2021 HFAP GUIDE
"NEW ROSELAND RISING"

"Our very survival depends on our ability to stay awake, to adjust to new ideas, to remain vigilant, and to face the challenge of change."
-Martin Luther King Jr.

WE'VE CONFIRMED
OUR EXCELLENCE
HFAP
Healthcare Facilities Accreditation Program

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PURPOSE OF THE HFAP GUIDE

The Healthcare Facilities Accreditation Program (HFAP) expects all Roseland Community Hospital employees, physicians and volunteers to understand that all hospitals should maintain compliance with the Medicare Conditions of Participation and Coverage.

HFAP has maintained its deemed authority continuously since the inception of CMS in 1965, and meets or exceeds the standards required by CMS/Medicare to provide accreditation to all hospitals, ambulatory care/surgical facilities, mental health facilities, physical rehabilitation facilities, clinical laboratories and critical access hospitals. HFAP is user friendly among caregivers and trains us while surveying.

This HFAP guide is designed to assist you to be knowledgeable on basic standards, requirements and questions that may be asked by a surveyor. Our successful accreditation is important and based on our "RCH Family's" ability to correct deficiencies, so there are no downsides to the discovery of issues during the HFAP survey process.

LOCATING POLICIES AND PROCEDURES

This prep guide provides general information on RCH's Policies and Procedures as they relate to HFAP Accreditation. For a more detailed description of policies and procedures, please follow these steps to locate more information:

1. Go to My Computer

2. Click on Policies on the "L" Drive

3. Locate Final Policies Folder (most recent year)

4. Search for Policies

5. Click on identified policy & review or print

MISSION STATEMENT

The New Roseland Community Hospital is the community's integrated and coordinated healthcare choice, where professional caregivers provide quality services on the path to recovery and overall wellness.

VISION STATEMENT

The New Roseland Hospital will be the patient-driven healthcare organization of choice for the households of Greater Roseland and the surrounding communities.

CORE VALUES

The New Roseland Community Hospital will treat all patients, guests and staff, with:

- **Respect**
- **Dignity**
- **Compassion**

The New Roseland Community Hospital is committed to:

- **Quality**
- **Stewardship**
- **Diversity**

WORK IDENTIFICATION BADGES

All employees are issued photo I.D Badges and required to wear I.D's at all times while on the premises of The New Roseland Community Hospital.

I.D's must be worn above the waist area
with photo, name and department visible.

In the event ID's are misplaced or forgotten, please contact Human Resources.

HIPAA
(Health Insurance Portability and Accountability Act)

Protecting the Privacy and Confidentiality of Protected Health Information

WHAT IS HIPAA?

- Protects the privacy of patient information
- A standard electronic format for common healthcare transactions (e.g. submitting a claim)
- Adequate protection of patient health information
- Fines can be assessed to institutions that fail to protect the privacy and security of patient information

HIPAA PRIVACY CONCEPTS

Patient Rights

Minimum Necessary

Authorizations

Business Associates

Physical, Administrative and Technical Safeguards

HIPAA PRIVACY CONCEPTS

PATIENT RIGHTS

Notice of privacy practices

- Details the patient's rights and RCH's HIPAA obligations
- Must be given to a patient the first time they come to RCH
- Must give to patient if he or she asks for a copy

Access to Personal Health Information (PHI)

- In most cases, patients (or their personal representatives) have a right to inspect and make copies of their PHI
- Patients can request access by signing the **Patient Rights Request Form**

Minimum Necessary

- Only the **minimum amount of PHI** must be used or disclosed in order to accomplish the task at hand
- Does not apply to PHI used for treatment purposes
- All employees should be sensitive to not accessing more PHI than is needed to complete their job

HIPAA PRIVACY CONCEPTS

Authorizations

Must be obtained in writing for any use or disclosure to a third party that does not fall under treatment, payment, or healthcare operations categories. Authorizations are kept in patients' medical records and are purpose-specific and duration-specific.

Authorizations are NOT needed when providing PHI to another hospital, physician, or nursing home if a treatment relationship exists with the patient.

