

LMHS MISSION

Lee Memorial Health System Mission Statement is: **“To continue to meet the health care needs, and improve the health status of the people of Southwest Florida”** by: Providing quality primary, secondary, and selected tertiary health care services in a personalized, convenient and cost effective manner with a dedicated health care team.

Meeting, or exceeding, customer expectation and addressing the spiritual and emotional needs of patients and their families. Promoting wellness, healthy lifestyles, community health education programs and a collaborative community effort. Maintaining a financially viable delivery system with multiple care sites to generate the resources needed to make essential health care services available to all, including those unable to pay. And remaining a not-for-profit community health care leader and resource.

LMHS VISION

Our vision is to be the best patient-centered health care system in the State of Florida by balancing quality, access and cost. To accomplish our vision, we must focus on quality improvement, operational efficiency and planning for the future.

LMHS VALUES

Our organizational values are determined by the needs of our customers and supported by our employees. LMHS values are as follows: (1) Honesty, (2) Compassion, (3) Resource Responsibility, (4) Adaptability, (5) Initiative, (6) Respect, (7) Teamwork, (8) Loyalty.

LMHS STRATEGIC GOALS

Meeting goals are critical to the fulfillment of our vision. Achieving excellence in quality, service and community positions us as a leader in providing patient centered care.

These system-wide goals cannot be achieved without having excellent people and constantly pursuing financial excellence.

Who do you call?

<i>Cape Coral Hospital</i>	<i>dial “444”</i>
<i>Health Park Medical Center</i>	<i>dial “8”</i>
<i>Lee Memorial Hospital</i>	<i>dial “8”</i>
<i>SWFR Medical Center</i>	<i>dial “3333”</i>
<i>Gulf Coast Hospital</i>	<i>dial “3333”</i>
<i>Other facilities</i>	<i>dial “911”</i>

INFECTION PREVENTION & CONTROL

The LMHS Infection Prevention and Control Department helps identify and reduce the risk of infections in patients and healthcare workers. Those infections can be hospital acquired (nosocomial), or those acquired during home care (huscocomial).

“An average hospital-associated infection costs approximately \$14,000.” (Stone, Larson, Kawar-American Journal of Infection Control, 2002; 30: 145-152) and is the fifth most frequent cause of death in the US. Infection control professionals strive to prevent these infections from occurring, but need everyone’s help!”

Conditions Promoting Infection

Six conditions are necessary to complete the chain of infections.

- A germ
- A place where the germ can live
- A path out (how it leaves the source)
- A path in (how it enters the body)
- A method of spreading (i.e. air, hands, etc.)
- A person who is susceptible (i.e. history of cancer, HIV, infection, immune suppressed, diabetic, etc.)

HAND HYGIENE

As simple as it seems, hand washing prevents the spread of infection. Hand washing is the vigorous rubbing together of well-lathered hands for 10-15 seconds, and then rinsing thoroughly under running water.

When should you wash your hands?

Before entering and when leaving a patient’s room

- Before and after direct patient care
- Before and after wearing gloves
- After touching contaminated items
- Before and after you work your shift
- Before and after eating, drinking, handling food or smoking
- After using the bathroom
- After covering a cough, blowing your nose, sneezing, combing your hair, etc.

2008 EMERGENCY CODES

Code Red	<i>Fire</i>
Code Blue	<i>Cardiac/Respiratory Arrest</i>
Code Green	<i>Mass Casualty Incident</i>
Code Orange	<i>Hazardous Materials Incident</i>
Code Yellow	<i>Facility Lockdown</i>
Code White	<i>Hostage Situation</i>
Code Pink	<i>Infant/Child Abduction</i>
Code Black	<i>Bomb Threat</i>
Code Grey	<i>Violence/Security (Stay Away)</i>
Code Brown	<i>Severe Weather/Tornado</i>
Manpower STAT	<i>Security & Personnel Needed</i>
*Nurse STAT	<i>Medical Emergency/Injury/AED</i>

Current CDC Hand Hygiene Guidelines

"The CDC Hand Hygiene Guidelines also encourages the use of waterless alcohol hand rinses. LMHS has placed this product at the entrance/exit of patient's rooms for physicians, employees, volunteers, and visitor's utilization. Instant alcohol hand rinses are very effective. However, hand washing is always recommended if the hands are visibly soiled, or if a patient with diarrhea is suspected of having C.difficile. IPAC will be monitoring hand hygiene compliance by physical observation and by evaluating the amount of soaps and alcohol hand products used per individual units. Results will be shared with those departments."

