Welcome to Advocate!

New Associate Orientation
Information for New Hire Associates, Clinical Students, Contractors, Physicians and Allied Health Professionals
Goals of Orientation

• Provide a system overview and insight into Advocate BroMenn/ Advocate Eureka

• Provide an understanding of the expectation of you as an Advocate Associate or guest in our facility

• Provide you with resource information
Topics in the presentation include:

- Our Hospitals – history, leadership, technology and people
- The Advocate Experience
- Mission Values and Philosophy
- From MVP to Key Result Areas
- Infection Control
- Business Conduct
- HIPAA Privacy Training
- “Need to Knows”
About our Hospital

- History
- Leadership
- Technology
- People
Key Dates in our hospital’s history

1896

• Brokaw Hospital Founded
Key Dates in our hospital’s history

1919

- Mennonite Hospital founded
Changes Over Time

1978
- Eureka Hospital purchased

1984
- Brokaw Mennonite merger

1995
- BPMC formed

1999
- Mennonite College of Nursing moves to ISU
Key Dates in our hospital’s history

- BroMenn Healthcare System Merges with Advocate Health Care.

2010
Advocate Health Care System

- 250 sites of care including 10 acute-care hospitals
- Chicagoland’s largest employer (30,000 employees)
  - Including 6,000 affiliated physicians and 9,000 nurses.
- One of nations top 10 healthcare systems in nation
- Largest integrated health system in state
- Largest emergency and Level I trauma network in state
Key Dates in our recent history

2012

Advocate BroMenn New Tower

- Opened in June 2012. Houses our Progressive Care Unit, Intensive Care Unit and Mother Baby Units.
Key Dates in our recent history

2012

Advocate BroMenn Outpatient Center
- Opened August 2012.
Local Leadership Team  BroMenn/Eureka

Colleen Kannaday  
President

Aron Klein  
VP, Finance

Laurie Round  
VP, Patient Services/CNE

Dr. James Nevin  
VP, Medical Management

Bob Miller  
VP, Operations

Anna Laible  
Administrator  
Eureka

John Hesse  
VP, Business Development

Tony Coletta  
VP, Human Resources

Sharon Adams  
VP, Operations  
AMG

Scott Ford  
VP, Development

Advocate BroMenn Medical Center  
Eureka Hospital
Advocate BroMenn Patient Service

Statistics

Over 40,000 people visit our Emergency Room annually!

Approx 1600 babies were born in our Labor & Delivery dept last year
  ❖ Listen for the baby lullaby!

6000 surgeries performed annually

Over 10,000 adult admissions each year
Innovations

• At BroMenn and Eureka we pride ourselves as being “cutting-edge” and offering services that few hospitals provide.

• Let’s take a look at a few of the many things we’re doing.....
The “Da Vinci” Robot

Enabling doctors to perform quicker, cleaner, and more precise surgeries.
Achieva MRI with CinemaVision

3D virtual reality system that lets patients watch their favorite DVD or listen to their favorite music. The image produced gives patients the illusion that they are watching a 62 inch TV.

Decreases the need for sedation, increases patient safety!
Hyperbaric Oxygen Chambers

Oxygen therapy to promote wound healing
Each spring, Advocate’s leaders visit the sites for the "Advocate Forums," giving you an opportunity to meet, interact with, and ask questions to Advocate’s leadership.
Local Entities

- Advocate BroMenn Medical Center
- Advocate Eureka Hospital
- Advocate Medical Group
- Advocate at Home, Home Health and Hospice Services
- Office of Charitable Giving
Joint Ventures

- Community Cancer Center
- Evergreen Place/Evergreen Village
- The Center for Outpatient Medicine
- Midwest Center for Sleep Medicine
- Prairieland Outpatient Diagnostic Center
- Advanced MRI
- Orthopedic & Sports Enhancement Center
Mission, Values, and Philosophy

- **Mission** (why we exist)
- **Values** (how we behave)
- **Philosophy** (what we believe)
The Mission of Advocate Health Care is to serve the health needs of individuals, families and communities through a holistic philosophy rooted in our fundamental understanding of human beings as created in the image of God.
Values

Compassion
Excellence
Equality
Partnership
Stewardship

Advocate Health Care
The Values of Advocate Health Care serves to guide our relationships and actions

- **Equality**  We affirm the worth and spiritual freedom of each person and treat all people with respect, integrity and dignity.

