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Section 1
Contractor/Agency Staff Orientation

Welcome

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About Johns Hopkins Medicine
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About Johns Hopkins Medicine
Johns Hopkins Medicine (JHM), headquartered in Baltimore, Maryland, is a $6.7 billion integrated global health enterprise and one of the leading health care systems in the United States. JHM unites physicians and scientists of the Johns Hopkins University School of Medicine with the organizations, health professionals and facilities of The Johns Hopkins Hospital and Health System.

JHM’s vision, “Together, we will deliver the promise of medicine,” is supported by its mission to improve the health of the community and the world by setting the standard of excellence in medical education, research and clinical care. Diverse and inclusive, JHM educates medical students, scientists, health care professionals and the public; conducts biomedical research; and provides patient-centered medicine to prevent, diagnose and treat human illness.

JHM operates six academic and community hospitals, four suburban health care and surgery centers, and more than 30 primary health care outpatient sites. Johns Hopkins Health System hospitals include:

• The Johns Hopkins Hospital
• Johns Hopkins Bayview Medical Center
• Howard County General Hospital
• Sibley Memorial Hospital
• Suburban Hospital
• All Children’s Hospital.

What’s in a Name?
Our name comes from a wealthy businessman named Johns Hopkins, who left his self-made fortune for the creation of the hospital and university. While little is known about why he directed his philanthropy toward the advancement of health care, his request was clear: that the hospital and medical school be forever linked. It was a revolutionary idea that paved the way for Johns Hopkins Medicine to break ground in patient care, research and education. It’s important to appreciate the impact Johns Hopkins—the institution and the man—has had on the medicine practiced every day. Knowing more about the journey makes us even more proud to be a part of it.

What’s in a name? It’s common for people to leave off the “s” at the end of Johns, but as employees we must get it right. Part of having pride in our institution means being consistent and accurate in how we communicate about it. The Johns Hopkins brand is one of the more recognizable and respected in the
health care industry. When we leave off the “s”, we lose a part of our brand integrity. So, always make sure both words have an “s” on the end.

About Howard County General Hospital
Howard County General Hospital has been serving our community for more than 40 years. Our mission, “Provide the highest quality care to improve the health of our entire community through innovation, collaboration, service excellence, diversity and a commitment to patient safety,” is carried through in all that we do.

When the Columbia Hospital and Clinics Foundation, Inc. was founded in 1973, it was conceived as simply a 59-bed, short-stay facility for members of the Columbia Medical Plan. However, in response to the immediate demand for services and rapid rate of growth in the county, the hospital was incorporated the following year as Howard County General Hospital, an independent not-for-profit hospital with a mission to provide high-quality, comprehensive care and, in the process, improve the health of its community. In 1998, the hospital entered into a strategic partnership with Johns Hopkins Medicine, thereby augmenting the strong, community-focused, integrated delivery system already in place with the benefits of a formal connection with a world-renowned academic medical center. The alliance has positioned HCGH to provide improved services, facilities and medical technology to the residents of Howard County.

Today, Howard County General Hospital is a comprehensive, acute-care medical center with 266 licensed beds specializing in women’s and children’s services, surgery, cardiology, oncology, orthopedics, gerontology, psychiatry, emergency services and community health education.

See the enclosed Fact Sheet for more hospital information, including awards and recognitions.

Howard Hospital Foundation
Founded in 1992, the Howard Hospital Foundation is a private, nonprofit organization entrusted to provide philanthropic support to Howard County General Hospital. The Foundation is governed by a board of trustees, which guides efforts to raise and manage funds for the hospital. Through the generosity of many caring and compassionate donors, the Foundation helps Howard County General Hospital respond to the health care needs of our growing community, fostering world-class medical care and wellness services in a convenient, local setting.

Current Hospital Initiatives
The Patient Experience: Culture of Safety, High Reliability and Satisfaction
The number one goal for the hospital is to improve the patient experience. That means every patient should be satisfied with every encounter at the hospital every time. We’re committed to patient-centered care, meaning our focus is always on patient safety, quality and satisfaction. New initiatives to create this culture include:

- Daily Safety Briefings
Key individuals from across the hospital gather every morning to discuss the status of the hospital, such as the number of available beds, anticipated needs for the day and any possible safety or security issues for patients, visitors or staff.

- **Unit rounding for patient satisfaction**
  Surveys show that patients who had a nurse leader round on them regularly are more likely to rate their experience as positive. Our goal is every patient, every day.

- **Lean Sigma transformation**
  A process improvement approach adopted to enhance efficiency, quality and safety in our day-to-day operations. It’s a process that gives everyone a voice in improving procedures in the workplace for the benefit of both patients and employees.

**Baby-Friendly Hospital Initiative**

The Baby-Friendly Hospital Initiative is a global program that was launched by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for infant feeding and mother/baby bonding. Core components of a Baby-Friendly hospital include:

- Breastfeeding encouragement and support
- Baby rooming in with the mother
- Skin to skin contact immediately following birth
- Outpatient lactation support.

Becoming a Baby-Friendly facility is a comprehensive, detailed and thorough journey toward excellence in providing evidence-based, maternity care with the goal of achieving optimal infant feeding outcomes and mother/baby bonding. The journey creates opportunities to develop high performance work teams and build leadership skills among staff, promote employee pride, enhance patient satisfaction and improve health outcomes.
Section 2
Contractor/Agency Staff Orientation

Your Work Experience

Key Policies and Procedures

Dress Code
(Policy HR B-4)

HCGH requires all employees, volunteers, students and contractors to present a professional image appropriate for a healthcare environment. Each individual has a direct impact on the perceptions and satisfaction of our patients, customers, visitors, medical staff and coworkers. As a customer service organization, the expectations of us by the people we serve are high, and we must meet those expectations by maintaining a professional, well-groomed appearance and good personal hygiene. Manner of dress, personal grooming and personal hygiene directly affect the Hospital’s ability to provide healthcare services of the highest quality.

A department may adopt a more restrictive policy, if necessary for health, safety or other business-related reasons. All departmental policies must be developed in consultation with Human Resources.

The Hospital will make a reasonable accommodation for dress or grooming practices related to an individual’s religion, race, national origin, or disability, unless the accommodation would impose an undue hardship on the operation of the organization or pose a health or safety hazard. Requests for accommodation should be submitted to the Human Resources department for review. Note: Should religious beliefs/practices or medication conditions necessitate conflict with this policy, reasonable accommodations will be made as long as the accommodation does not pose a safety hazard.

HCGH has implemented a Standardized Apparel Program to promote a safe, positive, and professional image to the community we serve and for all HCGH clinical employees to be easily recognizable by our patients and their family members. Employees included in the program are expected to wear the apparel in accordance with the following guidelines:

• NAVY: Registered Nurse, Licensed Practical Nurse
• OLIVE: Patient Care Technician
• CEIL BLUE: Provider
• EGGPLANT: Laboratory Staff
• PEWTER: Respiratory Therapist
• WINE: Physical Therapist, Occupational Therapist, Speech Therapist, Exercise Physiologist
• HUNTER: Pharmacy Technician
• WINE / BLACK: Rehab Aide, Wound Care Technician
• GRAY / BLACK: Diagnostic Imaging Staff, Cardiology Technician, Echocardiography Technician.

If you serve in one of these roles, be sure to discuss these requirements with your on-site supervisor.
We appreciate your dedication to our patients and our profession.
Fragrance and Smoke-Free Campus

(Policy EOC 5.02) Out of consideration for our patients, visitors and staff members, HCGH is a fragrance and smoke-free campus. Strong perfume, cologne, after-shave and other scented toiletries may have an adverse effect on another’s health. In addition, employees, patients and visitors are not permitted to smoke anywhere on campus—smokers must leave hospital grounds. If you are an hourly employee taking a smoke break, you must swipe out and back in.

Employee Parking

(Policy EC 2.6) Following orientation, all employees must park in the garage and designated surrounding lots. Use your ID badge to enter the garage. All employees must register their car with Security and obtain a parking decal/sticker. Security will need your license plate number, and make and model of your car. The parking decal/sticker should be placed in the front windshield, bottom left corner. Non-compliance is subject to disciplinary action. Refer to Policy EC 2.6 on the Employee Portal for more information.

Cultural Diversity in the Workplace

(Policy HR A-1 & HR B-10) Diversity describes the many differences and similarities that exist between people. Some of these may be apparent, such as race and gender. But, diversity also includes less obvious qualities, such as values, education, social status, age, lifestyle and political views.