Physical, Administrative, and Technical Safeguards

- Oral communication involving PHI
- Secure Paper Files
- Computer and password management
- Document disposal in shredders (vs. recycling)
- Faxing (use cover sheets; verify recipient's information)
- Do Not e-mail PHI

ROSELAND COMMUNITY HOSPITAL'S PRIVACY PROGRAM

RCH EMPLOYEES MUST COMPLY WITH HIPAA STANDARDS

Your Responsibilities:

- Complete Annual HIPAA Training
- Comply with all HIPAA Policies
- Keep patient privacy and confidentiality in mind in everything you do
- Report violations of patient privacy and confidentiality

How to Report a Potential HIPAA Issue

Notify your supervisor

Call the RCH Corporate Compliance Hotline at (773) 995-3051

(24 Hours a Day, 7 Days a Week. Calls are anonymous & confidential)

Talk with your manager if you have questions about patient privacy.

COMPLIANCE PRINCIPLES

The Compliance Program is a coordinated group of activities designed to prevent, detect, and correct both intentional and inadvertent violations of the law or RCH policy.

Who's Affected?
- All RCH Employees, Departments, and Divisions
- Agency and Staff personnel
- Medical Staff

Compliance Program Activities:
- Written policies to explain and prevent violations of legal requirements
- Auditing and monitoring activities
- Investigation of alleged illegal and unethical conduct
- Discipline of Employees who fail to comply
- Pre-employment screening

> **OUR RESPONSIBILITIES:**
> To perform job functions consistent with compliance laws, policies, and rules. Report <u>any</u> activity that appears to violate the law or any RCH compliance policy.

DISCIPLINE FOR A HIPAA OR COMPLIANCE VIOLATION

- Employees who violate the law or RCH's HIPAA or Compliance Policies are subject to Human Resource Disciplinary Action

- Employees who are aware of any violation of the law or RCH's HIPAA or Compliance policies and fail to report it are also subject to Human Resources disciplinary action.

Please Note: Individuals and Institutions can be subject to consequences and or fines as a result of a HIPAA violation. Please contact the Chief Compliance Officer for more details.

PATIENT SATISFACTION

SATISFACTION
100%
GUARANTEED

Patients are our #1 Priority!

One of the most important ways RCH assesses and improves quality is to encourage patients to speak up.

**RCH staff should always provide
quality patient care and customer service.**

**For complaints and concerns please refer individuals to the
Patient Advocate Hotline Number: (773) 995-3410**

All calls are confidential.

"At our <u>BEST</u> for <u>YOU</u> in <u>ALL</u> ways!!!"

PATIENT SATISFACTION SURVEYS

RCH uses two surveys to gauge patient satisfaction
and obtain patient feedback.

NRC Picker Program Survey

Surveys will be per telephone to
a random sample of RCH
patients, conducted by an
outside company.
Weekly, monthly and quarterly
reports are available via the web.

RCH Internal Survey

Gives patients the
opportunity to provide
just in time feedback
on their patient experience.

**We follow up on ALL of our Discharged Patients through The New
Roseland Community Hospital's *Call Back Program.***

*Patients
are our #1
Priority!*

SATISFACTION
100%
GUARANTEED

STRATEGIC PLAN TO IMPROVE OUR HOSPITAL CONSUMER ASSESSMENT OF PROVIDER SYSTEMS SCORES (HCAPS)

RCH Clinical Staff on every unit should complete hourly rounds and focus on the following principles when monitoring patients.

CONCENTRATE ON 4PS

Pain: Inquire about patient pain hourly during your rounds. Address it timely and appropriately. Reassess if the pain score has decreased. Make sure patient is comfortable throughout the stay in hospital.

Potty: Assist the patient to the bedside commode or bathroom as necessary. Anticipate patient needs and be proactive.

Position: Change patient's position every two hours for those who are at high risk for pressure sores and bedridden cases.

Personal Needs: Address patient needs hourly by stating, "Is there anything else I can do for you?"