- **Compassion**  We embrace the whole person and respond to emotional, ethical and spiritual concerns, as well as physical needs in our commitment to unselfishly care for others.

- **Excellence**  We empower people to continually improve the outcomes of our service, to advance quality and to increase innovation and openness to new ideas.

- **Partnership**  We collaborate as employees, physicians, volunteers and community leaders to utilize the talents and creativity of all persons.

- **Stewardship**  We are responsible and accountable for all that we are, have and do.
Philosophy (What we Believe)

The care we provide is holistic. This philosophy means we understand people have physical, emotional and spiritual needs and their relationships to God, themselves, their families and society are vital to health and healing. Through our actions we affirm these principles.
ADVOCATE 2020
Mission, Values, Philosophy

To be a faith-based system providing the best health outcomes and building lifelong relationships with the people we serve.

Vision

Strategies

Key Result Areas

Foundation

Advocate Experience
- Safety
- Quality
- Service

Access and Affordability
- Growth
- Funding our Future

AdvocateCare
- Coordinated Care

Strong Physician Engagement

Advocate Health Care
### An Example of Advocate KRA (Key Result Areas)

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<tr>
<th>2020 Strategies</th>
<th>Key Result Areas</th>
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<th>Target</th>
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<td><strong>Coordinated Care</strong></td>
<td>Advocate Index</td>
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Key Result Areas (KRA’s)

Definition of KRA: Area of strategic focus that is a top organizational priority.

• Safety
• Quality
• Service
• Growth
• Funding Our Future
• Coordinated Care
The Advocate Experience IS

- Creating the safest and best place for our patients to heal, our physicians to practice, and our associates to work.
Behaviors of Excellence

I will always...

- Be Responsive
- Be Respectful
- Be Professional
- Be Collaborative
- Be Accountable
Connecting the Dots…

- Equality
- Compassion
- Excellence
- Partnership
- Stewardship

- Be Responsive
- Be Respectful
- Be Professional
- Be Accountable
- Be Collaborative

Advocate Health Care
Be Responsive

- Make eye contact, smile & say hello.
- Introduce yourself, explain the care/service, & communicate how long it will take.
- Listen attentively and address needs with kindness, patience, & respect.
- Be proactive to anticipate and respond to needs of others.
- Take others to their destination.
- Practice service recovery.
Be Respectful

- Demonstrate respect for cultural and spiritual differences.
- Stop gossip and resolve conflicts.
- Reduce noise to maintain professional / healing atmosphere.
- Use personal electronic devices appropriately / considerately.
- Provide timely updates.
- Communicate in ways others understand.
∇ Represent Advocate positively, both in and out of the workplace.
∇ Act with integrity always.
∇ Maintain a clean / professional appearance and keep badge visible.
∇ Create a positive first and lasting impression.
∇ Learn from experience and seek new knowledge and skills.
∇ Respect confidentiality and privacy.
Be Accountable

- Take ownership to keep our site clean.
- Utilize resources wisely.
- Honor and follow through on commitments.
- Do everything I can to ensure the best health outcomes.
- Practice Culture of Safety behaviors.
- Contribute to achieving organizational goals.
∇ Partner with others to provide exceptional service.

∇ Manage up others by communicating their strengths.

∇ Thank others for their contributions.