Stephen Streed, System Director of Epidemiology/Infection Control states, "Hand hygiene is the most fundamental of all care practices, yet it is the one that is most commonly overlooked. Improving hand hygiene is the easiest way to improve patient care".

RISK MANAGEMENT

Everyone Is a Risk Manager

You may never have thought about it, but you are a risk manager, and an integral part of LMHS's overall risk management program. Risk management is a program of processes involving everyone in the organization at all levels.

Risk Management seeks to identify, reduce or eliminate actual and potential sources of risk to the organization. For example:

Risk of injury to a patient, visitor, staff or volunteer, or
Risk of financial damage to the organization due to property losses, legal actions or damage to the System's reputation.

You can carry out your responsibilities as a risk manager by providing good patient care, working in a safe manner and communicating well.

You can prevent injury in the simple things that you do everyday. Good skin care management of our patients helps prevent painful and expensive skin breakdown. Assuring that equipment is functioning properly helps prevent burns or other injuries. Getting telephone orders verified and signed quickly reduces the potential for errors. Proper identification of patients, specimens, medications, etc. prevents dangerous mistakes. Always verifying the five rights – right patient, right drug, right dosage, right time and right route – will help prevent medication errors.

Good communication also reduces risk. When you communicate clearly with your patients and their family you increase the likelihood of compliance with treatment, good outcomes and patient satisfaction. It is important to encourage patients and family to tell you if they are

concerned, upset or unhappy with their care. This feedback should be accepted without becoming angry or defensive and used as a basis for constructive problem solving. Guest Relations and Risk Management staff is available to help if needed.

It is also important to communicate effectively through your documentation. Thorough and complete documentation of patient care in the medical record allows others who are part of the care process to understand and better meet the patient's needs. It is also extremely important to communicate patient risk factors and special needs verbally and in writing when patients are being transferred or transported from one care setting to another.

ERROR AND INCIDENT REPORTING

Does this sound familiar? Its late, you've had a terrible day, you want to go home and you remember that you didn't fill out an incident report on that little accident that happened to one of your patients ... you're probably muttering under your breath and wondering why you have to do more paperwork. Maybe a little refresher will help!

IDENTIFYING SENTINEL AND SIGNAL EVENTS

What is a sentinel event?

A sentinel event, as defined by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), is an occurrence involving an unanticipated death, or major permanent loss of function, not related to the natural course of the patient's illness or underlying condition, or is one of the following events: suicide, infant abduction, and discharge to the wrong family, rape, hemolytic transfusion involving administration of blood products having major incompatibilities, surgery on the wrong patient, or surgery on the wrong body part.

What is a signal event?

A signal event, as defined by Lee Memorial Health System, is an unexpected occurrence that did not involve death or major permanent loss of function, nor was it one of the reviewable sentinel events, but was of significant risk of a serious adverse outcome that an intense analysis of the system or process associated with it should be performed.

PATIENT SAFETY

Patient safety has been spotlighted as a major healthcare concern by the media, consumers and regulators. LMHS is focusing on patient safety by developing processes to design prevention into systems, reduce errors and analyze errors that have occurred. It is estimated that 100,000 deaths occur each year as a result of medical errors. Research has shown that systems, NOT INDIVIDUALS, are the cause of problems that result in medical errors.

Safety Is Everybody's Business

Every LMHS employee is a member of our safety team. In that role every employee is expected to be aware of and practice safety in every aspect of his or her job.

Employees should always:

Be alert for opportunities to improve work situations and processes.

Identify and report conditions and incidents that pose a safety risk to patients, employees or guests within LMHS. The conditions and incidents also include employee substance abuse.

