Welcome to Good Shepherd!

Hi, and welcome to Good Shepherd. We are happy that you have chosen Good Shepherd as your place of study for your CLINICAL Internship/affiliation, and hope you find the work here fulfilling.

Name: ___________________________  Email Address: ________________
(Please Print)
Phone #: __________________________

Emergency Contact/Relationship: ___________________________  Phone #: ________

School/University: ____________________________

Field of Study: _______________  Start/End Dates of Internship: ____________

University Student Placement Coordinator: ____________________________

Good Shepherd Placement Coordinator: ____________________________

Prior to the start of your Clinical Internship, we need you to read and complete the following Required Paperwork, including this cover sheet:

1. Please review the Mandatory Education Booklet (Appendix A).
2. Take the Good Shepherd Orientation Test (Appendix B) and place your answers on the Answer Sheet (Appendix C).
3. Please read the Corporate Compliance Plan (Appendix D) and read, sign, and date Exhibit C (Appendix E).
4. Please review, sign, and date the Confidentiality Agreement (Appendix F).
5. Request that your Clinical Coordinator of your Clinical Program read and sign the Student Health Requirement Form checklist (Appendix G) to confirm that you have met these requirements.
6. Proof of a flu vaccine is mandatory for any students at Good Shepherd from August through May.

If you have any other questions, please contact Susan Lee at 610-778-9266. Please fax, scan and e-mail, mail, or hand deliver the four completed pages (Appendices C, E, F & G and this cover sheet) attention – Susan Lee – at (fax#) 610-776-3595. Address: 850 S. 5th Street, Allentown, PA 18103

<table>
<thead>
<tr>
<th>DOCUMENTATION REQUIREMENTS</th>
<th>Completed</th>
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<td>Completed Good Shepherd Orientation Test Answer Sheet – Appendix C</td>
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<tr>
<td>Signed Exhibit “C” of the Corporate Compliance Plan – Appendix E</td>
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<tr>
<td>Read and signed Confidentiality Agreement – Appendix F</td>
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<tr>
<td>Submitted Health &amp; Required Paperwork – Appendix G</td>
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Please Print Name:

Sign: ___________________________  Date: ___________________________
Appendix A
Mandatory Education Booklet

Annual Mandatory Education
2019-2020
Good Shepherd: Introduction

Let’s begin at the beginning. Why are we here, what do we value and where are we going?

Mission Statement: Motivated by the divine Good Shepherd and the physical and cognitive rehabilitation needs of our communities, our mission is to enhance lives, maximize function, inspire hope, and promote dignity and well-being with expertise and compassion.

Vision Statement:
We will be recognized for empowering and motivating those we serve to achieve the best outcomes and maximize recovery. We will accomplish this through outstanding physician leadership, highly trained and passionate staff, and lifelong relationships with those we serve.

Good Shepherd Core Values:

- **Compassionate Care**
  We treat everyone who comes through our doors with dignity, respect, supportiveness and caring.

- **Excellent Service**
  *Service to others* - We recognize the importance of satisfying everyone who comes through our doors and making every effort to meet their needs.
  *Quality outcomes* - We put forth our best effort in everything we undertake. We continue to look for ways to improve our service through innovation, creativity and the use of best practices.

- **Community Partnership**
  *Internal* - We build and maintain relationships with other associates in such a way as to encourage trust, teamwork, cooperation and open communication. We act with honesty and integrity in everything that we do.
  *External* - We strive to understand the needs of the community and work with other service providers and community resources to offer care to those whom we serve.

Good Shepherd’s Strategic Directions:

1. Develop outstanding physician leaders that are recognized regionally & gaining national visibility
2. Grow cutting edge specialty programs that produce best outcomes and establish lifelong relationships with those with chronic conditions
3. Integrate care across the post-acute continuum—inpatient & outpatient rehabilitation, LTCH, skilled nursing facility & home care
4. Provide our engaged workforce with the training & support needed to be a clinical & operational leader
5. Add new hospital & health system partnerships
Abuse

One of the most important aspects of our job is to ensure the safety and well-being of those entrusted to our care. Patients and residents have the right to quality of life reflected by each individual being treated with the utmost dignity, care and respect.

Our patients and residents must not be subjected to abuse, neglect, exploitation, abandonment, mistreatment, involuntary seclusion or misuse of their property by anyone, including but not limited to facility staff, other patients, residents, family members, legal guardians, or friends. The law requires an employee or administrator of a facility who has reasonable cause to suspect that a patient or resident is a victim of abuse to immediately report that abuse.

Mandated Reporters:
Mandated reporters are people who are required by law to report suspected adult & child abuse, an organization or group of people that use public funds and is paid, in part, to provide care and support to adults in a licensed or unlicensed setting such as:

- Assisted Living Facility
- Domiciliary Care Home
- Home Health Care Agency
- Intermediate Care Facility for Individuals with Intellectual Disabilities or with Other Related Conditions
- Nursing Facility
- Older Adult Daily Living Center
- Personal Care Home
- Residential Treatment Facility
- Hospitals

What is Abuse?
Abuse is defined as one or more of the following acts:
1. The infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish.
2. The willful deprivation by a caregiver of goods or services which are necessary to maintain physical or mental health.
3. Sexual harassment and / or sexual abuse.

Types of Abuse:
- Physical abuse: Causes harm or injury from actions such as hitting, shoving, and roughness
- Mental abuse: Can include humiliation, name-calling, and threats of punishment or depriving food or privileges
- Neglect: Is failure to provide timely, consistent, adequate and safe care
- Abandonment: Is deserting a patient who needs care
- Misappropriation: Is the taking or misusing of property without permission
- Sexual abuse: Includes any inappropriate touching, fondling or handling of the patient, as well as sexual harassment, rape and sexual assault
What should you do if you suspect abuse?
YOU MUST REPORT IT!

Child Abuse: Report any suspected child abuse immediately to the Pennsylvania Department of Human Services (“DHS”) via the statewide toll-free Childline 800-932-0313 (TDD: 866-872-1677) or through the DHS’s electronic reporting system. Immediately thereafter, notify the administrator or person in charge of the facility. If an oral report is made, a written report will be required within forty-eight (48) hours to the DHS or the county Children and Youth Service. Upon notification, the administrator or person in charge will facilitate cooperation with the DHS and/or county Children and Youth Service agency. Employees or administrators who fail to report abuse may be found guilty of violations and face punishment under the law. The information is confidential. Corrective, disciplinary or legal action takes place, if appropriate.

Pennsylvania law requires mandatory continuing education in child abuse recognition and reporting for licensed and certified health care practitioners. This education is a condition for the issuance of an initial license or certification as well as for each renewal.

Adult Abuse: The Adult Protective Services Act protects residents of the Commonwealth of Pennsylvania who are 18-59 years old who have a physical or mental impairment that substantially limits one of more major life activities and who receive care, services or treatment in or from a facility. The Administrator or employee of a facility who observes suspected abuse, neglect; or has reasonable cause to suspect that abuse or neglect has occurred must immediately assure the disabled adult’s health and safety and:

- Call an oral report to the statewide Protective Services Hotline at 1-800-490-8505
- Within 48 hours of making an oral report, fax a written report to 1-484-434-1590 or email the report to Liberty Healthcare at mandatoryron@libertyhealthcare.com
- The Act 70 Mandatory Reporting Form can be completed on www.dhs.state.pa.us under report abuse section.
- For additional information regarding Adult Protective Services program, contact RA-PWaPSQuestions@pa.gov or call 717-736-7116

Employees should thereafter immediately notify the Administrator or person in charge of the facility.

Elder Abuse: For individuals 60 and older, report observed or suspected abuse or neglect to the statewide Protective Services Hotline at 1-800-490-8505 and fax a written report to Liberty Healthcare within 48 hours. You may be directed to also call the local Agency on Aging Office and/or provide it with a written report. Employees should thereafter immediately notify the Administrator or person in charge of the facility.

In the event of death, physical injury or sexual abuse of an elder or disabled adult, a report to law enforcement may also be required. Employees or administrators who fail to report abuse may be found guilty of violations and face punishment under the law. After a report of suspected abuse is reported, the facility administrator will begin an immediate investigation. The Department of Health and the Area Agency on Aging is notified. An investigation of the suspected abuse is done and a written report is submitted. The information is confidential. Corrective, disciplinary or legal action takes place, if appropriate.
What can you do to prevent abuse?

- Treat all people with respect
- Treat all patients and residents as you would want to be treated
- Know how to relieve stress in a healthy way
- Actively listen to what your patients and residents are saying. This will decrease communication errors
- Take a break if you feel your stress level is getting high
- Know your limitations and do not exceed them
- If you find that you are getting stressed while providing direct care, ensure the patients and residents’ safety and privacy, then excuse yourself and find another caregiver that can assist you

Allegations of abuse are taken very seriously at Good Shepherd. Abuse is not tolerated. Do not be afraid to tell your supervisor about any abuse that you may have seen. Risk Management/Patient Safety and the Administrator On-Call are also available to assist you. It is your duty to report any abuse that you are aware of. It is our duty to ensure the well-being and safety of those we serve at Good Shepherd.

Advance Directives

**What is an Advance Healthcare Directive?**

It is a written document that communicates instructions to healthcare providers about the care that the patient or resident wishes to receive, or not receive in the event that the patient/resident is unable to tell the provider.

**Types of Advance Directives:**

1. **Living Will**: A written statement of the patient or resident’s personal desires regarding life-sustaining treatment and other end of life care.
   - In Pennsylvania, a Living Will is not in effect unless the patient or resident is incompetent, and the patient or resident is permanently unconscious or has an end-stage medical condition as certified by a physician.

2. **Health Care Power of Attorney (POA)** A written document in which the patient or resident appoints another person to serve as the patient or resident’s health care agent and make health care decisions for the patient or resident. Although health care agents usually are given authority only when the patient is incompetent, a health care power of attorney may vest an agent with authority even when the patient is competent.

**An Advance Directive Can Be a Powerful Tool:**

- It can help to protect one’s right to make medical choices that can affect one’s life when that person is unable to make choices due to an end stage medical condition, irreversible brain damage or permanent coma
- It can help one’s family avoid the responsibility and stress of making difficult decisions
- It can help one’s physician by providing guidelines for care
An Advance Directive Enables Patients to Make Their Feelings Known about such Treatments Like:

- CPR
- Use of feeding tubes
- Dialysis
- Mechanical Ventilation
- Surgery

Facts You Need to Know about Advance Directives in the Commonwealth of Pennsylvania:

- The health care provider must provide a written statement of its policies
- A Living Will is not a last will and testament
- A Living Will takes effect only when All Three of the following conditions have been met:
  - The treating physician has a copy
  - The treating physician has concluded that the patient is incompetent, and therefore no longer able to make decisions about the medical care they wish to receive
  - The treating physician has concluded that the patient has an end stage medical condition or is in a state of permanent unconsciousness
- The treating physician or other health care provider must inform the patient if they, in good conscience, cannot follow their wishes, or if the policies of the institution prevent them from following the patient’s instructions
- A patient/resident may revoke a Living Will at any time and in any manner, regardless of the mental or physical condition of the patient/resident. A patient/resident must be of sound mind to revoke a health care POA
- A patient/resident may countermand (i.e. revoke or cancel) a decision that would withhold or withdraw life sustaining treatment at any time and in any manner, regardless of their mental or physical condition, by informing the attending physician
- One is not required to have an Advance Directive. A health care provider cannot determine the type of care needed, or otherwise discriminate on the basis of such a written document

Facts about Advance Directives at Good Shepherd:

- All adult patients/residents on admission will be asked if they have an Advance Directive
- Good Shepherd provides a brochure to all patients/residents upon admission. Good Shepherd will provide a patient/resident a Living Will and/or Health Care Power of Attorney document which can be completed by the patient/resident if they so desire. Good Shepherd employees should not serve as witnesses to these documents
- Advance Directives are not honored in Good Shepherd’s outpatient facilities
- Health care providers and their agents, including physicians and their office staff, may not sign an advance health care directive on behalf of a patient/resident they are treating
- An employee directly involved with the patient/resident’s care/decision making may not serve as a witness for an advance directive
Populations Served and Age Specific Competencies

Good Shepherd will serve all age ranges, depending on the patient/residents’ needs. We serve patients that need care after the acute phase of their illness or trauma. Included in this group are:

- Traumatic and non-traumatic brain injuries
- Spinal cord injuries
- Stroke
- Amputations
- Any patient that will need post-acute care that meets the admission criteria for the appropriate level of care.

In order to provide quality care, the age-specific needs of all patients and residents are met. All patients and residents fall into one of the following groups:

- **Pediatric**—ages 0 to 12
  - Infant and Toddlers—0-3 years
  - Young Children--------4-6 years
  - Older Children--------7-12 years
- **Adolescent**—ages 13 to 18 years
- **Young Adult**—ages 19-35 years
- **Middle Adult**—ages 35-65 years
- **Geriatrics**—ages 65 and older

Physical, mental and psychosocial factors need to be considered when planning and providing care for these age groups. Identifying needs common to the age group must be understood and will determine how to best deliver care. Growth & development follow general patterns, but every person grows & develops in his/her own unique way. The following is a brief overview.

**What are some examples of age specific pediatric needs?**

- **Pediatric Needs:**
  - Communication should promote safety through physical closeness, praise, and clear rules
  - Health concerns to include timely immunizations and check-ups, good nutrition, skin care, and hygiene
  - Physical safety must be insured

**How can I demonstrate age specific competency?**

- **Pediatric Care:**
  - Provide age appropriate toys and playtime
  - Teach through the use of toys and games
  - Encourage the parent-child bond by including parents in the treatment and care of their child
  - Ensure the child’s safety & comfort. Do not leave children unattended if they are capable of falling off of examination tables or beds
  - Do not leave supplies in room if they pose a swallow or choking hazard
  - Take the child to an exam room to have invasive procedures completed such as blood work, etc. Keep the patient room a “safe haven”
What are some examples of age specific adolescent needs?

- **Adolescent Needs:**
  - Communication should promote respect and provide acceptance and privacy
  - Health concerns to include the promotion of sexual responsibility
  - Physical safety concerns to include the discouragement of risk-taking behaviors

How can I demonstrate age specific competency?

- **Adolescent Care:**
  - Treat the patient and resident more like an adult than a child. Encourage involvement in care and decisions
  - Be aware of the importance of physical appearances and relationships
  - Offer guidance regarding lifestyle choices
  - Encourage open communication between parents and peers
  - Teach about healthy habits such as nutrition, exercise, hygiene and safety

What are some examples of age specific young adult needs?

- **Young Adult Needs:**
  - Is choosing, preparing for, and practicing a career
  - Is adjusting to marriage or other intimate relationships
  - Childbearing and rearing are major concerns for those who have or want children
  - Adjusting to stress and satisfaction of work, spouse, parents, and children
  - Need for ability to cope with change

How do I demonstrate age specific competency?

- **Young Adult Care:**
  - Communication should be honest and supportive. Personal values are to be respected
  - Health concerns to include encouragement of regular checkups, encouraging healthy lifestyles, and providing prevention information
  - Commitments to family, career, and community need to be recognized

What are some examples of age specific middle adult needs?

- **Middle Adult Needs:**
  - Communication should focus on strengths, offer hope and encouragement
  - Health concerns to include regular exams, addressing age-related changes
  - Safety concerns to include information regarding how age impacts senses

How can I demonstrate age specific competency?

- **Middle Adult Care:**
  - Discuss plans and concerns about the future
  - Offer recognition for the individual’s physical, mental, social abilities, and contributions
  - Help with plans for an active and healthy retirement
  - Start teaching about advance healthcare directives

What are examples of age specific geriatric needs?

- **Geriatric Needs:**
  - Communication should be respectful, encourage acceptance of losses
o Health concerns to include careful monitoring, promotion of self-care through mental, physical, and social activity
o Safety concerns to include home safety care regarding falling or other injury

Clinical Alarms

Many medical devices have monitoring and alarm systems. A key function of the monitoring systems is to alert the appropriate staff to a change in a patient/resident’s condition, so that they may intervene with the appropriate care and guide treatment decisions. These alarm-equipped devices are essential to providing safe care to our patients and residents. Along with the many useful provisions of these alarmed devices come many challenges, including similar sounding alarms, settings of alarms that are too broad or too narrow, alarm fatigue, and a failure to respond to the alarm due to many reasons. This can lead to compromised care, resulting in a poor patient outcome.

The Joint Commission reports that the number of alarm signals per patient per day can reach several hundred, depending on the unit within the hospital. They estimated that between 85 and 99 percent of the alarm signals do not require clinical intervention, such as when alarm conditions are set too tight or not adjusted for the individual patient or patient population. As a result, healthcare providers can become desensitized or immune to the sounds and are overwhelmed by information, leading to alarm fatigue. Staff may turn down the volume of the alarm, turn it off, or adjust the settings outside the limits that are safe and appropriate for the patient/resident.

The best way to prevent alarm fatigue is through proactive alarm management. The Joint Commission issued a National Patient Safety Goal which requires organizations to establish a policy for clinical alarms management. **Good Shepherd’s policy addresses:**

- Clinically appropriate settings for alarm signals
- When alarm signals can be disabled
- When alarm parameters can be changed
- Who in the organization has the authority to set alarm parameters
- Who in the organization has the authority to set alarm parameters to “off”
- Monitoring and responding to alarm signals
- Checking individual alarm signals for accurate settings, proper operation, and detectability

For each piece of medical equipment with a clinical/critical alarm being used at Good Shepherd, the above criteria is addressed.
Code of Ethical Conduct and Professional Behavior

The Good Shepherd Rehabilitation Network is comprised of a faith based mission-driven workforce, and we are obligated to act in ways that merit the trust, confidence, and respect of our patients and residents, the general public, and our co-workers. Therefore, all persons who work for the Network observe a Code of Ethics and are expected to adhere to the highest moral standards both on and off the job. Conduct that is illegal or not consistent with the Good Shepherd Rehabilitation Network policy will result in disciplinary action, which may involve suspension or termination.

Our patients and residents have a fundamental right to considerate care that safeguards their personal dignity and respects their cultural, psychosocial, and spiritual values. Understanding these values guides health care providers in meeting our patient and residents’ needs and preferences.

We must make sure that we:

✓ Respect patient and resident rights
✓ We safeguard our patients/residents’ privacy at all times and in all situations
✓ Bill only for services and care we provide
✓ Market our services with truth, accuracy and fairness
✓ Use social media appropriately, based on our policy
✓ Maintain a therapeutic relationship with our patients and residents that includes limits and/or boundaries that are established and maintained
✓ Admit, transfer, discharge patients based on correct health information, and not on ability to pay
✓ Report all deaths to the Gift of Life Donor Program
✓ Inform and obtain the consent of patients prior to the incorporation of any research or educational activities that may affect their care
✓ Promptly resolve patient and family complaints or grievances and assure our patients and residents that lodging a complaint or grievance will not compromise access to care
✓ When ethical issues in a patient/resident’s care arise, seek the involvement of the Ethics Committee to resolve their concerns, when appropriate or requested
✓ Make correct clinical decisions
✓ Recognize, assess, and manage pain in the early stages or prevent pain if predictable
✓ Avoid conflict of interest when contracting
✓ We provide an equal opportunity environment and comply with all laws, regulations, and policies regarding personnel actions
✓ Maintain the accuracy, integrity and security of our organization’s documents and records
✓ There will be no giving or receiving of any form of payment, kickback or bribe to induce the referral or purchase of any good or service
✓ We prohibit any employee or agent of the network from knowingly presenting or causing to be presented claims for payment or approval that are false, fictitious, or fraudulent and prohibit and waste or abuse of our patients’ resources
✓ Accept no gifts of cash, cash equivalents, or gratuities from our patients
✓ Not act as a witness to the execution of any legal and/or financial documents to the extent that such an act may be contrary to applicable law or a possible conflict of interest
✓ Respect the personal property of our patients, residents, and colleagues
✓ Do not solicit, distribute, or post personal fundraising materials
✓ Employees who are required to maintain professional licenses, certifications or credentials must maintain these items in a current and up-to-date status
✓ Maintain respect, a positive attitude, cooperation, trust, and open communication with each other
Reporting Questions or Concerns:

Any questions or concerns about potential compliance or ethical codes violations may be addressed in any of the following ways:

- Notify your supervisor or department head
- Notify any supervisor or department head
- Contact the Corporate Ethics and Compliance Officer—Georgine Olexa
- Use the Corporate Compliance Hotline at 610-776-3367

Good Shepherd Rehabilitation Network is committed to investigating all reported concerns promptly and confidentially to the extent possible. Upon receipt of the concern, an investigation will begin within two business days. Upon conclusion of the investigation, immediate corrective actions/recommendations will be made, with notification to the person voicing the concern, as appropriate. Good Shepherd makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague is subject to discipline.

Confidentiality and HIPAA

HIPAA stands for the Health Insurance Portability and Accountability Act, a federal law that was created in 1996.

