly reported on Hospital Compare. There are monetary penalties to hospitals' that do not score well.

Advance Medical Directives/Healthcare Proxy:

- Health Care Proxy (HCP) is a simple *legal* document allowing a patient to appoint someone to make healthcare decisions should he/she become unable to do so.
- A HCP can be changed at any time; the most recent form takes precedence.
- If a spouse was the HCP and they divorce, the HCP is null & void and a new HCP should be appointed.
- A patient *must* be of sound mind at the time of appointing a Health Care Proxy, but even if confused may revoke it at any time.
- On admission, the patient is asked if they have HCP:
 - ✓ If they **DO**: Provide a copy to medical records, the physician, and the appointed health care proxy. The original remains with patient.
 - ✓ If they **DON'T**: Give them a HCP form to complete. It will require 2 witnesses to complete.

If you are asked to be a witness, you are witnessing that:

- It is the patient signing the document
- He/she appears to be at least 18 years of age
- He/she is of sound mind
- He/she is under no constraint or influence

Ethics Committee:

The Mission of the Ethics Committee is to be available as a resource and to provide thoughtful and informed assistance to staff, patients and/or families in dealing with ethical issues including;

- Informed consent
- Confidentiality
- End of Life issues
- Advanced Directives
- Health Care Proxy
- Patient Care Issues
- Managed Care Issues

The Committee:

- Meets monthly on the 4th Wednesday at 12:30 pm in the Medical Staff Conference Room A
- Is comprised of healthcare workers from different areas within UMass Memorial HealthAlliance-Clinton Hospital including a layperson and pastoral care representative
- Is not a decision/policy making committee
- All are welcome to attend

If you are involved, or are aware of any ethical issues

- Talk with your supervisor/manager, or
- Contact a representative from the Ethics Committee

Subpoenas & Litigation/Investigation Document Hold:

A subpoena is a legal request that requires a response.

A subpoena may be a deposition (a witness testimony), or a request for documents.

If you are ever subpoenaed:

- **Notify the Patient Safety Specialist at 978-466-4337, and/or the AVP of Quality at 978-466-2441.**
- **As an employee of UMass Memorial HealthAlliance-Clinton Hospital you are covered under the hospital's malpractice insurance policy** and if needed, an attorney will be assigned to you.
- **Do not talk to the plaintiff's attorney** about the case.
- **Do not talk to anyone about the case**, so as not to involve anyone else, who could then be subpoenaed.

Quality and Performance Excellence:

The Quality and Performance Excellence Department strives to improve quality, safety and performance excellence. The mission of this department is to provide a systematic approach to the on-going pursuit of patient safety and quality outcomes, continuous improvement and project management to design value added innovative solutions. Quality and Performance Excellence departments include Medical Staff Services, Process Improvement, Performance Improvement and Quality Management.

Process Improvement/Center for Innovation Transformational Change (CITC):

- Vision - Developing people, processes and business intelligence to enable UMass Memorial HealthAlliance-Clinton Hospital to become the best place to give care and the best place to get care
- Mission
- Everybody, everyday problem solving and innovating as part of everyday work.
- Standardize management processes to enable an environment of respect for people and continuous improvement.
- Provide Lean leadership guidance to enable transparency, focus, agility, and superior performance on system initiatives.
- Develop and implement innovative process improvement, engineering/business models to transform healthcare delivery
- Services –Business Intelligence, **Lean Training**, Coaching/facilitation of lean initiatives, and Idea Systems (Idea Boards).

Quality Management/Performance Improvement:

- Performance Improvement is a continuous cycle of improving a process.
- **Quality is everyone's job.** Everyone in the organization is encouraged to contribute their own expertise in the improvement process.
- Management is responsible for providing everyone with the tools and resources necessary to provide our patients with quality health care.
- How does Performance Improvement affect you and how you do your job?
 - Idea boards – engage all employees in identifying improvement opportunities at UMass Memorial HealthAlliance-Clinton Hospital.
 - You may complete a safety event for a system process issue you identify that leads to a process improvement at UMass Memorial HealthAlliance-Clinton Hospital.
 - You may be asked to participate on a task force focusing on an improvement opportunity at UMass Memorial HealthAlliance-Clinton Hospital.



Age Specific Competency (ARE 2020)

Age Groups: This information highlights a psychological view of human growth and development. When psychologists talk about identity, they are referring to all of the beliefs, ideals, and values that help shape and guide a person's behavior.