2008 NATIONAL PATIENT SAFETY GOALS

IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

Two Patient Identifiers

Use at least two patient identifiers (neither to be the patient's room number) whenever collecting lab samples administrating medications, or blood products; taking blood samples, and other specimens for clinical testing, or providing any other treatments/procedures. LMHS uses patient name, date of birth, or account number as the two forms of identification.

Specimen labeling in the Patient's Presence

Use two identifiers to label sample containers in the patient's presence. Processes must ensure sample identity throughout the pre-analytical, analytical, and post-analytical processes.

IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS

"Read-back" process for verbal/telephone orders and critical test results

For verbal or telephone orders, or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the order or test result "read-back" the complete order or test result.

Unsafe Abbreviations -2008 Revised List

Standardize a list of abbreviations, acronyms and symbols that are *NOT* to be used throughout the organization

The LMHS Unsafe Abbreviations list has been decreased to only include those that are strongly recommended by the Joint Commission.

2008 UNSAFE ABBREVIATIONS	
UNSAFE -DO NOT USE	USE INSTEAD
Apothecary measures- dram, minim, grains	The "metric system"
□ g	"mcg"
U or u	"Units"
IU	Write out "International Unit"
q.d., qd, QD, Q.D., qod,q.o.d., QOD, Q.O.D.	"daily" or "Q AM" or "Q PM" "every other day"
MS MSO ₄ MgSO ₄	Write "morphine sulfate" or "magnesium sulfate"
Trailing zero (1.0 mg)	1mg
Lack of leading zero (.1mg)	0.1mg
TIPS: Do NOT use unsafe abbreviations anywhere in the medical record! (i.e. verbal/telephone orders, MAR, and free text entry in CliniComp or Meditech). Refer to the laminated Unsafe Abbreviation List.	

Timeliness of reporting/receipt of critical test results

Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values. *The goal for the system is 45 minutes.*

"Hand-Off" Communication

Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.

We use "DRAW" for communication hand-off between clinicians. D = Diagnosis/Procedures R= Recent Changes A = Anticipated Changes W = What to watch for in the next episode of care.

For Physician communication we utilize "SBAR" for conciseness. S = Situation, B = Background, A = Assessment, R = Recommendations or Request For Hand-Off Communication for patients being transported by non-clinical staff, we utilize the Hall Pass.

Medication Safety

Standardized Drug Concentrations

Standardize and limit the number of drug concentrations available in the organization.

Look-alike /Sound-alike Drugs

Identify, and at a minimum, annually review a list of look-alike/sound-alike drugs used within the organization, and take action to prevent errors involving the interchange of these drugs. *Hint: Access list on the LMHS IntraLee under Departments/Pharmacy/Drug Information/Look-Alike & Sound-Alike Drugs.*

TALL MAN lettering, label alerts, and MAR alerts are used to assist with identifying sound alike look alike medications. Segregation of medications in stock; such as insulin storage in the refrigerator, is also a safety measure implemented to reduce the likelihood of errors.

Medication Labeling

Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.

NEW! Reduce the likelihood of patient harm associated with the use of anticoagulation therapy by developing standard practices that will reduce the risk of adverse events associated with heparin, warfarin and other anticoagulants.

REDUCE THE RISK OF HEALTH CARE-ACQUIRED INFECTIONS

Hand Hygiene

Comply with current World Health Organization (WHO) or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

Health-care associated infection related sentinel events
Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a healthcare associated infection.

Accurately and Completely Reconcile Medications across the Continuum of Care

Medication reconciliation upon admission/entry

Implement a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization, with involvement of the patient. This process includes a comparison of the medication the organization provides to those on the list.

Medication reconciliation upon transfer/discharge

A complete list of the patient's medication is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner, or level of care within or outside the organization. The complete list of medications is also provided to the patient upon discharge from the facility.

Reduce the Risk of Patient Harm Resulting From Falls

Implement a fall reduction program and evaluate the effectiveness of the program.

Reduce the Risk of Influenza and Pneumococcal Disease in Older Adults

Develop and implement a protocol for administration and documentation of the flu vaccine.

Develop and implement a protocol for administration and documentation of the pneumococcus vaccine.