PATIENT IDENTIFICATION

Color Wristbands

PURPLE - DNR PATIENT BAND

DEEP RED - ALLERGY PATIENT BAND
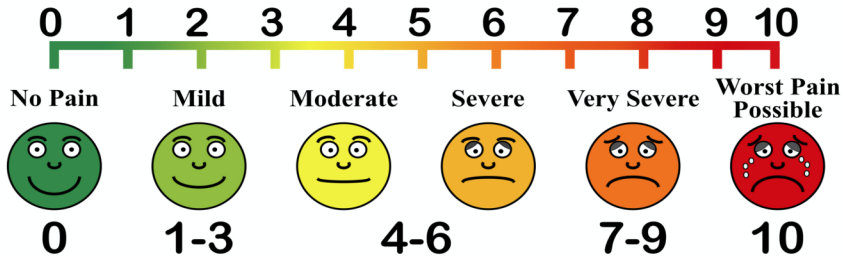
YELLOW - FALL RISK PATIENT BAND

RED - BLOOD PRODUCTS BAND

WHITE - RCH PATIENT BAND

PAIN ASSESSMENT / REASSESSMENT

At RCH adult patients are encouraged to use the 0-10 scale.

A similar scale is used for children, with the range of 0-5, in which they are asked to select the face that best describes how they feel. If they cannot understand or are unwilling to use it, the smile-frown or verbal scale is used. After receiving pain medication, reassessment should be conducted within 30 minutes.

0   1   2   3   4   5   6   7   8   9   10

No Pain	Mild	Moderate	Severe	Very Severe	Worst Pain Possible
0	1-3	4-6		7-9	10

RESTRAINT ASSESSMENT

**At The New Roseland Community Hospital restraints are
classified in two categories:
behavioral or non-behavioral restraints.**

Behavioral

- *Mechanical*
- *Seclusion*
- *Chemical*

Non-Behavioral

- *Soft Wrist Restraints*
- *Posey Vest*

RCH MITTENS ARE NOT CONSIDERED A RESTRAINT

Please Note: A time limited doctor's order is required for all restraint use. All patients in restraints must be monitored according to protocol.

Please review your restraint policies and protocols with your nurse managers.

RCH employees are required to update restraint logs daily.

HEALTHCARE-ASSOCIATED INFECTIONS (HAI)
NOSOCOMIAL INFECTION

Infection is acquired while patient is hospitalized
usually occurring 48 hours or more after admission.

How We Can Prevent HAI Infections?

1. Practice proper hand washing & hand hygiene throughout the day.

2. Utilize standard precautions with all patients' blood & body fluids.

3. Adapt good work practices.

4. Use engineer and work practice controls. Wear PPE when indicated.

5. Dispose of Bio Hazardous waste & Personal Protective Equipment properly.

INFECTION CONTROL

HAND WASHING:

CLEAN Hands save lives

Single most important procedure to prevent Healthcare-Acquired Infections. The prevention and control of infection is everyone's responsibility.

Steps for Routine Hand Washing:

- Using soap and water, rub well-lathered hands vigorously together for 20 Seconds
- Rinse hands thoroughly under running water
- Wipe hands dry
- Use a paper towel to turn off the faucet
- Use dry paper towel to open door

MUST be performed:

- Whenever visibly contaminated
- After using washroom facilities
- Before and after meals
- Before entering and when exiting Enteric isolation rooms

INFECTION CONTROL

HAND HYGIENE:

Involves using alcohol-based hand sanitizers such as Purell, between hand washing and when hands are not visibly soiled whenever you are unable to wash your hands. When using Purell, allow your hands to dry completely before starting your tasks.

USING GLOVES DOES NOT ELIMINATE THE NEED FOR GOOD HAND HYGIENE

Hand sanitizer should be used:

• Before and after patient contact

• Before entering and when exiting patient rooms

• Before performing septic procedures

• Before applying and after removing gloves

NAIL HYGIENE:

Artificial nails are not to be worn by associates having direct contact with high risk patients.
Nails should be kept 1/4 length or less.

DISINFECTANTS

APPROVED DISINFECTANTS FOR CLEANING EQUIPMENT & HARD NON-POROUS SURFACES

1. **Use appropriate PPE** and follow manufacturer's directions for use of all disinfectants.

2. **PDI SUPER SANI-CLOTH** (2 Min. Contact Time) - Surface must remain wet for 2 minutes for disinfecting equipment and hard non-porous surfaces.

3. **CLOROX GERMICIDAL** (5 Min. Contact Time) - Used for cleaning of ICU Rooms, Isolation rooms, and hard non-porous surfaces potentially contaminated with C-Difficile spores.