Patients and residents have the right to control who will see their protected health information (PHI). This means that communication with or about the patient/resident that involves PHI must be kept private and shared only with those who need the information for treatment, payment and health care operations.

Patients and residents expect privacy when they are receiving health care. It’s up to all of us to see that their expectations are met.

Who must follow the HIPAA law?
- All employees, students, and volunteers at Good Shepherd must obey the HIPAA law!

What patient/resident information must we protect?
- Protected Health Information (PHI) includes:
  - Any information that relates to the past, present, or future physical or mental condition of an individual, provision of healthcare to an individual, or payment for care.
  - Any information transmitted that is maintained in any form
  - Any information that identifies, or can be used to identify the individual
- Examples could include:
  - Name
  - Address
– Any date (birth, admit date, d/c date)
– Phone numbers
– Social Security Numbers
– Account numbers
– MR numbers
– Medical records

So...when can I disclose PHI?
• When requested by the individual
• For treatment of the individual
• For billing and payment purposes
• For certain healthcare operations
  – Quality assessment & improvement activities
  – Conducting medical review
  – Legal services
  – Auditing functions
  – Business management
  – Compliance
  – Training
• As required by law

How can I protect PHI?
• At all times, protect a patient’s information as if it were your own.
• Look at a patient’s PHI only if you need it to perform your job. Curb your curiosity.
• Use a patient’s PHI only if you need it to perform your job.
• Give a patient’s PHI to others only when it’s necessary for them to perform their jobs.
• Talk to others about PHI only if it is necessary to perform your job, and do it discreetly. Avoid discussing PHI in public areas where others may overhear you.
• Employees should not download, copy, or remove from the clinical areas any PHI, except as necessary to perform their jobs.
• Computer screens should be turned away from public view. This is particularly important when using WOWs (Work Stations on Wheels). When leaving your computer for any time period, log off.
• PHI should not be left in conference rooms, out on desks, or on counters where the information may be accessible to the public or to other employees who do not have a need to see that PHI.
• Protect your computer password and do not share it with others.
• When printing to public printers/copiers, pick up your documents immediately.
• If faxing information:
  • Use a cover sheet and verify that you have the correct fax number for the recipient of the fax.
  • Make sure you take your originals with you when you leave the fax machine.
  • If faxing to someone for the first time, telephone the receiving facility/office to make sure you have the correct fax number.
  • Reconfirm the destination fax number before pushing the send button by comparing the telephone number you entered into the fax machine with the number on your fax cover sheet.
• If you are receiving a fax:
  • If you know it is coming, make sure you are at the fax machine to receive it and remove it as soon as possible.
  • Verify the number of pages against what is listed on the faxed cover sheet.
  • Notify the sender immediately if you receive a fax in error. Unless instructed otherwise by sender, destroy the fax.
• Use the shred bins that are located throughout the campus for any PHI that needs to be discarded.
• If PHI needs to leave the facility, it must be locked in a secure bag or case.
• If you have a laptop that contains PHI and must travel with you, lock it in your trunk at all times while not in use. Be sure that the laptop is password protected.
• If you are e-mailing:
  • Good Shepherd uses Barracuda E-Mail Security Gateway Firewall to encrypt its external e-mail. In order to send an external e-mail that contains PHI, you must type the letters PHI in the subject line of your e-mail, and Barracuda will automatically encrypt the message.

What if there is a breach?
• Breaches of the privacy policies or a patient’s confidentiality must be reported to the Privacy Officer.
• Complete an event report in the electronic event reporting system (rL Solutions).
• The incident will be thoroughly investigated.
• Good Shepherd is required to attempt to remedy the harmful effects of any breach.
• Individuals who breach the policies will be subject to appropriate discipline
• There could be civil and criminal penalties
• An employee who does not protect a patient’s privacy could lose his or her job!

If you see it; hear it; or need to speak it—Protect it! Protecting PHI is everyone’s responsibility!

The HITECH Act and Breach Notification Rule

On August 24, 2009, the U.S. Department of Health and Human Services (HHS) published the HIPAA HITECH Act. The rule became effective on September 23, 2013. The HITECH Act has two objectives:
• To regulate the use of protected/personal health information (PHI) with the end goal of safeguarding the right to privacy
• To allow access to and use of medical data when it is needed for the purposes of health care, medical research, and other purposes which serve a greater good.

The HITECH act defines a breach as the acquisition, access, use or disclosure of protected health information (PHI) in a manner not permitted by the HIPAA privacy rules which compromises the security or privacy of the PHI and is presumed to be a breach unless the covered entity or business associate
demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment.

The HITECH Act requires notification to individuals whose PHI was breached, to HHS, and in some cases, the media (if the breach of unsecured PHI involved more than 500 residents of a state or jurisdiction), upon discovery of a breach of unsecured PHI. Unsecured PHI is defined as PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology, in other words, PHI that is encrypted.

**Discovery of a Breach:** A breach of PHI shall be treated as “discovered” as of the first day on which an incident that may have resulted in a breach is known to the organization. Following the discovery, the organization must begin an investigation, conduct a risk assessment, and based on the results of the risk assessment, begin the process to notify each individual whose PHI has been, or is reasonably believed to have been accessed, acquired, used or disclosed as a result of the breach.

**Notification of the Breach:**
A notice, written in plain language must be sent to the person whose PHI was breached. This notice must include:

- A brief description of what happened, including the date of the breach and the date of the discovery of the breach.
- A description of the types of unsecured PHI that were involved in the breach.
- Any steps the individual should take to protect themselves from potential harm resulting from the breach.
- A brief description of what the organization is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.
- Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.

**Maintenance of a Breach Information Log:**
Good Shepherd must maintain a process to record or log all breaches of unsecured PHI regardless of the number of patients affected. The log contains the following information:

- A description of what happened, including the date of the breach, the date of the discovery of the breach, and the number of patients affected, if known.
- A description of the types of unsecured PHI that were involved in the breach.
- A description of the action taken with regard to notification of patients, the media, and the Secretary for Health and Human Services regarding the breach.

The HIPAA Security Rule was created to safeguard all ELECTRONIC PHI. The rule covers all information stored on hard drives, removable or transportable memory media such as disks and CD’s, and information that is transported electronically over the internet, e-mail, or other means.
The heart of the security program ensures that the PHI is kept confidential, not improperly altered or destroyed, and is readily available to those who are authorized. The HIPAA Security Officer is Sam Norton.

You can protect electronic PHI by:
1. Managing your passwords: Choose a strong password that is not easily guessed.
2. Preventing the spread of viruses
3. Ensuring the proper disposal of materials that contain PHI.
4. Saving all files containing PHI to the secured network drive.
5. Logging off your computer when leaving.
6. Never sharing your password
7. Not installing hardware or software without the approval of the IT Department.

Corporate Ethics and Compliance

What is Corporate Ethics & Compliance?

Corporate Ethics & Compliance is the right thing to do and is simply doing the right thing. It refers to Good Shepherd’s ability to address the rules, regulations, and policies created by local, state, and federal governments, insurance programs, and payers. A compliance program is a management commitment to play by the rules and must be backed up with solid, ongoing management and organizational steps to prevent, detect and correct wrongdoing.

Good Shepherd's program promotes an organizational culture that encourages ethical conduct and a commitment to compliance with the law. We are required to conduct background checks on new hires, and review discipline records before promoting someone. We also have a disciplinary system in place to deter wrongdoing. A culture of compliance prevents, detects, and corrects non-compliance.

Why Comply?

Good Shepherd is committed to ethical and legal business practices. If Good Shepherd does not follow certain government rules and regulations, we could face harsh penalties that could result in us being unable to participate in the Medicare and Medicaid programs. We could have to deal with government audits and reviews, and have to pay costly fines and settlements. Instead of following our own corporate compliance plan that we have developed, we could have to operate under a plan designed by the federal government. Compliance is everyone’s responsibility.

What is Good Shepherd’s Plan?

The plan includes:
1. **Education:** Good Shepherd is required to provide corporate compliance training during orientation and yearly.

2. **Reporting:** We want employees, third party contractors, physicians, and the public to question certain policies and procedures and report actual or suspected violations of the law. There will be no retaliation or retribution.

3. **Audit and Review:** Good Shepherd hires an outside consultant to perform periodic reviews and audits of our processes that could affect our compliance with the many local, state, and federal laws. After their review, checklists are developed to allow us to continue with internal audits.

4. **Investigation:** Any reports of potential corporate compliance issues will be investigated promptly and in an efficient and thorough manner.

5. **Enforcement and Accountability:** Following an investigation, corrective measures may be taken. The nature and severity will vary depending on the facts and circumstances. All corrective actions will be imposed in accordance with applicable law, rules, and regulations.

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**Good Shepherd’s Corporate Ethics and Compliance Committee:**

Good Shepherd has a corporate ethics and compliance committee comprised of representatives from all levels of care, including facility administrators and directors of corporate departments where potential compliance issues might occur. The committee meets two times per year or more frequently if an issue arises. The committee reports to the Executive Committee of the Board on a quarterly basis.

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**What are some areas that might result in a government investigation?**

1. Lack of documentation to support the service provided
2. Billing for non-covered services, supplies or both
3. Billing for equipment, medical supplies, and services that are not reasonable and necessary
4. Duplicate billing for a single service
5. Altering claim forms to receive increased reimbursement
6. Misrepresentation of facts on the claim
7. Improper coding of diagnosis/service provided
8. Overuse of medical services, products or both
9. Unfair and unreasonable pricing
10. Restrictions on patient choice

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**Understanding Fraud, Waste and Abuse:**

**What is Criminal Fraud:** Intentionally submitting false information to the government or a government contractor in order to get money or a benefit.

**What is Waste:** Overutilization of services, or other practices that, directly or indirectly result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

**What is Abuse:** Includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment, and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

Do not be concerned about whether it is fraud, waste, or abuse. Just report any concerns to the Corporate Compliance Dept. The concern will be investigated and the proper determination will be made. Everyone
is required to report suspected instances of fraud, waste, and abuse. There will be no retaliation against anyone who makes a good faith effort in reporting.

**How to Report a Corporate Compliance Issue:**
Direct communication is the most effective way to report a potential corporate compliance issue. Follow the chain of command by communicating with your supervisor/manager. If this is not possible, you can contact **Georgine Olexa, Corporate Ethics & Compliance Officer** (CECO) or call our corporate ethics & compliance information line at (610) 776-3367. There can be no retaliation against you for reporting suspected non-compliance in good faith. Confidentiality is assured.

![Image](image.png)

## Diversity & Inclusion

**Our Vision:**
To create an environment that values individuality and fosters mutual respect by embracing our organization's rich and diverse culture.

**What is Diversity & Inclusion?**
We all have personal traits that give us our own unique identity. These qualities may determine how individuals will interact with us. Some of these traits include:

- Our nationality
- Our country of origin
- The language we speak
- Our education
- Our gender or gender preference
- Sexual orientation
- Our height and weight
- How we earn a living
- Our religion
- Our age

**What is culture?**
Culture is the sum total of the way of living, including values, beliefs, standards, language, thinking patterns, behavioral norms, and communication styles. People tend to gravitate and interact with people that they are comfortable with—those that share our own beliefs and background—people most like us; people in our comfort zone.
As we venture outside our comfort zone and meet others, we tend to judge people in terms of ourselves. If they are not like us, we may tend to stereotype and assume that traits shared by some members of a group, apply to all members. This can lead to communication problems, avoidance, and hostility.

In 2016, Section 1557 was added to the Accountable Care Act which prohibits discrimination on the basis of race, color, national origin, sex, age, or disability in certain health programs and activities. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age, or disability may file a grievance under this procedure. It is against the law for Good Shepherd Rehabilitation Network to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance.

Good Shepherd Rehabilitation Network makes appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision, or assuring a barrier-free location for the proceedings.

The law required Good Shepherd to name some in the organization to be the Section 1557 coordinator to receive and investigate and complaints/grievances that may be submitted. Georgine Olexa, VP of Legal Affairs and Corporate Ethics and Compliance Officer is the Section 1557 Coordinator. Grievances must be submitted to the Section 1557 Coordinator within 60 days of the date the person filing the grievance becomes aware of the alleged discriminatory action. The complaint must be in writing, containing the name and address of the person filing it. It must state the problem or action alleged to be discriminatory and the remedy or relief sought.

Valuing and Practicing Diversity & Inclusion:
We need to be sensitive to issues of personal difference for the people we work with and provide services to. While first impressions are not avoidable, they are not always accurate.

Cultures vary along several dimensions, including non-verbal communication, desire for information, decision making, emotional expressiveness, and doctor/patient relationships.

How Can You Practice Diversity & Inclusion?
Diversity competence is achieved when we develop the skills needed to work effectively with and provide services for people who are different than us.

- Be willing to explore and share what makes you unique
- Look beyond your first impressions
- Explore other cultures
- Avoid stereotypes
- Avoid using slang
- Show respect for people of other ages and generations
- Recognize that English is a second language for many
- Understand that people can express pain different

Valuing diversity enhances our delivery of compassionate care at Good Shepherd. Without a workforce skilled in diversity, treating those individuals becomes potentially harder, as language and cultural
differences can decrease the quality of communication between patients and residents, and the staff working to help them.

Diversity is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

**Culturally Competent Healthcare**

Cultural competency is at the core of high quality, patient-centered care, and it directly impacts how care is delivered and received. Studies have shown that a lack of culturally competent care directly contributes to poor patient outcomes, reduced patient compliance, and increased health disparities, regardless of the quality of services and systems available.

**Recommendations for providing culturally competent healthcare:**

- Be sensitive to personal health beliefs and practices:
  - Special foods, drinks, objects, or clothes
  - Avoidance of certain foods, people, or places
  - Customary rituals or people used to treat the illness
  - Will the patient take medicine even when he/she doesn’t feel sick?
  - Is the patient taking other medicines or anything else to help him feel well?
  - Who in the family makes decisions about health care?
  - Are illnesses treated at home or by a community member?

- Be sensitive to language barriers:
  - Does the patient understand any English?
  - Consider literacy level
  - Use visual aids and demonstrate procedures
  - Check understanding
  - Is an interpreter necessary?
  - Avoid the use of medical jargon that patients may not understand
  - Have the patient repeat back to you what you have just told them to ensure understanding

- Consider body language:
  - Eye contact
  - Touching
  - Personal space
  - Privacy/modesty

- Consider religious/spiritual factors:
  - Birth; death
  - Certain treatments; blood products
  - Prayer, meditation, and worship
  - Food preparation, clothing, special objects, and gender practices

- Other cultural factors to consider:
  - Gender
  - Wealth or social status
- Presence of a disability
- Sexual orientation

- Ways to facilitate communication across cultural boundaries:
  - Recognize differences
  - Build your self-awareness
  - Describe and identify, then interpret
  - Don’t assume your interpretation is correct
  - Verbalize your own non-verbal signs
  - Share your experience honestly
  - Acknowledge any discomfort, hesitation, or concern
  - Give your time and attention when communicating
  - Don’t evaluate or judge

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**Customer Service**

**Why do we focus on customer service?**
- Good Shepherd is committed to a culture of compassionate care and excellent service—two of our core values.
- Our patients and residents are our number one priority.
- All service starts within the first few seconds of the first contact. We only get one shot at making a good first impression.

A patient’s perception of the care delivered is based on his/her actual experience and their expectations (or what they think should occur). The patient views his/her expectations as being realistic and attainable regardless if they are or not.

A patient’s perceptions will drive the patient to:
- Refer Good Shepherd to others
- Dictate if the patient will return for care
- Be reflected in our patient satisfaction surveys

We need to change perception and optimize the patient’s experience. In other words, we need to change what people see, as well as how they see it.

So how can we do that?
AIDET: Five Fundamentals of Patient Communication

- Our patients come to Good Shepherd in moments of crisis (and they usually don’t want to be here!)
- They may be distracted, frightened, and many times in pain.
- At Good Shepherd, we use a customer service initiative known as AIDET, which also includes comfort rounds.
- AIDET improves customer perception of service they are receiving.
- Helps reduce anxiety
- Builds customer loyalty
- Ensures that all service providers are delivering consistent measures of empathy, concern, and appreciation.
- It is a concept that addresses providing excellent customer service to everyone, every time!

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**Acknowledge:**

- Whether you acknowledge patients by name or with a friendly smile, patients know that you have connected with them.
- This includes:
  - Knocking before entering
  - Being attentive and greeting the patient in a positive manner
  - Putting down paperwork and making the patient your focus
  - Eye contact
  - A pat on the shoulder
  - A smile
  - Ask: Is there anything I can do for you?
- There’s nothing like a smile to create a good first impression. A warm, confident smile will put both you and the other person at ease.
- Practice the 10/5 Rule:
  - If you are within 10 feet of someone, make eye contact and smile.
  - If you are within 5 feet of someone, speak and acknowledge.

**Introduce:**

- Introduce yourself by name, state your department, and describe what you are going to do.
- Describe your skill set, your professional certification, and experience.
Duration:
• Give an accurate estimate of the time it will take to complete the procedure, the physician’s arrival, tray delivery, etc.
• Update if timing changes.

Explanation:
• Explain what you are going to do to or for the patient—step by step.
• Use language that the patient can understand.
• Ask if the patient has ever had this test/procedure before.
• Ask if the patient has any concerns or questions before you start or need any information to make the test/procedure easier.
• Integrate patient safety into the discussion.

Thank You:
• Thank the patient for choosing Good Shepherd and allowing you to care for them.
• Ask the patient, “Is there anything else I can do for you before I leave...I have time?”
• Ask the patient, “What questions can I answer for you?”
• Thank the patient for their communication and cooperation.
• Thank the family for assistance and being there to support the patient.

Comfort Rounds
• A deliberate, consistent practice of connecting with a patient.
• Improves patient and staff satisfaction, increases compliance, decreases patient anxiety and increases patient safety.
• Comfort rounding will be performed by everyone who has contact with a patient; whether they are in a patient’s room or in a treatment area.
• This includes:
  – Radiology, therapies, housekeeping, maintenance, care management, lab, nutritional services, admissions, infection control, physicians, CRNP’s, PA’s, nursing, respiratory, transport aides, psychology, unit secretaries, chaplains, and pharmacy.
• A large part of comfort rounding is performing an environmental assessment, which includes:
  – Call bell, telephone, bedside table all within reach
  – Water, tissues, frequently used items on top of bedside table.
  – Garbage can adjacent to bed, but not located in the patient’s walking path as they exit the bed.
  – Completed meal trays removed
  – Full or overflowing garbage cans emptied
  – Ensure that there are no slip or trip hazards obstructing patient’s path.
  – Fall risk and fall precaution awareness: If escorting patient back to bed, notify staff member caring for patient.
• Other assistance that may be requested and is appropriate that you help with:
  – Assistance in making a phone call
  – Assistance to change channels or turn TV on/off
  – Turning lights on or off
  – Request for additional blanket, towel, washcloth, etc.
  – Request for adjustment in room temperature
  – Request for a drink of water (as long as there are no swallowing precautions)
Call Bell Awareness:
  • Our goal at Good Shepherd is to establish a “no passing zone” regarding a patient call bell.
  • This means that everyone has accountability for the patient’s request for assistance.

Managing Up:
  • Say positive things about your co-workers, other departments, and physicians. This helps alleviate any anxiety a patient may have when you are turning their care over to someone else (e.g. the next shift).

Non-Verbal Communication:
  • Your behavior must match your message. People will walk away with the message they see vs. the message they hear 100% of the time.
  • Make eye contact
  • Ensure your body language is relaxed, open and non-threatening.
  • Listen to what the patient is saying.
  • If you are going to write or type when the patient is talking, let him/her know.

Ambassador Program:
Good Shepherd also uses an Ambassador Program. The purpose of this program is to facilitate excellent patient satisfaction by serving as a point of contact for patients and families, identifying potential areas of dissatisfaction, and connecting the appropriate staff members to the patients/families to resolve the issues.

Our volunteer ambassadors:
  • Identify problems and issues related to patient service.
  • Provide feedback to the appropriate managers and recommend ways to improve patient services.
  • Provide follow up by checking back with the patient/family to ensure that the appropriate staff has followed up in order to satisfy the patient/family.

How Can You Provide Outstanding Service?
  • Be courteous and show respect
  • Anticipate needs
  • Listen carefully.
  • Maintain eye contact.
  • Be genuine...show you care—use a pleasant, caring tone of voice
  • Act as an advocate for patients, residents, and their families.
  • Be action oriented and focused on finding solutions.
  • Use key words at key times.
  • Communicate...communicate...communicate! Keep patients and their families apprised of goals, progress, and areas of concern. DO NOT discuss the patient/family with others, particularly if what you are saying is derogatory. Your conversations could be overheard by the patient/family.
  • Remember the mission of the organization.
  • Be approachable, rather than defensive.
  • Show unconditional positive regard for people.
  • Use every patient and resident contact as an opportunity to serve.
Successful Service Recovery:
There are times when things do go wrong. Make them better by practicing the 6 A’s of Successful Service Recovery:

- Awareness—Anticipate patient/family problems
- Acknowledgement—If you become aware of a complaint, stop & acknowledge it. Dedicate at least 10 minutes to it. Own it and do everything you can to resolve it.
- Apology—One of the most important gestures you can offer. Apologize, even if you didn’t cause the problem
- Active Listening—Give your full attention.
- Action/Amendment/Atonement—Resolve the problem quickly and fairly. Explain what you are doing.
- Avoiding—Keep the problem from happening again.