∇ Make appropriate and effective handoffs.
Never Underestimate the Difference You Can Make

~ Quint Studer ~
Infection Control: It’s Everyone’s Business

Laurel Mode BSN, CIC, RN, Infection Prevention
Teresa Hogan, BSN, RN
Infection Prevention

- Hand Hygiene
- Respiratory Etiquette
- Isolation
- Safe handling of potentially infectious material
- Immunizations
Why is Hand Hygiene so important?

- Healthcare is a “Hands On” industry.
- Patients are at higher risk of infection because of the stress of recovering from an illness or procedure.
- It is most important action you can take to prevent the spread of infection.
- Hand Hygiene may be done with either Soap & Water or Alcohol Based Hand product provided by the Hospital.
These before and after pictures illustrate how important it is to practice hand hygiene.
Hand Hygiene

- CDC’s 5 opportunities
- Before touching a patient
- Before clean/aseptic procedures
- After body fluid exposure/risk
- After touching a patient
- After touching patient surroundings
- Every time you enter and leave a patient room or care area
Guidelines for Handwashing

• Hands must be washed with *soap and water* when:
  – When hands or gloves are visibly soiled
  – When caring for C Diff patients
  – Soap and water aims to REMOVE dirt and pathogens

• **Must wash hands for full 20 seconds** to be effective

• **Start with Wet hands and cover all surfaces of hands, use lots of friction**

• **Dry skin thoroughly**

• **Use paper towel to turn off faucet, open door, etc.**
Hand hygiene with Alcohol-Based Products

- Unlike soap and water, Alcohol products intend to “kill” pathogens
- Apply product to palm of one hand
- Rub hands together, covering all surfaces of hands and fingers, until hands are dry.
- Do not dry hands with paper towels. Product must be allowed to evaporate in order to be effective.
- Remember to rub between fingers, thumb and around nail beds
Fingernails

• Nails should be short enough to allow thorough cleaning and not cause glove tears (recommended nail tips less than 1/4 inch long).

• No artificial nails or extenders for direct caregivers or staff who prepare patient food.
Respiratory Etiquette - Preventing the spread of Infection from Coughing/Sneezing etc.

- Cover nose and mouth with tissue when coughing or sneezing
- Have tissues readily available in waiting rooms, registration areas
- Encourage hand hygiene after coughing/sneezing, or blowing of nose
- Offer and encourage use of facemask by people with respiratory symptoms
Standard & Transmission Based Isolation

• Standard – all the time on all patients
  – Basic Rule: If it is wet and not yours, Don’t Touch It!
  – This means that for all patients, if we are at risk of exposure to blood, body fluids, mucous membranes, and non-intact skin, than appropriate Personal Protective Equipment (PPE) should be worn

• Transmission based:
  – Contact- Pathogens we can get by touching skin, or surfaces in the environment
  – Droplet-Pathogens we can breathe in at close contact, but they drop quickly
  – Airborne-Pathogens that we can breathe in, even at a distance as they float in the air for a long time
  – Combinations of Contact/Droplet or Contact/Airborne are not uncommon

Follow Isolation sign instructions
Isolation Signage and PPE

PPE required for Contact Isolation includes
- Gown
- Gloves
- Standard Precautions (use of additional PPE as needed to protect from blood or bodily fluid)

Special Isolation
- Same PPE requirement as for Contact
- Wash hands with Soap and Water
- EVS will use special cleaning products for daily and terminal cleaning

PPE Reminder
- Always perform Hand Hygiene prior to donning gloves and after glove removal
- Don and doff PPE carefully for maximum protection and to prevent accidental contamination when removing gown and gloves
Isolation Signage and PPE cont’d

PPE required for Droplet
- Regular Mask
- Standard Precautions (use of additional PPE as needed to protect from blood/body fluid)

PPE Reminders
- Shape or mold the mask over your nose
- Be sure it is covering your chin
- Remove upon leaving the room
- Hand Hygiene prior to entering and leaving patient care area