4. After equipment is cleaned, apply label indicating "**CLEAN/LIMPIO"** and place in designated clean storage area until ready for use.

TO BE SAFE AND EFFECTIVE, EACH TYPE OF DISINFECTANT MUST BE USED APPROPRIATELY AND ACCORDING TO THE MANUFACTURER'S SPECIFICATIONS .

HAZARDOUS MATERIALS

POTENTIALLY INFECTIOUS MEDICAL WASTE (PIMW) – Any waste or disposable equipment that contains or is contaminated with BLOOD or BODY fluids. Contaminated materials are to be placed in RED PLASTIC BAGS and placed in infectious waste containers located in your department (e.g. used IV tubing, wound dressings, cultures and stocks, human pathological waste).

CLEANING OF REUSABLE EQUIPMENT – Contaminated reusable equipment is to be placed in RED PLASTIC BAGS and placed in the soiled utility room to await SPD pick-up. If contaminated reusable equipment is to remain in the department, it must be cleaned by departmental associates using appropriate PPE and approved disinfectants following manufacturer's directions, labeled with Clean/Limpio label and placed in designated clean storage area.

SAFETY DATA SHEETS (SDS) – Communicate the hazards of hazardous chemical products and provides workers and emergency personnel with procedures for handling or working with substances in a safe manner. SDS are available to all employees and located on their desktops.

**Hazardous Materials and Waste Management Plans are
available to all employees in the RCH Safety Manual.**

ISOLATION PRECAUTIONS

Infection

Isolation Area
Please Speak to
Nurse **Before** Entering

ISOLATION SIGNS

**To prevent spread of organisms,
an isolation sign is placed on the patient's room door.**

Everyone needs to read and follow these instructions carefully before
entering an isolation room or having contact with the patient.

**AIRBORNE ISOLATION, DROPLET ISOLATION,
CONTACT ISOLATION, ENTERIC ISOLATION**

ISOLATION PRECAUTIONS

DROPLET ISOLATION

Definition - Germs that are spread via coughs or sneezes.

Room Placement - Private room. Consult Infection Control. Cohort if private room is not available (i.e. place patient in semi-private room with another patient who has the same infection)

PPE - N95 mask when working within 3 feet of patient

Patient Transport - Limit transport of patient. Use surgical mask on isolation patient during transport

Signage - Visible Signage for Covid isolation in designated rooms in ICU and isolation units

AIRBORNE ISOLATION

Definition - Germs that are spread via the air

Room Placement - Private Negative pressure room

PPE - N95 respirator mask. Susceptible persons should not be allowed to enter patients' room

Patient Transport - Limit transport of patient. Use surgical mask or isolation mask on patient during transport

Signage - Visible Signage for isolation in designated rooms in ICU and isolation units

ISOLATION PRECAUTIONS

ENTERIC ISOLATION

Definition - Germs spread via Clostridium Difficile patients
Room Placement - Private room. No fresh fruit, fresh vegetables or live plants allowed in these rooms
PPE - Gloves, mask, goggles/face shield if splash is likely to occur
Patient Transport - Must wash hands with soap before entering and after exiting room
Alcohol-based sanitizers are ineffective
Signage - Visible Signage for isolation in designated rooms in ICU and isolation units

CONTACT ISOLATION

Definition - Germs spread via direct contact with infected area
Room Placement - Private room. Consult Infection Control
Cohort if private room is not available (i.e. place patient in semi-private room with another patient who has the same infection)
PPE - Gloves and gowns. Equipment is to be used only for that patient
Patient Transport - Limit transport of patient. Ensure that contact area of infection is protected from transmission of microorganisms to staff, other patients and environment
Signage - Visible Signage for isolation in designated rooms in ICU and isolation units

RAPID RESPONSE TEAM

The Rapid Response Team is not a "Code Blue" Team,
it is really a Code Prevention Team.

There is good evidence that, hours before most cardio respiratory arrests, many patients exhibit symptoms of change in clinical status that may be below the criteria level for ICU transfer but the bedside nurse has a sense that something is going on. Whenever a bedside nurse has such a concern, the nurse should **call ext. 3333 (ask for Rapid Response Team)** and a team composed of an experienced ICU Nurse and a Respiratory Therapist (and possibly a Physician) comes within 5 minutes. The team works with the bedside nurse to evaluate the patient for either the need to call a physician or for potential transfer to a higher level of care.