How do we know if our patients and residents are satisfied with our care?
For the Rehabilitation Hospital, including pediatrics, Monroe, and outpatient services Good Shepherd uses Press Ganey to measure patient satisfaction. Press Ganey sends surveys to our patients to assess how satisfied the patients are in the areas of:

- Admission
- Room/Facility
- Diet and meals
- Physician
- Nursing
- Therapies
- Discharge
- Personal Issues
- Overall assessment

Quarterly reports are sent to us that compare us to the region and nation. Every year, the senior leadership team, in conjunction with the Board, set targets for patient satisfaction that they would like to see us achieve. This year, the goal is the 80th %ile.

The Specialty Hospital has switched from using Press Ganey for patient satisfaction to LTRAX. The survey contains questions that address:

- Nursing communication
- Doctor communication
- Responsiveness of hospital staff
- Pain management
- Communication about medications
- Discharge information

Inpatient pediatrics uses two different patient satisfaction surveys: one that is age appropriate for the child and one that surveys the family.

Our long term care facilities use their resident council meetings to identify any resident satisfaction issues. Meetings are held on each unit every 6 weeks and a total facility meeting is held every 6 months. Residents are also educated on how to communicate a grievance. This process is also posted on the units.
Ergonomics

Ergonomics: The science of equipment design for the workplace, in order to maximize productivity and reduce fatigue and injuries.

Common Ergonomic Injuries and Their Causes Include:

- Strains and sprains of the back, fingers, ankles, and knees usually due to improper lifting, bending, or carrying techniques
- Repetitive motion injuries of the wrists, neck, fingers, hands, and back from repeating one motion over and over
- Eyestrain, fatigue, and headache due to poor posture, positioning, or poor lighting

Good Ergonomic Concepts:

- Position top of computer screen at eye level and 18 – 28 inches from your eyes. Try to keep the computer screen directly in front to avoid neck rotation strain
- Sit or stand at least an arm’s length away from the computer screen
- Keep wrists in a straight line with your forearms and elbows at right angles
- When sitting, keep feet flat on the floor, knees level with hips, and lower back supported by sitting well back into your chair. Do not slouch or lean forward
- Approximately every 15 minutes, adjust your position and stretch throughout the day
- Reduce glare by using a glare filter or by turning your computer screen at a right angle to windows, and eliminate all reflective surfaces near the screen

Ergonomic Safety: Lift and move things safely!

Things to Remember:

- Plan the move-check for any tripping hazards
- Assess the object for any sharp edges, unusual shape and weight
- Get assistance or use a mechanical lift if the object is too heavy or awkward in size and shape
- Lift standing with your feet apart, back straight, abdominals tight, knees bent. Lift with your legs, NOT YOUR BACK, and keep what you are lifting close to your body
- Reach forward with your arms and legs by staggering your feet and weight shifting from front to back. Do not bend at the back. If you can’t reach something overhead comfortably, use a ladder or step stool
- Bend by getting down on one knee, then lean with your knees and hips, not your back!
- Do not keep legs straight; knees are to be bent
- Avoid twisting
Get help for heavy loads

**REMEMBER:** Alert your supervisor to any ergonomic concerns!

**Back Anatomy, Safety, and Posture**

**There are Four Definite Functions of our Spine:**
1. Structural support for body and flexibility to allow movement
2. Protection for our spinal cord
3. A shock absorber during weight bearing and high impact activities
4. Serves as a base of attachment for ligaments, tendons, and muscles

**Key Points to Consider:**
- The spine is not straight, but made up of four continuous curves. The upper area of the spine, called the cervical or neck area is highly flexible; the thoracic or midback has less flexibility, but provides support and rotation, and the lower or lumbar and sacral areas provide shock absorbing qualities, as well as being very flexible for bending
- The spine is made up of bones called vertebrae, and between the vertebrae are inter-vertebral discs, which are soft and spongy. They act as shock absorbers and allow flexibility between vertebrae
- Ligaments hold bones together. They are strong, fibrous bands that stabilize the spine. Back muscles support the spine during movement, and abdominal muscles play a key role in supporting the spine and movement

**Promoting Back Safety:**
- Assume the correct sleeping and standing postures
- Lift and carry safely—don’t take chances
- Seek medical attention immediately if a back injury occurs
- Ask for help
- Lift something twice—in your head as you plan how to do it safely, and then safely do the lift

**All of us are at risk for back problems!**
Also included are individuals who:
- Sit or bend when they work
- Lift or carry when they work
- Are under stress
- Occasionally have poor posture
- Are inactive
- Play sports without proper stretching

**Remember:**
All of us need to keep in mind those body mechanic principles that will help prevent backaches/injuries and promote a healthy back. A **healthy back** is unlikely to be injured by a single twist, lift or pull. Most
Backaches/injuries result over time and from repetition of poor posture, poor body mechanics, loss of flexibility, inactivity, obesity, abdominal and/or back muscle weakness, and stress.

**Posture:** How well the spinal curves of the back are maintained or positioned, both when we are in motion and standing still. If we maintain proper posture, we can reduce our chances of being injured!

**CORRECT BODY POSTURE FOR BODY MECHANIC TECHNIQUES:**

1. **Standing Posture:**
   1. Stomach should be flat; tighten abdominal muscles by keeping them slightly tense and contracted
   2. Keep head up and shoulders back and even
   3. Observe the spine and check that the curves are not exaggerated

2. **Prolonged Standing Posture:**
   - Avoid prolonged standing, especially in shoes with high heels
   - Move about and stretch whenever possible
   - Use footstool to prop one foot up from time to time (i.e. if washing dishes, open bottom cabinet and place foot on ledge)

3. **Reaching:**
   - Avoid reaching above the shoulders without taking precautions
   - When reaching forward, weight shift through the legs. Keep your back straight and abdominals tight
   - Use a footstool or ladder when possible
   - Rearrange an area so you do not have to reach across a desk or cabinet for frequently used items

4. **Pushing:**
   - Use mechanical devices to help push heavy or large items
   - Push instead of pulling when possible
   - Push with the legs or entire body to break the inertia

5. **Pulling:**
   - Avoid pulling an object if possible
   - Keep the knees partially bent
   - Maintain a wide base of support
   - Shift the body weight to give extra pull
   - Do not pull with the back muscles
Patient/Resident Falls

The best fall is the one that was prevented!

Definition – Any unplanned descent to the floor or other horizontal surface, such as a chair or table (with or without injury)

Facts

- Regardless of age, being in a hospital increases the risk for falling
- Falls are the most common inpatient accident among all hospitals, in fact the Agency for Healthcare Research and Quality estimates that 700,000 to 1 million hospitalized patients fall each year (2017).
- 30% of falls occurring in a hospital result in physical injury
- Gait or lower extremity problems, urinary/stool incontinence and certain medications increase the likelihood of patient falls
- Raising ALL side rails increases the patient’s risk of falling

A fall risk assessment is completed for inpatients, outpatients and residents. If the individual is assessed to be at risk of falling, prevention interventions are to be implemented. If a fall occurs, the event is reported and another risk assessment of the individual is completed and documented.

What to do when a fall happens:

- If assistance is needed, call for help
- **Assess the individual** for injury and determine if further medical attention is necessary. If so,
  - Inpatient/Resident: notify attending or covering provider
  - Outpatient: call 911 for further treatment and evaluation
- **Assess the environment** and equipment the individual was using to determine if it was faulty or malfunctioning, consider the following potential contributing factors:
  - Are trip hazards present (extra-long clothing, hanging belts from robes, clutter, etc.)
  - Is the patient wearing appropriate foot wear
  - Was the patient using the prescribed assistive device(s)
  - Were the call bell, assistive devices, and/or personal items out of reach of the patient
  - Is there appropriate lighting at the time of the fall
  - Are the floors wet or are slip hazards present
  - Are appropriate fall prevention interventions in place for the patient’s fall risk status
  - Note any additional items that may have contributed to the fall
- **Report the fall**
  - Complete an event report in the electronic event reporting system (rL Solutions)
  - Objectively document all known facts related to the fall
  - If the individual has been seriously injured (e.g. admitted to an acute care hospital, diagnosed with a fracture, or requires sutures) or later found to be more seriously injured
Prevention of Healthcare Associated Infections

Healthcare-associated infections, or HAIs, are infections caused by bacteria, fungi, or viruses that are not present when a patient is admitted to a hospital or healthcare facility. There are many ways to prevent an infection. A chain is only as strong as its weakest link. If you can break any one of those links in the chain of infection, you can prevent infection. If the infection develops and is confirmed as meeting HAI criteria/definition after the first two (2) calendar days of admission to the hospital or healthcare facility, the infection is referred to as a healthcare-associated infection attributed to that facility.

Pennsylvania law Act 52 of 2007, has identified and defined HAI as serious events. Act 52 requires that upon confirmation, HAI get reported electronically to the appropriate database within 24 hours, and a HAI notification letter sent to the patient/resident or responsible party within 7 days of the HAI confirmation date. For acute care licensed facilities, these reports are submitted to the Centers for Disease Control (CDC) via the National Health and Safety Networks (NHSN) electronic database. Once submitted, the reports flow electronically to the Pennsylvania Department of Health (PA DOH). Act 52 requires that facilities licensed as acute care (i.e. Hospitals, surgical centers, inpatient rehabilitation facilities, and Long Term Acute Care Facilities) follow HAI criteria/definitions promulgated by the NHSN.

Long term care facilities (Nursing Homes) are required to follow different HAI criteria/definitions which are promulgated by the Patient Safety Authority to define HAI as serious events. Upon confirmation, the HAI is required to be reported electronically within 24 hours. For LTC facilities these reports are submitted electronically to Pennsylvania Safety Authorities Patient safety reporting system (PA- PSRS). Once submitted, the reports flow electronically to the Pennsylvania Department of Health (PA DOH). Regardless of which criteria or definitions we are directed to follow, the time periods for electronic submission and HAI notification are identical.

- Remember: Patient(s)/Resident(s) first! Prevention of infection improves patient safety and saves lives
- Bacteria are the most common cause of infection in humans: urinary tract infection, sepsis, pneumonia
- HAI are related to medical care; they can occur in all areas where care is provided, including acute care, long term care, ambulatory care, community clinics
• Statistics show that 1 out of every 25 patients admitted to the hospital setting will contract a healthcare associated infection. According to the Agency for Healthcare Research and Quality (AHRQ), HAIs are the most common complication of hospital care, and one of the top 10 leading causes of death in the United States. Updated statistics by the Centers for Disease Control (CDC) indicate that HAI accounted for an estimated 722,000 infections and 75,000 associated deaths in 2011.

• The financial burden attributed to these infections is estimated at $28 to $33 billion in excess health care costs each year. Especially those Patient/Resident HAI associated with a medical devices such as: indwelling urinary catheters (i.e. foley), central lines that terminate in the great vessels in or near the heart (i.e. PICC lines, ports, Hemodialysis catheters), and ventilated patients/residents.

• Device associated infections and lack of improvement in quality initiatives have resulted in facilities paying additional surcharges and decrease in overall reimbursements up to as much as 2%.

• There can be state and national fines, penalties, and reductions in reimbursement associated with HAI and infection control noncompliance, as well as increased risk for litigation.

• $1,000/day fines can be levied for each day you are out of compliance for notification and reporting of HAI.

• Transmission of organisms by the hands of health care providers between two patients or the environment can result in health care associated infections (HAIs).

**WASH YOUR HANDS, SAVE A LIFE**

The Centers for Disease Control and Prevention and the World Health Organization consider inadequate hand hygiene to be one of the most important contributors to infections. Every year, an estimated two million patients get a hospital-related infection. 90,000 of those patients die from their infection. Many infections are transmitted on the hands of health care personnel.

National Patient Safety Goal #07.01.01 states that organizations must comply with current Centers for Disease Control and Prevention hand hygiene guidelines, set goals for improving compliance with hand hygiene, and improve compliance based on established goals.

The Board of Trustees and the leadership of Good Shepherd have made compliance with hand hygiene a top priority for our organization. They set a compliance target of 97%. So, as you can see, this is a very important goal for the organization, and one that is taken seriously...all the way up to the Board.

When the Joint Commission comes to survey, the surveyors will be observing hand hygiene. They may appear to be talking with someone or asking questions, but they are also watching to make sure you have washed your hands. If they observe one instance of non-compliance with hand washing, we will get a recommendation for improvement (RFI) and will need to write and implement a corrective action plan. This means that if surveyors observe any individual failure(s) to perform hand hygiene in the
process of direct patient care it will be cited as a deficiency. The Joint Commission will also continue surveying organizations with regard to their hand hygiene programs, as per Patient Safety Goal NPSG.07.01.01.

While there are various causes for HAI, The Joint Commission has determined that failure to perform hand hygiene associated with direct care of patients should no longer be one of them. The rationale for the change in enforcement is that organizations have had nearly 14 years to implement successful hand hygiene programs, since introducing national patient safety goal centered on complying with CDC or World Health Organization hand hygiene guidelines. The Joint Commission has determined that organizations have had enough time to train all healthcare workers involved in direct patient care.

There is no reason not to wash your hands.... hand hygiene dispensers are installed throughout the organization, outside patient rooms, offices, the cafeteria, in hallways, etc. There are individual use and portable devices as well. Please use them.

Research demonstrates that the most common HAIs can be prevented by consistently applying evidence-based infection prevention measures. As a consequence of the high HAI burden, escalating overall health care costs and a growing recognition of the preventability of HAIs, comprehensive efforts have been initiated to reduce and ultimately eliminate the occurrence of HAIs and their substantial impact on patients and families.
Hand washing:
Hand washing and hand antisepsis are the single most important things that you can do to prevent the spread of healthcare associated infections. Washing with soap and water removes germs that can cling to the skin. Wash hands with soap and water for 20 seconds:
- Wet hands with water
- Apply soap
- Rub hands vigorously for 20 seconds covering all surfaces of the hands and fingers
- Rinse with water
- Dry hands thoroughly with towel and use towel to turn off the water.

Hands must be washed with soap and water:
- When they are visibly soiled or contaminated with proteinaceous material and or are visibly soiled with blood and other body fluids.
- When working with suspected or confirmed infectious diarrhea (Clostridium difficile, Noro virus).

Alcohol Hand Gel:
Alcohol hand gel can be used as a substitute for hand washing when hands are not visibly soiled. Alcohol gels kill germs but do not remove dirt.
- Should not be used if patient/resident has clostridium difficile, sudden onset or infectious diarrhea. You should wash with soap and water.

When Hand Hygiene Must Be Performed

When Hand Hygiene Must Be Performed

- Before
  - When entering the room or patient care area even if the patient/resident is not in the room
  - Contact with a patient/resident
  - Putting on gloves
  - Performing invasive procedures
  - When moving from a contaminated body site to a clean body site during care
  - Preparing, handling, serving food
  - Feeding a patient/resident
  - Eating or drinking
When Hand Hygiene Must Be Performed

- **After:**
  - Care involving the body fluids of a resident
  - Visible soiling of the hands
  - Any direct contact with patients/residents or contaminated equipment or surfaces
  - Removing gloves
  - Touching dirty equipment
  - Personal body functions, such as using the toilet or blowing one's nose.
  - Handling garbage
  - When leaving the room or resident care area even if there was no resident contact

Technique Matters

Your 5 moments for hand hygiene at the point of care

- How’s your technique? Check out the application techniques in the video linked below

Video link: VigiGerme [http://www.youtube.com/watch?v=0at_jtzJCDM](http://www.youtube.com/watch?v=0at_jtzJCDM)
So….What is Good Shepherd’s hand hygiene program?

**Hand Hygiene Rule:** Wash in/Wash out; Rub in/Rub out; Gel in/Gel out every time!

**What does that mean?** It means that every time you enter a patient or resident’s room or patient care area, (even if the patient/resident is not in there) you need to wash or gel your hands. It means that every time you leave a patient or resident’s room or patient care area, (even if you had no patient or resident contact) you need to wash or gel your hands.

**Glove Use:** Before putting on gloves and after taking off gloves, you need to wash your hands. Do not let the fact that you are putting on gloves substitute for good hand washing. Also, remember to wash your hands and change your gloves when moving from working on one part of the body to another (e.g. wound on leg to wound on arm; suctioning a trach to caring for a feeding tube, etc.)

**Hand hygiene:** monitored at all inpatient and outpatient locations. Observations are performed through both secret shoppers and just in time coaches. Secret shoppers are stealthy and often observe when you least expect it on all shifts. Coaches provide direct feedback for those who need to improve hand hygiene practices. If you see a healthcare worker not performing hand hygiene when indicated speak up and let them know! We instruct our patients in the Speak Up Campaign that it is ok to ask their healthcare workers if they washed their hands prior to care.

You yourself may get some feedback from your peers, supervisors, hand washing coaches and yes, even patients and families. Don’t be defensive and embrace the feedback. We need all the help we can get to get to 100%.

Below are some examples of recognition cards that may be used at your location. Which card do you want to receive?
Hand Care:
- Lotion dispensers are available on all patient and resident care units.
- Please do not bring in lotions or products from outside home (use only approved products as they are designed for safety and efficacy)
- Report to Employee Health any dermatitis on hands.

Artificial Nails:
Direct care givers and those handling resident/patient supplies cannot wear artificial nails. Artificial nails harbor bacteria and fungus which can place our residents/patients at a risk for infection. Nails are to be natural and no longer than 1/8th of an inch. If nail polish is worn, it must be in good condition with no chips or cracks. This means only your natural nails and no gels, shellac, or nail extensions.

Multi Drug Resistant Organisms:
A heightened awareness for organisms of concern requires enhanced precautions. Some of those organisms include:
- Methicillin resistant staphylococcus aureus (MRSA)
- Vancomycin resistant enterococcus (VRE)
- Carbapenemase resistant enterococcus (CRE)
- Clostridium difficile (C-Diff)

Periodic assessments are performed to identify the risk of acquisition of MDROs. To effectively reduce the risk of transmitting or acquiring these organisms, the following measures have been applied:
- Hand washing
- Patient placement
- Isolation precautions
- The use of personal protective equipment (PPE) specific to the organism.

C-Difficile:
C-diff testing will identify the colonized patient, as well as a patient with an infection. A positive test is considered healthcare associated if it occurs on or after day 3. Positive tests are reportable even if they represent colonization. Repeat tests within 7 days, and or test for cure are not recommended. Please note that all positive tests are reportable to the National Healthcare Safety Network, and will impact Hospital Quality Scores.

Recommendations from the Infectious Disease Society of America on testing include:
- Testing requires the patient have 3 or more liquid stools within 12 hours
- The patient should not have received laxatives for 24-48 hours
- Please consider all medications (magnesium and phosphate) for possible cause of loose stools prior to testing
- Please also consider NOT testing tube fed patients without clinical correlation of symptoms

Bloodborne Pathogens (BBP) or Other Potentially Infectious Material (OPIM) including MRSA and MDRO:

Bloodborne pathogens are infectious microorganisms present in the blood and certain body fluids that can cause disease in humans. These pathogens include, but are not limited to, Hepatitis B virus (HBV), Hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Health-care workers who have been occupationally exposed to HBV, HCV, HIV or other potentially infectious material including...
methicillin-resistant Staphylococcus aureus (MRSA) and multi-drug resistant organism(s) (MDRO) can be at risk for serious or life-threatening illnesses.

Other Potentially Infectious Materials (OPIM) means:

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids.
- Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
- HIV-containing cell or tissue cultures, organ cultures, and HIV-or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HVB.
- In addition to blood and body fluids containing visible blood, semen and vaginal secretions also are considered potentially infectious. Although semen and vaginal secretions have been implicated in the sexual transmission of HBV, HCV, and HIV, they have not been implicated in occupational transmission from patients to HCP.
- The following fluids also are considered potentially infectious: cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid. The risk for transmission of HBV, HCV, and HIV infection from these fluids is unknown; the potential risk to HCP from occupational exposures has not been assessed by epidemiologic studies in health-care settings.
- Feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they contain blood. The risk for transmission of HBV, HCV, and HIV infection from these fluids and materials is extremely low.


You cannot tell by looking at someone whether they have a blood borne pathogen. You can have an occupational exposure through a needle stick or sharp instruments contaminated with an infected patient’s blood. Occupational exposure can also occur through a splash of body fluids whereby an infected patient’s blood comes in contact with any open or exposed wounds, the skin, and or mucous membranes such as the nose, mouth, and eyes.