PPE required for Airborne Isolation
- Fit Tested N-95 Mask
- PAPR (Powered Air Purifying Respirator), if Associate did not pass Fit test
- Standard precautions (use of additional PPE as needed to protect from blood/body fluid)

IMPORTANT REMINDER
- **ALL PATIENTS IN AIRBORNE ISOLATION MUST BE IN A DESIGNATED NEGATIVE PRESSURE ROOM.** Be sure to know where these rooms are located on your units

PPE reminders
- Shape the N-95 mask over mouth and nose. Press along edges to form seal. Blow out and check for air leaks
- Read instructions included with the PAPR unit

Advocate Health Care
Sometimes we may need to use more than one type of isolation

**Airborne and Contact Isolation**

Before entering the room:
- Apply gown, gloves and N-95 mask. PAPR may be used in place of N-95 mask.
- Visitors please check at nurse’s station for instructions on use of N-95 mask.

OR

Use alcohol hand rub or wash hands with soap and water

**Visitors:**
See Nurse before entering room. 
Vegan a la enfermera antes de entrar a la habitación.

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**Droplet and Contact Isolation**

Before entering the room:
- Apply mask, gown and gloves

OR

Use alcohol hand rub or wash hands with soap and water

**Visitors:**
See Nurse before entering room. 
Vegeta a la enfermera antes de entrar a la habitación.
PPE Putting on and taking off

- Mask
- Gloves
- Isolation Gown
- Goggles
- Jumpsuit
- PAPR

Advocate Health Care
Sharps Safety

- Contaminated needles, syringes, and other disposable sharps are disposed of in a wall mounted, hazard marked and puncture resistant container
- *Never over fill this container.*

- **Be aware!** - Use caution and follow procedures for handing off of sharp items, such as needles and scalpels.
- *Never* recap needles/syringes after use.
Bloodborne Pathogen Exposure

• If you have an exposure to Blood or Body fluids, first clean the exposed area with soap and water. Take note of the name of the patient and the area where exposure occurred. THEN,

• Notify your immediate supervisor. Then,

• Go to Employee Health within **ONE HOUR** of exposure.
  – Go to ER when Employee Health is closed

• Complete a Patient Safety Event form located on the BroMenn intranet.-Be descriptive as to how the exposure occurred so we can learn from it
Potentially infectious waste and other items

- Trash, used Linens, Dirty food trays and used equipment are placed in Dirty Utility Rooms (DUR) in the clinical areas.
- These rooms will have signage to indicate they are a DUR or will have the Biohazard Symbol on the Door.
- The Biohazard Label are on all containers that contain blood or potentially infectious materials.
- Potentially infectious trash is placed in Red Bags. Remember NO Sharps in trash bins.
- Because all used linen is considered potentially infectious, they don’t require a red bag.
Immunizations

- Immunizations are critical in preventing disease
- Influenza and Pertussis vaccines are required for all HCW
- The Influenza vaccine is required yearly
- The Pertussis vaccine is required one time, though boosters may be recommended in the future.
- Depending on the area where you work, the Hepatitis B vaccine may also be recommended
Questions or Concerns?

- Call Infection Control at 49-2142
- During “off hours” call the clinical coordinator
Business Conduct Program
Business Conduct Program
Code of Conduct

• The code identifies the principles by which we plan to operate
• Communicates the hospital’s commitment to comply with these principles
• Clearly expresses when employees have a duty to report potential problems
• Goal is to prevent breaking the law
Policies and Procedures

Written standards of conduct are outlined in various policies, especially these:

• Confidentiality of Business Information
• Code of Business Conduct
• Conflict of Interest
• Business Conduct Information Hot Line
• Non-Retaliation
• False Claims Act
Please Report

• Quality of care/business ethics issues
• Violation of laws, regs & standards
• False claims; misrepresentations; billing, coding or documentation issues
• Conflicts of interest
• Loss, theft or misuse of property
• Workplace issues
• Significant communications of problems
• Disruptive and/or abusive behaviors
• Confidentiality/IS Security breaches
Business Conduct Program
Internal Reporting Mechanism (Hotline)

• Hotline number: 309-268-2925
• All calls are confidential and can be anonymous
• We commit to timely feedback
• No retaliation for reporting
Deficit Reduction Act of 2005

• False Claims Act, Program Fraud Civil Remedies Act

• Illinois Whistleblower Act, Illinois Whistleblower Reward and Protection Act, Illinois Public Aid Code

• “Qui Tam” Whistleblower Protection
What happens if you violate the law?