Develop and implement a protocol to identify new cases of influenzas and to manage an outbreak.

REDUCE THE RISK OF SURGICAL FIRES

Educate staff, including operating licensed independent practitioners and anesthesia providers, on how to control heat sources and manage fuels, and establish guidelines to minimize oxygen concentration under drapes.

ENCOURAGE PATIENTS' ACTIVE INVOLVEMENT IN THEIR CARE

Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so. Implementation of the "Speak-Up" campaign provides patients with information on whom to contact to report a quality or safety concern. Patient/family involvement are included in medication safety, reminding staff to wash hands prior to patient care/contact and directing concerns regarding safety to appropriate personnel such as Patient Advocates, Charge Nurses, House Supervisors.

IDENTIFICATION OF SAFETY RISKS

The organization identifies patients at risk for suicide and implements immediate safety needs and the appropriate setting to reduce the risk for suicide. We also provide information on the crisis hotline.

NEW! Improve recognition and response to changes in a patient's condition

The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. The Medication Emergency Team is called to respond.

UNIVERSAL PROTOCOL: Eliminate Wrong Site, Wrong Procedure, and Wrong Person Surgery

Requirement 1A: Preoperative Verification Process

Purpose: To ensure that all of the relevant documents and studies are available prior to the start of the procedure and that they have been reviewed and are consistent with each other and with patient's expectations, and with the team's understanding of the intended patient, procedure, site and, as applicable, any implants. Missing information or discrepancies must be addressed before starting the procedure.

Process: An ongoing process of information gathering and verification, beginning with the determination to do the procedure, continuing through all settings and interventions involved in the preoperative preparation of the patient, up to and including the "time-out" just before the start of the procedure.

Requirement 1B: Mark the Operative Site

Purpose: To identify, unambiguously, the intended site of incision or insertion.

Process: For procedures involving right/left distinction, multiple structures (such as fingers and toes), or multiple levels (as in spinal procedures), the intended site must be marked such that the mark will be visible after the patient has been prepped and draped.

Site marking is also now required for procedures involving a midline incision or those done through a midline orifice (i.e. mouth, anus, vagina, urethra), including bedside and no-OR setting procedures, if the procedure is to treat an organ that can be "right" or "left" and therefore subject to lateralization error (refer to LMHS Policy S03 05-402, Identification & Verification of Correct Patient, Procedure and Site).

The site-marking requirement does not only apply to the operating room. It has been extended to non-operative room settings and the patient's bedside as well!

Requirement 1C: "Time Out" Immediately Before the Procedure

Purpose: To conduct a final verification of the correct patient, procedure, site, position, side, and as applicable implants and special equipment.

Process: Active communication among all members of the surgical/procedural team, consistently initiated by a designated member of the team, conducted in a "fail-safe" mode. The procedure is not started until any questions or concerns are resolved, and all team members are in agreement.

The definition of procedures now requiring Time-Out and Surgical Site-marking has been expanded as follows, to include:

All operative and other invasive procedures that expose the patient to more than minimal risk.

Procedure settings other than the operating room (i.e. Radiology Dept., Cardiac Cath Lab, etc. and the patient's bedside).

Procedures involving puncture or incision of the skin, or insertion of an instrument or foreign material into the body including, but not limited to: Percutaneous aspirations, Biopsies, Cardiac and vascular catheterizations, Endoscopies

NOTE: Time-out should be completed for all invasive procedures, even when site marking is not required. The participants in the "time-out" must be documented in the patient's record.

PROACTIVE PATIENT SAFETY – FMEA

The program is designed to provide ongoing evaluation of outcomes and processes in all departments. It organizes and integrates performance improvement activities into a comprehensive, interdisciplinary,

organization-wide program that tracks and reports improvements in aspects important to patient care.

FAILURE MODE AND EFFECTS ANALYSIS

The process identified by LMHS for proactively promoting patient safety is Failure Mode and Effects Analysis (FMEA). *FMEA is a systematic method of identifying product, equipment and process problems before they occur.*

What steps are involved in the FMEA process?