At HCGH, individual similarities and differences are actively engaged and respected in support of our mission to:

- Positively impact the communities we serve
- Align with the needs and expectations of our internal and external customers
- Attract and retain the best talent
- Facilitate the highest standards for workforce equity and collaboration
- Ensure strategic growth and financial viability.

Occupational Health

Occupational Health is on the second floor of the Health Care and Surgery Center. Office hours are Monday–Friday, 7:30 a.m.—4 p.m. Appointments can be made by calling x7838.

Injuries at Work

If you are experiencing a life threatening situation, please report directly to the Emergency Department (ED). All bloodborne exposures require immediate evaluation due to the time restraints with initiating prophylactic treatment, if necessary. Therefore, if you experience a bloodborne exposure, please report directly to Occupational Health Department. For all other situations, please follow your respective worker’s compensation policies.

Training and Education

HCGH offers many training and educational opportunities for all staff members, many of which are departmental and job-specific. Talk to your manager for more information about opportunities that are available.

HealthStream Competencies
New employees are required to complete a set of competencies based on job duties and responsibilities within 30 days of their hire date. See Section 5: Technology for instructions on using HealthStream.

CPR
All patient care providers are required to have a current CPR card. The hospital Wellness Center provides Advanced Cardiac Life Support and Pediatric Advanced Life Support training at regular intervals for staff who need one or the other. Review material is available in HealthStream for CPR renewal. The Wellness Center staff can provide a schedule of classes and an email will be sent to you when it’s time to complete this course. Or, call 410-740-7601 to schedule a time.

myLearning
myLearning@johnshopkins provides a robust library containing more than 5,000 e-learning courses available any time on topics ranging from stress management to JavaScript and everything in between. See Section 5: Technology for instructions on using HealthStream.

Marketing and Communications
The Marketing and Communications Department provides comprehensive communication services that support and promote the vision, mission, values and goals of HCGH. The department uses a wide variety of methods to effectively communicate with both the internal HCGH audience and the community.

Regular employee communications include:

- eRounds: emailed weekly on Wednesdays to all staff
- Employees Matter: bi-monthly printed newsletter for all staff
- Medical Matters: monthly physician e-newsletter sent to physicians and professional staff
- Safety Rounds: monthly printed newsletter summarizing important safety initiatives and messages.

Marketing and Communications is responsible for the content and design of all newsletters and brochures, as well as both the hospital’s internet site and Employee Portal. Marketing staff coordinate press coverage of the hospital and serve as official hospital spokespeople. The department develops and implements marketing campaigns and strategies for new and/or existing programs and services.

Visit the department’s site on the Employee Portal for more information, including how to promote your message, approved HCGH Microsoft templates and newsletter archives.

The Johns Hopkins Brand
The Johns Hopkins Medicine name is iconic and reflects a brand image of excellence and integrity in clinical care, teaching and research. Visit the Branding and Use of Name website at Brand.HopkinsMedicine.org for guidelines and other tools for protecting the name and brand, and for their appropriate and consistent use. Site content includes use of name and logo guidelines, branding guidelines, working with media information, and downloads and resources. Visit the Employee Portal for the HCGH specific guidelines.

Media and Social Media Guidelines
(Policy HR B-18) Only designated spokespersons are permitted to speak for, or otherwise express, the official position of HCGH in all matters relating to public interest(s). This policy applies to all employees,
volunteers, trustees, allied health professionals and physicians (including medical staff officers and clinical chairpersons), as well as any person or firm engaged by the hospital in an advisory/consulting capacity.

Any request from the news media for a statement by the hospital, for any reason, must be directed to the director of Marketing and Communications. After 5 p.m., such inquiries are to be directed to the Nursing shift director who will handle routine informational inquires. Extraordinary or sensitive matters will be channeled to the director of Marketing and Communications or, if unavailable, to the administrator on-call.

For more information on media and social media use at HCGH, review Policy HR B-18 on the Employee Portal.

Security

Security Numbers and Service Calls

When calling the security control center, please provide the dispatcher with as much information as possible. At a minimum, this includes your name, where you are calling from, a description of the request and a call-back number. This information allows the Security team to prioritize calls for service, maintaining records and providing for officer safety.

- Security Director: 410-740-7917
- On-Duty Supervisor: 443-718-2221
- Emergency and Routine Requests and Assistance: 410-740-7911
- General Information: 410-740-7624
- Lost and Found: 410-740-7911
- ID Badges: 410-740-8529
- Security Fax Number: 410-740-7612
- Hospital Emergency Line: x5151
- Hospital Security Office: x7911

See Something, Say Something

If you see something, say something. Report any suspicious behavior or activity that you see on the hospital campus to Security: x7911. Examples of what to report:

- Suspicious items: packages, containers, boxes, other things in places where they should not be
- Suspicious people: individuals who behave strangely by doing something that is unexpected, such as:
  - Being in a restricted area or working in an area where they should not be
  - Someone you don’t know in a location where only authorized individuals should be
  - Repeatedly seeing the same unfamiliar individual in different places
  - Repeatedly seeing an individual in the same place, where they are not supposed to be.
- Suspicious feelings: report your gut feelings if you think something is wrong.

Visitor Identification
Color-coded wrist bands should be worn by all visitors. If you see a visitor in the hospital without identification, please escort him/her to the main lobby for proper badging.

- **Blue:** Emergency Department (issued at main lobby or ED admitting desk)
- **Green:** Inpatient Visitors (issued at main lobby, main admitting or security)
- **Gray:** Outpatient Visitors (issued at main lobby, main admitting and TCAS admitting)
- **Orange:** Maternal Child (issued at main lobby, main admitting or security)

**Falls or Major Incidents**
If a person falls or another major incident occurs in any of our campus common areas, such as the main lobby, parking lots, garage, outside the front entrance or cafeteria, report the incident immediately to Security at x7911. It is important to address the situation promptly so the person can be assessed and treated as soon as possible, and steps can be taken to reduce the chance of similar falls in the future.

Security also must be called for visitor falls in inpatient areas, and an Event Report must be completed documenting the patient’s name and date of birth (if available).

**Escorts Available for Patients and Staff**
The Security Department offers complimentary protective services escorts for patients, visitors and employees. Call x7911 and an officer will meet you and walk you to your on-campus destination. You can even call ahead from your cell phone and make plans to meet an officer at a designated location.

**Wear Your Badge**
(Policy EOC 2.3) All employees, physicians, volunteers, students and contracted employees are required to obtain and visibly display the HCGH-issued identification badge when on the hospital campus. Security officers and Patient Relations will ask staff to appropriately display their badges upon entry to the building.

**Secure Personal Belongings**
Bring only what you need to work—leave valuables at home. If you must bring them, secure them in a locked desk or office when you are not around.

**Personal Security**
- Be aware of your surroundings
- Have your cell phone handy, but out of sight
- Carry your purse or belongings close to your body
- Do not leave valuables in your vehicle.

**Card Access to Reader Secured Doors**
Security does not grant access to areas that are secured with card readers—the department simply inputs the necessary information into the computer system. The employee or department should request access from the administrator of the particular area who will, in turn, approve the request and submit it to the Security Office in writing or by email.
Section 3
Contractor/Agency Staff Orientation

Patient Safety & Quality

Topics in this Packet
Outcomes Management
Patient Safety
HIPAA
Infection Control
Corporate Compliance
Safety Management
Emergency Preparedness
Hazardous Materials Communication Program
Lean Sigma
Clinical Engineering
Communication Tips and Services
Rapid Response Team
Recycling Program

Refer to Handouts (at the end of this section)
Online HIPAA Training Instructions
Emergency Management FAQs
2016 National Patient Safety Goals

Outcomes Management
Outcomes Management evaluates systems and processes throughout the hospital to determine what factors affect patient outcomes. Using that knowledge, the team works with the frontline clinical staff to help improve those outcomes, developing new systems and processes or improving existing ones.

The Outcomes Management Department includes Risk Management, Performance Improvement, Infection Prevention and Control, and Patient Safety. In addition, the department is responsible for HCGH’s compliance to the standards of The Joint Commission (TJC) and Center for Medicare and Medicaid Services (CMS).