- Growth and development follow general patterns, but individuals develop in their own way and own time.
- Individual traditions: Everyone will not share the same values, beliefs, and practices.
- Distinctive personality: Patients may seem to be like you but still may be very different.
- Stereotyping: Avoid judging patients before you get to know them

Infants are entirely dependent on others for their care and basic needs. When their needs are met, they develop trust. Inconsistent care can lead to crying and unrest. Providing love and nourishment is the key to maintaining trust. When caring for infants, here are some things you can do to help infants:

- Provide consistent care by allowing parents and guardians to stay with the infant
- Cuddle an upset infant
- Hold and rock the infant after an invasive procedure

Toddlers 1 to 3 years: Developing a sense of independence is the goal of this stage. Toddlers want to control what they do. So, feeding and dressing themselves and going through toilet training are important ways for toddlers to gain personal control.

Here are some best practices regarding toddlers:

- Involve parents/guardians in care.
- Allow time for toddler to ask questions.
- Let toddlers touch equipment.
- Show a procedure on a doll or a stuffed animal.
- Include home rituals, for example, bedtime stories, favorite toy/blanket

Pre-School Age 3 to 5 years: Children begin to get more power and control over the world by directing their play and social time with others, and taking initiative. Children who are successful at this stage feel capable and able to lead others. Those who fail to pick up these skills are left with a sense of guilt, self-doubt, and lack of initiative. Children know right from wrong, enjoy stories and make-believe, and have imaginary friends. They can also have exaggerated ideas.

For children in this age group, be sure to:

- Involve parents/guardians in care.
- Explain procedures before they are performed.
- Use a doll for demonstration.
- Explain that a procedure is not for punishment, and it is not their fault they are sick.
- Use daily rituals in their care.

School Age 6 to 11 years: Through social interactions, children begin to build a feeling of pride in their accomplishments and abilities. Children who get encouragement and praise develop a feeling of competence and belief in their skills.

The type of care that is appropriate for school-age children includes:

- Asking about friends, interests, accomplishments, or concerns.
- Explaining procedures and equipment in advance.
- Being honest about what will and will not hurt
- Respecting privacy.
- Giving children the chance to help and do things on their own.
- Involving children in their own care.
- Praising cooperative behavior.
- Keeping them busy by having them keep a journal or create a schedule.

Adolescents 12 to 17 years: Children are working towards a sense of identity that is marked by puberty. Sexual features begin to develop. They can be self-conscious of their body changes. They may feel awkward.

Adolescents depend less on their parents and begin to show more loyalty to others. Privacy is very important at this stage. The goal in providing care to them is to encourage and support their identity.

- Avoid giving advice; instead, provide encouragement.
- Explain in detail what will happen.
- Be an active listener.
- Give them privacy for procedures and teaching.
- Encourage involvement in care and decisions.
- Encourage contact with friends and family.
- Teach about healthy habits, avoiding pregnancy, and sexually transmitted diseases (STDs).

Young adults 18 to 45 years: Young adults develop a personal identity and self-reliance. They may experience sexual intimacy, choose partners, and raise families. They may build their careers. They develop values and use them to make life decisions. Young adults' education, job, finances, and commitment to partners are important to them. They become committed to life (socially, occupationally, and sexually) and make important life decisions.

The goal in providing care to young adults is to deal with commitments. Remember:

- It is important to understand their level of stress related to their adult roles.
- Encourage them to talk about their feelings and concerns, especially how an illness/injury might affect plans, family, and finances.
- Young adults often ignore symptoms to try to get back to normalcy; this will slow the healing process.
- Encourage them to gradually increase activity.
- Discuss nutrition, pain control, physical limitations, and length of hospital stay.

Middle Adults 45 to 59 years: Those who are successful during this phase will feel that they are contributing to the world by being active in their home and community. Those who fail to reach this level will feel unproductive and uninvolved in the world. Care is the virtue achieved when this stage is handled successfully. Being proud of your accomplishments, watching your children grow into adults, and building a sense of unity with your life partner are important accomplishments of this stage.

For this age group, be sure to:

- Encourage delegation.
- Help patients to prioritize work in relation to their health.
- Listen to patients' ideas; they often have good suggestions.
- Encourage as much self-care as possible.
- Start to explain about advanced medical directives.