Failure Mode and Effects Analysis process consists of the following nine steps:

Failure Mode – Identify potential failure modes, or risk points in the process.

Potential Causes – For each failure mode, select possible causes that would lead to the failure.

Effect – For each cause, determine the impact for potential effects. "What would happen if it failed?"

Severity – Using a number value for each cause, determine the severity of the effects.

1 = Rare

2 = Minor Effect

3 = Major Effect

5. Frequency/Occurrence – Using a number value for each cause, determine the frequency it could occur.

1 = Rare

2 = Occasionally

3 = Often

6. Detection – Using a number value for each cause, determine the chance of detection of the failure.

1 = Easily Detected

2 = Sometimes Detected

3 = Almost Impossible to Detect

7. Risk Priority Number - the Highest RPN = the Highest Risk

Failure. To find the Risk Priority Number add the last three scores: Frequency plus Severity plus Detection = RPN

8. Design Action Strategies – List actions to eliminate the causes of failure.

Design Validation – Reassess the process for new failure modes. "Has the risk of failure been eliminated?"

What FMEA projects have been completed at LMHS/SW & GC?

2007 – The Children's Hospital: Vincristine Safety

2007 – LMHS/SW/GC, Patient Elopement

2006 – Radiology: Thrombolysis Procedure; Deep Vein Thrombosis Prophylaxis

2005 – 2006 - Patient Controlled Analgesia (PCA Pumps); Medication Reconciliation

2004 - Sedation for Procedure; Pain Management

2003 - Correct Site Surgery; Collection of Specimens

2002 - Delivery of medications to a Sterile Field; Medical Order Process last three

COMPETENT PATIENT CARE

PAIN MANAGEMENT

LMHS Policy & Procedure M02 07 704, provides guidelines for assessment, reassessment and management of pain. In accordance with "Patient Rights," LMHS Policy ensures that the patient has access to the highest level of pain relief that may safely be provided.

Pain Measurement Tools

Pain assessment is documented, as applicable, on the appropriate pain monitors including admission history, admission assessment, shift assessment and nursing diagnosis. An appropriate pain scale rating will be utilized in conjunction with physiological data to guide pharmacological management of pain. LMHS Pain Management Policy (M02 0704) provides visual examples of pain rating scales for:

Standard Scale (0 – 10 Numeric Pain Intensity Scale)

This pain scale is used to assess an adult patient's pain level if they display appropriate cognitive and verbal skills. It is a visual numeric pain scale (VAS) and consists of a straight line with end points identified as 0 = No Pain to 5 = Distressing pain to 10 = Unbearable Pain

Wong Baker Faces Pain Rating Scale

This pain scale will be considered for pediatric patients, as well as, those with impaired cognition and communication barriers.



FLACC Pain Scale

The FLACC (Face, Legs, Activity, Cry, Consolability) scale should be used with ANY patient who is unable to use the VAS or FACES scale. This includes non-verbal patients, patients on a ventilator or patients who are Limited English Proficient (LEP). Each of the five categories is scored from 0-2, which results in a total

score between zero and ten. The FLACC scale can be visualized on the Clinicomp system and in the Pain Management Policy & Procedure.

Teaching patients and families (when appropriate) methods of pain management is part of their treatment.

RESTRAINTS

LMHS policy defines restraints as any method of restricting a person's freedom of movement, physical activity or normal access to his or her body. It is not specific to any treatment. It is LMHS policy to: Preserve patient's rights, dignity and safety during the use of restraints.

Discontinue the individual use of restraints, as soon as possible.
Educate staff to demonstrate competence in safe use of restraints.
Utilize time-limited orders for restraint.

The Joint Commission for the Accreditation of Healthcare Organizations (JCAHO & AHCA) has developed guidelines that make restraining patients a last intervention. Those guidelines have drastically reduced the instances of patient restraint. Lee Memorial Health System has developed training, in the appropriate use of restraints, to meet those guidelines.

Alternatives to restraints must be attempted, except in emergency situation. These alternatives could include, but are not limited to, changing the patient location, leaving a light on in the room, and having a family member or friend stay with the patient. Placing the mattress on the floor to decrease the likelihood of a fall out of bed is another alternative.