RCH Protocol- Please Call Extension 3333 - Ask for Rapid Response.

EMERGENCY CODE STRUCTURE		
Event/Activity	Code	Your Response
Cardiac / Respiratory Arrest	Blue	Call for help. Begin CPR. Get the Crash Cart.
Pediatric Medical Emergency	Yellow	Call for help. Begin CPR. Get the Crash Cart. Applies to children 8 years old and under.
Fire	Red	RACE: Remove, Alarm, Contain, Extinguish PASS: Pull, Aim, Squeeze, Sweep
Hazardous Materials Release	Orange	Remove people from danger. Call for help.
Mass Casualty	Triage Standby	An event has occurred that may impact the hospital. Employees mobilized during a Code Triage Standby remain on duty until released by their supervisor/manager.
Infant/Child Abduction	Pink	Look for anything or anybody acting suspicious. Monitor all exits to your area and report to Security. Report to Security.
Severe Weather	Black	Close the blinds or drapes. Remove people from danger.
Tornado	Black	Move patient beds to interior wall, pull privacy curtain. Move all ambulatory patients and visitors to the hallway.

EMERGENCY CODE STRUCTURE

Event/Activity	Code	Your Response
Severe Snow Storm	Black	Report to the Charge Nurse. All staff stays beyond their shift until released by the nursing supervisor.
Utility Failure	Green	Used to notify staff of any type of utility failure (to include power, water, heating, air conditioning, computer, phone or medical gases). If appropriate a specific area or room number to designate the exact location follows this code.
Security Assistance	Armstrong	Disruptive behavior, verbal altercations, fights.
Evacuation	Purple	Determined by the ranking fire official. Move laterally before moving vertically.
Bomb Threat	Brown	Telephone: Listen, take notes, ask where device is located, when will it go off? Alert staff and Administrator on call. Perform visual searches only, do not touch object, and prepare for relocation/evacuation.
Civil Disturbance	White	When directed, announce "Attention Code White".
Active Shooter	Silver	Active Shooter within hospital or on premises immediate lockdown, CPD notification.
Elopement	Gray	Immediate lockdown per security and CPD notification.
Clear	ALL CLEAR	Resume normal activities.

EMERGENCY CODE STRUCTURE

Event/Activity	Code	Your Response
ED Census Alert	**Blue**	Informs the staff of Emergency Department (ED) Saturation. Staff performs an immediate assessment of potential discharges, determines time frame needed and mode of transport needed. Reports are given to the Nurse Patient Care Manager or a designee (House Supervisor) to expedite bed control policy.
Stroke Alert	**Blue**	To determine if implementation of a stroke alert protocol will reduce arrival time to computed tomography scan time and treatment time for stroke patients in the Emergency Department (ED).
Sepsis Alert	**Blue**	A Sepsis alert is called when the patient is suspected of having severe sepsis or septic shock. The Sepsis Alert Team, including RRT, lab technician, Administrative supervisor, Vascular Access Team and Intensives (during their working hours) respond. The pharmacist is placed on alert for antibiotic orders.

FIRE SAFETY

Rescue

Alarm

Contain

Extinguish

R.A.C.E.

Rescue: Remove all patients, visitors and staff from immediate danger.

Alarm: Pull the nearest pull station. Dial "3333". Tell operator you have a Code Red and give location.

Contain: Close all doors to patient rooms, etc. Make sure compartment doors drop when fire alarm sounds.

Extinguish: If safe to do so.

P.A.S.S.

Pull: Pull the pin.

Aim: Aim at the base of the fire.

Squeeze: Squeeze the handle.

Sweep: Sweep side to side.

Remember!

Pull

Aim

Squeeze

Sweep

DOWNTIME PROCEDURES-DISASTER

Roseland Community Hospital has created a Disaster Recovery Plan to recover its Information Systems in the event they are impacted by a disaster.

This process is utilized to respond to an emergency or other occurrence (i.e.; fire, vandalism, system failure or natural disaster) that damages Information System assets that contain Electronic Protected Health Information (EPHI).