Older Adults 60 to 79 years: During this stage, older adults have often achieved a sense of integrity. Older adults begin to evaluate their life choices, as well as their family relations and economic status. If they feel good about their choices, then they often have a sense of distinction and honor for a life well-lived. If not, they may see missed opportunities and feel a sense of hopelessness.

The goal in providing care to elderly adults is to assess integrity. Remember:

- Providing care to older adults begins with understanding how hopeful they are and how positive they are about their past.
- Evaluating family support and being a good listener is also quite helpful.
- Asking open-ended questions about their families; discussing concerns for health maintenance, including personal, financial, and spiritual elements facilitates healthy conversation.
- Older adults may have a reduced attention span and may need more time to learn.
- Using large print, lots of light, and giving the information in short segments increases the likelihood of comprehension.
- Assisting with end-of-life planning is an important and useful service in dealing with this challenging task.

Elderly adults look at life introspectively. They review the choices they made during their lives, as well as their family relations and economic status. They may see their health failing and may be unsafe in an environment where they are alone or without assistance.

Some elderly adults have had to deal with the death of family members and friends, and they view death as part of their lives. Ideally, they should be able to have an introspective and positive life review.

Caring for the elderly includes:

- Keeping a safe environment.
- Providing adequate nutrition and fluids.
- Discussing concerns for health maintenance, including personal, financial, and spiritual elements.
- Using large print, enough light, and giving information in short segments.
- Assisting with end-of-life planning.

Environment of Care & Safety

Workplace Hostility & Violence:

UMass Memorial HealthAlliance-Clinton Hospital endeavors to provide its employees, patients, and visitors a safe environment free from all types of harassment, hostile or violent behavior. A safe and comfortable environment, free from hostility and violence is essential in providing quality patient care and necessary in order for HealthAlliance to fulfill its mission to the community. Hostile behavior includes, but is not limited to:

- Verbal threats, intimidation, or coercion.
- Physical assaults or attempted physical assaults.
- Use or possession of explosives, firearms, or other devices, machinery, or material(s) that could be used, and/or could be threatened, as a weapon while in the workplace or on any UMass Memorial HealthAlliance-Clinton Hospital property; Weapons are prohibited.
- Abusive, obscene and/or coercive language or conduct.
- Grossly negligent or reckless conduct that HealthAlliance believes creates a risk of injury to persons or property.
- Deliberate destruction of HealthAlliance property or the property of others.
- Theft of property of any kind belonging to UMass Memorial HealthAlliance-Clinton Hospital, its employees, patients or visitors.
- Stalking.
- Sabotaging the work of an employee.

Reporting:

- Report any situation that could result in harm to anyone in the workplace.
- Dial 12345 on the Leominster, Clinton, and Fitchburg Campus; or 9- 911 at all other locations.

Disciplinary Action:

- An employee found to be in violation will be subject to disciplinary action.
- The Hospital may, in its sole discretion, determine the first offense will result in immediate termination or any other level of disciplinary action, depending on the nature and severity of the offense.

Retaliation: There is a strict prohibition against retaliation of any kind.

Violence in the Workplace:

- UMass Memorial HealthAlliance - Clinton Hospital is committed to the mutual safety of our patients and all workforce members
- We DO NOT tolerate any violent behavior toward any staff member or to any other person
- No swearing, yelling, name calling, threatening, hitting or other disrespectful behavior is allowed
- Campus Security or the police will be contacted immediately.



UMass Memorial HealthAlliance-Clinton Hospital Emergency Codes

<u>Phase I, II, and III</u>	<u>Disaster</u>
<u>Code Red</u>	<u>Fire</u>
<u>Code Blue</u>	<u>Cardiac/Respiratory Arrest</u>
<u>Code White</u>	<u>Mother/Infant Medical Emergency</u>
<u>Code Pink</u>	<u>Infant/Child Abduction</u>
<u>Code Yellow</u>	<u>Unruly Patient/Visitor</u>
<u>Code Orange</u>	<u>Tornado</u>
<u>Code Silver</u>	<u>Active Life Threatening Violence</u>
<u>Code Purple</u>	<u>Missing Patient/Resident</u>
<u>Code Black</u>	<u>Emergency Department closed temporarily due to internal emergency</u>

Fire Response Plan – Code Red

In the event of an actual fire or fire drill, workforce members will follow the basic plan for the building they are in, using the key word R.A.C.E. Fire drills are observed to measure the effectiveness of staff response, as well as the response of the building’s fire systems.