No matter what the reason, all restraints require a Licensed Independent Practitioner's (LIP) order. When restraint placement is the only option, an order must be obtained from a MD (Medical Doctor, DO (Doctor of Osteopathy) or an ARNP (Advanced Registered Nurse Practitioner).

A PRN or "as needed" orders are not acceptable. There must be clear documentation of the reasons for restraint and the least restrictive form of restraints should be used. Once the restraint is in place, the patient must be observed routinely, and observations recorded. Family members need to be told why and when restraints were placed. Patient and family education is a big part of the restraint procedure. It is necessary to keep them informed.

Calling for Restraint Assistance. There are times when a patient presents a serious threat to his safety, or the safety of the staff and patients. The security staff will assist and place the restraints.

Note: The Emergency Code Update change, from Code Green, to Security STAT (Security and Additional Personnel Needed.)

Restraint Standard Does Not Apply To:

Standard practices that include limitation of mobility or temporary immobilization related to medical diagnostic or surgical procedures and related post-procedure care process (example: surgical positioning, IV arm boards, radiotherapy procedures, orthopedically prescribed devices.)

Voluntary Mechanical Support used to achieve proper body position, balance, or alignment so as to allow greater freedom of mobility than would be impossible without the use of such mechanical support not generally Protective equipment such as helmets.

Restrictive Devices applied by Law Enforcement (Forensic) Officials: Handcuffs and other restrictive devices applied by law enforcement of officials for custody, detention, and public safety reasons and are not involved in the provision of health care.

A Security Guard/Patient Care Attendant inside, or outside, a patient's room does not constitute seclusion – this is *an alternative*.

Time Out – a brief, less than thirty minutes, voluntary separation from program activity, or other patients, initiated by the patient or at the request of the staff to help the patient regain self-control.

For additional information, refer to restraint policy “Care of Patients in Restraints,” SO3-01-004.

DIVERSITY

Diversity is defined as any collective mixture characterized by similarities and differences. (Institute for Diversity, IFD).

LMHS is an organization committed to a belief in the potential of its people. Fundamental to this belief is an endorsement of the concept of persons. This concept begins with an understanding of not only our differences in terms of culture, gender, race, ethnicity, age education, lifestyle, and disability, but in our unique talents and skills. Recognizing these similarities and differences helps us to understand and appreciate the diversity of our employees and patients

Cultural Awareness

“Cultural Awareness” is an LMHS competency requirement. It is the ability to recognize, respect, enable and encourage similarities and differences on an individual, group and organizational level. This awareness allows us to work effectively with our changing, diverse employees and community and increases the quality of care for our customers. *As employees of a healthcare organization, we are ethically obligated to provide culturally sensitive care to all of our customers.*

Language Services

LMHS offers language assistance services at no cost to its customers. Hospitals must “assure the competence of interpreters” by providing “qualified” and trained interpreters and “should not use family members, friends, or children as interpreters.” Interpretation services at LMHS are provided in the following ways:

Staff Interpreters: To reach the on-duty Staff Interpreters, *page 930-8485*. Staff interpreters are available seven days per week from 7am-8pm and they travel from campus to campus depending on need. LMHS Staff Interpreters have been trained and qualified in the areas of medical terminology, basic anatomy, and cultural competence. Staff Interpreters

provide interpretation services in the most frequently requested languages in the system: Spanish, Haitian Creole, and French.

Dual Role Interpreters: Dual Role Interpreters are bilingual employees who have a primary job in the system with a secondary job of “interpreter”. The list of Dual Role Interpreters and contact information can be found on the Diversity website under: IntraLee/Departments/HR/ Diversity/Language Services. Dual Role Interpreters are available during their regular shift and campus. LMHS Dual Role Interpreters have been trained and qualified in the areas of medical terminology, basic anatomy, and cultural competence.

Language Line: This service provides medically qualified interpreters in 150 different languages, 24 hours a day, and seven days a week. Call 1-800-266-7092 to utilize this service; step-by-step access instructions can be found on the diversity website on IntraLee. This is the only interpretation source that is available 24 hours a day.