**Immediately upon exposure:**

- Wash needle sticks and cuts with soap and water (basic first aid)
- Flush splashes to the nose, mouth, or skin with water
- Irrigate eyes with clean water, saline, or sterile irrigants
- Report any exposure incident to your supervisor immediately upon exposure, as treatment options for prophylaxis are time sensitive.
- Complete an event report in RL Solutions.
- ASAP! Need to be seen by a designated Health Care Provider (Your unit will have a List of panel providers) or go to the ED/Urgent care setting (St. Luke’s Health Network) during off hours within short proximity to assure that assessment treatment and chemoprophylaxis (if indicated) is offered in a timely manner

*Important* DON’T WAIT! Based on the exposure, treatment will begin and blood samples will be drawn. Some treatments for exposures are time sensitive.
In the event that the exposure occurred during off hours and you received care in an Emergency Room or Occupational Medical facility. If the evaluation and treatment is provided after hours in the emergency room, or by a Non-paneled occupational medical provider, you are directed to follow with an approved panel provider the following day.

Most exposures do not result in infection. Following an exposure, the risk of infection may vary with factors such as these:

- The pathogen involved
- The type of exposure
- The amount of blood involved in the exposure
- The amount of virus in the patient’s blood at the time of the exposure.
- Human Immunodeficiency Virus (HIV)
  - Spread through exposure to blood and body fluids (vaginal secretions, semen, blood, tears, breast milk)
    - Sexual activity
    - Perinatal
    - Transfusion
    - Mucous membrane contact
  - No vaccine
  - Prophylaxis is time sensitive
- Hepatitis B Virus (HBV)
  - A potentially life-threatening viral liver infection
  - Spread through exposure to blood and body fluids (vaginal secretions, semen, blood, tears, breast milk)
  - Preventable with the Hepatitis B vaccine offered to all health care workers.
- Hepatitis C Virus (HCV)
  - Spread when the blood of an infected person enters the body of another person
    - Infected equipment
    - Shared needles and IV drug users
    - Needle stick, sharps
    - There is a risk during sexual activity which increases with rough sex and/or multiple partners.
  - A serious viral liver infection that can lead to chronic liver disease
  - Is the leading cause for liver transplants
  - There is no vaccine for HCV and no post exposure treatment that will prevent Hepatitis C.
- Other Blood borne Pathogens:
  - Human Immunodeficiency Virus type 2
  - Syphilis
  - Malaria
  - Babsiosis
  - Brucellosis
  - Leptosporosis
  - Arboviral Fever
  - Creutzfeldt-Jakob
  - HTLV-1
  - Viral Hemorrhagic Fever
  - West Nile Diseases
Personal Protective Equipment and Engineering Controls (PPE):

Bloodborne Pathogen Exposure Control Plan IC. 04 and Standard Precautions policy, IC. 10 are available for review on ShepNet under policies for infection control.

**Bloodborne Pathogens**

Good Shepherd is responsible to help the staff to prevent possible exposure to blood borne pathogens by:

- Having a policy on this — IC 04.07.14 (Blood Borne Pathogen Exposure Control Plan.)
- Use of needleless systems
- Safety needles and sharps
- Hand washing areas
- Availability of PPE
- Red bagging of trash
- Sharps containers — leak proof

**Sharps:**

Occupational exposure to bloodborne pathogens from needle sticks and other sharps injuries is a serious problem, resulting in approximately 385,000 needle sticks and other sharps-related injuries to hospital-based healthcare personnel each year. Similar injuries occur in other healthcare settings, such as nursing homes, clinics, emergency care services, and private homes. Sharps injuries are primarily associated with occupational transmission of hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), but they have been implicated in the transmission of more than 20 other pathogens.

Healthcare workers, especially custodians and housekeepers, as well as others, can be punctured or cut by improperly disposed needles, sharp instruments, and broken glass. It is important to dispose of these materials appropriately to avoid injury, as well as exposures to PPE. There are sharps boxes located in several locations for disposal of needles, sharp instruments, and broken glass.

Good Shepherd encourages use of safer sharps devices that have engineering controls that are built into the product and prevent sharps injuries. Safer sharps devices come in various types—from devices that contain a protective shield over the needle or to those that do not use a needle at all, and includes sharps containers. All traditional devices have safer alternatives that are highly effective in substantially reducing injuries. Good Shepherd evaluates its products prior to selection, and then periodically as well as when indicated in an effort to ensure and maintain engineering of controls in effort to promote safe work practices.

Sharps containers are closable, puncture resistant, leak proof on the sides and bottom, labeled to include a **biohazard symbol** and color coded. When in or around the unit, utilize the proper safety containers to dispose of sharps to prevent injuries.
Safe specimen Handling: Specimens of blood or other OPIM will be placed in a container that prevents leakage during collection, transport, storage, and disposal. The container will be appropriately labeled to also indicate the need for standard precautions and that it holds potentially infectious materials inside (Color coded biohazard symbol above).

Promotion of Safe Injection Practices: Whenever possible, use of single-dose vials is preferred over multiple-dose vials, especially when medications will be administered to multiple patients.

Recommendations: Safe injection practices; the following recommendations apply to the use of needles, cannulas that replace needles, and, where applicable intravenous delivery systems

- Use aseptic technique to avoid contamination of sterile injection equipment
- Do not administer medications from a syringe to multiple patients, even if the needle or cannula on the syringe is changed. Needles, cannulas and syringes are sterile, single-use items; they should not be reused for another patient or to access a medication or solution that might be used for a subsequent patient.
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use. Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient’s intravenous infusion bag or administration set.
- Use single-dose vials for parenteral medications whenever possible.
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
- If multi-dose vials must be used, both the needle or cannula and syringe used to access the multi-dose vial must be sterile.
- Do not keep multi-dose vials in the immediate patient treatment area and store in accordance with the manufacturer’s recommendations; discard if sterility is compromised or questionable.
- Do not use bags or bottles of intravenous solution as a common source of supply for multiple patients.
- Infection control practices for special lumbar puncture procedures Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space (i.e., during myelograms, lumbar puncture and spinal or epidural anesthesia.

**Potential Splash Exposures:**

PPE should be available on all units and locations. Efforts are made to locate PPE as close to point of use as possible. It is the responsibility of Good Shepherd to provide you with the necessary PPE related to your job functions. It is the responsibility of the employee/healthcare worker to select the appropriate PPE required for the task at hand. Should there be any potential for contact with blood or body fluids in the performance of ones’ duties, PPE should be donned and doffed appropriately.

Please contact your immediate supervisor should have any immediate concerns related to PPE availability. The Infection prevention/control is a great resource and available as well available for consultation and assistance.

Take the time to assess for risk associated with the task you are performing. **Stop and think** about the tasks you are performing. If there is ANY POTENTIAL FOR SPLASHING, it is your responsibility and extremely important to use personal protective equipment (PPE) and follow work practice controls to protect yourself from blood borne pathogens (BBP) and other potentially Infectious materials (OPIM).

In the event that your uniform or personal clothing be contaminated with blood or body fluids, please remove and place in a plastic bag and forward to laundry for professional laundering and disinfection (at no cost to employee/associate).
Standard Precautions:
Also known as Universal Precautions are an approach to infection control designed to protect health care workers from the blood and body fluids of those that they care for. Regardless of whether you think the patient’s blood and body fluid is infected, treat it like it is. Standard Precautions Policy, IC. 10 is available for review on ShepNet under Policies - Infection Control.
Body fluids that may contain pathogens include:
- Blood
- Feces
- Mucous membranes
- Non intact skin
- Urine
- Amniotic fluid
- Tears
- Saliva

Early on, your mother probably taught you standard precautions without you even knowing it:

“If it is wet and does not belong to you, don’t touch it!”

But if you must, please remember to use standard precautions when handling blood or any body fluids or contaminated equipment, and you will make your infection prevention department proud and possibly your mother too.
To practice standard precautions:

- Wear gloves to protect hands when it is likely that you will come in contact with blood and/or body fluids or contaminated articles
- Wear a mask, face and eye protection if there is any potential risk for splashing or spraying
- Wear a protective gown or apron to protect clothing if there is potential of risk for splashing or spraying

Proper use of Healthcare Personal Protective Equipment (PPE) describes the correct donning and doffing sequences of recommended equipment.
The Transmission-Based Precautions policy, IC. 11 is available for review on ShepNet under Policies;

Infection control:

Rules to remember:

- Always wear PPE in situations with the potential for exposure (i.e. Puncture and or splash).
- Remove PPE that is torn or punctured or has lost the ability to function as a barrier to bloodborne pathogens.
- Replace contaminated, torn, or worn exam gloves; never decontaminate. Never wash or reuse disposable gloves.
- Remove PPE before leaving the work area.
- Follow the rules and practice meticulous hand hygiene.
- Never eat, drink, smoke, handle contact lenses, apply cosmetics, or lip balm in patient care areas or areas where there is a likelihood of exposure.

**Tuberculosis/TB**

TB is spread by tiny germs called mycobacterium tuberculosis that can float in the air. The TB germs may spread into the air if a person with TB disease coughs, shouts, or sneezes. Anyone in the area can inhale the TB germs into their lungs.

TB can live in your body without making you sick. This is called a Latent TB infection. Your immune system traps the TB germ and prevents it from spreading. Sometimes the body cannot trap TB, and the germs break away and cause Active TB disease. The lungs are usually affected.
A person with TB can have:

- Weakness
- Weight loss
- Bloody sputum
- Night sweats
- Fever
- Loss of appetite

TB can be cured with medication, but it takes 6-9 months to wipe out the disease. All employees are tested for TB at the time of hire, and as needed post exposure with the Mantoux Skin Test (PPD or TST).

The Tuberculosis Control Plan can be found on ShepNet under policies for infection Control. Related policies including transmission based precautions and the infection Control management plan can also be found here. Good Shepherd does not knowingly accept for admission or treatment any patient/resident with suspected and or active Tuberculosis cases and or patient/resident(s) requiring airborne precautions. Patients are screened for signs and symptoms of TB and in concert with the current and historical TB risk assessments for GSRN locations follow practice guidelines for low risk.

Inpatients/residents throughout GSRN with suspected or confirmed TB are isolated and asked to wear a mask while they are prepared for transport to an acute care facility capable of airborne isolation for treatment and evaluation. Healthcare workers entering an airborne precautions room shall wear a Health Safety and Environment (HSE) approved respirator. Powered Air Purifying Respirators (PAPR) for trained personnel are maintained and available in the respiratory department.

**PPD/TB Skin Test (TST):**
Employees are required to complete either a tuberculosis screening form or a positive reactor form (as applicable) at the time that annual performance evaluations are reviewed with the employee.

**Quantiferon®-TB Gold Test:**
This test is an in vitro diagnostic aid that measures a component of cell-mediated immune reactivity to M. Tuberculosis. It was approved by the Food and Drug Administration (FDA) as an aid for detecting latent Mycobacterium tuberculosis infection. This test has been approved by the CDC for substitution with TST testing. Employees at Good Shepherd may have this test performed to confirm TST testing unless contraindicated.

**Universal Flu Program**

**Influenza Vaccine:**
According to the Centers for Disease Control, studies show that influenza causes 36,000 deaths and over 200,000 hospitalizations on average in the United States annually. Health care-associated transmission of influenza has been documented among many patient populations, and infections have been linked to unvaccinated health care workers. “Preventing the spread of the flu protects patients and saves lives. Vaccinating health care workers can play a vital role in stopping the transmission of this potentially fatal infection,” says Robert Wise, M.D., Vice President Division of Standards and Survey Methods, Joint Commission.
Certain people are at greater risk for serious complications if they get the flu. This includes older people, young children, pregnant women and people with certain health conditions such as asthma, diabetes or heart disease (http://www.cdc.gov/flu/about/disease/high_risk.htm).

The severity of flu seasons vary widely from one season to the next. The number of flu-associated deaths in the United States usually ranges from 3,000 to 49,000 deaths per year but can be much higher if a new strain develops to which no one is immune. The severity of flu season depends on many things, including:

- What flu viruses are spreading
- How much flu vaccine is available
- When vaccine is available; How many people get vaccinated
- How well the flu vaccine is matched to flu viruses that are causing illness.

Get the facts regarding Good Shepherd’s Universal Flu Program:

Good Shepherd’s patients and residents are part of a very fragile population. We care for the elderly, children who are acutely ill, and people with disabilities. As a healthcare provider, we have a professional and ethical obligation to protect our patients and residents from developing further complications.

To protect our patients and residents, Good Shepherd requires influenza (flu) vaccinations for all associates, licensed independent practitioners, contracted, agency and temporary employees, students and volunteers.

Why Vaccinate Against the Flu?
Vaccination is the single most effective means of preventing influenza, and the vaccination of healthcare personnel (HCP) is especially important to prevent transmission to at risk populations.

Studies have shown that influenza outbreaks in hospitals and long term care facilities have been associated with low vaccination rates among HCP. In addition, a higher staff influenza vaccination rate has been associated with a lower incidence of healthcare associated infection rates overall. The PA Department of Health mandated a 90% vaccination rate by the year 2015. This is in concert with the Healthy People 2020 goal. We have joined other healthcare providers across the Lehigh Valley and nationally who have or are moving to a universal vaccination program in an effort to improve vaccination rates.

Who Is Required to Receive a Vaccination?
Annual immunizations are required for:

- All employees throughout the network
- All employed and non-employed licensed independent practitioners who see patients within our network
- All contracted, agency or temporary employees who see patients within our network
- All students and volunteers

Exemptions to the influenza vaccination will be considered for associates who have a valid medical or religious reason for not getting a flu shot.
How Do I Apply for a Medical or Religious Exemption?

Associates who have a valid medical or religious reason for not getting a flu shot can apply for an exemption which is offered around each September/October of each year, (unless otherwise directed). One can download the exemption form from ShepNet or Human Resources designee for a copy. Associates who submit the form will receive written notification of approval/denial as soon as possible, but generally no later October 30th of the year of application, (unless otherwise directed).

Associates who are granted an exemption must wear a surgical mask when in patient areas for all or part of the flu season. Dates for masking are determined by the Director of Infection Prevention in consult with the Chair of the Infection Control Committee and Senior Management.

When Do I Need to be Vaccinated?
All employees, licensed independent practitioners, contracted, agency and temporary employees, students and volunteers will be required to receive a flu vaccine or show proof of vaccination on or before November 1st of each year by 5:00 p.m. (Unless otherwise directed).

How Can I Get Vaccinated?
FREE vaccinations will be announced and offered at various times and locations throughout the network. Employees that receive vaccinations outside of Good Shepherd must submit written proof for the vaccine from the provider.

All employees that do not receive the influenza vaccination are required to file for an exemption by October 1 (unless otherwise indicated). All unvaccinated healthcare workers are required to wear a surgical mask within 6 feet of patients/residents, and/or while working in patient/resident care areas. The universal flu program outlines that healthcare workers must have a flu vaccination or an approved exemption to work within the Good Shepherd Rehabilitation Network.

Disclaimer: Please note in an effort to improve patient safety and promote compliance, the dates may be subject to change based on but not limited to: seasonal flu Activity, vaccine availability and vaccination compliance. Regular communications are provided to employees and Associates via ShepNet, unit based meetings, various committee updates, written correspondence, as well as personal and network email.

Human Resources

During your employment at Good Shepherd, you may have questions regarding your benefits, attendance, training, leaves of absence, job postings, dress code, and many other policies. How will you get the answers that you need?
All Human Resource policies can be found on ShepNet, our intranet site that contains a multitude of information about Good Shepherd.

To access the Human Resource policies:

- Go to ShepNet.
- Click on the Policies icon
- Click on Human Resources Policies
- Begin your search. There is a search function at the top of the screen on the right. Put in the topic that you are looking for and hit enter or the magnifying glass.

There are several categories of Human Resource Policies including:

- Benefits
- Compensation
- Employment Practices
- General Human Resources
- Health and Wellness
- Training and Education

If you still can’t find what you are looking for, you can always call Human Resources at 610-776-3586 and talk with someone from the HR Service Center.

**Language Interpreting Services**

To help Good Shepherd provide quality service to customers, residents, or patients who speak limited or no English, a language line is available 24 hours a day, 7 days a week, and 365 days a year. You will be connected to an interpreter who will serve as a communications link between you and your non-English speaking customer. The interpreter is dependent on you for directions during the call. We also have video capabilities through our language line at some of our sites. Using a designated workstation on wheels, you can be visually connected to someone who can translate for you or provide sign language for the hearing impaired. The interpretive services are available at no cost to our patients. There is also the option of having a professional interpreter or translator come onsite. Approval must be obtained from the hospital administrator. For further information on the language line, please refer to policy # CLN.PE.04.03, which can be found in the Clinical Manual in the Assessment of Patients-Care Decisions section or on ShepNet, under policies and procedures in the Clinical Rehabilitation Policies and search for Language.
Definitions:

**Code Blue**- A patient/resident with a medical condition that if not immediately acted upon will lead to death.

**Rapid Response**- A patient/resident in an urgent medical state that if not acted upon could lead to the deterioration of the patient’s condition to a code blue.

**It is appropriate to call a Rapid Response on patients with a DNR order**

Call a code blue when a patient/resident is experiencing:
- Loss of consciousness (with/without loss of respiration or pulse)
- Loss of Pulse
- Loss of Respirations

Call a rapid response when a patient/resident is experiencing:
- Sudden changes in heart rate, blood pressure, respiratory rate, oxygen saturation.
- Sudden changes in mental or neuro status.
- Acute respiratory distress/difficulty breathing.
- Chest pain/tightness that is not relieved by rest or occurs with sweating, pale or clammy skin.
- The goal of a rapid response is to get qualified staff members to see the patient/resident ASAP:
  - The patient/resident may be sent to the hospital for further evaluation
  - The patient/resident may be treated at Good Shepherd depending on the cause.
  - Do not be afraid to call a rapid response.

A Code Blue and Rapid Response are to be announced in the following facilities:
- Allentown Rehab Hospital
- Allentown (Raker) and Bethlehem Long Term Care facilities
- IP Pediatric Unit
- Specialty Hospital
- Wayne Memorial Hospital

For emergency situations in all other Good Shepherd facilities, 911 is to be called.
- Health and Technology Building
- 702 Building
- Outpatient Satellites
- Edwards Center
- Other contracted sites
Clinical staff will respond to provide immediate medical care.

At the G.S. Wayne Memorial Campus a Code Blue is termed Code 99.

**What Do I Do in a Medical Emergency?**

**At Raker and Rehab:**
- Determine unresponsiveness and/or the need for immediate attention
- Remain calm and call out, “Someone come help me.”
- The person hearing the call for help brings the emergency cart and AED
- Dial or delegate 555 and an announcement of **Code Blue and location 5 times** will be made. You need to remember to say exactly what floor; what room; and what building you are calling from to differentiate Raker and Rehab
- If you are certified in CPR, begin to provide immediate medical attention
- Call 911. The public emergency response systems will be activated by dialing 911
- Complete an Event Report in rL Solutions

**At Good Shepherd Specialty Hospital:**
- Determine unresponsiveness or the need for immediate attention
- Remain calm and call out, “Someone come and help me in room #____.”
- Dial or delegate the dialing of 555—tell the paging operator to announce a Code Blue and the exact location
- If you are certified in CPR, begin to provide medical attention until the Code Blue team responds and takes over. GSSH RN’s who are ACLS certified or validated, may function as part of the Code team
- Complete an Event Report in rL Solutions

**Good Shepherd Bethlehem, including the Pediatric Unit:**
- Determine unresponsiveness or the need for immediate attention
- Remain calm and call out, “Someone come help me.”
- Dial 6510 and announce **Code Blue and location 5 times**
- If you are certified in CPR, begin to provide immediate medical attention
- **Call 911.** The public emergency response system will be activated by dialing 911
- Complete an Event Report in rL Solutions

**At Wayne Memorial Hospital:**
- Push the alarm labeled “Code Blue” at the head of the bed (if in patient’s room).
- Dial 5555, indicate room number, and say “Code 99.”
- Code 99 team is notified by pager and/or phone
- Shout for help
- Note the time
- Initiate life support until Code 99 team arrives

**For Staff Working at other Good Shepherd Locations:**
- Determine unresponsiveness or the need for immediate attention
- Remain calm and call out, “Someone come and help me.”
Dial or delegate the dialing of 911. Give the exact location of the emergency, including the address, name of building, and location of the building

If certified in CPR, begin immediate medical attention until 911 responds and takes over

Complete an Event Report in rL Solutions

A Word About Choking

**Choking:** All staff members are expected to call for help. In the Rehab hospitals and LTC facilities, a Code Blue should be initiated and abdominal thrusts performed. You would do the following:

- Determine if the person is able to speak or cough. If not:
  - Stand behind him/her and wrap your arms around the person’s waist.
  - Press your fist into abdomen with quick inward and upward thrusts.
  - Perform the thrusts until the obstruction clears or the person becomes unconscious. If the person becomes unconscious, initiate CPR.