Relocation and/or Evacuation is done under the direction of the Administrator-In-Charge, or designee, in collaboration with the Fire Department’s Officer at the scene.

It is the responsibility of all employees to demonstrate knowledge of the above general procedures and their Department Specific Fire Plan. The department specific Fire Plan for your department is located in the department’s Safety Manual.

In Case of Fire		Reporting Emergency codes
R=RESCUE:	Anyone in immediate danger.	
A=ALARM:	PULL ALARM Hospitals dial “12345” Other locations dial “9-911”	Reporting Emergency Codes Protocol Do not hang up Identify: <ul style="list-style-type: none"> • Your Location • The Problem • Your name
C=CONFINE:	Close windows and doors	
E=EVACUATE:	As directed by person in charge	

HOW TO USE A FIRE EXTINGUISHER

PASS:

P = Pull the pin (stand back 8 to 10 feet)

A = Aim at base of the fire

S = Squeeze the handle

S = Sweep side to side

Chain of Command:

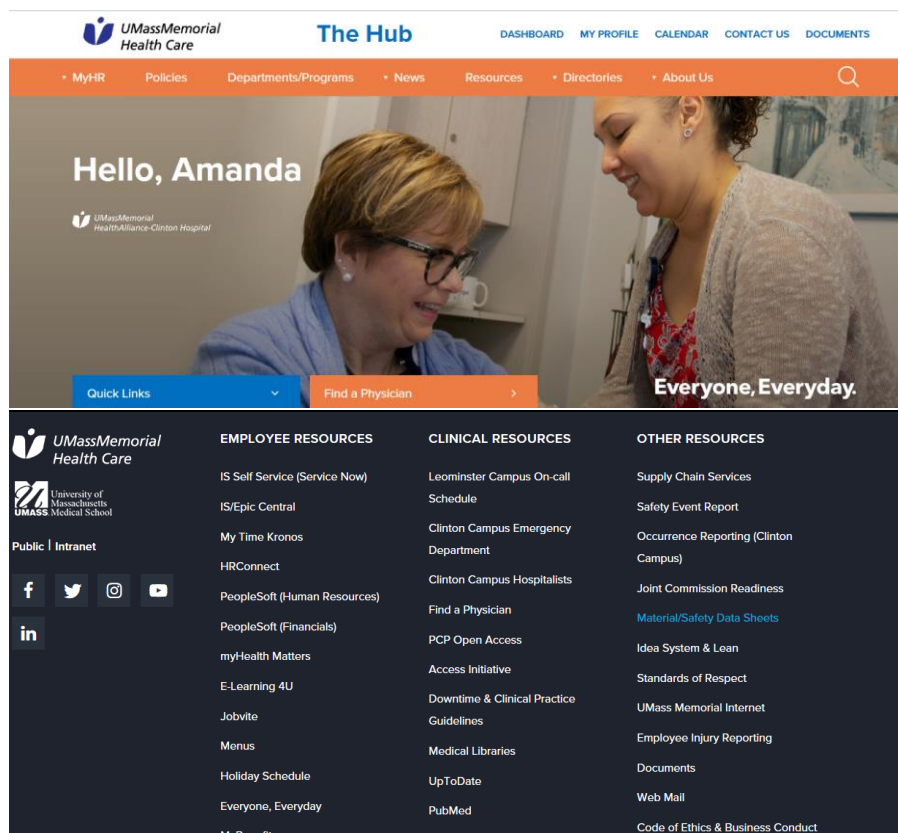
Patient Care Services: Staff Nurse/Clinician > Clinical Supervisor > Department Manager > Department Director > VP Patient Care Services/Administrator on call.

Medical Staff: Attending > Department Chair > President of the Medical Staff and CEO/Administrator on call.

Right to Know Law/Hazardous Communication:

It is the policy of UMass Memorial HealthAlliance - Clinton Hospital to be in compliance with the Massachusetts Right to Know Law (MGL.CH. 111 F) and the Occupational Safety and Health Administration's (OSHA's) Hazardous Communication Standard 2012 to achieve, monitor and maintain the Right to Know.

A chemical inventory and SDSs are available to all workforce members. UMass Memorial HealthAlliance-Clinton Hospital has contracted with MSDS Direct to have the most recent SDS available via a link on the Hub which is available to all workforce members. It can be found at the very bottom of the Dashboard page.