Sign Language Interpreter

To obtain a sign language interpreter for a customer who is deaf, please contact the *Deaf Services Center of Southwest Florida* at 461-0334.

Translated Documents

LMHS provides various system-wide documents and communications in different languages. For a list of translated documents, contact Forms Management via IntraLee, or call 334-5971.

ETHICS, RIGHTS & RESPONSIBILITIES

What is the ethics structure at LMHS?

The clinical ethics structure at LMHS consists of five Ethics Consultation Groups. There is one group at CCH, HPMC, LMH, SW/GC and TCH. Anyone is welcome to attend these groups, or inquire about membership. The Ethics Council consists of officers from the Ethics Consultation Groups and additional system representatives, including Legal Services, Medical Staff Services, and Spiritual Services. The Ethics Council addresses system-wide ethical issues. The consult groups and council are multidisciplinary in membership.

What is the role of these groups and council?

The Ethics Consultation Groups and Council are a response of LMHS to Joint Commission's standards on ethics, individual rights and responsibilities. These groups and council have four functions. Study and review ethical issues. Provide consultation on specific cases presenting ethical dilemmas.

Provide opportunities of education for group members, the institution, and the community regarding ethical issues and decision-making.
Develop and review system-wide policies that impact patient rights, responsibilities, and organizational ethics.

Who can make a referral?

Anyone can make a referral for an ethics consultation.
How is a referral made?

To begin the process, call the new Ethics Consult Request Line at 432-3049. A consult request form may be obtained through IntraLee. To access this form:

Log on to IntraLee

Select "Departments,"

Select Forms Management

Select "Ethics" from the Web Page Directory

Complete FM#2340, identifying the dilemma.

Send the form to the LMHS Spiritual Services

Department at HPMC (fax: 432-3105), Monday through

Friday, 8am to 4:30p. At night, or on weekends, contact

the Nursing Administrative Supervisor for immediate

requests.

What happens then with the process?

An ethics consult group member is assigned to review the case and assess the dilemma. The review determines if an ethics meeting is convened for an emergency consultation.

What policies exist?

Several policies address ethics, individual rights and responsibilities. They include:

S0 1 01 709 - Patient Rights and Organization Ethics

S0 1 01 711 - Patient Rights and Responsibilities

S 01 02 240 - Ethics Case Consultation

S 01 02 244 - Ethics Committee Structure and Function

LMHS COMPLIANCE PROGRAM COMPLIANCE PROGRAM GUIDELINES

LMHS must comply with literally thousands of health care rules that have been created by both the State and Federal government. It is our responsibility to know and understand the laws and regulations that apply to our jobs. If we fail to comply with these rules, the government can impose significant fines and penalties and we could lose our right to participate in the Medicare and Medicaid programs.

An effective compliance program demonstrates to the community at large our commitment to provide quality patient care within the framework of an honest and responsible business relationship

STANDARDS OF CONDUCT

The Standards of Conduct handbook is a part of the overall compliance program for our organization. The handbook covers topics such as acceptance of gifts, conflicts of interest, violations of copyright laws, and

promoting a positive work environment. The Standards of Conduct establish the behavior expected of the LMHS employees, volunteers, and physicians. While these Standards cannot cover all situations that arise, they should guide our decision-making to ensure that we perform our work in an ethical and legal manner.

DISCRIMINATION, HARASSMENT, RETALIATION

It is the responsibility of LMHS to provide a positive work environment, free from any form of harassment, including sexual harassment. According to LMHS Discrimination, Harassment and Retaliation Policy and Procedure, SO9 06 178, discrimination, harassment or retaliation of any individual on the basis of race, religion, sex, national origin, age, disability, military status or other protected status will not be tolerated.

What to Do?

If you have observed, or if you are a victim of harassing conduct, speak to the harasser, and clearly request the offending behavior to stop. If the behavior does not stop, or if you are not comfortable speaking to the harasser, contact your supervisor, manager, director, or a Human Resource representative. Your complaint will be investigated by Human Resources, after which appropriate action will be taken. There will be no retaliation against a person for this participation in a harassment investigation.