Patient Safety
Performance Improvement
The goal of the Performance Improvement team is simple: provide better patient care by finding new and better ways of doing things. Performance improvement activities align with our mission and support continuous quality improvement using FMEA (Failure Mode Effects Analysis) and the PDCA (Plan, Do, Check, Act) cycle.
When improvement opportunities are identified, teams are created to measure, assess and improve the process. Team membership is based on involvement in the process, and may include staff, managers and physicians.

Everyone plays a role in performance improvement—quality is everyone’s business. Participate in improvement activities in your department and focus on the PDCA cycle when implementing change.

**Internal and External Data Sources**

Data to support performance improvement initiatives can come from multiple sources, including:

- **Internal (within our organization)**
  - Patient satisfaction surveys
  - Employee surveys
  - Medical records
  - Pharmacy records
- **External (outside of our organization)**
  - Maryland Hospital Association benchmarks
  - National Health databases
  - Practice guidelines from professional organizations
  - Organizations in other industries

**Performance Improvement Activities Monitored at HCGH**

- Patient Satisfaction
- Pressure Ulcers
- Pain Management
- Blood Usage
- Medication Errors
- Patient Falls
- Resuscitation Outcomes
- Core Measure Indicators
- Surgical Case Review
- Patient Identification
- Infection Control Practices
- Medical Record Reviews
- National Patient Safety Goals

**Risk Management**

Risk Management is an integrated, hospital-wide program focused on the prevention, monitoring and control of areas of potential liability exposure. The goal is to enhance the safety of patients, employees and visitors, while minimizing the financial loss to the hospital through risk detection, evaluation and prevention.

The Risk Management team is a source for all employees and can help:

- Identify opportunities to improve patient safety
- Handle insurance issues
- Facilitate FMEA or Root Causes Analysis
- Review and develop policies and procedures
• Conduct staff education on liability issues
• Evaluate materials and equipment issues
• Review contracts
• Review and investigate incident reports
• Assist with consent issues
• Assist with non-compliant patients.

Risk Management is available 24/7 by pager or by contacting the operator.

Incident Reporting

(Policy ADM A06.1) Risk Management supports a “no fault and just culture” to incident reporting. It’s a non-punitive, confidential process that allows for data gathering for all incidents that involve patients, including:
• Patient falls
• Medication errors
• Device failure
• Lost property
• Mislabeled lab specimens
• AMA (against medical advice) discharges
• Near misses of any of the above.

Incidents are reported using the Patient Safety Net (see Section 5: Technology for program instructions). As a health care worker, you are expected to report a serious event or incident within 24 hours after the incident or discovery. It’s strongly encouraged to report an incident immediately, as delays cause facts to become less clear.

Incidents should be reported by the person with the best knowledge of the event—whether he or she witnessed or discovered the event. Supervisors or co-workers may assist. When completing a report, use objective statements only that are accurate and concise, and keep emotions and hearsay out of the details. Most importantly, never document that a PSN was submitted or include the PSN report in a patient chart. All incidences must be reported and forwarded within the PSN system.
Reporting Safety and Quality of Care Concerns  
(Policy ADM A05) All patients and employees are encouraged to report safety and quality-of-care concerns to their manager, the Risk Management Department (x7912) or directly to The Joint Commission Office of Quality Monitoring:

- Email: complaint@jcaho.org
- Fax: 630-792-5636
- Phone: 800-994-6610
- Mail: One Renaissance Blvd. Oakbrook Terrance, IL 60181

HIPAA  
(JHHS Policy ADM 016) HIPAA is the federal Health Insurance Portability and Accountability Act of 1996. The primary goal of the law is to make it easier for people to keep health insurance, protect the confidentiality and security of health care information, and help the health care industry control administrative costs.

All employees are responsible for ensuring patient privacy and should complete HIPAA online training via myLearning. See the Online HIPAA training handout included in your orientation packet for more information and instructions.

Infection Control  
Infection Control aims to prevent hospital-acquired infections and prevent the spread of community-acquired infections. Practicing proper hand hygiene—whether using hand gel or washing your hands—is the number one way to prevent the spread of infections, in the hospital and the community.

Visit the Infection Control department’s page on the Employee Portal, located under Departments > Outcomes Management, for more information and resources.

How to Contact Infection Control
- Barbara O’Conner, RN, MSN  
  Infection Control Manager  
  410-740-7765 (office)  
  4024 or 410-890-5594 (pager)
- Laura Bunner, RN  
  Infection Control Manager  
  410-720-8303 (office)

Hand Hygiene  
(Policy IC H-01) Whether you are a caregiver on the front lines in a clinical unit, an administrative assistant in an office setting or a nutrition services staff member who delivers meals to patients, every employee of Johns Hopkins Medicine must practice good hand hygiene to protect our patients, visitors, colleagues and friends. Our ultimate goal is always 100 percent hand hygiene compliance, but as members of Johns...
Hopkins Medicine, we are expected to maintain at least 90 percent compliance. Visit HopkinsMedicine.org/clean_hands for hand hygiene resources and to track our compliance.

**Standard Precautions**
(Policy IC S-03) Standard precautions are a set of infection control practices used to prevent transmission of diseases that can be acquired by contact with blood, body fluids, non-intact skin (including rashes), and mucous membranes. These measures are to be used when providing care to all individuals, whether or not they appear infectious or symptomatic. Standard Precautions include:

- Hand hygiene
- Gloves and other necessary personal protective equipment (PPE)
- Use of patient care equipment
- Linen guidelines
- Occupational health and bloodborne pathogen guidelines
- Patient placement

**Transmission-based Isolation Precautions**
(Policy IC I-01.01) Transmission-based precautions are designed to supplement standard precautions in patients with documented or suspected infection/colonization of highly transmissible or epidemiologically important pathogens. The three categories of transmission-based precautions include:

- Contact Precautions
- Droplet Precautions
- Airborne Precautions

For diseases that have multiple routes of transmission (e.g., Severe Acute Respiratory Syndrome (SARS), more than one precaution category may be used. When used either singularly or in combination, they are always used in addition to Standard Precautions.

**Corporate Compliance**
(Policy ADM A03.1) A corporate compliance program is the framework used to ensure well-defined processes and accountability for protecting patients, employees and our institutions. The Johns Hopkins Health System Corporate Compliance Department assists and advises all employees—directors, officers, hospital staff and associated or affiliated contract workers—on how to prevent, detect and correct employee violations of the federal, state or local laws, or institution policy and procedure violations.

The compliance program is designed to:

- Protect our organization, employees and customers
- Preserve the level of integrity that is Johns Hopkins’ reputation
- Maintain effective internal controls that promote adherence to legal and ethical standards; promote the prevention, detection and resolution of illegal or unethical conduct
- Promote the continued effort to do the right thing.

Examples of compliance concerns that could arise at HCGH or Johns Hopkins Medicine include:

- Inaccurate documentation to support billing and reimbursement
- Theft, abuse of property, embezzlement or fraud.
- Privacy issues in violation of HIPAA
- Regulatory issues, such as state license and certification
• Licensure and scope of practice of individual clinicians
• Environmental issues, such as waste, device safety
• Workplace safety and violence.

Reporting a Compliance Concern
Everyone is responsible for reporting known or suspected illegal, unethical or questionable activity. You may speak to your manager or supervisor or contact the Compliance Hotline at 877-WE COMPLY (932-6675) or visit MyComplianceReport.com (access code: JHU).

The Compliance Hotline provides a means to report issues of concern. You can call if you feel your concerns cannot be communicated to your supervisor or if they have been reported and have not been acted upon. You may ask to remain anonymous, and your report will be taken seriously and investigated. Callers will not be retaliated against for bringing concerns forward.

Safety Management
Emergency Codes Notification
If there is an emergency that requires immediate response, dial x5151. Examples of emergencies include cardiac arrest, fire and a threat of fire. Hospital codes include:
- Code Red: Fire
- Code Blue: Pediatric Resuscitation
- Code Pink: Infant Abduction
- Code Blue: Adult Resuscitation
- Code Green: Combative Patient
- Code Gold: Bomb Threat
- Code Gray: Elopement
- Code Orange: Hazmat Spill/Response
- Code Silver: Security Response
- Code Yellow: Disaster

Fire Safety and Evacuation
(Policy EOC 5.4)

RACE:
Actions to take if fire is in your immediate area.
- Remove anyone in immediate danger to a safe location.
- Alarm by pulling the nearest alarm pull station or calling x5151.
- Confine the fire and smoke by closing all doors.
- Extinguish the fire, if you can do so safely.