Hazards Communication Reporting Process:

For hazardous materials spills, Hospitals dial 12345. Provide the following information from the chemical Data Safety Sheet (SDS):

- Product Name
- Product Number
- Manufacturer Name
- Manufacturer Phone Number
- UPC Code

A significant (major) hazardous materials spill is defined as one that causes injury or detrimental exposure, or the risk thereof. When a significant (major) hazardous materials spill occurs, the area involved dials 12345 and notifies the Switchboard operator. The Switchboard operator will call the Fire Department in Leominster, Fitchburg or Clinton per the major spill location, the Nursing Supervisor, the Administrator on-call and maintenance to assist with cleanup. Off-shift or weekends, the Switchboard Operator will call the Nursing Supervisor and the Boiler Plant (Leominster 2012/Fitchburg 5186) who will notify the man on-call and the Director of Facilities. Housekeeping is called to clean/disinfect the area after the clean-up has been done. An Incident Report is completed and forwarded to Risk Management. The individual involved in the spill is required to notify the Safety Officer. In addition, the spill will be reviewed by the Environment of Care Committee.

Medical Equipment Maintenance:

This tag with a bar code, is on medical equipment that is in the Bio Medical Inventory Department

To get preventative maintenance or repair history, contact the call center at 508-334-1111



Medical Equipment Preventive Maintenance History

This sticker will let you know if the equipment is still within the inspection date range or is due for inspection.



Defective Medical Equipment:

- Safe Medical Devices Act (SMDA) of 1990, which requires the reporting to the Food and Drug Administration (FDA) when a device has caused or contributed to a death or serious illness or injury. The mechanical or electrical medical devices used within the facility which have failed to perform according to expected standards must be removed from use, tagged with an orange “**DEFECTIVE DO NOT USE**” label and sent to Clinical Engineering. All information and disposable items related to the incident must be secured and all device settings must be recorded
- All equipment that is tagged as defective needs to be cleaned
- Use the orange tag. Fill the tag in completely, including the Asset Number. Medical equipment should be placed in the Soiled Utility Room. Central Processing will pick it up, clean it, and bring it to the Clinical Engineering Department to be repaired
- Urgent Requests and Non-Urgent Requests may be submitted by contacting the call center at 508-334-1111



**DEFECTIVE
DO NOT USE**

DATE: _____ TIME: _____

DEPT: _____

BY: _____

EXT: _____

PROBLEM: _____

DO NOT REMOVE
THIS LABEL

Emergency Outlets:

- Red Outlets are for emergency power



UMass Memorial HealthAlliance-Clinton Hospital Parking

In accordance with the UMass Memorial HealthAlliance-Clinton Hospital mission of providing quality health care services that meet the needs of our customers, parking areas are designated so that patients and visitors have maximum convenience with easy access to the public entrances of the hospital.

- **Patient Parking:** All parking spaces with **yellow painted lines** (located close to all building entrances) are designated as patient parking.
- **Employee Parking:** All workforce members working on the hospitals' campus that park in patient/visitor designated areas will be subject to disciplinary action and/or removal of their vehicle from hospital campus grounds. Employee parking is within the WHITE LINES

Tobacco Free Environment Policy:

UMass Memorial HealthAlliance-Clinton Hospital is a Tobacco Free site, and tobacco products are prohibited on any HealthAlliance-Clinton Hospital property. The health risks of the use of tobacco products are well documented and allowing the use of tobacco products on HealthAlliance property is contrary to the HealthAlliance-Clinton Hospital mission.

Applicability: This policy applies to every individual including but not limited to patients, visitors, employees, Medical Staff, Medical Staff employees, tenants, contractors, vendors, and associated personnel at all UMass Memorial HealthAlliance-Clinton Hospital entities on the property of UMass Memorial HealthAlliance-Clinton Hospital or CNEHA Campuses including grounds, parking lots, roads, cars, entrances, sidewalks, and buildings.

"Culture of Safety" Employee Responsibility and General Awareness:

- Checking I.D.'s in secured areas
- Asking questions when you have a hunch
- Piggy backing into a secured area on someone's credentials
- Tailgating into a secured area (someone waiting for you to enter and sneaking in)
- Calling Security IMMEDIATELY for assistance or to inform of something witnessed

SECURITY IS EVERYONE'S RESPONSIBILITY

INFECTION CONTROL:

OSHA BLOODBORNE PATHOGEN STANDARD:

For the care of all patients, regardless of their diagnosis or presumed infection status, all blood, body fluids, secretions, excretions, and contaminated items must be treated as if they are infected.