**Key Points about Medical Emergencies**

1. Remember to call 911. Once you are on the line and providing information, stay on the line until they hang up
2. Know where the CPR masks/ambu bags are located in your area
3. If certified in CPR, know when you are due to renew and maintain certified status
4. Each department may have specific emergency reviews. Attend them so you will be prepared to act appropriately
5. Know where the code carts/AED’s are located

A Word About “Do Not Resuscitate Orders”

1. In the presence of a DNR order, cardiopulmonary resuscitative measures will not be performed in the event of a cardiac or respiratory arrest
2. Cardiac or respiratory arrest is identified by the following:
   - Unresponsiveness
   - Breathlessness
   - Pulselessness
3. For clinical staff, patients in the hospital may have a **Do Not Resuscitate (DNR)** order on their chart or in the Electronic Health Record (EHR). You should be told this in report.

Medical Ethics

Patients and residents have the right to make decisions about their own health and future.

We, as health care workers, want to provide care and services that will benefit the patient or others. We feel that we have a duty to act in the patient’s best interest. We also know that medicine is filled with uncertainty. What works for one patient may not work for another. Good Shepherd wants to combine the highest level of medical knowledge with human values. Situations may arise in which these values are in conflict.
Good Shepherd has a Medical Ethics Committee that will provide guidance and options about an ethical issue that is related to patient care. Cases which may be appropriate for review by the Medical Ethics Committee include issues or dilemmas regarding:

- Appropriate decision-makers
- Necessity for guardianship
- Commencing, withholding or withdrawing of treatment or therapies
- Appropriate discharge planning
- Use of medical resources

Cases involving the following may not be appropriate:
- Personal disputes
- Corporate, business or professional ethics

To initiate a meeting with or review by the Medical Ethics Committee, staff should:

1. A staff member, patient, resident, family member, legal guardian, or healthcare agent/representative may request a medical ethics consult/advisory by making a verbal or written request to either the Chair of the Medical Ethics Committee or a member of the healthcare team
2. You should notify your supervisor of a request for a medical ethics consult/advisory
3. Your supervisor will send the consult request to the Chair of the committee
4. The Chair will review the request and determine if the referral is appropriate
5. If the referral is appropriate, a representative of the Medical Ethics Committee preliminarily reviews or “scouts” the case to determine the facts and issue(s) and a special ethics team consisting of at least three (3) persons is assembled or a meeting of the full committee is called as soon as possible
6. Staff, the patient, and their family may engage in dialogue with the ethics team or committee in order to understand what the law permits and the risks and benefits of various options
7. If the Chair determines that a concern does not warrant Ethics Committee consideration, the requestor may be guided to other available resources such as Corporate Compliance or Human Resources

Georgine A. Olexa, Esquire, is the chair of the Medical Ethics Committee.

**Medical Staff**

To assure patient safety and reduce risk to the hospital, only medical and allied health professional staff who have been credentialed and approved by the Board of Trustees are permitted to admit, consult, or participate in patient care in any of our Good Shepherd facilities.

To be credentialed, training, licensures, certifications, experience, activities, and qualifications needed for a person’s area of expertise are checked and verified. Our Medical Staff Executive Committee and our Board of Trustees review this information before giving final approval for appointment to our staff.
Who Must Be Credentialed?
All licensed physicians (MD or DO), dentists, podiatrists, nurse practitioners, nurse anesthetists, optometrists, physician assistants, psychologists, and physician extenders (employees of physicians such as RN assistants, audiologists, etc.) who treat or participate in the treatment of patients and residents at Good Shepherd must be credentialed.

How Do We Know Who is Credentialed?
Staff rosters can be found on ShepNet by going to the Departments Link and selecting Medical Staff Services. These rosters list, by individual facility, practitioners, who have been appointed to Good Shepherd.

Approved privileges for credentialed staff can be by contacting the Medical Staff Services Department at extensions 3302 or 3577.

The rosters and privilege lists are updated by the Medical Staff Services Dept.

What if Someone Who is Not Credentialed Wants to Treat a Patient?
The policies and procedures that will tell you what to do can be found on ShepNet. These are Clinical Policies CPR.17-Identification of Credentialed Practitioners with Delineated Privileges and CPR.18-Non-Credentialed Practitioners and Practitioners Not Credentialed for Specific Privileges. If you do not have access to ShepNet, your supervisor can supply you with these.

If you are uncertain a person is privileged to practice in our facility, you must take action. Contact your immediate supervisor as soon as possible or contact the Medical Staff Office at extensions 3302 or 3577.

Impairment:
A physician or health professional is considered impaired when problems such as addiction, physical disabilities, or psychiatric difficulties interfere with his/her ability to function professionally or personally. This places the physician or health professional at risk and may pose an actual or potential risk to patient health and safety.

What Do You Do if You Suspect a Physician or Health Professional is Impaired?
Inform your immediate supervisor or the Medical Staff Office. You must take action. All communication is confidential.

Disruptive Behavior:

What Do You Do if You Experience or Witness Inappropriate Conduct on the Part of a Physician or Health Professional?
Contact your immediate supervisor as soon as possible or contact the Medical Staff Office at extensions 3302 or 3577. The procedure outlined in the Medical Staff Code of Behavioral Conduct will be followed when there is an allegation of inappropriate conduct.
National Patient Safety Goals—2019

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

Identify patients correctly:
- Use at least two ways to identify patients. This is done to make sure that each patient gets the medicine and treatment meant for them.
- Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication:
- Get important test results to the right staff person on time.

Use medicines safely:
- Label all medicines that are not already labeled. Do this in an area where medicines and supplies are set up.
- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient’s medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use alarms safely:
- Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent infection:
- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use safe practices to prevent infection after surgery.
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks:
- Find out which patients are most likely to try to commit suicide.

Universal Protocol: Prevent mistakes with surgery/medical procedures:
- Make sure that the correct surgery/procedure is done on the correct patient and at the correct place on the patient’s body.
- Mark the correct place on the patient’s body where the surgery/procedure is to be done.
- Pause before the surgery/procedure to make sure that a mistake is not being made.
Unique Needs of Dying Patients

“Comfort care is an essential part of medical care at the end of life. It is the care that helps or soothes a person who is dying. The goals are to prevent or relieve suffering as much as possible and to improve quality of life while respecting the dying person’s wishes.” National Institute on Aging

Patients who are near or at the end of their lives need to receive care that addresses their psychosocial, emotional, and spiritual needs, as well as legal and ethical issues and family support needs.

At Good Shepherd, it is our policy to involve the patient/resident and family in making decisions about how his/her care will be managed at the end of life. Good Shepherd associates strive to foster the patient/resident’s comfort and dignity by:

- Addressing and providing appropriate treatment for primary and secondary symptoms
- Managing pain aggressively and effectively
- Exhibiting sensitivity when addressing issues such as autopsy and organ donation
- Respecting the patient/resident’s values, religion and philosophy
- Involving the patient/resident and, when appropriate, the family in aspects of care
- Responding to the psychological, social, emotional, spiritual and cultural needs and concerns of the patient and family

Physical Comfort Needs:
Discomfort can arise from a variety of problems. A dying person can be uncomfortable because of:

- Pain
- Breathing problems
- Skin irritation
- Digestive problems
- Temperature sensitivity
- Fatigue

Psychosocial and Emotional Needs:

- Complete end-of-life care also includes helping the dying person manage mental and emotional distress. Someone who is alert near the end of life might understandably feel depressed or anxious. It is important to treat emotional pain and suffering.
- A dying person may also have some specific fears and concerns. He or she may fear the unknown or worry about those left behind. Some people are afraid of being alone at the very end.
- Often, just being present with a dying person is enough. It may not be necessary to fill the time with talking or activity. Your quiet presence can be a simple and profound gift for a dying family member or friend.

Spiritual Needs:

- People nearing the end of life may have spiritual needs as important as their physical concerns. Spiritual needs include finding meaning in one’s life and ending disagreements with others, if possible. The dying person might find peace by resolving unsettled issues with friends or family.
- Many people find solace in their faith. Others may struggle with their faith or spiritual beliefs. Praying, talking with someone from one’s religious community, reading religious texts, or listening to religious music may bring comfort.
Each patient and resident who passes through the doors of Good Shepherd is given the opportunity to exercise their faith, ensuring that they have an outlet to practice their faith, regardless of their religion or belief system.

Organ Donation

Key Points:
1. All patients who expire must be screened by the Gift of Life Donor Program (GOLDP) to evaluate medical suitability for transplant prior to the family being approached.
2. The number to call is 1-800-543-6391
3. The information to be collected is in compliance with PA ACT 102 and Conditions of Medicare/Medicaid participation.
4. Usually, it is the responsibility of the nurse to call the GOLDP.
5. The following information that is given includes:
   a. Medical record number
   b. Hospital floor and location
   c. Age
   d. Date and time of death
   e. Cause of death
   f. Participation in research protocol
6. Other information that needs to be documented:
   a. Who made the call to GOLDP
   b. Date and time of the referral
   c. Name of the GOLDP staff member who receives the call
7. Time of the call to GOLDP should be timely since a late call can have an impact on potential donors; the goal is to make the call within one hour after death.

Misconceptions regarding organ donation:
1. Organs can be bought and sold on the black market—this is an illegal practice, and there are highly trained medical professionals needed from matching of organs to harvesting to transplanting.
2. I’m too old—there is no set age limit: Based on medical suitability
3. My family will pay if I am a donor: Costs related to donation are no responsibility to the surviving family
4. My religion does not support it: Most do and consider it a gift. If you have questions, contact your pastor or spiritual advisor.

Final Thoughts:
1. There are over 121,000 people waiting for organs.
2. For eye donation, there is no need to match a blood type.
3. Only corneas are transplanted. They are used locally, nationally, or internationally.
Outcomes

Good Shepherd continually reviews outcomes data to assess how we compare with like facilities/levels of care, and where we need to focus our efforts to improve our services.

What Outcomes Tools Do We Use & What Do They Measure?

Patient Satisfaction:

- We use Press Ganey to measure patient satisfaction for the inpatient rehabilitation hospital, outpatient services, and medical practice.
- For the inpatient rehabilitation hospital, surveys are sent to all patients after discharge.
- For outpatient services and medical practice, patients receiving surveys are selected randomly. For outpatient, each site is capped at a pre-determined number of surveys based on volumes at the sites.
- The survey asks the patient to rate their experience with several different areas including:
  - Admissions
  - Room
  - Diet & Meals
  - Nursing Care
  - PT, OT, ST
  - Rehab Doc/Physician
  - Discharge
  - Personal Issues
  - Scheduling & Registration
  - Facility
  - Overall Assessment
- Surveys are returned to Press Ganey, and our results are compared to the region and nation.
- Press Ganey distributes full reports on a quarterly basis.
- Weekly reports are run and distributed to all sites who use Press Ganey to help us focus on those areas needing improvement before the end of the quarter.
- Survey images are also available online. These are helpful to view, as our patients frequently write comments.
- Press Ganey and patient satisfaction are the indicators for the service pillar for team goals.
- For FY ’20, our target for patient satisfaction is the 80th %ile.

Patient Satisfaction—IP Peds:

Inpatient pediatrics has two different ways of measuring patient satisfaction:

- Age specific surveys were created to measure patient satisfaction based on the age and needs of the child. These are completed with the child prior to discharge. There is one specific to very young
children who cannot talk that looks at the physical environment of the room to make sure that everything is in place for a pleasant experience for the child.

- Parent/family surveys were also created to measure patient satisfaction. They are given to the parent/family at the time of discharge. The survey can be completed and turned in or sent in once the child is home.

**Patient Satisfaction—Specialty Hospital:**

Good Shepherd Specialty Hospital uses LTRAX to measure patient satisfaction. The survey looks at the following categories to measure patient satisfaction:

- Nursing communication
- Doctor communication
- Responsiveness of hospital staff
- Pain management
- Communication about medicines
- Discharge information

**CMS Quality Indicators:**

The “Improving Medicare Post-Acute Care Transformation” Act of 2014 (IMPACT Act) requires all post-acute care (PAC) settings to collect standardized patient assessment data to enable quality care and improved outcomes, create uniformity of data elements between settings, enhance the ability to compare data across PAC settings, improve discharge planning, improve the ability to exchange data, improve care coordination, and inform payment models. The IMPACT Act also requires PAC providers to submit standardized assessment data through PAC assessment instruments under applicable reporting provisions. This data must be submitted with respect to admission and discharge for each patient, or more frequently as required.

In the past, the inpatient rehabilitation hospital used FIM—Functional Independence Measures to measure improvement from admission to discharge. Beginning with any discharges on 10/1/19, FIM is no longer being used, and the quality measures, specifically Section GG will replace FIM on the IRF-PAI. Section GG has been added for skilled nursing facilities, inpatient rehabilitation facilities, LTACHs and Home Health. The data collected in Section GG focuses on functional abilities and goals. It assesses the patient’s or resident’s need for assistance with self-care and/or mobility. This is especially important as patients or residents with functional limitations are at risk for functional decline and complications due to limited mobility.

- Section GG uses a 6 point scale. Using this 6-point scale, staff code the patient’s or resident’s usual performance for each activity. Remember, an activity may be completed with or without assistive devices.

Other areas on the IRF-PAI include: Hearing, speech, and vision; cognitive patterns as assessed by the BIMS; bladder and bowel; and swallowing and nutrition.

**WeeFIM:**

WeeFIM is used by inpatient pediatrics. It allows credentialed clinicians to measure and document functional performance in infants and children with either acquired or congenital disease. There are 18 items that measure functional performance in 3 domains:

- Self-care
- Mobility
• Cognition

**IT Health Track:**
- IT Health Track is a national company that makes telephone calls to discharged inpatients to collect post discharge functional outcomes to provide evidence of the durability of goals achieved during the patient’s inpatient rehabilitation program.
- Follow-up items include the 18 functional activities assessed during the inpatient phase of treatment from the IRF-PAI, demographic information and several key satisfaction items.
- Collecting follow-up data is a requirement for Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation.
- CARF program specific questions are also asked.

**Good Shepherd’s Balanced Scorecard:**
**What is a balanced scorecard?**

- A strategic planning and management system that is used to:
  - Align business activities to the vision and strategy of the organization
  - Improve internal and external communications
  - Monitor organization performance against strategic goals.
- Adds strategic non-financial performance measures to traditional financial metrics to give leaders a more “balanced” view of organizational performance.
- Good Shepherd’s balanced scorecard contains individual scorecards for:
  - Each Level of Care
  - In and Outpatient Rehabilitation
  - Cardio-Pulmonary/Complex Medical–LTACH
  - Pediatrics
  - Long Term Care
  - Contracted sites (i.e. Wayne)
  - Corporate indicators, including:
    - Finance
    - Philanthropy
    - People
- Each scorecard is broken down into the five pillars (as appropriate):
  - People
  - Service
  - Quality
  - Finance
  - Growth
- Indicators are selected for each pillar.
- Benchmarks are established based on state, regional, or national data or historical data when no other benchmarks are available.
- Targets are set based on benchmarks and/or current performance. The goal is always to “raise the bar” or improve our services.
- Finance and growth targets are based on fiscal year budget.
- Each scorecard owner establishes his/her indicators and targets each year.
- The scorecard then goes to the SLT for approval.
• Once approved, the scorecard goes to the Professional Relations/Quality Oversight Committee of the Board for approval.
• The data is collected and analyzed on a quarterly basis.
• Results are placed in the scorecard and color coded:
  – Green: Above target
  – Black: At target
  – Red: Below target

• **What are we measuring?**
  – **People:** Voluntary turnover rate; total turnover
  – **Service:** Patient Satisfaction using Press Ganey and LTRAX, and age specific surveys (IP Peds)
  – **Quality:** Functional change; % of patients who are discharged within the CMG defined timeframe; discharge to community, and acute; hand hygiene
  – **Finance:** IP/OP operating margin
  – **Growth:** IP admissions; OP visits; IP average daily census

• **Reporting:**
  – Action plans are created for any indicators that are red.
  – The results are shared with the Professional Relations/Quality Oversight Committee of the Board on a quarterly basis.

**Program Scorecards:**
• Good Shepherd has CARF accreditation for 7 programs:
  – CIIRP—Comprehensive Integrated Inpatient Rehabilitation Program
  – Stroke Specialty Program
  – Amputee Specialty Program
  – Brain Injury Specialty Program
  – Spinal Cord Specialty Program
  – Pediatric Specialty Program
  – OP Medical—Spinal Cord
• Each accredited program must collect, analyze, and track and trend a variety of data, action plan for those areas needing improvement, and provide necessary education when appropriate.
• **CARF requires that we assess:**
  – Satisfaction
  – Access
  – Efficiency
  – Effectiveness
• Each program has its own scorecard. All programs are measuring:
  – Satisfaction
  – Functional Changes--Effectiveness
  – % of patients who are discharged within the CMG average length of stay--Efficiency
  – Discharges to:
    • Acute
    • Skilled Nursing
    • Community
  – Expiration
  – Acquired Wounds
• How are outcomes shared?
  – Our outcomes are shared in a variety of ways:
  – Personnel:
    • Scorecard and team goal outcomes are shared at the monthly leadership meetings and then shared with the staff at departmental meetings.
    • Press Ganey results are shared on a weekly basis, using a color-coded chart that is sent to all managers.
    • Weekly FIM results are sent out to the IP rehab managers via e-mail and are also discussed at various meetings.
  – Persons Served:
    • Our outcomes can be found out on our external website for both inpatient and outpatient rehabilitation services.
    • Prior to admission, patients are given our outcomes brochure to help them make an informed decision to come to Good Shepherd.
  – Other stakeholders:
    • We share our scorecard and team goal outcomes and our performance improvement reports with the Professional Relations/Quality Oversight Committee of the Board on a quarterly basis, as well as the full Board.
    • Our outcomes can be found on our external website for our referral sources and third party payers.

Effective pain management is a patient/resident right at Good Shepherd. All staff members who have contact with patients and residents have an obligation to report a complaint of pain to the appropriate caregiver, so that an intervention can be provided to relieve the pain. Pain assessment scales used at Good Shepherd include the Analog Scale, the Wong-Baker Faces Scale, FLACC, and the University of Rochester Nonverbal Pain Assessment Scale. Other scales are available in Perry and Potter.

At Good Shepherd: Good Shepherd’s senior leadership team is committed to safe and quality care for our patients, including appropriate pain management and safe opioid prescribing. Sam Miranda, SVP of Patient Care, Chief Nursing Officer, and Corporate Ethics and Compliance Officer, is a member of the Hospital Association of PA’s quality care subcommittee, as well as the Opioid Pain Management Task Force for
Lehigh County. The leadership team, physicians, clinical staff, and Pharmacy Department are actively involved in ensuring that pain is appropriately managed through safe medication prescribing and the use of other non-pharmacological interventions when needed.

Pain management includes patient and family education about how to report pain and their involvement in making decisions about what methods provide the best pain relief. Pain control is a team effort in which all caregivers, patients, residents, and families work toward the goal of the most effective relief with the fewest side effects.

Pain is assessed on admission to a Good Shepherd program. It is frequently reassessed to assure that the person’s pain control allows them to participate in the activities for which they have come to Good Shepherd. Every effort is made to relieve suffering and to improve the quality of life of each person.

**Pain Assessment and Documentation:**

- Pain is assessed and documented on admission and at least once per shift.
- Pain is also assessed and documented prior to and re-assessed one hour after an intervention. Interventions may include, but are not limited to medication, repositioning, distraction or other non-pharmaceutical means.
- Documentation is necessary so that the medical and nursing staff know what intervention is effective for the patient and is also a regulatory requirement.

During the patient’s admission and at the time of discharge, the patients are provided with educational materials for their medications that include the reason for medication, potential side effects, effects on activities of daily living, as well as how to safely use, store and dispose of the medication.

We have several resources to us for pain management and safe use of opioids, including, but not limited to:

- **Online resources:**
  - HAP presentation for the medical staff
  - PA Patient Safety Authority website
  - PA Dept. of Health website
  - Educational topics on Relias

- Pain management is covered during clinical departmental orientation, via in-services, and annually

While Good Shepherd does not admit or treat patients who are addicted to opioids, there are patients who are admitted/treated who have a history of opioid abuse and need further treatment. In those cases, referrals are made to outside resources.

Our physicians, extenders, and the pharmacists have access to the state’s online Prescription Drug Monitoring Program. Before ordering opioids, the physician or extender can check the online program to see the prescription history of patients who may have had opioids prescribed in the past. When we go live with Cerner, there will be a readily accessible link which the physicians will be able to click that will take them to the online website.

A comprehensive assessment of individual patient’s needs is done through history and physical examination, with appropriate plans developed to address pain. Modalities of pain treatment include
physical therapy, cognitive/mindfulness, medications, injections, and surgical referrals as indicated. To address current opioid epidemics, patient education and pain contracts are provided to patients.

According to the World Health Organization, “pain is an unpleasant sensory and emotional experience arising from actual or potential tissue damage or described in terms of such damage.” Pain is also whatever the patient says it is. It is completely subjective and is affected by attitudes, beliefs, and personality. At Good Shepherd, we honor each person’s right to effective pain control.