- Possible violations of the Code of Business Conduct will be reviewed thoroughly by Advocate’s Chief Compliance Officer and may be referred to the systemwide Business Conduct Committee.

- Appropriate disciplinary action will be taken if illegal or improper activities are discovered.

- No action will be taken if associates are working to remedy unintentional illegal practices to comply with the law and the Business Conduct Program.
HIPAA Privacy Training
HIPAA Training

Protecting patient privacy is the law.
What are the patient’s rights under HIPAA?

- Right to examine and obtain a copy
- Right to request an amendment
- Right to request confidential communications
- Right to a copy of the notice of privacy practices
- Right to an accounting of disclosures
- Right to request restrictions – opt out of directory services, or marketing or fundraising communications
- Right to file a grievance
Methods to Maintain Confidentiality

- Never discuss patient information in a public area
- Speak in quiet tones when discussing patient information
- Do not leave medical records or identifying documents in public access areas
- Do not leave patient identifying information on answering machine messages
- Do not fax patient information to a public access area
- Never discuss a patient’s condition with an unauthorized individual
- Keep passwords confidential/secure your workstation
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HIPAA Privacy Complaints

• Any associate receiving a privacy complaint from a patient should contact the Site HIPAA Coordinator or Chief Privacy Officer with the relevant information.

Criminal Penalties
• $100 to $50,000 per violation up to an annual limit of $1,500,000

Criminal Penalties
• $50,000 to $250,000 monetary penalties
• Prison time – 1 to 10 years, depending on situation
What to Do? Stop, Think and Act!

If you believe a situation requires attention or investigation, you have the obligation to act. Advocate’s policy prohibits retaliation against associates for raising or pursuing a Business Conduct issue.

These are some things you can do:

– Talk with your supervisor, Corporate Integrity Officer, Human Resources, or the Legal Department
– Call the Business Conduct Information Hot Line at 309-268-2925
“Need to Knows”
Harassment-free Workplace

• Advocate will not tolerate any conduct which negatively affects other associates’ work performance or that creates an intimidating, hostile, or offensive work environment.

• It is the responsibility of each associate and his/her supervisor to maintain a work atmosphere that is free any type of harassment.
Smoke-free Campus Policy

Promotes health of our patients, visitors and staff

- Main Hospital Campus (BroMenn & Eureka)
- All off campus locations (AMG)
- Private vehicles in parking areas
- All outdoor areas on BroMenn property

*NOT intended to force associates to quit*
Work-related Injuries

- Prevention of lift and sharps injuries
- Immediately report to Employee Health or Emergency Department during off hours to initiate early treatment
- Complete an incident report describing injury and cause
Patient/ Visitor Safety

Employee illness
• Do not come to work sick
• Illness reporting line
  (866-400-2466)

Deaf Interpretation Service
• Must be offered for patients with need
• Certified interpreters must be used
• Mobile video unit with interpreter on screen

After hours visitation
• Directed through ED entrance
Fall Prevention: It’s All Hands on Deck!

How do we currently prevent falls?

Patients are assigned a numeric score indicating their risk of a fall

- **Yellow is the ‘color’ of falls.** Patients at risk of a fall have:
  1. Yellow nonskid footwear
  2. Yellow ‘fall risk’ wristband
  3. Yellow Fall Risk sign on the room door
Fall Prevention: It’s All Hands on Deck!