If the fire is not in your immediate area:
- Remain in your area until notified. Do not go to the fire location.
- Close all windows and doors.
- Locate all patients and staff members.
- Clear exits and corridors.
• Call Communications only if you have information related to the fire.

PASS: Operating the fire extinguisher
• Pull the pin.
• Aim the nozzle at the base of the fire.
• Squeeze the handle.
• Sweep the nozzle from side to side.

If an evacuation is necessary and announced by Security or the Fire Department, evacuate patients using the following three phases:
1. Remove patients to a safe area on the same level.
2. Remove patients to a safe area on the floor below.
3. Remove patients to a safe area outside of the building.

Emergency Preparedness
As a community hospital, HCGH must always be prepared for emergencies, which can include weather emergencies, natural disasters, patient care and legal issues, accidents and crime. All hospital employees play a role in emergency management and preparedness—talk to your leader to learn more about your department’s emergency preparedness plan, and what expectations you may need to meet in the event of an emergency.

Communication during Emergencies
One of the top priorities of emergency management and preparedness is communication. The hospital must be able to contact all employees in a timely manner. With this in mind, it is extremely important that all personal information be up-to-date in myJHMI and that employees register to receive Emergency Alerts and PING Messages. See Communication in Section 5: Technology for instructions on updating your information in myJHMI, especially your work phone number.

It’s also recommended that employees enroll in NotifyMeHoward to receive timely updates about emergencies and happenings throughout the county that may affect hospital operations. Visit NotifyMe.HowardCountyMD.gov to enroll.

Emergency Preparedness Manual
The Emergency Preparedness Manual and Content Overview is located on the Employee Portal by clicking on “Emergency Management” under the “Administrative Links” section of the home page. The manual gives specific information on procedures for the following emergency situations:
• External disaster
• Internal disaster
• Bomb threat
• Ethylene Oxide Mishap
• Fire
• Hostage Situation
• Loss of Power
• Weather Emergencies
• Loss of Telecommunications
Hazardous Materials Communication Program

HCGH is fully committed to providing a safe and healthy environment of care for those who, as part of their job responsibilities, may be required to work with hazardous materials, which can be accidentally, spilled or splashed. This includes providing access to a comprehensive Hazardous Communication Program that includes access to Safety Data Sheets (SDS) for all hazardous material. These sheets are used to locate hazard information on chemicals that employees may come in contact with in the work setting.

Safety Data Sheets are available using the online ChemWatch database at ChemWatch.net. A link is available on the Employee Portal home page. For more information on what’s included on a SDS, review the Hazardous Materials handout included in your orientation packet.

Employee Responsibilities for Working with Hazardous Materials

1. Attend right-to-know training sessions.
2. Be alert to potential hazardous materials.
3. Learn to read and understand labels and Safety Data Sheets (SDS).
4. Follow safe work practices that have been established regarding the use, handling and storage of hazardous materials.
5. Use the appropriate personal protective equipment (PPE) where indicated.
6. Report hazardous conditions or unsafe work practices to your immediate supervisor and/or the Safety and Security Department.

Information Contained in Safety Data Sheets (SDS)

Section I
Manufacturer’s name and address, emergency phone number and the various identifying names associated with the chemical.

Section II
Hazardous ingredients; components of mixture are outlined by percentage. Specifies whether there is a recommended employee eight-hour exposure level commonly called the Threshold Limit Value (TLV).

Section III
Outlines the physical properties of the substance. Tells you what the material looks like and whether it has an odor. Other data, as far as vapor characteristics and boiling point, are also provided.

Section IV
Fire and explosion hazards are explained. Information specifies how flammable a material is and what equipment and protection are needed to fight a fire effectively.

Section V
Health Hazard data section specifies whether there is a recommended eight-hour exposure level. Outlines what the effects would be if someone were overexposed, and the emergency first aid procedures that should be administered.

Section VI
Special chemical properties of which you should be aware.
Section VII
Spill or leak clean up and disposal procedures.

Section VIII
Any necessary special protective equipment or ventilation needed for safe handling.

Section IX
Storage requirements and precautions.

Lean Sigma
Lean Sigma is a process improvement approach that HCGH has recently adopted to enhance efficiency. “Lean” efforts focus on eliminating waste and “Sigma” is a process of analyzing data and employing statistical rigor to identify the root cause of defects. It’s a process that applies to health care settings, which often struggle with waste and inefficiencies.

Lean Sigma experts—called “black belts”—use a problem-solving method to assess the way work is currently being done and create a more efficient process to eliminate waste and increase patient safety. It’s a way for employees to be more efficient and effective in their everyday work, so we can deliver safer, higher-quality care and service.

The greatest benefit of Lean Sigma is that everyone has a voice. All employees are encouraged to identify potential opportunities and to participate in improvement efforts.

Clinical Engineering
Clinical Engineering, also known as Biomedical Engineering, is available 24/7 by calling x7832. Clinical Engineering is responsible for all medical devices and their functionality.

A medical device is any item used to diagnose, treat or prevent disease, injury or other condition that is not a drug, biologic or food. Medical devices range from items as simple as tongue depressors to more complex devices, such as ventilators. Examples of medical devices include:
- Bathing tubs
- Beds
- Blood pressure equipment
- Breast implants
- Chemistry analyzers
- Computer workstations
- Cribs
- Defibrillators
- Electrodes
- Feeding tubes
- Filters
- Foley catheters
- Telemetry equipment
- Tissue expanders
• Trocars
• Ventilator breathing circuits
• Ventriculoperitoneal shunts
• Vital sign monitors
• Wheelchairs
• Gloves
• Glucose meters
• Hardware
• Infusion pumps
• IV catheters
• IV poles
• IV tubing
• MRI and CT scanners
• Needles
• Orthopedic tools
• Pacemakers
• Pulse oximeters
• Radiology equipment
• Scales
• Software
• Surgical staplers
• Syringes.

If a device has caused or contributed to the death or injury of a patient, employee or visitor, or if you believe the equipment may pose a potential harm or safety concern, take the following steps:
• Remove the device from service immediately
• Leave the settings as found—do not change them
• Save all disposables and return with the device
• Tag with a label describing the problem
• Complete a PSN/Incident Report
• Record the manufacturer, model number, serial number and control number (yellow barcode)
• Notify Clinical Engineering, Risk Management and the patient’s nurse manager or shift director
• Avoid vendor involvement when possible.

Communication Tips and Services
Effective communication is essential for providing our patients with safe, high-quality care and service.

Interpretive Services
In order to communicate with patients with Limited English Proficiency (LEP) or who are hard of hearing or deaf, HCGH employees have access to multiple interpretive services, including:
• Telephone (via JHI)
• Video (Martti)
• On-Site Spanish
• On-Site Spoken Language (via JHI)
• On-Site American Sign Language (CIRS)
For more information on these services and how to obtain them, visit the Interpretive Services site on the Employee Portal. A quick link is available under the Clinical Links menu on the home page. Talk to your manager or the nursing shift director to determine if your patient needs interpretive services.

Interpreter services should be provided to patients and/or family members with LEP when:

- Obtaining the patient’s medical history
- Explaining the plan of care and periodic updates on the plan of care
- Explaining procedures
- Obtaining consent
- Providing patient education, including discharge instructions
- Informing about Advance Directives.

It is not recommended to use family members for medical interpretation. Minor children should never be used for medical interpretation.

**Tips for Working with an Interpreter:**

- Allow for interpreter introductions
- Look and speak directly to your patient
- Speak to your patient in the first person
- Pause often and speak slower
- Document the use of an interpreter

**Tips for Communicating with People with Disabilities**

1. Speak directly with the individual rather than through a companion or sign language interpreter who may be present.

2. Offer to shake hands when introduced. People with limited hand use or an artificial limb can usually shake hands, and offering the left hand is an acceptable greeting.

3. Always identify yourself and others who may be with you when meeting someone with a visual disabilities. When conversing in a group, remember to identify the person to whom you are speaking.

4. If you offer assistance, wait until the offer is accepted. Then listen and ask for instructions.

5. Treat adults as adults. Address people with a disability by their first names only when extending the same familiarity to all others. Never patronize people in wheelchairs by patting them on the head or shoulder.

6. Do not lean against or hang on someone’s wheelchair. Bear in mind that people with disabilities treat their chairs as an extension of their bodies. The same applies to those with guide and help dogs. Never distract a work animal from their job without the owner’s permission.