RCH is committed to the continuation of critical business processes during emergency mode, while protecting the security of EPHI. RCH workforce members receive regular training to maintain awareness on the disaster recovery plan.

Covid-19 Protocols

The New Roseland Community Hospital created a Covid-19 Virus Task Force to respond to the needs of our community, patients, and staff during this pandemic.

The Task Force is a multi-disciplinary group of clinicians and support staff

working to ensure that proper treatment during the pandemic is delivered in a safe and effective manner. The Task Force established guidelines to deal with

Infection Control, Covid-19 Testing, Patient Quarantine, and overall safety for patients and hospital staff.

RCH continues to enhance the protocols to deal with prevention, testing, and

ultimately treatment of the Covid-19 virus ensuring adequate PPE to hospital staff.

Maternity Center & Fetal Medicine

We are committed to serving expecting moms in our OB Department and protecting the unborn in our new High-Risk Clinic. Specific protocols are in place to support and protect mother and baby when they come to the hospital.

In the Emergency Room, expectant mothers are immediately identified and directed by Physician to the OB Unit for specialized care. In the OB Unit, doctors and nurses provide care in a safe and protective environment. Our maternal-fetal medicine doctors and staff offer a full range of high-risk obstetrics services, including:

- Caring for high-risk pregnancies (mothers older than 35 years of age, maternal obesity, hypertension, diabetes, asthma, anemia, thyroid disease, and lupus)
- Multiple pregnancies
- History of premature labor, pregnancy loss, abnormal fetal growth, and complications
- Ultrasound evaluations and genetic testing

WHAT IS A SENTINEL EVENT?

SENTINEL EVENT: An unexpected occurrence involving death or serious physical or psychological injury or the risk thereof. Serious injury specifically includes loss of limb or function.

Examples include:

- Suicide of any individual receiving care, treatment or services in a staffed around-the-clock care setting or within **72** hours of discharge
- Unanticipated death of a full-term infant
- Abduction of any individual receiving care, treatment or services
- Discharge of an infant to the wrong family
- Rape

CONTACT YOUR MANAGER AND RISK MANAGEMENT 773-995-3051.

COMPLETE AN INCIDENT REPORT IN THE M.E.R.S. SYSTEM.

Risk Management must be contacted regarding every sentinel event regardless of outcome.

GIFT OF HOPE

Gift of Hope Organ & Tissue Donor Network is proud to serve as the federally designated not-for-profit agency that coordinates organ and tissue donation and supports families of donors in the northern three-quarters of Illinois and Northwest Indiana. All healthcare workers are required to follow RCH Policy and Procedures for Organ procurement and possible donors. (***See Policy NRD-02)***

As required by the Centers for Medicare and Medicaid (CMS) Conditions of Participation in the Medicare Program, Roseland Community Hospital must refer all deaths to the Organ Procurement Organization, which, for RCH is Gift of Hope.

1-800-545-GIFT

giftofhope℠
Organ & Tissue Donor Network

RCH SENIOR TEAM

Tim Egan

President / Chief Executive Officer

Gil Jean
Chief Nursing Officer

Bob Vais
Interim Chief Financial Officer

Nikia Glenn
Director of Human Resources

Elio Montenegro
*Director of Strategy /
Business Development*

James Huckabee
Director of Facilities

Rogelio Cave, M.D.
Medical Director

Dr. Khurram Khan
Chief Medical Officer

Sue Macut
Director of IT

Essix White
Director of Hospital Operations

MEDICAL STAFF OFFICERS

Khurram Khan, MD, Medical Staff President
Tunji Ladipo, MD, President-Elect
Rakesh Salgia, MD, Secretary/Treasurer
Rogelio O. Cave, MD, Medical Director
Jai D. Arya, MD, Chair of Medicine &
Chair of Emergency Medicine
Jose De Leon, MD, Chair of Surgery
Philip Okwuje, MD, Chair of Obstetrics
& Gynecology
Madhupa Sud, MD, Chair of Pediatrics

**Roseland Community Hospital's Strategic Plan
is based on the Five Pillars of:**

Patients

Physicians

Employees

Community

Collaboration

The New Roseland
Community Hospital

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