How do we currently prevent falls?

- **Attention to the following:**
  - Keeping rooms and hallways clear of clutter and other slip/trip risks
  - Keeping patient items easily within reach
  - Beds and other furniture in the lowest position
  - Engaged brakes/locks on any furniture or equipment used by the patient
  - Adequate lighting in patient rooms
  - Side rails in the upright position (as appropriate to the patient)

- **Prompt response to patient calls**
  - Proactive rounding on patients to anticipate needs

- **Patients who need help to the restroom are not left alone. **Safety trumps privacy!

- **Fall prevention devices are used for appropriate patients**
Fall Prevention: It’s All Hands on Deck!

What are ‘danger signs’?

- A patient is leaning to reach something that seems to be a bit too far out of reach
- A patient wearing yellow socks and a yellow fall risk band is up (or trying to get up) without help
- An alarm device is sounding from a patient’s room
- There is a liquid spill on the floor
- There is clutter in a patient care area that poses a trip hazard
- The wheels on a patient bed or wheelchair are left unlocked
- Patient care area is noted to be dimly lit

What should I do if I see a hazardous situation?

When you observe a situation that seems unsafe, stay with the patient until you have gotten assistance from assigned staff. Don’t leave a patient in an unsafe circumstance!

Be Accountable!

- If you are able to fix the situation.. Fix it! Then notify assigned staff (nurse, etc) of your actions

Be Responsive!

- If a patient’s actions are dangerous, ask them to stop what they are doing until you can summon assistance.
- If an alarm device is sounding, don’t ignore or walk past!
  Be Collaborative!
Fall Prevention: It’s All Hands on Deck!

Ancillary patient care providers

• When providing patient care, it is imperative that you assure the patient is safe before you leave.

• When your assigned task is complete, do not leave the patient alone if you suspect a hazard exists
The “Blue Book”

• **Who is DNV (Det Norske Veritas)?**
  – Evaluates healthcare organizations to assure safe, high quality care is delivered.
  – Qualifies hospitals to receive Medicare payments

• **DNV surveys occur annually.**

• **The Blue Book**
  – Purpose
  – SAFETY is the common denominator throughout
ISO 9001 Defined

• What does ISO stand for?
  – International Organization for Standardization

• What is ISO 9001?
  – A set of Standards which provides a framework for our quality management system
  – Not prescriptive (tells us *what* but not *how*)
  – Integrated into the DNV accreditation survey process
Three Fundamental Objectives of ISO 9001

The 3 C’s

- Consistency in delivery of service
- Customer (patient) satisfaction
- Continual improvement

What does this mean to me for my role?
Medical Emergency Codes

- **Code Blue** - Cardiac or Respiratory Arrest
- **Rapid Response** - Unstable Patient
- **PALS Rapid Response** - Pediatric Unstable Patient
- **Code STEMI** - ST segment elevated MI
- **Stroke Alert** - Stroke
- **Sepsis Alert** - Severe Sepsis Patient
- **Trauma Code** - Traumatic Injury
- **Code 99** - Aggressive Person

To report an emergency

- BroMenn dial 49-6000
- Eureka page overhead 49-4811
- AMG call 911
Environmental Safety

- Environment of Care Committee
  - Public Safety
  - Hazardous Material and Waste Management
  - Fire Prevention and Life Safety
  - Medical Equipment
  - Utilities
  - Emergency Management

- Plans located on the Advocate Document System
  - Be sure to be familiar with your Unit Specific Safety Plan
Emergency Management

• “All-hazards” approach – BroMenn Emergency Response Team (BERT) responds to any emergency and further activates other resources as needed

• To report an emergency
  - BroMenn dial 49-6000
  - Eureka page overhead 49-4811
  - AMG call 911

• Non-medical Emergency Codes
  - Code Red
  - Code Brown
  - Code Green
  - Code Bravo
  - Triage Alert
  - Code Domino
  - Code Pink (X)
  - Code L
  - Code Exit
  - Code 99
  - Code Silver
  - Severe Weather Alert
Contents