7. Listen attentively when talking with people who have difficulty speaking and wait for them to finish. If necessary, ask short questions that require short answers, or a nod of the head. Never pretend to understand; instead, repeat what you have understood and allow the person to respond.

8. Place yourself at eye level when speaking with someone in a wheelchair or on crutches, if possible.
9. Tap a person who has a hearing disability on the shoulder or wave your hand to get his or her attention. Look directly at the person and speak clearly, slowly and expressively to establish if the person can read your lips. Never shout at a person—just speak in normal tone of voice.

10. Relax. Don’t be embarrassed if you happen to use common expressions such as “See you later,” or “Did you hear about this?” that seem to relate to a person’s disability.

**Rapid Response Team**
*(Policy NUR R-4 and R-4.1)*

**Why Rapid Response Team (RRT)?**
To support staff caring for a rapidly deteriorating patient by providing critical care expertise at the bedside.

**Who is on the RRT?**
The RRT consists of the ICU charge nurse, a respiratory therapist and a physician.

**When Should I Call a RRT?**
The criteria for calling the RRT include, but are not limited to, acute changes in:

- **Respiratory Status**
  - SpO2 sat less than 90%, despite O2
  - Increased work at breathing
  - Respiratory rate less than 8 or greater than 30

- **Circulatory Status**
  - Pulse rate less than 40 and symptomatic
  - Pulse rater greater than 140
  - Systolic blood pressure less than 90mmHg

- **Neurological Status**
  - Sudden decrease in level of consciousness
  - Repeated or prolonged seizures

- **Urinary Status**
  - Acute change in urine output to less than 50ml in 4 hours

- **Hemostasis**
  - Acute significant bleeding

- **Other**
  - Failure to respond to treatment for an acute problem/symptom
  - Significant family concerns regarding acute change in patient condition unresolved by primary MD

Above all, notify the RRT for any patient you are seriously concerned about even if the patient doesn’t fit the above criteria.

**Pediatric Rapid Response Team**
When the patient in distress is under 18-years-old, a Pediatric Rapid Response (PRRT) should be called.
How do I call a RRT or PRRT?
Contact the RRT by calling x5151 and letting the operator know you need the “Rapid Response Team to room # .” The operator should then overhead page your request. Remember, you may also need to notify the attending physicians prior to or at the same time that you call the RRT.

Recycling Program
The HCGH recycling program works to reduce medical waste and sustain recycling efforts hospital-wide. Key points for to remember include:

- All recycling containers should be lined with green bags.
- Material containing protected health information must be discarded in the NexCut shred boxes.
- All trash containers should be lined with clear bags. Departments with remaining black bags use them until gone—clear and black bags will be interchangeable for a limited time.

Here is a list of what items can be recycled and what items should be thrown away. A visual guide is also on each recycling container.

Do recycle:
- Aluminum cans
- Foil
- Blue wrap
- Plastic trays
- Empty glove boxes (and other pressed cardboard)
- Bottles
- Rigid plastic
- Glass jars and bottles
- Outer packaging of IV bags
- Pull-apart supply wrapping

Don’t recycle:
- Food waste
- Styrofoam
- PPE (masks, bonnets, gowns)
- IV bags
- Gloves
- Tubing
- Private health information
Johns Hopkins HIPAA On-line Training Instructions

How Online Training Works

Taking the HIPAA training courses online is easy. Just follow these four basic steps:

[NOTE: You must have Adobe Flash 8+ installed on your machine. You also must have all your POP-UP blockers turned off, including both your browser and any tool bar you may have running. If you are unsure about how to turn off your POP-Up blocker, click the module link while pressing the Ctrl button at the same time.]

Step 1 – Register/Login

IF YOU HAVE A JHED ID

1. Go to my.jhu.edu or my.johnshopkins.edu
2. Click the “Login” button
3. Choose “Login using your JHED ID” (if necessary)
4. Once authenticated, click on the education icon on the left hand column. Then, log into the learning management system by clicking on the myLearning icon.

If you are using your JHED ID for the first time, select “First Time JHED Users” located just above the Login ID field. Follow the directions on this page. If you are in need of further assistance with your JHED account, contact IT@Johns Hopkins Help Desk at 410-516-HELP.

If you have a JHED ID you must use it, otherwise you may not receive proper credit for taking the course.

Step 2 – Selecting a Course

Once you have logged onto the site, click on “Course Catalog.” The system defaults to the search screen. Click on the drop down arrow just to the right of the row titled “By Category”. Scroll down and select “HIPAA Compliance” and then click on the “search” button at the bottom of the screen. The system will show a list of all the HIPAA courses. Scroll down and click on the appropriate course name.
Step 3 – Taking the Course

When you are done with the enrollment process, you can click the “Start Course” link to begin your training. You must view each entire module prior to taking the quiz for that module. **A score of 70% or higher is needed to pass each module.** If you do not pass the quiz at the end of any given module, you must take that module again and retake the quiz before proceeding to the next module. [Note: A few courses are only one module long; others may have a quiz only at the end of the entire course.]

Step 4 – Receiving Your Certificate

After you have completed the entire course by completing each module or course quiz, you may be asked to print your certificate and turn it into your supervisor. You will be able to print your certificate from under “My Learning History.” It is advised that you keep a copy of this certificate for your own records.

NOTE: If you have technical questions while accessing the online training program, including difficulties logging-on, forgetting your login information, printing a certificate and similar matters, send an e-mail to elearn@jhmi.edu. Keep in mind that, aside from providing JHED ID support, the JHMCIS Help Desk does **not** support the online HIPAA training system.

If you have questions or need assistance relating to the substance of a module, or uncertainty as to which course is required, you can contact the Hopkins HIPAA Office by phone, (410) 735-6509, or e-mail, HIPAA-training@jhmi.edu.
Which HIPAA training course do I take?

If you work for, or at, any Johns Hopkins health care provider (for example, JHH, JHU School of Medicine, JHCP, Suburban Hospital, BMC, Johns Hopkins Home Care Group, etc.) or if you work for Johns Hopkins HealthCare LLC or for any Johns Hopkins employee health benefits office, the courses you must take are listed in the table below.

Please note:

- Management will determine the proper course(s) to be taken based on job responsibilities.
- For new hires, course(s) must be completed within 30 days of start date.
- When the course is completed, the manager should be provided with a copy of the training certificate to be held in the departmental personnel file.
- HIPAA refresher training is required at least every two years unless management directs that it be taken more frequently.

<table>
<thead>
<tr>
<th>Name of Course</th>
<th>To Be Taken By:</th>
<th>Appropriate HIPAA refresher training</th>
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<tbody>
<tr>
<td>Privacy for Health Care Providers (the basic, one-time, 10-module course)</td>
<td>Clinical &amp; Administrative Staff (at all health care provider organizations)</td>
<td>Clinical &amp; Administrative Staff (at all health care provider organizations)</td>
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<tr>
<td>Johns Hopkins Privacy Course for Residents Fellows and House Staff</td>
<td>• Credentialed staff (except Interns/Residents/Fellows)</td>
<td>• Privacy Refresher Course for Health Care Providers</td>
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<td>• Faculty</td>
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<td>• Human subjects researchers</td>
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<td>• All managerial or supervisory level workforce members who have access to</td>
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<td>patients or any patient information (whether or not they are designated as</td>
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<td></td>
<td>a manager or supervisor</td>
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<tr>
<td>Johns Hopkins Privacy Course for Residents Fellows and House Staff</td>
<td>• Interns</td>
<td>• Johns Hopkins Privacy Course for Residents Fellows and House Staff</td>
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<td>• Residents</td>
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<td>• Fellows</td>
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<tr>
<td>Course Category</td>
<td>Description</td>
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| **Intermediate Privacy Course for Health Care Providers** | Positions not falling in category above AND with no managerial or supervisory responsibilities but with more than incidental or minimal contact with patients or with patient health information (for example, lab techs, nurse aides, billing coders and similar)  
- JH students  
- Temporary workers (Intrastaff, Kelly Services)  
- Volunteers |
<p>| <strong>Health Information &amp; Fundraising</strong> (an additional course to the basic course above) | Positions involved primarily in patient focused fund-raising activities, including workforce members at the Fund and other JH foundations, AND if required by above to take the Privacy for Health Care Providers Course |
| <strong>Health Information &amp; Marketing</strong> (an additional course to the basic course above) | Positions involved in marketing or other promotional activities, AND if required by above to take the Privacy for Health Care Providers Course |
| <strong>Plan Benefits Staff and JHHC</strong> | All workforce members except those with incidental or minimal contact with plan members or plan member information |
| <strong>Health Information &amp; Marketing</strong> (an additional course to the basic course above) | Positions involved in marketing or other promotional activities |
| <strong>Privacy for Health Plans &amp; JHHC (the basic, one-time, 10-module course)</strong> | Privacy Refresher Course for Health Plans &amp; JHHC |
| <strong>Health Information &amp; Marketing</strong> (an additional course to the basic course above) | Health Information &amp; Marketing (an additional course to the refresher course above) |</p>
<table>
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<tr>
<th>Video - HIPAA: Making the Right Decisions</th>
<th>For workforce members who have only incidental or minimal contact with patient/plan member information</th>
<th>For workforce members who have only incidental or minimal contact with patient/plan member information</th>
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<tbody>
<tr>
<td>Such as:</td>
<td>Housekeeping</td>
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<td>Environmental services, facilities &amp; maintenance</td>
<td>Environmental services, facilities &amp; maintenance</td>
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<td>Escort services</td>
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<td>Security patrol officers</td>
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<td>Food service workers</td>
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<td>Mailroom services</td>
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<td>Supply management</td>
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<td>Central sterile</td>
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Emergency Management FAQs