- Clean hands BEFORE and AFTER patient care, regardless of whether gloves are worn. Clean hands immediately after gloves are removed and between patient contacts. Wash hands using soap and water, rather than alcohol hand rub, if visibly soiled.
- Wear gloves when touching blood, body fluids, secretions, excretions, and contaminated items. Put on clean gloves just before touching mucous membranes and non-intact skin.
- Wear mask and eye protection, or a face shield to protect mucous membranes of the eyes, nose and mouth during procedures and patient care activities that are likely to generate splashes or sprays of blood and body fluids.
- Wear gown to protect skin and prevent soiling of clothing during procedures and patient care activities that are likely to generate splashes or sprays of blood and body fluids. Remove soiled gown as promptly as possible and clean hands.
- Take care to prevent injuries when using needles, scalpels, and other sharp instruments. **DO NOT** re-cap needles or otherwise manipulate them using both hands. Place all sharps and needles in a puncture proof container located as close as practical to an area in which the items were used. Use safety needles and sharps whenever possible. Use resuscitation bags, mouthpieces, or other ventilation devices as an alternative to mouth to mouth resuscitation.

CDC GUIDELINES FOR STANDARD and TRANSMISSION-BASED PRECAUTIONS:

Use Standard Precautions for the care of all patients assuming that every person is potentially infected or colonized with an organism that could be transmitted in the healthcare setting.

- **HAND HYGIENE** - Hand hygiene includes
 - washing hands with soap and water, and
 - the use of a hospital approved alcohol-based hand rub.

(See policy for indications that require hand washing with soap and water or the use of alcohol-based hand rubs.)

- **GLOVES**- Wear gloves when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, nonintact skin, or potentially contaminated intact skin could occur. Change gloves between tasks and procedures on the same patient after contact with infected material to prevent cross contamination. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient.
- **MASK, GOGGLES, AND FACE SHIELDS**- Wear a mask and goggles or a face shield to protect mucous membranes of the mouth, nose and eyes during procedures or tasks that could possibly generate splashes or sprays of blood, body fluids, excretions, or secretions.
- **GOWN**- Wear a gown to protect skin and prevent soiling of clothing during procedures and patient-care activities that could possibly soil clothes. Remove a soiled gown before leaving the patient room and perform hand hygiene immediately. Gowns are for single use only.
- **PATIENT-CARE EQUIPMENT**- Handle used contaminated, equipment in a manner that prevents skin and mucous membrane exposure, contamination of clothing, or transfer of microorganism to other patients and environment. Reusable equipment is not to be used for the care of another patient until it has been appropriately cleaned or reprocessed. Single use items are to be discarded.

- **LINEN-** Handle, transport, and process contaminated linen in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and avoids transfer of microorganism to other patients and environment. Double bagging is not necessary as all linen bags are leak proof. Linen can be placed in receptacle without touching the outside of the bag using a foot pedal.

TRANSMISSION-BASED PRECAUTIONS:

Contact, Droplet, Airborne, and Contact-Plus Precautions are used in addition to Standard Precautions for patients with specific conditions or diseases to prevent spread of infection. Observe signage when posted outside patient rooms. See policy for transmission-based precautions criteria.

UMass Memorial Standard Precaution Signs:

- All signs are 2-sided with information regarding disease or condition for use on the back of the sign.
- All signs use universal symbols for precaution instructions
- Contact Precautions – **PINK**
- Contact Plus precautions – **PURPLE**
- Airborne Precautions – **ORANGE**
- Droplet Precautions – **GREEN**
- Neutropenic Precautions - **WHITE**
- Strict Airborne – **RED**
These are for SARS or other severe respiratory conditions that require extra precautions per Infection Prevention & Control request. Visitors and Staff will be limited going into the room and a sign-in book may be required
- Strict Contact Precautions - **BLUE**
Reserved for extremely resistant organisms like Carbapenamase Resistant Enterococcus (CRE) per Infection Prevention & Control request. Visitors and Staff will be limited going into the room and a sign-in book may be required.
- VZV (Shingles) Precautions - **YELLOW**