• Advocate Experience Overview
• Evidence-Based Practices
• Behaviors of Excellence
• AIDET communication
• Q&A
Advocate Experience
**Mission (why we exist)**

*Our mission is to serve the health needs of individuals, families and communities through a wholistic philosophy rooted in our fundamental understanding of human beings as created in the image of God.*

**Values (how we behave)**

- Compassion
- Equality
- Excellence
- Stewardship
- Partnership

**Philosophy (what we believe)**

*Our philosophy is that we understand people have physical, emotional and spiritual needs and their relationships to God, themselves, their families and society are vital to health and healing. Through our actions, we affirm these principles.*
Our vision is to be a faith-based system providing the best health outcomes and building lifelong relationships with those we serve.
The Advocate Experience bridges our mission and our vision.

**Mission**
To serve

**Vision**
Best health outcomes and lifelong relationships
The Advocate Experience

The best and safest place for patients to heal, physicians to practice and associates to work-
Always.
Advocate Experience

Explained further...

- It is all about creating lifelong relationships where:
  - **Patients feel cared for** and experience extraordinary service and quality,
  - **Physicians feel supported** and know that their patients are getting great care, and
  - **Associates feel valued** and know that their work is purposeful, worthwhile and makes a difference.
What is different about this journey?

• Consistency and standardization is driven at all levels and sites

• New behaviors and practices hardwired through
  o Education
  o Practice
  o Validation
Evidence-Based Practices

Advocate Experience
Introduction of Evidence-Based Practices

2011

Quick Wins
Leaders Rounding on Direct Reports
Stop Light Report
Behaviors of Excellence

2012

Behaviors of Excellence in performance reviews
Leaders Rounding on Patients/Customers
AIDET / Key Words at Key Times
Nursing Practices
The Patient Empathy Project

Top 11 Patient Fears

1. Infection
2. Incompetence
3. Death
4. Cost
5. Medical mix-up
6. Needles
7. Rude doctors and nurses
8. Germs
9. Diagnosis/prognosis
10. Communication issues
11. Loneliness

Taken from Press Ganey’s Regional Symposium 2012 session titled: Clinicaphobia: How Identifying Patient Fears Can Improve CAHPS Scores, presented by Colleen Sweeney
Use Leader discussion guide to educate Leaders.

- Nurses Communicate Well
- Respond to Call Lights
- Bathroom Clean
- DR Communicates Well
- Quiet at Night
- Receive Help Promptly
- Explains Meds

HITTING THE MARK

- Missing the Mark
Quick Wins

Take People to Their Destination

10 – 5 Rule

Owner vs. Renter

Advocate Health Care
Inspiring medicine. Changing lives.
Why demonstrate the Quick Wins?

Wins
- Builds a positive partnership and a culture of appreciation

Take People to their Destination
- Decreases anxiety and demonstrates responsiveness

10/5
- Creates a courteous, welcoming environment

Owner v. Renter
- A positive first impression is a lasting impression
Leader Rounding with Direct Reports

1. What is working well?
2. Are there any individuals whom I can recognize?
3. Are there any physicians whom I can recognize?
4. What systems can be working better?
5. Do you have the tools and equipment to do your job?
6. What can I do to support you?

From *Hardwiring Excellence* page 144-147, Fire Starter Publishing 2004
Why round?

- Good way to leverage recognition of peers
- Provides a forum for each associate to give input and feel their needs have been heard and understood
- Identifies what is working well and what needs to be addressed
  - Drives operational excellence
  - Facilitates better care, quality and service to patients
Stop Light Report

- A way to communicate, in writing, the status of the issues raised during rounding with associates
Behaviors of Excellence

- Created by a task force of leaders, physicians and associates from across the Advocate System
- Describe the behaviors expected from everyone across all Advocate sites
- Stem from the core of who we are, what we believe (MVP)
- An extension of our 5 values
  - Compassion, Equality, Excellence, Partnership and Stewardship
- Support the achievement of our vision to build lifelong relationships
Key Words at Key Times

Words Matter

What we say to our patients/colleagues makes all the difference in how they perceive the service/care/support we provide.