What is the Hospital Incident Command System (HICS)?
HICS is a framework to coordinate an organization’s activities and communications in response to emergency situations. The system is managed by an Incident Commander and includes standardized roles and responsibilities. The activation of these roles is dependent on the extent and type of incident.

When is the Incident Command System activated?
Both internal and external events can cause activation:
- Internal events occur within the hospital and interfere with the ability to maintain a normal or safe environment of care. Examples include a power outage or shortage, fire or elevator failure.
- External events occur outside the hospital and may result in a large influx of patients, requiring additional staff in the Emergency Department. External events may also require discharging or transferring stable patients to make additional beds available. Examples include severe weather, a multi-vehicle accident and terrorist incidents.

How is the Hospital Incident Command System activated?
The person receiving the first notification of an emergency incident will gather as much information as possible and call the switchboard immediately at x5151. The operator will initiate a Code Yellow Alert form and immediately notify the administrator on-call during business hours. At all other times, she will contact the nursing supervisor. The administrator or nursing supervisor, acting as the incident commander, will assess the situation and make the decision to activate the Emergency Operations Plan.

The Emergency Operations Plan will be activated at one of four levels:
- Level 1: Alert/Warning
- Level 2: Minor Incident
- Level 3: Moderate Incident
- Level 4: Major Incident

Activation can occur at any level and does not require a stepwise sequence of activation. For example, the plan can be activated at Level 3 for a situation having moderate impact and all activities related to Levels 1 and 2 will be implemented at the same time.

The switchboard operator will announce the activation as: “Your attention please, your attention please, Code Yellow Level (1, 2, 3 or 4) has been activated.”

Is there a central location for the Incident Command System?
HCGH has a Hospital Command Center (HCC), located next to One North Observation Unit, where all decisions are made and from which communications are transmitted.

What do I need to do when HICS is activated?
- Immediately report to your work area to receive instructions.
- Respond according to your Department’s Emergency Operations Plan (DEOP).
- End all non-emergency-related phone calls.
- Avoid using the elevators if instructed in certain types of internal disasters.
- Reassure patients and others who may be with you.
- Continue to work in your usual area until otherwise instructed.
- Refer all external communications to the Hospital Command Center at x8700.
- If assigned to a new area, follow instructions of that area’s supervisor.

Only those with the proper identification will be allowed in the disaster or other work area.

Remember to:
- Remain calm.
- Wear your employee ID every day.
- Communicate unusual activity to your supervisor.
- Physicians and ED staff should contact the administrator on duty or nursing supervisor if there is an unusual presentation in the ED, or if EMS notifies the ED of a disaster that may affect the hospital.
- Keep all patient information confidential.
What is a Departmental Emergency Operations Plan (DEOP)?
Completed in advance by each department and posted for use in the early stages of HICS plan activation, this is a one-page summary form that provides key information, such as:

- Contact information and identification of resources
- Non-essential functions that may be suspended without major implications, such as routine cleaning and maintenance tasks
- The number of department staff, by shift and work hours, that may be sent to the labor pool to assist in non-routine assignments.

If you do not know where your unit’s form is, ask your manager.

What is a STATREP Form?
The Status Report Form or STATREP is the primary communication between each department and the Hospital Command Center. Each department must submit a complete STATREP when the Emergency Operations Plan is activated and at regular intervals during a response activation. STATREP forms are available on the Emergency Management page of the Employee Portal under “Forms and Resources.”

If I am working in my area, do I have to go to another area to help?
If you are on duty when an event occurs, remain in your own work area. Follow the instructions outlined on your department’s DEOP until told otherwise. Depending on the incident, employees on duty may be required to take on roles that are not part of their current job descriptions.

Will I always do the same job?
You may be asked to do work that is not part of your regular job. If you are reassigned, you may be sent to the labor pool area, where job descriptions will be handed out and the details of your role will be provided at a briefing.

Should I report to work if I am not on duty?
If you are scheduled to work, come in as scheduled, unless notified otherwise. If you are not scheduled, please do not come in, but remain available via your call back phone number. Please check with your manager to make sure your call-back phone number is current.

Where can I find out more?
A 19-minute basic orientation is available at ondemand.dqeready.com. Enter “HOSPMD-I-00165” into the access code box and click “View.” When selecting the module, choose EM 101.
## 2016 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.

<table>
<thead>
<tr>
<th>Identify patients correctly</th>
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<tbody>
<tr>
<td>NPSG.01.01.01</td>
<td>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. Make sure that the correct patient gets the correct blood when they get a blood transfusion.</td>
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<td>NPSG.01.03.01</td>
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<tr>
<th>Improve staff communication</th>
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<tr>
<td>NPSG.02.03.01</td>
<td>Get important test results to the right staff person on time.</td>
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<tr>
<th>Use medicines safely</th>
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<tr>
<td>NPSG.03.04.01</td>
<td>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.</td>
</tr>
<tr>
<td>NPSG.03.05.01</td>
<td>Take extra care with patients who take medicines to thin their blood.</td>
</tr>
<tr>
<td>NPSG.03.06.01</td>
<td>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. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.</td>
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<tr>
<th>Use alarms safely</th>
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<tbody>
<tr>
<td>NPSG.06.01.01</td>
<td>Make improvements to ensure that alarms on medical equipment are heard and responded to on time.</td>
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<tr>
<th>Prevent infection</th>
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<tr>
<td>NPSG.07.01.01</td>
<td>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.</td>
</tr>
<tr>
<td>NPSG.07.03.01</td>
<td>Use proven guidelines to prevent infections that are difficult to treat.</td>
</tr>
<tr>
<td>NPSG.07.04.01</td>
<td>Use proven guidelines to prevent infection of the blood from central lines.</td>
</tr>
<tr>
<td>NPSG.07.05.01</td>
<td>Use proven guidelines to prevent infection after surgery.</td>
</tr>
<tr>
<td>NPSG.07.06.01</td>
<td>Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.</td>
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<tr>
<th>Identify patient safety risks</th>
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<tr>
<td>NPSG.15.01.01</td>
<td>Find out which patients are most likely to try to commit suicide.</td>
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<tr>
<th>Prevent mistakes in surgery</th>
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<tbody>
<tr>
<td>UP.01.01.01</td>
<td>Make sure that the correct surgery is done on the correct patient and at the correct place on the patient’s body.</td>
</tr>
<tr>
<td>UP.01.02.01</td>
<td>Mark the correct place on the patient’s body where the surgery is to be done.</td>
</tr>
<tr>
<td>UP.01.03.01</td>
<td>Pause before the surgery to make sure that a mistake is not being made.</td>
</tr>
</tbody>
</table>

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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.
Section 4
Contractor/Agency Staff Orientation

Patient Experience

Topics In This Packet
Patient Experience: Our Top Priority
Service Standards
Patient- and Family-Centered Care
Patient Feedback and Surveys

Refer to Handouts (at the end of this section)

Patient Experience: Our Top Priority
The top priority at HCGH is providing the best patient experience. That means providing safe, high-quality care and service to every patient, every time. Ideal experiences should be patient-centered and focus on what patients feel, what they see and what they think. Every HCGH employee—even those not directly involved in patient care—plays a part and can have a positive impact.