PATIENT END OF LIFE – DYING WITH DIGNITY

Both Federal and Florida State laws provide for the individual's right to make decisions regarding their medical treatment. Congress passed the Patient Self-determination Act in 1990, and "Advance Directives" are the means by which we recognize that right. LMHS processes for assuring that the wishes of our patients are respected are described in Policy & Procedure, #S0 01010, Advanced Directives.

Advance Directive is a legal document, that tells Physicians and other caregivers, what treatment the patient wants (or does not want) to receive if they become unable to give instructions. The most common type of Advanced Directives is "Living Wills" and designations of a "Health Care Surrogate." If the patient has an advance directive, a copy of the document is placed in the patient's medical record.

A Living Will is a document that lets an individual explain in writing, which medical treatment they want (or don't want) to receive at the end of their life. It takes effect when the individual can no longer make their own decisions, and after the physicians caring for the patient determine that the patient is in a terminal condition or persistent vegetative state, or has an end stage

condition. Once completed, living wills are valid indefinitely, but can be changed or cancelled at any time.

Health Care Surrogate Designation names the person the individual has selected to be their agent, to make health care decisions if they are unable to do so. The surrogate can speak for the patient only after it has been determined that the patient is not able to voice his or her own wishes.

LIFE LINK

“The Life Link Foundation is a non-profit community service organization dedicated to the recovery and transplantation of an increasing number of high quality organs and tissues for transplant therapy. The Foundation attempts to work sensitively, diligently, and compassionately with donor families to facilitate the donation of desperately needed organs and tissues for waiting patients.”

CONFIDENTIALITY GUIDELINES

Preserving Privacy and Security

The rules of privacy and security are closely aligned; they ensure that patient and employee rights are protected.

All patient medical records (paper or electronic) are confidential.

Access to this information is on a need to know basis.

Need to know is defined as a person who is directly involved in the care of the patient.

Being employed by LMHS does not entitle an employee (clinical or not) to have access to patient information - even if that patient is a friend, family member or co-worker. It is unacceptable for any employee of LMHS to access the medical records of a patient unless they are directly involved in the care of that patient.

Unauthorized access to a patient's medical record (paper or electronic) by any employee is unlawful and grounds for immediate termination.

LMHS has specific administrative and departmental policies and procedures about information protection.

Ask your supervisor about any policies specific to your department.

Be aware of non-care givers who might be in viewing range of confidential patient information. Medical records are stored in controlled access, fire protected storage to maintain long-term record integrity and confidentiality. Patient records should not be left in areas accessible to non-care givers.

Patient information discussions should only take place in appropriate work settings

Care should be taken to shield the viewing of computer terminals from non-care givers.

Change your password on a regular basis.

Keep all passwords confidential

Passwords and other security features that allow access to the computer system protect patient information. If you have password access to the LMHS system, never

share passwords, or log in to the health information system using borrowed credentials.

Don't log on and let someone else use the system with your logon ID. You are responsible for all activities during each of your computer sessions.

Don't write your password down, post it, or keep it where others can find it.

Never leave your workstation unattended unless it has been locked or it is logged off.

Change your password immediately if you suspect it has been compromised.

Make your password easy to remember, but don't use personal information that someone could guess, e.g. telephone numbers, date of birth, names, etc.

Passwords should be at least 5 – 7 characters long, alphanumeric and not include "LMHS".

Employee use of camera cell phones, while on duty, is discouraged because they pose a risk to patient privacy, privacy and security of protected health information, proprietary organization information and privacy of workforce members.

Camera cell phones also pose a threat because you're able to forward information by text, or picture, message, to many people. It's easy to disguise the use and the pictures can be posted to web sites.

Enforcement of either Florida State Laws or Privacy/Security regulations can be hefty, including but not limited to the loss of your personal licensure, significant cash fines, lawsuits or jail time.

Employees are encouraged and required by policy to report violations/abuses of patient protect health information to their immediate supervisor, Human Resources, or the Patient Information Privacy Officer.

HIPAA related questions can always be directed to the HIPAA Helpline 432-4474, or 43-CHIP-H, or email Chip at chip.hipaa@leememorial.org.