![Image of pain management](image_url)

**Patient Education**

At Good Shepherd, every caring activity is a teaching activity because every person who receives health care has some need to learn.

Our interdisciplinary education plan starts before the person is admitted into our system; liaison nurses/admission staff/care managers identify learning needs and communicate those needs to the clinical staff members.

Language and age-based needs are identified, as well as barriers that might make learning more difficult.

Throughout the persons’ therapy/services at Good Shepherd, staff members provide formal and informal education and information making sure to document all that is provided.

Once the patient and resident leaves our setting, we provide information about resources in the community to ensure that learning needs continue to be met.

**We Provide the Teaching, Keeping the Following in Mind:**
- We start by building trust—when a person trusts you, they will learn from you, and that is our ultimate goal.
- We find out what they already know and build from that—adults especially have life experiences that serve as rich resources for learning.
- We use a variety of teaching methods; we ask them how they like to obtain information—written/verbal, or do they like to learn in groups or alone. We can also provide handouts.
- We ask for feedback to make sure they have understood our instructions; when we have taught them a skill, we have them demonstrate to us that they can do it.
- We keep in mind that our job is to help the person become as independent as possible, and we help them achieve that by providing education that is specific to the patient, easy to understand, and goal oriented.

**How can I demonstrate that I teach my patients?**
- Educational materials are available in Krames and other media that can be printed and given to the patient.
• Document any education in the EHR (Electronic Health Record) for the Rehab Hospital and documentation forms for any sites where electronic documentation is not available.

Patient education is important, and if not documented, it is not done. Remember to document:
• Barriers to learning
• What you taught (e.g. cane walking)
• Who you taught it to (e.g. patient, family, etc.)
• Method of teaching (e.g. verbal, video, teach back/demo)
• Response to teaching (e.g. understood, teach back, needs additional training)

Patient and Resident Rights

What Are Patient Rights?
They are the legal, human, and special privileges that help to ensure quality of care and quality of life and the right of our patients and residents to make informed decisions. It is a job requirement that you demonstrate respect for the rights of others, and is also the law.

At the time of admission, our patients and residents are given a copy of their rights that are in a format this is understandable.

What is Included?
1. Patients have the same constitutional protections as all other citizens: to vote, marry, own property, etc. No one loses these rights when they reside in a long term care facility or receive inpatient or outpatient care.
2. Patients have certain specific rights which include, but are not limited to:
   ➢ To be informed in writing and orally of their rights and responsibilities in a way that is understandable
   ➢ Receive information in a way he/she understands, including interpretation and translation
   ➢ To designate a person to act on his/her behalf to assist and protect rights
   ➢ Have a family member, another person, and/or his/her doctor notified when the patient is admitted
   ➢ To be encouraged and assisted by staff to exercise these rights on admission and during the course of their stay
   ➢ To be informed of all available services and their cost, to refuse medications and treatments
   ➢ To create advance directives
   ➢ To know the names of doctors and nurses providing care and the names and roles of other healthcare workers and staff caring for the patient
   ➢ To be adequately informed regarding their medical conditions and proposed treatment.
To be treated with courtesy, fairness, and dignity
➢ To receive care in a safe setting free from any kind of abuse, harassment and neglect; to receive care free from restraints unless necessary to provide medical or surgical healthcare
➢ To participate in social, religious and community activities
➢ To organize and participate in residents’ and family groups
➢ To examine the reports of the facility’s most recent inspection
➢ To manage their own financial affairs or delegate this responsibility
➢ To limit who knows about the patient being in the hospital, and to decide if they want visitors or not while in the hospital
➢ To receive visitors whom he/she designates and verbally designate a support person who can exercise the patient/resident’s rights on his/her behalf if the patient/resident is unable to do so
➢ To decide to take part or not take part in research or clinical trials
➢ Review, obtain, request and receive a detailed explanation of hospital charges and bills
➢ Receive instructions on follow up care
➢ To receive kind, respectful, safe, qualified care delivered by skilled staff

Patient Safety

Good Shepherd’s Culture of Safety: Mission & Philosophy
➢ Safety is everyone’s priority
➢ We are all the patient’s advocate
➢ Good Shepherd promotes a culture of safety
➢ You need to view the services you provide through the eyes of the patient
➢ Because we promote a culture of non-punitive and anonymous reporting, the following reporting mechanism is available to all employees 24 hours a day/7 days a week:
  o Vice President, Legal Affairs: 610-776-3147 (office) or 484-553-1477 (cell).
  o Patient Safety Officer: 610-776-3129
  o Patient Safety Information Line: 610-776-3532 (Voicemail only)
  o An electronic or, if unavailable, a written event report must be completed; a verbal event report is not sufficient
➢ We use rL Solutions electronic event reporting software, which can be accessed through ShepNet
➢ We encourage all associates to participate and contact us with any ideas to promote a CULTURE OF SAFETY!

To promote a culture of safety, the following definitions are important for all Good Shepherd employees to understand:
EVENT: The occurrence of any unexpected, unforeseen or unusual situation, disruption of normal routine, or any condition that may lead to such a disruption. Examples of reportable events include, but are not limited to the following:

- Medication, Intravenous, and Transfusion Events
- Adverse Drug Events
- Drug Incompatibilities
- Adverse Clinical Events
- Sentinel Events, as well as Near Misses
- Medical Emergencies
- Events involving restraints
- Falls
- Self-harm or violent behavior
- Selected Administrative Events (patient identification, discharge problems, informed consent and advanced directives issues, breach of confidentiality, etc.)
- Other Miscellaneous Situations or Events (Infrastructure/environmental issues, products, and equipment, etc.)

SENTINEL EVENT: An unexpected occurrence involving death or serious physical or psychological injury or risk thereof, which signals the need for immediate investigation and response.

SERIOUS EVENT: An event, occurrence, or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional health services to the patient.

INCIDENT OR NEAR MISS: An event, occurrence, or situation which could have caused injury, but did not either cause an unanticipated injury or require the delivery of additional health care services.

INFRASTRUCTURE FAILURE: An undesirable or unintended event, occurrence, or situation involving the infrastructure of a medical facility (physical plant and service delivery systems) or the discontinuation or significant disruption of service, which could seriously compromise patient safety.

ROOT CAUSE ANALYSIS (RCA): the investigation process used for identifying the basic or causal factors that underlie variation in performance, including the occurrence or possible occurrence of a serious or sentinel event.

FAILURE MODE EFFECTS AND CRITICALITY ANALYSIS (FMECA): a proactive risk assessment tool that evaluates weaknesses in an entire process and implements changes to avoid errors before they happen.

Good Shepherd has two sources for creating its culture of safety:

- **Patient Safety Plan**—CP.12—Administrative Policy & Procedure Manual (There is a Patient Safety Plan for each licensed within the Good Shepherd Network.)
- **Patient Safety Committee**—has at least 2 members from the local community.

Communication is Important in Promoting Patient Safety!
Reporting of Events to Administration:

1. All employees are required to report suspected and/or identified medical errors, incidents, or events by completion of an Event Report. Patient Safety guidance and direction regarding an error, incident, or event is available 24/7 by calling Vice President, Legal Affairs at 610-776-3147 (office) or 484-553-1477 (cell). The Patient Safety Officer may be contacted at 610-776-3129.

2. The Patient Safety Information Line—610-776-3532—is available to request non-urgent guidance or to verbally report an event; however, a verbal report does not take the place of an electronic/written event report.

3. Complete the Good Shepherd Event Report in the electronic event reporting system as accurately as possible by stating facts only. If you do not have access to the electronic reporting system, a paper report form should be completed and submitted to the Patient Safety Office. Be sure to ask your supervisor where the Event Report forms are stored in your working area. (For use during computer down time.)

4. Event reports must be completed immediately or as soon as practicable, but in no event later than twenty-four (24) hours after the discovery or occurrence of an event.

5. All reporting is NONPUNITIVE, which means our focus is on a system breakdown and not on carrying or placing blame on an individual based solely on their involvement in the event. We promote a JUST CULTURE. Events will be analyzed to determine individual accountability, if any.

6. Corrective action may be taken in the event that an employee:
   a. Participates in willful or malicious misconduct, sabotage, substance abuse, and/or criminal activity
   b. Fails to report the event to administration truthfully or in a timely manner
   c. Makes an error demonstrating a lack of fundamental knowledge necessary to carry out his/her job responsibilities
   d. Knowingly makes a false report
   e. Engages in other inappropriate or unprofessional conduct

Event Follow-up:

1. Events involving situations or practices that place patients, staff and/or visitors in immediate danger of harm will be promptly investigated and addressed by hospital management.

2. The analysis of event reports helps us determine trends and areas for improvement. Risk management/patient safety may contact you or your supervisor regarding the Event Report you have completed. This would be for the purpose of clarification or obtaining additional information.

3. When processes are identified as high risk, high volume, and/or problem prone, a FMECA may be conducted.

4. An RCA is performed in response to serious events, sentinel events, selected incidents and identified event trends.

5. Good Shepherd practices open disclosure of unanticipated outcomes and serious events to patients and families. This creates respect and facilitates education and problem solving.

Good Shepherd’s culture of patient safety is structured in accordance with Joint Commission standards and the Pennsylvania Medical Care Availability and Reduction of Error Act (Act 13) of March 2002.

Any employee who has concerns about the safety or quality of care provided in a Good Shepherd Hospital may report these concerns to the Joint Commission, by calling 1-800-994-6610, or complete an anonymous report to the PA Patient Safety Reporting System (www.PAPSRS.State.PA.US or can also be found attached
to our Patient Safety Plans.) There will be no retaliation or disciplinary action taken for reporting these concerns.

Any employee who has concerns about the safety or quality of care provided in a Good Shepherd Home facility may report these concerns to the Pennsylvania Department of Health, Division of Nursing Care Facilities at the Lehigh Valley Field Office at 610-861-2117 or the Central Office at 1-800-254-5164 or alternatively e-mail them at c-ncomplai@pa.gov.

Quality Improvement

Quality in Healthcare is defined as:

- Doing the right thing, at the right time, in the right way for the right person.
- Quality is achieved when every encounter with every patient is right, every time. Therefore, quality is not a "hoped for" result, but a calculated, purposeful, pursuit of perfection.
- Care that is:
  - **Safe**: Avoiding preventable injuries, reducing medical errors
  - **Effective**: Providing services based on scientific knowledge
  - **Patient Centered**: Care that is respectful and responsive to individuals
  - **Efficient**: Avoiding wasting time and other resources
  - **Timely**: Reducing wait times, improving the practice flow
  - **Equitable**: Consistent care regardless of patient characteristics and demographics

So….why is quality important in health care?

The American Hospital Association reports that there are 40 to 50 patient injuries per 100 hospital admissions, which equates to 15 million injuries per year.

We need to take the appropriate steps, putting the right standards and systems into place to provide quality care.

**How Do We Identify Problems?**

- From customers (patients, families, doctors, etc.)
  - Press Ganey surveys
  - Patient Safety Suggestion Forms
  - Customer Communications
    - Phone calls
    - Letters
    - E-mail from the website
- From Staff:
  - Event Reports
  - Patient Safety Suggestion Forms
- From Outcomes Software:
  - UDS Data--FIM
  - LTRAX—Specialty Hospital
  - MDS Data—Long Term Care
  - IT Healthtrack Reports—Follow-up for IP Rehab
From surveys:
   o The Joint Commission
   o PA Department of Health
   o CMS—Centers for Medicare and Medicaid Services
   o CARF—Commission on the Accreditation of Rehabilitation Facilities

Once a problem or an area needing improvement has been identified, we use PDSA to plan, test, and implement changes.

PDSA:

Plan the solution to improve.
Do the necessary steps to make the improvement.
Study the effects the improvements have on the process.
Act to make changes toward continued improvements.

What Can You Do?

- Create policies and systems based on the principles of prevention.
- Communicate and work in a way that eliminates opportunities for error.
- Respond to Good Shepherd’s commitment to provide quality care.
- Find out what PI projects your floor/department is participating in.
- Participate in quality education and improvement teams.
- Help to collect data.
- Incorporate the PI Model into your daily work processes.
- Be inquisitive.
- Offer suggestions.
- Always strive to be better.
- Keep it simple.
- Do it!

Current Performance Improvement/Quality Projects:

- Customer Service/Patient Satisfaction
- Reducing Falls, including “Stop, Look, and Listen”
- Infection Prevention
- Returns to Acute Care
- Quality Indicators/Measures
- Hand washing
- Reducing medication errors
- Skin Integrity
Patient education
Community Reintegration Outings
Wellness

Keeping Our Patients/Residents Safe

In December, 2017, The Center for Medicare and Medicaid Services (CMS) issued regulation 482.13(C)(2) that states that patients have the right to receive care in a safe setting. For example, at Good Shepherd, staff follows our current standards of practice for environmental safety, infection control, and security. We also make every effort to protect our vulnerable patients, such as our pediatric population.

In addition, this standard is intended to provide protection for the patient's emotional health and safety, as well as his/her physical safety. Respect, dignity, and comfort would be components of an emotionally safe environment.

In order to provide care in a safe setting, Good Shepherd must identify patients at risk for intentional harm to self or others, identify environmental safety risks for such patients, and provide education and training for staff and volunteers.

Although all risks cannot be eliminated, Good Shepherd is expected to demonstrate how we identify patients at risk of self-harm or harm to others and the steps we take to minimize those risks in accordance with nationally recognized standards and guidelines.

Walk around your nursing units or departments...there are some potential risks to be aware of:

- Sharps: Scissors, razors, box cutters, needles
- Harmful substances: Cleaning supplies, bleach
- Access to medications
- Breakable windows
- Accessible light fixtures
- Plastic bags that could be used for suffocation
- Oxygen tubing
- Call bell cords
- Ligatures risks (point): Anything which could be used to attach a cord, rope, or other material for the purpose of hanging or strangulation
- Equipment that could be used as a weapon

The CMS standard requires Good Shepherd to do the following:

1. Identify Patients at Risk: Per CMS, all hospitals are expected to implement a patient risk assessment strategy.

   a. At the Rehabilitation Hospital, during the nursing assessment, the patient, family or significant other is asked if there is any risk of suicide, harm to self or others. In addition, the nurse completes the PHQ 9 screening tool that has been built in Cerner. If the patient is at risk, the nurse will notify the physician to write an order for a consult with Psychology, and if urgent, the patient is placed on 1:1 observation until the consult is completed. If not urgent, the
patient is placed on every 15 minute checks. The patient’s room is checked to ensure that it is safe.

b. For our outpatients, at the time of admission, the patient answers questions regarding suicide risk, harm to self or others on the patient medical information form. If the patient is at risk, the patient’s physician is contacted for further direction.

c. At the Specialty Hospital, a neurosensory and psychosocial assessment, or CAM, is completed on all admissions. If the patient appears depressed or has a history of depression the nurse will request to have the patient seen by psychology and / or psychiatry. If the patient expresses a desire to harm himself or herself or others nursing will place the patient onto a 1:1 observation status.

2. Identify Environmental Safety Risks: Per CMS, all hospitals must implement an environmental risk assessment strategy. At Good Shepherd, an Environmental Rounds team conducts rounds/inspections on all of the inpatient units and outpatient satellites using the Good Shepherd Environmental Rounds Audit Checklist. This list was recently updated to include the assessment of any environmental safety risks that the patient could use to harm him/her self or others.

This could include unattended items such as utility or housekeeping carts that contain hazardous items (mops, brooms, cleaning agents, hand sanitizer), ligature risks, unsafe items like equipment or tools, unprotected light fixtures, broken outlets, and inadequate staffing levels to provide appropriate patient observation and monitoring.

Following the rounds, discussions are held with the unit/department/site managers and written reports are sent to the managers to fix the problems.

3. Education and Training: Per CMS, hospitals must provide education and training to staff regarding the identification of patients at risk of harm to self or others, the identification of environmental patient safety risks and mitigation strategies. This education must also be provided to all new staff during orientation and whenever policies and procedures change.

What Can You Do to Keep Our Units Safe?

1. Survey your area:

   a. Are there any sharps unsecured on the counters, or in unlocked drawers or cabinets that someone could readily have access to?

   b. If the housekeeper is in a patient room, is the cart in front of the door and in view of the housekeeper?

   c. Are cleaning supplies locked in the housekeeping cart?

   d. Are all medication carts locked when not in used? Is the medication room locked?

   e. Are the call bell cords the appropriate length?

   f. Is there any equipment in the room or on the unit that could be used as a weapon if the patient becomes agitated or violent?

Assessment of Persons at Risk for Suicide or Self-Injury

Statistics on Suicide

1. Suicide is the 10th leading cause of death in the US overall
   • 2nd leading cause of death in the world and 3rd in the US for 15 – 24 year olds
   • Every year, nearly 45,000 Americans die by suicide.
Risk Factors / Warning Signs

If a person talks about:
- Feeling hopeless
- Having no reason to live
- Being a burden to others
- Feeling trapped
- Unbearable pain
- Expressions of hopelessness
- Change in mood
- Active or passive verbalization of wish to die
- Expression of suicidal thoughts or intent

Behaviors that may signal risk, especially if related to a painful event, loss or change:
- Increased use of alcohol or drugs
- Looking for a way to end their lives, such as searching online for materials or means
- Withdrawing from activities
- Isolating from family and friends
- Sleeping too much or too little
- Visiting or calling people to say goodbye
- Giving away prized possessions
- Aggression
- Fatigue
- Social withdrawal
- Loss of appetite
- Change is sleeping pattern
- Change in affect
- Refusal to respond to assessment questions related to suicide/depression
- Past history of attempt or self-injury

People who are considering suicide often display one or more of the following moods:
- Depression
- Anxiety
- Loss of interest
- Irritability
- Humiliation
- Agitation
- Rage
- Mental health conditions
  - Depression
  - Substance use problems
  - Bipolar disorder
  - Schizophrenia
  - Personality traits of aggression, mood changes and poor relationships
  - Conduct disorder
  - Anxiety disorders
- Serious or chronic health conditions and/or pain
- Traumatic brain injury
Access to lethal means including firearms and drugs
- Prolonged stress, such as harassment, bullying, relationship problems or unemployment
- Stressful life events, which may include a death, divorce or job loss
- Exposure to another person’s suicide, or to graphic or sensationalized accounts of suicide

**Screening for Suicidal or Self-Injury Potential**
- **Current Symptoms**
  - Include depression, anxiety, grief/bereavement/loss
  - Assess for active intent
  - Assess mental status/cognition/level of anxiety
- **History of psychiatric issues**
  - Include previous attempts or ideation
  - History of self-injurious behavior
- **Determine Lethality**
  - Active vs. Passive thoughts
  - Availability of means

**Communication of Initial Assessment Risk**
If after the initial screening, the patient is felt to be at risk for suicide or self-injury:

**Inpatients:**
All staff – notify Nursing
Nursing – notify Physician
Nursing and Physician – Notify Psychology for further assessment risk on stat or urgent basis

**Outpatients:**
All staff – notify Physician and urgent consult with Psychology or Mental Health Crisis Team
May need to contact and/or involve family members

**Recommendations /Interventions**

**Level I Precaution** – for active intent or attempt
- Physician order and assessment/renewal every 24 hours
- Unit secretary or primary RN keep treatment team updated
- 1:1 around the clock – within arm’s reach at all times and eyes on the patient!!!
- Nursing documentation every shift regarding consistent assessment of mood/behavior and presence or absence of suicidal ideation
- Private room if at all possible and do immediate room check for contraband
- All incoming packages MUST be checked
- No glass/metal from dietary and count the utensils before and after meals
- RN – stay with patient and make sure all meds are swallowed
- Patient only allowed off unit for therapy or testing and ONLY when accompanied by staff
- Inform patient of the rationale for precautions
• Inform Security and Risk Management if risk involves outside persons, potential violence or dangerous risks

Level II Precautions - ideation without intent
• Physician order and reassessment every 48 hours
• Observation Q 15 minutes around the clock by staff
  • Nursing documentation every shift regarding consistent assessment of mood/behavior and presence or absence of suicidal ideation
• Room check for contraband
• Check all incoming packages
• Discuss plan with patient

Precautions for Passive Ideation

• Ongoing assessment for mood/presence of suicidal ideation or thoughts of self-harm – document this each shift
• Increased staff contact
• Maximize social support

Specific Documentation Must Include:

• Mood and Affect, note sudden changes
• Patient’s verbalization of feelings and perceptions
• Staff and environmental interventions for support
• Patient’s reactions to interaction and interventions

Reporting a Work Related Injury or Illness

If you incur any injury or illness while working, please follow these steps:

1. Report the injury/illness to your manager/supervisor

2. Seek medical care as needed
   a. If emergency medical assistance is needed—dial 911
b. For non-emergent medical assistance: Apply first aid, if needed. If medical treatment is needed, go to a Panel Provider. The list is posted at each worksite. (After hours, go to the emergency room, and the next day, go to a Panel Provider)

3. For needle sticks or bodily fluid exposures: Immediately follow these steps and go to a Panel Provider. After hours, go to the nearest St. Luke’s University Health Network Emergency Room and the following day, seek follow up evaluation with an approved Panel Provider.
   i. Wash needle sticks and cuts with soap and water
   ii. Flush splashes to the nose, mouth or skin with water
   iii. Irrigate eyes with clean water, saline or sterile irrigants

Your supervisor/manager should safely package and/or secure the device (if any) until notification can be given to the Director of Infection Prevention or the Risk/Patient Safety Manager.