Patient- and Family-Centered Care
Patient- and family-centered care is a philosophy and approach to health care that strategically places the patient and family at the center of the institutional and professional purposes. It's also one of the Johns Hopkins Medicine Strategic Plan Priorities: Be the national leader in the safety, science, teaching and provision of patient-and family-centered care.

Core Concepts of Patient- and Family-Centered Care

1. Dignity and Respect: Listen to and honor patient and family perspectives and choices.

2. Information Sharing: Communicate and share complete and unbiased information.

3. Participation: Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.

4. Collaboration: Patients, families, health care practitioners and leaders collaborate in
program development, implementation and evaluation.

**Patient Rights and Responsibilities**
Patients should be well informed, participate in their treatment choices and communicate openly with their health care team. To accomplish this, patients should know their rights as well as their responsibilities during their hospital stay and, as caregivers, it’s important that we are familiar with them as well. Patient rights and responsibilities can be found under Patient and Visitor Information on the HCGH website, hcgh.org.

**Patient Feedback and Surveys**
Patient feedback is essential to ensure we deliver the best experience to all of our patients, and highlights opportunities for improvement. At HCGH, we gather feedback from both Press Ganey and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) surveys. There are several similarities with the surveys, but also several important differences. Both surveys are sent to our patients after they get home and both seek feedback on the patient experience; however they ask different types of questions and present the data very differently.

Press Ganey is a satisfaction-based survey. It asks our patients how well they thought we performed our tasks. For example, it asks how a patient would rate the friendliness and courtesy of the nurses. Press Ganey uses a five-point scale: very poor, poor, fair, good and very good. Press Ganey records every response, assigns a value to each and then calculates the score. In addition, it looks at the mean score and compares it to other hospitals in its database. This is what creates our percentile ranking, which is what you see on our scorecards.

HCAHPS is a frequency-based survey. It asks our patients how often we performed our tasks. For example, it will ask, “How often was the area around your room quiet at night?” It then gives options to choose from: never, sometimes, usually and always. There are also questions which are answered with: yes or no, definitely yes, maybe yes, probably no or definitely no. There is one scale on the survey for which patients are asked to rate their overall hospital stay on a scale of 1-10. HCAHPS reports the results differently from Press Ganey. The results are reported based on “top box” performance. This means that only the percentage of people who give the best possible answer are indicated in the scoring. HCGH scores are then compared to Maryland averages and national averages. This is different than the percentile ranking communicated via Press Ganey. While we can see this data as a percentile as well, remember that when you see a scorecard with HCAHPS data, you are looking at the percent of “top box” responses.

Recognizing that this data is directly related to patient outcomes, is publicly reported and is tied to our reimbursement structure, we have set a goal to be in the top quartile of the country in our HCAHPS performance. To do this, every employee of Howard County General Hospital has to ensure that every patient has a great experience every time. If you have any questions or would like additional information on the surveys we use, please contact the Office of Cultural Transformation.

For more information on providing positive patient experiences and our experience surveys, visit the Patient Experience page under Departments on the Employee Portal.
Section 5
Contractor/Agency Staff Orientation

Technology

*Note: The pictures referenced throughout the section are included at the end.*

**Topics in this Packet**
- Information Technology Support
- Employee Portal (hcgh.net)
- HCGH Website (hcgh.org)
- JHED ID and myJHMI
- Communications
- Telecommunications
- HealthStream
- myLearning
- Epic

**Information Technology Support**
Information Technology (IT) support is available through the Help desk. Tickets can be submitted one of two ways:

1. Employee Portal: Go to hcgh.net and click “IT Help Desk” listed under the Vital Resources section
2. HELP Line: Call x7813, available 24 hours a day, seven days a week

*Tip: Note your computer ID so technicians can remotely access your computer, if needed.*

**Employee Portal (hcgh.net)**
The HCGH Employee Portal, sometimes referred to as the intranet, is the default home page for most computers throughout the hospital; it is also available from any computer outside of the hospital. The Portal is the go-to site for many resources including:
- HR and benefits information
- Employee publications
- Epic tip sheets
- Quick links to vital resources
- Cafeteria menu

**HCGH Website (hcgh.org)**
The HCGH external website contains information for patients, visitors, community members and employees, including educational videos, patient seminars and a “find a doctor” search. The site is part of the HopkinsMedicine.org platform, providing access to a large online health library and other informative content for patients and clinicians. It’s a good idea to become familiar with the site in order to better serve our patients and help them find the information they need.
**JHED ID and myJHMI**

Your JHED ID is your computer login and will be used to sign on to most systems at HCGH. Your manager will provide you with your JHED ID. If you forget your ID or need to change your password, visit myJHMI at my.JHMI.edu and hover over “my profile” in the left navigation menu, then click on “my profile” in the pop up menu (Picture 1). Password management will then be listed on the right of the page (Picture 2).

All Johns Hopkins Medicine employees have access to myJHMI at my.jhmi.edu. It’s a personalized one-stop-shop for Johns Hopkins-related resources.

All new employees are expected to update their profile in myJHMI, especially their work phone number. Employees with cell and Ascom phones are also strongly encouraged to include those numbers in their profile as well. Access your profile by hovering over “my profile” in the left navigation menu and clicking on “my profile” in the pop up menu (Picture 3). Then proceed to click on the “Hospital” tab of your profile and change your office phone number to your direct extension or your department’s extension (Picture 4).

**Communications**

**Email**

Your email address will be provided to you by your manager—it will most likely be your JHED ID@jhmi.edu. Email is accessed on hospital computers using Microsoft Outlook. Or, email can be reached using any computer with internet access through myJHMI. Hover over “Messaging” and click on “Outlook” in the pop-up menu (Picture 5).

If desired, you may be able to set up your work email on your personal iPhone or Android smartphone. Contact the IT Help Desk for instructions and information.

**Telecommunications**

**Telephone and Voicemail**

When leaving a message, speak clearly and slowly, and leave your name, department and phone number. When answering the phone, keep in mind the following tips:

- Answer the phone courteously, clearly stating your department and name.
- Patients requesting medical advice should be referred to the charge nurse, supervisor or manager—no medical advice should be given over the phone.
- Do not give information about patients over the phone; allow the patient or family member to speak to the caller when possible or take a number to have the patient return the call.
- Respect patient confidentiality, always.

**Hospital phone numbers:**

- Numbers beginning with “6” cannot be dialed directly from an external phone
- Numbers beginning with “7” have an exchange of 410-740-xxxx
- Numbers beginning with “8” have an exchange of 410-720-xxxx
- Numbers beginning with “4” have an exchange of 410-884-xxxx
- Numbers beginning with “3” have an exchange of 443-718-xxxx

Visit the Telecomm department page on the Employee Portal (Departments > Telecomm) for instructions on setting up a new voicemail box.
**Beeper Paging**
1. Dial x7500 or 410-740-7500 from outside of the hospital.
2. Enter the beeper number (called ID to page).
3. Enter the extension or phone number that you need the individual to call, then hit the pound key (#) and hang up.
4. Each pager also has a 10-digit page number as an alternative, which can be used when the system is malfunctioning.

**Emergency and Security Alerts, and PING Messages**
You can set up your cell phone to receive emergency alerts, PING messages and myIT Security alerts in your myJHMI profile.

**ASCOM Phones**
Visit the Telecomm department page on the Employee Portal (Departments > Telecomm) for more information on ASCOM phone guidelines and how to request repairs.

**HealthStream**
HealthStream is an online learning management system and can be accessed using any computer with internet at healthstream.com/hlc/hcgh. A quick link is also available on the Employee Portal under the Clinical Links list on the left side of the home page (Picture 6). All new employees are required to complete assigned competencies within a month of their hire date; annual competencies are assigned to all employees.

Detailed instructions on accessing and using HealthStream are available on the Employee Portal. Note: use your JHED ID as your username, but not your typical password. The password for HealthStream for all staff is “education.”

**myLearning**
myLearning@jhmi.edu provides a robust library containing more than 5,000 e-learning courses available any time on topics ranging from stress management to JavaScript and everything in between.

To get started, login to my.jhmi.edu and click on the “Education” icon and then select myLearning (Picture 7). Once on the site employees are able to search the full catalog of SkillSoft courses. For all work-related classes, you must have your manager’s approval in advance for courses taken during work hours. This applies to ALL employees. Please note: If you are a non-exempt employee taking a course during your free time, you must choose only courses that are for your personal enrichment unrelated to your work.