Everything we say matters…everyone is listening.

Everything we do matters…everyone is watching.
“Why” Use Key Words?

Decreased Anxiety

Improved Compliance

Increased clinical outcomes and patient perception of care
## What is AIDET?

<table>
<thead>
<tr>
<th>A</th>
<th>Acknowledge</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Make others feel welcome and comfortable</td>
</tr>
<tr>
<td>D</td>
<td>Build confidence and trust</td>
</tr>
<tr>
<td>E</td>
<td>Manage and anticipate expectations of time</td>
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<tr>
<td>T</td>
<td>Narrate what will happen</td>
</tr>
<tr>
<td></td>
<td>Thank</td>
</tr>
<tr>
<td></td>
<td>Show your appreciation for the interaction</td>
</tr>
</tbody>
</table>
A Acknowledge

Message: Make others feel welcome & comfortable

- Ask permission to enter the room
- Smile!
- Make eye contact
- Show a positive attitude
- Put patients at ease
- Don’t rush or seem rushed
- Acknowledge everyone with the patient
I Introduce

Message: Build confidence and trust

- Use patient/customer name
- Introduce yourself by name, title and explain your role in the team of care givers
- Provide your years of experience, credentials, etc.
- Manage up others by name / department
**D Duration**

**Message: Manage and anticipate expectations of time**

- Anticipate the person’s concerns and provide answers
- How long will the test, procedure/task take?
- How long will the person have to wait?
- When should they expect results?
- How long will it take to get a returned phone call, email or information from you?
Message: *Narrate what will happen*

- What will happen/what I am doing
- What they should expect (including side effects)
- Why we are doing what we are doing
- How it fits in with the overall plan of care
- What questions do you have for me?

**USE UNDERSTANDABLE LANGUAGE**
Thank You

Message: Show your appreciation for the interaction

Closing key words

- Thank you for choosing our facility
- Thank you for waiting
- Thank you for trusting us to care for you
Nursing Practices

Leader Rounding

Bedside Shift Report

Hourly Rounding

Nursing and Patient Care Excellence (Safety, Quality, Service)

Individualized Patient Care

Discharge Phone Calls

Reference: Studer Group Patient Care Model

AIDET® Key Words Key Times

Advocate Health Care
Inspiring medicine. Changing lives.
Creating the Advocate Experience

Creating the best and safest place for our patients to heal, our associates to work and our physicians to practice—Always.

We all have a part…

And it starts with me!
Next Steps:

- Should you have any questions or concerns about any topic contained in this presentation or any event during your time at BroMenn/Eureka, please contact the department director for the unit you are assigned to and/or contact your clinical instructor.

- Please make sure to print and complete the form on the next slide titled “General Information & Acknowledgements’ and return to:
  - Students (nursing, radiology, surgical techs, etc.) - please return signed form to your clinical instructor. They will then turn in the form to clinical education
  - Associates - please return your signed form to the Human Resource Department
General Information and Acknowledgement for New Hire Associates, Clinical Students, Contractors, Physicians, and Allied Health Professionals

Name: _________________________________________________________________

last                                            middle                                      first

☐ New Hire Associate        ☐ Student                ☐ Contractor

☐ Physician                  ☐ Allied Health Professional

School/Company Name: (if student or contractor)________________________________________

By signing below I acknowledge that I have reviewed the contents of the New Hire Associates, Clinical Students, Contractors orientation prior to assignment within the facility. I understand this information and commit to performing in a manner to support the mission, values, policies and procedures of Advocate Health Care.

Signature:____________________________________________________________

Date:_________________________  Time_________________________