Your supervisor/manager should immediately have the appropriate forms signed to obtain the patient’s consent to have an exposure panel completed.

4. Complete an event report: Immediately following the incident, the employee (or manager if employee is unable) should complete an event report in rL Solutions. An rL Solutions incident report must be completed within 24 hours of incident.

5. Contact Human Resources: The employee should contact Human Resources at (610) 776-3508 within 24 hours. After normal business hours, please call 484-747-0693.

Restraints

The policy of Good Shepherd is to use restraints only when other less restrictive measures have been tried and found to be ineffective to protect the patient or others from harm.

- Restraints are applied only after a comprehensive individual assessment concludes that for this patient, at this time, the use of less intrusive measures poses a greater risk than the risk of using restraint or seclusion
- Restraints are used in a manner that attempts to prevent harm, physical discomfort, embarrassment, or pain to the patient
- Restraints will not be used for punishment or for the convenience of the staff
- The hospital does not permit restraint or seclusion for the purpose of coercion, discipline, convenience of or retaliation by staff

Restraints may be physical or chemical. Use of behavioral restraints in the hospital is remote, as the reason for admission to the hospital is due to an acute medical need or condition.

Definitions:

1. **Physical Restraint:** Any manual method or mechanical device, material or equipment attached or adjacent to the patient’s body that she or he cannot easily remove that restricts freedom of movement or normal access to one’s body. In the context of the policy (definition), restraints are considered involuntary.
2. **Chemical Restraint:** A medication (drug) used to control behavior or restricts the patient’s freedom of movement and is Not Standard Treatment for the patient’s medical or psychiatric condition.

3. **Standard Treatment:** Includes but is not limited to:
   a. Med is within pharmacy parameters set by FDA and manufacturer for use
   b. Used to treat a specific condition based on patient’s symptoms
   c. Standard treatment would enable patient to be effective or appropriate functioning.

4. **Child Safety Interventions:** Age or developmentally appropriate protective safety interventions (such as stroller safety belts, swing safety belts, high chair lap belts, raised crib rails, and crib covers) that a safety conscious child care provider outside a healthcare setting would utilize to protect a child and are not considered restraint or seclusion.

To provide an organizational approach to restraint and safety devices when such means are necessary, and to protect the patient’s and/or other’s health and safety while preserving the patient’s dignity, human rights, and well-being, the following procedures are completed:

1. The patient is assessed for behaviors and underlying causes that place his/her safety at risk and interrupt the medical treatment plan.
2. Prior to the application of any restraint, use of alternatives to restraint are attempted to reduce or avoid the use of restraint.
3. When it is determined that the use of less intrusive measures poses a greater risk than the risk of using restraint or seclusion, the least restrictive method of restraint or seclusion is applied.
4. A physician’s order (written) must be obtained as soon as possible **(within one hour)** of the application of the restraint used for non-violent/non-self-destructive reasons, and ONLY AFTER A FACE TO FACE PHYSICIAN ASSESSMENT IS COMPLETED. The maximum period for the use of a restraint is 24 hours. **PRN orders are not acceptable.**
5. A physician’s/designee assessment is required to continue the use of restraint for medical-surgical reasons beyond twenty four hours. A written order for renewal is required for each 24 hour period. If a patient was recently released from a restraint, and exhibits behavior that can only be handled through the reapplication of restraint, a new order would be required (with a face to face physician assessment). Staff cannot discontinue a restraint intervention, and then re-start it under the same order. A temporary, directly supervised release, however, that occurs for the purpose of caring for a patient’s needs (e.g. toileting, feeding, or therapy sessions) is not considered a discontinuation of the restraint. As long as the patient remains under the direct staff supervision, the restraint is not considered discontinued, because there is a staff member with them.
6. All orders for restraints must include:
   a. Clinical justification for application of restraint
   b. The type of restraint to be used
   c. Time limit for use (cannot exceed 24 hours)
7. When the patient has consented to have the family informed regarding his/her care, and the family has agreed to be notified, the staff will attempt to contact the family promptly to inform them of the restraint or seclusion episode.
8. The restrained patient is monitored and care is provided for the following (but not limited too) functional needs every two hours:
   a. Elimination needs
   b. Range of motion and positioning
   c. Mental status
   d. Circulation, with special attention to the restrained limb(s)
9. If the reassessment of the patient indicates that the reason for restraint no longer applies after the ordered time period, the restraints will be removed. If, however, a different behavior necessitates the need for restraint, a new order must be obtained, or if the order is d/c’d and the restraint is needed later the same 24 hours, a new order is needed.

10. The Restraint Documentation is in the EHR (Electronic Health Record) and is initiated when alternative measures are trialed and failed, and there is a physician order for a restraint. Documentation of the initial assessment by the physician, monitoring, reassessments, and restraint release are noted, and will include, at a minimum, the following:
   a. Behavior/events leading up to intervention
   b. Alternatives trialed to avoid restraint
   c. Type of restraint applied
   d. Reassessment
   e. Monitoring of functional needs and care provided
   f. Restraint release

11. Staff will be educated and competence assessed at the time of orientation and annually on the use of restraints.

12. The use of restraints is monitored as part of Performance Improvement. Data is collected and reviewed quarterly.

13. Clinical leadership is informed of instances in which patients experience extended or multiple episodes of, restraint or seclusion for behavioral purposes.

CMS requires the following:
- Any death associated with the use of restraint or seclusion must be reported to CMS by telephone no later than the close of business the day following the knowledge of the person’s death, or if the patient dies within 24 hours of restraints being on while at our facility.
- Staff must document in the patient’s medical record the date and time the death was reported to CMS.

**Safe Haven**

In 2002, a state law was passed to safeguard infants who have been left at a healthcare facility. The law, entitled Newborn Protection Act 201 of 2002, states that the parent of a newborn shall not be criminally liable for any violation of the law for leaving a newborn in the care of a hospital, providing that the following criteria are met:
- The parent expresses, either orally or through conduct, the intent to have the hospital accept the newborn
- The newborn is not a victim of child abuse or criminal conduct.

Good Shepherd Rehabilitation Hospital in Allentown has a designated area in the vestibule of the main entrance of the rehabilitation hospital for the safe, confidential placement of a newborn. There is also a designated area in the vestibule of the main entrance to Good Shepherd Home—Bethlehem due to the location of the inpatient pediatric unit.

A doorbell is located near the bassinette. Upon hearing the doorbell, a staff member of Security Officer will check the bassinette.
The staff member or Security Officer will stay with the newborn, immediately page nursing administration and/or the charge nurse and contact 911 so that the newborn can be taken to an emergency room. Healthcare providers within the hospitals are required to notify the county agency and law enforcement officials immediately by telephone when they accept a newborn.

There are signs that indicate that the individual relinquishing the newborn should wait until the baby is received by the staff; however, if the person is unwilling or unable to wait, he/she will be directed by signs and/or information sheets where to place the baby and how to alert the staff to the baby.

**Violence in the Workplace**

Workplace violence is any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site. It ranges from verbal threats (text messages social media, email) or physical threats to even homicide.

The 2016 Census of Fatal Occupation Injuries (CFOI) found that there were 5,190 fatal working injuries in the U.S. in 2016, of which 866 were attributed to a result of “violence and other injuries by persons or animals.” Of the 866 fatal work injuries that were the cause of violence, 500 were intentional injury caused by other and 291 were categorized as self-inflicted. Women experienced a higher proportion of fatal injuries due to roadway incidents and homicides relative to men.

“Robbers were the most common type of work-related homicide assailant for men and the second-most common for women. The most frequent type of assailant in work-related homicides involving women was a relative or domestic partner” (U.S. Bureau of Labor Statistics, 2016.)

Working in healthcare presents a unique challenge whereas the violence is severely underreported. This is due to employees thinking that it “is part of my job”. There is also the thought that the violence is unintentional due to a diagnosis or current injury and accepts the acts or behaviors as normal or routine.

Anyone may become violent. The truth is, workplace violence can strike anywhere, anytime, and no one is immune. Research has identified factors that may increase the risk of violence for some workers at certain worksites. It depends on the situation; even certain personal factors can increase the likelihood of violence. These include, but are not limited to:

- A history of violence or aggression
- Violent fantasies
- Alcohol or other drug abuse
- Head injuries or chronic pain
- Certain brain disorders
- Stress and frustration
- Revenge
- Paranoia and/or acting out behaviors
- Fascination with weapons
- Suicidal or Homicidal ideations
Before violence strikes, there are usually behavioral warning signs or changes in “normal” behavior or routines. Pay attention to cues that may indicate distress or discontent. These include, but are not limited to:

- **Nonverbal cues**
  - Pacing
  - Facial expression/grimacing
  - Threatening gestures, pounding on a desk
  - Restlessness/fidgety
  - Pulling his or her hair

- **Verbal Cues**
  - Shouting or argumentative, challenging authority; increase in volume or tone
  - Direct statement of threat, talking about or carrying weapons
  - Demanding and sarcastic
  - Expression of helplessness, anxiety, and/or depression

The costs of violence are high. **Prevention is the best protection!** You can help prevent violence by following these DO’s and DO NOT’s.

- **DO NOT:**
  - Threaten, challenge, or demand obedience
  - Argue the facts of the situation. Do not tell the person they have no reason to be upset, even if you do not understand or agree
  - Make sudden nervous or threatening gestures
  - Laugh at or ignore the individual
  - Come too close or reach out to touch the person
  - Place yourself between the patient and a wall, a window, or a stairway

- **DO:**
  - Ask what the problem is and **LISTEN**
  - Be **SINCERE** in your efforts to help. Let the person know how you can help
  - Speak in a low, quiet, but firm voice
  - Apologize if you did something inadvertently to upset them
  - Keep your hands open and visible
  - Alert others of the potential for difficulty and have enough help nearby so that you feel safe
  - Assume that the person has a real concern, even if it does not quite make sense to you

- **IN ADDITION:**
  - Treat everyone with respect
  - Check patient charts, care plans, and records ahead of time, if possible
  - Trust your gut feelings. Watch for warning signs. Try to spot—and head off trouble before it turns to violence
  - Stay calm if someone starts to lose control
  - Don’t let your escape path get blocked and always maintain a safe distance of at least two (2) body lengths
  - Follow proper procedures for how to handle the situation
  - Report all incidents promptly to your manager or supervisor
Elements of Supportive Interventions:

- **ACCEPT**
  - Consider the validity of the feeling if not the behavior. It is impossible to tell another person how to feel.

- **FOCUS**
  - Give your undivided attention to this issue, and become an active listener.

- **ENCOURAGE**
  - Use your common sense (assertion) as opposed to aggression.

- **OFFER**
  - Discuss alternative actions the individual could take including appropriate and inappropriate actions and their consequence.

- **CONTRACT**
  - Empower the individual to make the appropriate choices and to correct any wrongs that were committed.

*Good Shepherd will use plain English to notify the organization of an active shooter or violent intruder on Campus!*

Active Shooter

1. Active shooter is a term used by law enforcement to describe a situation in which a shooting is in progress, and an aspect of the crime may affect the protocols used in responding to, and reacting at the scene of the incident. Unlike a defined crime, such as murder or mass killing, the active aspect inherently implies that both law enforcement personnel and citizens have to potential to affect the outcome of the event based on their responses.  
   - Active Shooters typically use a variety of firearms.

2. An active shooter event is unpredictable and evolves quickly.
   - 70% of events ended in 5 minutes or less.  
   - 60% ended before police arrived. This is due to the perpetrator committing suicide, the perpetrator is subdued by those with the “fight” to survive mentality, or the perpetrator leaves the scene.

3. Victims are often selected randomly, if a targeted person is not located.

4. Immediately **ALERT** the building occupants to the active shooter situation. Alerts can be given by using extension 555 (Allentown Campus), 6510 (Bethlehem Campus) and paging “Active shooter give location of the incident and a description of the actor.” Repeat the overhead page five times.
   - Additional alerts can be given via cell phones, portable radios or any other means possible.
   - Dial 99-911 to Call 911. Report your name, location of the incident, number of shooter(s) if known, identification and description of the shooter(s) if known and your location and call back phone number. Remain with the dispatcher until told to hang up by the dispatcher.
   - 911 can be called by anyone who has knowledge of the incident.

5. **LOCKDOWN** in your immediate area. Use whatever means and objects available to lockdown and barricade a room.
   - Use items such as:

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i. Articles of clothing to tie off door handles.
ii. Belts to disable door openers.
iii. Building materials
iv. Tools
v. Furniture

b. Await notification from law enforcement personnel that it is safe to exit your barricaded position.

6. **INFORM** others. Use whatever means of communication available to inform other occupants of the building with updated information concerning the active shooter.

7. **COUNTER** the shooter. Occupants of the barricaded room should formulate a plan of action in the event that the perpetrator gains access to the room.
   a. Use whatever objects that you have available to create makeshift weapons to distract the shooter.
      i. Fire extinguisher
      ii. Sprays or aerosols
      iii. Scissors
      iv. Needles
      v. Pens
      vi. Articles of clothing (ties, scarves, shoe laces, etc.)
      vii. Furniture
      viii. Equipment
      ix. Lamps

8. **EVACUATE** the area when you are confident that you can do so safely. Once you are safe, communicate your status to the police or other incident command personnel.
   a. Await notification from law enforcement personnel that it is safe to exit your barricaded position.

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**Code 45: Specialty Hospital (Overhead page number is 555)**

Emergency code used at Good Shepherd Specialty Hospital and the host facility LVH for a potentially dangerous situation where it is necessary for people to remove themselves from and remain away from the affected area. Situations that may require a Code 45 include but are not limited to: an individual brandishing a weapon, structural collapse of part of a building, discovery of a suspicious package, release of a known or suspected chemical or biological agent or release of a known or unknown gas.

**Good Shepherd has a code to inform everyone of a suspected missing person on Campus**

**Code Pink:**

1. For Allentown/Bethlehem Campuses:
   a. When notified of an individual missing, immediately overhead page x555 (Allentown campus), X6510 (Bethlehem campus), Code Pink, your location, the age of the individual, and the gender of the individual five (5) times and call the Rehab front desk at x3541.

2. For Good Shepherd Specialty Hospital:
   a. When notified of an individual missing, immediately overhead page x555 Code Pink for a missing child or notify LVH security at x8220 and report a suspected missing adult.

3. For St. Luke’s Monroe Campus:
   a. When notified of an individual missing, immediately dial 5555.
4. Give all staff searching a description of the suspected missing individual/child (hair color, height, approximate weight, approximate age, gender, ambulatory or non-ambulatory) as well as who were they last seen with.

5. Post staff at all exits, stairwells, and elevators, looking for suspicious activity.

6. Attempt to delay anyone that may fit description of either the missing individual or person last seen with missing individual.

7. After 15 minutes, notify the police by dialing 99-911, then:
   a. Notify site administrators
   b. Notify Manager of Public Safety
   c. Notify Director of Marketing and Communications
   d. Notify Corporate Risk Counsel

8. If missing individual is located or direction is given from the local authorities to discontinue the search, announce:
   a. Allentown/Bethlehem: Code Pink All Clear 5 times
   b. Good Shepherd Specialty Hospital: Dial 555 and inform operator of the all clear

9. Document incident in the event reporting system.

Report Any Safety Hazards:
Unlocked doors, cabinets, desks, etc., invite theft—and could lead to violence if you happen to surprise the thief. Remember to LOCK UP ALL personal items—purses, book bags, handbags, etc.

❖ An inspection of the work area for security hazards can help decrease the risks of violence. Be aware of objects in your immediate work area that could be used as weapons.

Some questions to consider:
❖ Are sharps (needles, scissors, scalpels, wheelchair tools, etc.) safely stored?
   o Are they in a locked drawer?
❖ Are heavy objects secure or out of sight?
❖ Are the doors and windows in good condition? Are they locked properly? Are they not propped?
❖ Are your personal belongings secured?
❖ Are the medications locked up in a safe place?
❖ Are the chemicals and other hazardous substances secured?
❖ Are the patient/resident and personnel records kept confidential? Are they properly secured?
❖ Have the broken or dim lights been promptly reported?
❖ Have any tripping hazards been reported?
❖ Are there any ligature risks (broken blind cords, therapy bands, etc.) present?

If you SEE SOMETHING, SAY SOMETHING!
Environment of Care

Welcome to the 2019-2020 Environment of Care Employee Education Program.

By reviewing the information and completing the mandatory education test, you will meet the annual Environment of Care educational requirements for FY ‘20.

It is important to remember that many of our locations are in host facilities. These include:

- Good Shepherd Specialty Hospital—Lehigh Valley Hospital Muhlenberg
- Wayne Memorial Hospital

For units within a host facility/hospital, Good Shepherd shares in a collaboration for environment of care and emergency management.

Policies and procedures for Environment of Care, Safety and Security, and Emergency Management can be found on ShepNet...Policies...Environment of Care. For those units in host facilities, please follow the policies and procedures for the host facility, which are located on their intranet site.

Emergency Management Program

Good Shepherd Rehabilitation Network is a partner in the South Zone of the Health/Medical/EMS Committee which is a subcommittee to the Northeast Pennsylvania Counter-Terrorism Task Force.

- Emergency code words have been established for all emergency events. If you forgot the code words, don’t worry! You can request an Emergency Responses poster by calling 610-776-3389 or access and print it from ShepNet.
- External Emergency: Occurs in the community and may result in a request for resources from Good Shepherd or directly impact the operation of our facilities.
- Internal Emergency: Occurs inside our facility, resulting in injury or interruption of service. These emergencies may require relocation or evacuation of patients or residents and/or cause building damage, such that normal operations are not possible.
- Emergency Overhead Paging Numbers:
  - Allentown Campus and Specialty Hospital: Ext. 555
  - Good Shepherd Home-Bethlehem, including inpatient Pediatrics: Ext. 6510
  - Outpatient Sites: 911
• **Your role in emergency management:**
  o Participate in all emergency preparedness training programs and drills. Drill can include:
    ▪ Table top
    ▪ Active drills
    ▪ Functional exercises
  o Know your role and responsibilities during emergencies. If in doubt, check with your supervisor or the Public Safety Department.
  o Keep your personal information current on the departmental phone roster.
  o Know where the emergency responses poster and Fast Fact booklets are located in your area

![Diagram](image)

**Fire Prevention Management**

• Code words for fire:
  o Good Shepherd Allentown and Bethlehem campuses: Code Wintergreen
  o Wayne Memorial: Code Red
  o Good Shepherd Specialty Hospital: Code Yellow

• Discovery of a fire...remember RACE:
  o **R**: Rescue and/or remove individuals from the immediate area
  o **A**: Alarm by pulling the nearest fire alarm pull station to sound the alarm, if applicable to your location. Also overhead page the appropriate fire code for your location
  o **C**: Confin e the fire—ensure all doors are closed and latching properly
  o **E**: Extinguish the fire

• **To extinguish the fire, remember PASS:**
  o **P**: Pull the pin
  o **A**: Aim the nozzle at the base of the fire
  o **S**: Squeeze the handles together
  o **S**: Sweep slowly from side to side at the base of the fire

• **Your response in the fire location:**
  o Ensure that all rooms are checked and the doors that open into the corridors are closed and marked with “vacant” magnet signs to indicate that the room is vacant.
  o Ensure that people are evacuated behind fire doors and beyond the fire site
    ▪ Horizontal evacuation is the first method to be utilized.
    ▪ For vertical evacuations, know the preferred method for your location.
  o Clear the hallways and remove high risk items near the site

• **Your response away from the fire’s point of origin:**
  o Determine the fire location by listening for the code overhead page announcement and/or bell code
  o Grab a fire extinguisher(s) and report to an area just outside the fire location
  o Follow instructions quickly and efficiently and remain calm.

• **Your role in fire prevention management:**
  o Participate in all life safety training programs and fire drills
- Know your role and responsibilities at the fire’s point of origin or away from it
- Know the use and functioning of the fire alarm systems
- Know how to use and operate the fire extinguisher
- Know the building compartmentalization procedures for containing smoke and fire

### Hazardous Materials & Waste Management

- **OSHA Hazard Communication Standard:**
  - The “Right to Know” law is designed to protect employees from exposure to hazardous chemicals.
  - Under this law, you have the right to know:
    - The hazardous chemicals used in the work area
    - The importance of the Safety Data Sheets (SDS) and chemicals in your work area
    - How to work safely with, and control, the hazards of those chemicals

#### SDS-Safety Data Sheets

- SDS are informational sheets that give you critical information on how to use, transport, and store chemicals safely, as well as what to do in case of emergencies and overexposure.
- SDS are available by dialing **1-800-451-8346** and are accessible 24 hours a day/7 days a week. Look for SDS stickers on phones within your work area.