**Epic**
Epic is the integrated electronic medical record (EMR) system used at HCGH and at certain sites throughout the Johns Hopkins Health System. Epic is designed to create one unified patient record system for the entire enterprise and incorporates scheduling and registration, clinical documentation, computerized provider order entry (CPOE), ePrescribing, and Charge Capture. It also improves the critical connection to affiliate and referring physicians across Johns Hopkins Medicine.
Clinicians will receive Epic orientation and training after general orientation and within their departments. For more information about Epic and new updates, visit the Employee Portal and click on the Epic@Hopkins link listed under Clinical Links on the left side of the home page (Picture 8).

**Patient Safety Net (PSN)**

Patient Safety Net (PSN) is a web-based safety event reporting system. PSN identifies and tracks near-misses as well as opportunities for safety improvements. Events that impact patient or employee safety that could result in death or serious disability must be reported, including injuries, medication errors, equipment failure, adverse drug or treatment reactions, and errors in patient care. For a list of reportable PSN events, visit the Employee Portal and click on Training Materials in the Patient Safety Net area under Vital Resources.

For more information about Patient Safety Net, visit the Employee Portal and visit the Outcomes Management department page. A quick link to the website is also available on the right side of the home page (Picture 9).
Handouts
Maryland Occupational Safety and Health Act

The Maryland Occupational Safety and Health Act of 1975 provides for the protection of employees from occupational injury and illness. The Act is administered by the Maryland Occupational Safety and Health Administration (MOSH)

PRIVATE SECTOR

Citation:
If upon an inspection the Commissioner believes an employer has violated the Act, a citation alleging such violation shall be issued to the employer. Each violation shall specify a time period within which the alleged violation must be corrected.

The MOSH citation must be prominently displayed at or near the place of alleged violation for at least three days, or until it is corrected, whichever is later, to warn employees of potential hazards that may exist.

Proposed Penalty:
The Act provides for penalties of not more than $5,000 for each violation, and for repeated violations of the Act, the maximum penalty shall not exceed $10,000.

Voluntary Activity:
While providing penalties for violation, the Act also encourages efforts by employers and management to reduce injuries and illnesses. The Act encourages employers and employees to reduce workplace hazards through improvements in training, equipment, and facilities and to improve safety and health programs in all workplaces and industries.

Complaints about workplace safety and health conditions may be made by employees or customers at any time by calling the Maryland Occupational Safety and Health Administration (MOSH) at 410-327-2891.

ADDITIONAL INFORMATION AND COPIES OF THE ACT SPECIFIC TO MARYLAND OCCUPATIONAL SAFETY AND HEALTH STANDARDS, AND OTHER APPLICABLE REGULATIONS MAY BE OBTAINED FROM:
MOSH TRAINING AND EDUCATION
10946 Golden West Drive, Suite 160
Hunt Valley, Maryland 21021
Phone: 410-327-2891

Complaints about workplace safety and health conditions may be made by employees or customers at any time by calling the Maryland Occupational Safety and Health Administration (MOSH) at 410-327-2891.
Section 7
Contractor/Agency Staff Orientation

Papers to Turn In

Name: ____________________________________________

Orientation Month and Year: ________________________________

**Handouts**
- Emergency Management, Security & Occupational Safety Orientation Form
- OSHA’s Bloodborne Pathogen Standard Form
- Acknowledgement of HIPAA Training During New Hire Hospital Orientation
- Confidentiality Statement

Please sign and submit the following pages to your supervisor after reviewing this full packet.
Contractor/Agency Staff Orientation

Emergency Management, Security & Occupational Safety

Emergency Preparedness and Communication

Campus Safety, Identification Badges & Parking

Fire Safety: P.A.S.S.; R.A.C.E.

Hazard Communication Standard: Right to Know - Safety Data Sheets

Respiratory Protection: N95 and PAPR

I acknowledge that I reviewed the Emergency Management, Security & Occupational Safety Orientation section of this packet. I understand that it is my responsibility to review this information. It is my responsibility to ask questions of my supervisor for clarification regarding items covered in this and out and to observe the policies and procedures of Howard County General Hospital.

_____________________________  ___________________________
Print Name  Sign Name

_____________________________  ___________________________
Job Title  Date

Section 7
OSHA

OSHA'S BLOODBORNE PATHOGEN STANDARD MANDATORY TRAINING LETTER OF CERTIFICATION

This is to certify that the following staff member completed an educational/training program on TB Control and on OSHA's Bloodborne Pathogen Standard including AIDS, Hepatitis B and Universal Precautions.

SIGNATURE

NAME (PRINTED)

DEPARTMENT

JOB TITLE DATE

Copies to be placed in the personnel file where active.
HIPAA and Other Training Acknowledgment

TRAINING DURING CONTRACTOR/AGENCY STAFF ORIENTATION

I hereby certify that:

1. I have reviewed the information contained in Contractor/Agency Staff Orientation Packet.
2. I understand my responsibility to complete additional competencies, including those addressing HIPAA during my first 30 days of hire.

WITNESS MY SIGNATURE AS OF THE DATE SET FORTH BELOW:

Signature

NAME (PRINTED)

DATE

Copies to be placed in personnel record and maintained in department where active.
CONFIDENTIALITY AGREEMENT FOR WORKFORCE MEMBERS WHO ARE
CONSULTANTS, CONTRACTORS OR VENDORS

I understand that I require information to perform my duties for the Johns Hopkins University or Johns Hopkins Health System health plan entity by which I am engaged or for which I am performing services (“Johns Hopkins”). This information may include, but is not limited to, information on health plan members, employees, students, other workforce members, and financial and business operations (collectively referred to as “Confidential Information”). Some of this information is made confidential by law (such as “protected health information” or “PHI” under the federal Health Insurance Portability and Accountability Act) or by Johns Hopkins policies. Confidential Information may be in any form, e.g., written, electronic, oral, overheard or observed. I also understand that access to all Confidential Information is granted on a need-to-know basis. A need-to-know is defined as information access that is required in order to perform my work.

By signing below, I agree to the following:

- I will not disclose Confidential Information to plan members, plan sponsor representatives, friends, relatives, co-workers or anyone else except as permitted by Johns Hopkins policies and applicable law and as required to perform my work as a consultant, contractor or vendor for a Johns Hopkins health plan.

- I will not post or discuss Confidential Information, including pictures and/or videos on my personal social media sites (e.g. Facebook, Twitter, etc.). Likewise, I will not post or discuss Confidential Information on Johns Hopkins-sponsored social media sites without the appropriate authorization in accordance with established Johns Hopkins policies and procedures.

- I will not access, maintain or transmit Confidential Information on any unencrypted portable electronic devices (e.g. Blackberries, Androids, iPhones, iPads, etc.) and agree to use such devices in accordance with Johns Hopkins policies only.

- I will protect the confidentiality of all Confidential Information, including PHI, while at Johns Hopkins and after I leave Johns Hopkins.

All Confidential Information remains the property of Johns Hopkins and may not be removed or kept by me when I leave Johns Hopkins except as permitted by Johns Hopkins policies or specific agreements or arrangements applicable to my work as a consultant or vendor for a Johns Hopkins health plan.

If I violate this agreement, I may be subject to adverse action up to and including termination of my ability to work at or on behalf of Johns Hopkins. In addition, under applicable law, I may be subject to criminal or civil penalties.

I have read and understand the above and agree to be bound by it.

Name: ___________________________ Company: ___________________________

Signature: _______________________ Date: _____________________________

Johns Hopkins Health Plan for which providing services: ________________________

The original signed copy of this Agreement should be retained in the office of the primary Johns Hopkins unit engaging such persons.

Copy to consultant or vendor.

B.3.3.a

Effec. Date 12/10/15
Privacy and Security Tips and Reminders

- Avoid disclosing unencrypted electronic PHI in e-mails and shared files over the Internet.
- Never share your log-in with another user.
- Never store electronic PHI on a handheld or portable device that is unencrypted.
- Access and use only the PHI needed to do your job.
- Log off or lock your computer when you are not using it.
- Report computer security problems quickly.
- Report lost or stolen PHI or electronic PHI as soon as possible.

The original signed copy of this Agreement should be retained in the office of the primary Johns Hopkins unit engaging such persons.

Copy to consultant or vendor.