#### Personal Protective Equipment (PPE)

- Personal protective equipment (PPE) includes special safety clothing and gear that is required to be worn when handling hazardous substances.

- Hazardous substances are not limited to chemicals. They can also be:
  - Sputum
  - Urine
  - Fecal matter
  - Vomit
  - Saliva
  - Blood

- Examples of PPE include:
  - Gloves
  - Safety glasses
  - Aprons
  - Face shields
  - Respirators
• **Your role in hazardous materials and waste management:**
  o Know the chemicals that are present in your work area
  o Be able to access an SDS when needed
  o Be able to read and understand the SDS
  o Always wear PPE when needed
  o Do not use chemicals until properly trained to do so

**Medical Equipment Management**

• The Materials Management Department has overall responsibility for coordinating the clinical equipment selection and acquisition process.
• Department managers are responsible for identifying a need and developing a recommendation to purchase by completing a Direct Purchase Requisition Form.
• All new equipment needs to be inspected prior to clinical use by Good Shepherd’s Bio Medical Contractor (ISS).
• Equipment is tagged with a unique number and a label with the preventative maintenance/service date and next due date for service.
• If equipment is in need of repair or preventative maintenance, enter a Maintenance work order or an ISS work order.
• Good Shepherd uses the RASMAS system that alerts us to any medical equipment hazard notices and recalls.

• **Your role in medical equipment management:**
  o Participate in all medical equipment training programs
  o Prepare an event report for every medical equipment incident. Include the equipment number and location of the equipment within the report.

**Safe Environment Management**

• Good Shepherd strives to reduce the risk of injury to persons by providing a comprehensive safety and risk management program designed to provide a safe, effective, and functional physical environment, free of hazards
• This is done by providing various safety measures including, but not limited to:
  o A fall prevention program
o Wanderguard system
o Bed and chair sensor alarms
o Wristband identification
o ID badges
o Inspections of equipment
o Accessible buildings
o Wheelchairs and adaptive devices
o Environment rounds that are scheduled two times per year for both patient care and non-direct patient care areas
o Event/incident reporting: The Risk Management Program provides an ongoing, systematic approach to risk identification, assessment, corrective action, documentation, reporting and trending.
  ▪ It is the responsibility of all employees to report all events/incidents, regardless of seriousness.
  ▪ The event report shall be completed for each event/incident within a 24 hour time period.

Corporate Safety Officer

- Good Shepherd has a corporate safety officer: Kimberly Pentland

General Safety Do’s

- Keep aisles, stairwells, and hallways free of clutter and equipment
- Report all hazardous conditions immediately
- Use carts, racks or carriers to move materials
- Report all spills immediately to prevent slips, trips, and falls
- Place sharps in designated containers
- Wear PPE as required
- Lift and transfer patients and residents in a safe manner...ask for help and use lifting devices
- Operate only equipment that you are authorized and trained to use
- Inspect tools and equipment for safe conditions before starting to work

General Safety Don’ts

- Prop doors open
- Leave defective equipment in service
- Insert fingers or hand into sharps container
- Place sharps in inappropriate containers
- Leave microwaves or toasters unattended
- Use equipment until properly trained
- Transport oxygen cylinders without using a carrier
- Block fire extinguishers
- Block smoke doors or fire doors

**Your role in the safe environment:**
- Learn the safe way to do the job
- Think safety and act safely at all times
- Obey safety rules and regulations
- Report unsafe conditions or practices to the Safety Officer promptly at 610-776-3380
- Report any accident or injury immediately and complete an event report.

**Secure Environment Management**

- Good Shepherd’s Public Safety Department is responsible for coordinating the employee identification program and issuing badge access.
- All employees are required to wear their Good Shepherd identification badge while on duty.
- Notify the Public Safety Department immediately if your badge is lost, stolen or surrendered upon separation. If your badge is lost or stolen, please complete an event report.

**Your role in secure environment management:**
- Always wear your badge
- Know how to summon assistance when needed
- Report suspicious persons or situations immediately to Public Safety
- Keep valuables in a safe, locked place
- Do not leave belongings or valuables in plain view or unattended
- Be alert to your surroundings
- Stay in well-lit and well-traveled areas
- Prepare an event report for all security incidents

**Utility Systems Management**

- Good Shepherd has a utility systems management program to promote a safe, controlled, comfortable environment of care to reduce the potential for acquired illness, to assess and minimize risks of utility failures, and ensure operational reliability of utility systems.
- Policies and procedures have been developed for you to use in the event of a utility system failure.

**Your role in utility system management:**
- Participate in all utility systems training programs
- Prepare an event report for every utility systems failure incident
Emergency Codes and How to Respond

The next few pages will provide you with the emergency code words being used by Good Shepherd for various emergencies, as well as how you should respond.

Missing Person:
- For Main Campus:
  - Dial ext. 555 and announce “Code Pink, age of person, sex of person, and last known location” 5 times (e.g. Code Pink, 5 yr. old female, middle level pediatrics)
  - If you are not treating, cover the nearest stairwell or door
  - If you are treating, stay with your patient and let a co-worker know who you have

- For Good Shepherd Bethlehem:
  - Dial ext. 6510 and announce “Code Pink, age of person, sex of person, and last known location” 5 times (e.g. Code Pink, 4 month old male, inpatient pediatrics)
  - Provide a description of the missing person and if known, the abductor
  - If you are not treating:
    - Immediately check each room in your work area
    - Cover all stairwells and exterior doors
    - If applicable, complete a head count of patients
  - If you are treating:
    - Stay with your patient and let a co-worker know who you have

Bomb Threat:
- Written threat:
  - DO NOT touch the note
  - Notify Public Safety to respond to your location
  - DO NOT allow anyone into the immediate area

- Phone threat:
  - DO NOT hang up
  - Utilize the YELLOW checklist sheets (located by phones) and write down what is said to you

Immediate Assistance:
- Code Orange
- Utilized when a patient, visitor, or client becomes verbally or physically aggressive
- Utilize various staff
  - Therapists
  - Nurses
  - Environmental Service employees
  - Maintenance employees
Code Wintergreen:

- **Rehab Hospital:**
  - Bell coders ring the location of the incident
  - When responding:
    - Go to the “staging area” and await further instruction
  - If you are in the area of the incident:
    - Rescue those in the immediate area
    - Alarm by pulling the nearest pull station
    - Confine the smoke or fire
    - Evacuate the patients by passing them to those in the staging area
  - Fire extinguisher use:
    - Pull, Aim, Squeeze, and Sweep

Code Red-Internal/External Emergency:

- **Natural Disasters:**
  - Blizzards, earthquakes, flood, hurricane, severe rainstorms, tornado
- **An internal disaster:**
  - An event or human initiation that significantly disrupts the routine functions of the organization
- **Loss of utilities:**
  - HVAC
  - Water
  - Electrical

Medical Emergency:

- **Rapid Response:**
  - Change in medical status
    - Loss of consciousness
    - Blood pressure change
- **Code Blue:**
  - Vital signs are suddenly unobtainable
Active Shooter/Violent Intruder:
- Alert
- Lock down
- Inform
- Counter
- Evacuate

Alert:
- Overhead page ext. 555
- Call 911
  - Where is the shooter?
  - Who is the shooter?
  - Who are they after?
  - What does the person look like?
- E.g. “Active shooter in Rehab 2, white male, wearing jeans and green hoodie.

Lockdown:
- What can you do?
  - Turn off lights
  - Lock doors
  - Place large objects in front of the door
  - Close blinds
  - Use ties, belts, computer cords to secure hinges
  - Think outside of the box!

Inform:
- Updated information:
  - This can be done by overhead page, yelling, calling 911
- Call 911:
  - Your specific information
  - If you saw the perpetrator:
    - What was he or she wearing?
    - Were they saying anything?
    - Where did you last see the perpetrator?

Counter:
- Someone is actively trying to hurt or fatally injure you...What do you do?
  - Punch
  - Kick
  - Use a fire extinguisher
  - Throw coffee/drink at them
  - Swing a pillow
  - Tackle them
  - Throw a chair
  - Stab them with scissors
  - Throw your shoes at them
  - Yell
• Think outside the box

Evacuate:
• If you can...RUN!
• Go to where you think you will be safe
  o Stay close though, so you can be accounted for
• Do not drive

Report Safety Hazards...
Discuss Safety Concerns...
Request Safety Information...
Call the Good Shepherd Safety HELPLINE!!!
610-776-3380
Strive to make safety a priority in your workday!!!
Appendix B
Mandatory Education Test

1. The Corporate Safety Officer is:
   a. Frank Hyland
   b. Ron Petula
   c. Georgine Olexa
   d. Kim Pentland
   e. None of the above

2. When utilizing AIDET, the 10/5 rule means:
   a. If you are within 10 feet of someone, make eye contact and smile; if you are within 5 feet of someone, speak and acknowledge them
   b. All call bells should be answered within 5 to 10 minutes
   c. Every 10 minutes you should round on 5 patients
   d. 5 times per hour you should stretch for 10 minutes
   e. None of the above

3. Hand Hygiene must be performed in all of the following situations except:
   a. Before putting on gloves
   b. After touching dirty equipment
   c. Before feeding a patient/resident
   d. Before handling garbage
   e. After care involving body fluids of a patient or resident

4. The Core Values are behavioral standards that all employees, volunteers, and students are expected to demonstrate. The Core Values are:
   a. Being nice, coming to work on time and compassionate care
   b. Following your job description, excellent service and practicing hand hygiene
   c. Compassionate care, excellent service and community partnership
   d. Community partnership, practicing hand hygiene and excellent service

5. The following types of abuse must be reported in some fashion:
   a. Child abuse
   b. Adult abuse for individuals who are 18-59 years old who have a physical or mental impairment that substantially limits one or more major life activities and who receive care, services or treatment in or from a facility.
   c. Elder abuse for individuals 60 and older
   d. All of the above
   e. Only A and C
6. An unexpected occurrence involving death or serious physical or psychological injury or risk thereof, which signals the need for immediate investigation and response is the definition of:
   a. Infrastructure failure
   b. Near miss
   c. Root cause analysis
   d. Sentinel event
   e. All of the above

7. To practice culturally competent healthcare, you could do all of the following except:
   a. Be sensitive to personal health beliefs and practices
   b. Speak only English to all patients
   c. Consider body language
   d. Consider religious and spiritual factors
   e. Give your time and attention when communicating

8. True or False: Human Resources is responsible for the employee identification program including issuing badges

9. You can have an occupational exposure to a blood borne pathogen through the following situation:
   a. Needle stick with an infected patient’s blood
   b. Splash of body fluids whereby an infected patient’s blood comes in contact with your mucous membranes
   c. None of the above
   d. A and B

10. An employee is walking through the halls and sees someone who looks lost. He asks the visitor if he can help, and then takes the visitor to correct patient room. This employee is:
    a. Demonstrating excellent service
    b. Wasting time
    c. Doing someone else’s job
    d. Being aware of a potential safety concern
    e. Both A and D

11. Breaches of the privacy policies or a patient’s confidentiality must be reported to:
    a. The Privacy Officer – Georgine Olexa
    b. The Public Safety officer on duty
    c. The Administrator on Call
    d. Your supervisor

12. True or False: Hand washing and hand antisepsis are the single most important things that you can do to prevent the spread of healthcare associated infections.
13. True or False: All employees are required to wear their Good Shepherd identification badge while on duty.

14. True or False: It is appropriate to call a Rapid Response on patients with a DNR order.

15. All persons who work for Good Shepherd observe a Code of Ethical Conduct and Professional Behavior. This includes, but is not limited to, which of the following items?
   a. Maintain a therapeutic relationship with our patients and residents that includes limits and/or boundaries that are established and maintained
   b. Bill only for services and care we provide
   c. Accept no gifts of cash, cash equivalents, or gratuities from our patients
   d. Employees who are required to maintain professional licenses, certifications or credentials must maintain these items in a current and up-to-date status
   e. B and C only
   f. A through D

16. There are 2 types of Advance Directives. Select the correct types:
   a. Living Will and CPR
   b. Use of feeding tubes and mechanical ventilation
   c. Healthcare Power of Attorney and Living will
   d. None of the above

17. True or False: Good Shepherd will use plan English to notify the organization of an active shooter or violent intruder on campus.

18. In Quality Improvement what does PDSA stand for?
   a. Plan, Develop, Saturate, Accept
   b. Possibilities, Develop, Study, Act
   c. Plan, Demonstrate, Struggle, Account
   d. Plan, Do, Study, Act

19. True or False: Alcohol had gel can only be used as a substitute for hand washing when hands are visibly soiled

20. True or False: Employees, volunteers, and students can choose NOT to get a flu vaccine as they are optional.
Appendix C

Name: _____________________________   Date:  ________  Department:  __________________

Mandatory Education
Answer Sheet

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
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18. _____
19. _____
20. _____
GOOD SHEPHERD REHABILITATION NETWORK

CORPORATE ETHICS AND COMPLIANCE PROGRAM

Amended by the Board of Trustees, September 2017
I.  BACKGROUND

Good Shepherd Rehabilitation Network ("Good Shepherd") is a healthcare system headquartered in Allentown, Pennsylvania, that provides post-acute healthcare services to the region. Good Shepherd is comprised of subsidiary corporations including The Good Shepherd Rehabilitation Hospital; The Good Shepherd Home Long-Term Care Facility, Inc.; Good Shepherd Long Term Acute Care Services, Inc.; The Allentown Specialty Hospital, Inc. d/b/a Good Shepherd Specialty Hospital; Good Shepherd Management, Lehigh, The Good Shepherd Housing Development Corporation; and Good Shepherd Group, LLC (collectively referred to as "Good Shepherd"). Any and all subsidiary corporation(s) as may be added during the term of this program will automatically be included for all purposes and in all activities of this program.

II  POLICY

Good Shepherd is committed to ethical and legal business practices as essential to the advancement of its healthcare mission; therefore, Good Shepherd has implemented this Corporate Ethics and Compliance Program (the "Program") which has been designed to conform to the standards set forth in the Federal Sentencing Guidelines for Organizations effective November 1, 1991, as well as the Office of Inspector General’s Compliance Program Guidance for Hospitals, published in February 1998, and reissued in May of 2004. The Program is structured to encourage collaborative participation at all staffing levels of Good Shepherd and operates under the authority of the Good Shepherd Board of Trustees. The Program focuses on the prevention and detection of violations of federal, state and local laws and the fostering of an environment in which associates, independent contractors, agents and physicians affiliated with Good Shepherd are encouraged to report concerns about business practices.

III  PURPOSE AND OBJECTIVES

A.  Purposes

The purposes of the Program are:

1. To educate and train associates, and employed physicians of Good Shepherd concerning sound business practices in the healthcare system, and Good Shepherd’s standards of conduct and compliance policy and procedure;

2. To communicate to independent contractors, non-employed physicians, and outside agents the Good Shepherd Compliance policy and procedure.

3. To encourage managers of Good Shepherd to seek input on business activities and to conduct those activities within the requirements of the law and ethical standards of conduct for Good Shepherd;

4. To support Good Shepherd’s strong commitment to honest and ethical behavior; and

5. To make certain that Good Shepherd continues to be innovative and responsive to community needs and customer demands in our various healthcare marketplaces without violating the law.

B.  Objectives

Good Shepherd strives to prevent and detect unlawful and/or unethical conduct by its associates and agents, and will take immediate action to correct unlawful and/ or
unethical conduct. This Program exists to reduce the prospect of unlawful conduct and/or unethical business practices.

IV. IMPLEMENTATION

The Program will be implemented according to a timetable adopted by the Good Shepherd Board of Trustees, pursuant to the schedule attached hereto as Exhibit “A”.

V. ADMINISTRATION

The Program will be administered by the Corporate Ethics and Compliance Committee (the “Committee”). The Committee will be chaired and overseen by the Corporate Ethics and Compliance Officer (the “ECO”), who will be a member of the Committee. The ECO will report to the Executive Committee of the Good Shepherd Board of Trustees. The ECO will be responsible for the implementation and management of the Program. The ECO will, with assistance of legal counsel where appropriate, perform the following:

- Review the listing of areas identified as having substantial risk that certain types of unlawful/unethical conduct may occur; add to/revise as necessary;
- Ensure the development of compliance standards and policies and procedures aimed at assuring ethical and legal compliance;
- Ensure that the business practices of Good Shepherd are evaluated to ensure compliance with Good Shepherd’s policies and procedures;
- Ensure consistency in the application of Good Shepherd policies and procedures with the requirements of the Program and the implementation of appropriate corrective action;
- Ensure that reasonable steps are taken to respond appropriately to ethics and/or legal compliance violations, to prevent further similar violations, and to discipline violators appropriately and consistently;
- Oversee, as appropriate, investigations of ethics and/or legal compliance policy violations to ensure consistency in the enforcement of Good Shepherd’s policies;
- Develop and maintain processes to provide education and guidance for adherence to Good Shepherd’s ethics and legal compliance policies and procedures and for reporting and investigation of business practices issues to assure compliance with requirements of the Program;
- Oversee the Committee’s periodic, at least annual, review of the Program and the department-specific compliance policies and procedures in light of changes in the needs of Good Shepherd, and in the law and policies and procedures of government and private payor health plans;
- Ensure that independent contractors, non-employed physicians, and agents who furnish medical services to Good Shepherd are aware of Good Shepherd’s Program;
- Coordinate personnel issues with the Human Resources Department of Good Shepherd to ensure that appropriate sources are contacted (such as the National Practitioner Data Bank and Cumulative Sanction Report) and have been checked
with respect to associates, medical staff and independent contractors;

- Oversee the development and implementation of associate communications and training programs to ensure compliance with the Program;

- Coordinate internal and external monitoring and auditing systems to assess compliance and to identify ethical or legal violations;

- Encourage associates, physicians, independent contractors and agents to report suspected violations of standards for ethical and legal conduct without fear of retaliation and for such reports to be investigated and reviewed; and

- Report to Good Shepherd’s governing body, to the CEO and the Committee activities of the program on an on-going basis.

Members of the Committee will include the Sr. V.P. Finance/CFO, Vice President for Human Resources; Chief Information Officer, President of the Medical Staff, Administrator of the Good Shepherd Specialty Hospital; Administrator for Long Term Care; Executive Director, Lehigh Valley; Director, Patient Financial Services; Corporate Director of Health Information Management; Division Physician Group Administrator; Corporate Director of Care Management, Vice President, Legal Affairs, Patient Safety Officer, Physician representing pediatrics, and Director of Quality and Regulatory Compliance. Other persons may be asked to participate on the Committee on an ad hoc, non-voting basis for particular areas of expertise. The Committee will meet at least two (2) times-per year. The Committee will report to the Executive Committee of the Board of Trustees of Good Shepherd at least annually.

The Committee’s functions will include:

- Analyzing Good Shepherd’s industry environment, the legal requirements with which they must comply, and specific risk areas;

- Assessing existing policies and procedures that address these areas for possible incorporation into the Program;

- Working with appropriate departments to develop standards of conduct and policies and procedures to promote compliance with Good Shepherd’s Program;

Recommending and monitoring, in conjunction with the relevant departments, the development of internal systems and controls to carry out Good Shepherd’s standards, policies and procedures as part of its daily operations;

- Determining the appropriate strategy/approach to promote compliance with the Program and detection of any potential violations; and

- Developing a system to solicit, evaluate and respond to complaints and problems.

VI. CONDUCT

Good Shepherd strives to ensure that all activity by or on behalf of the organization is in compliance with applicable laws and appropriate ethical
standards of behavior. All employees are expected to abide by the Ethical Code of Conduct and Professional Behavior Policy.

The following standards are intended to provide guidance to associates, independent contractors, agents, physicians, and management in administrative positions to assist them in their obligation to comply with applicable laws. These standards are neither exclusive nor complete. If questions arise regarding the existence of, or interpretation or application of any law, they should be directed to the ECO.

A. Compliance with General Laws

All associates, independent contractors and agents must comply with all applicable laws regulating the environment or business practices involved in the delivery of healthcare services. These laws include, but are not limited to, the Deficit Reduction Act of 2005, the Red Flags Rule, covering identity theft, antitrust laws, compliance with Medicare/Medicaid Conditions of Participation, laws affecting tax-exempt corporations, laws affecting the regulation of the delivery of healthcare -- including licensing and accreditation by the Joint Commission, the Commission on Accreditation of Rehabilitation Facilities (CARF), laws affecting employment, environmental laws and regulations, and laws regarding excess benefit transactions. It is the policy of the Board of Trustees of Good Shepherd that the President and Chief Executive Officer take all reasonable steps to provide for the organization’s adherence to and compliance with applicable law and regulation. The President and Chief Executive Officer assures the review of and prompt action on reports and recommendations from authorized planning, regulatory, and inspecting agencies.

B. Antitrust

All associates, independent contractors and agents must comply with applicable antitrust and related laws which regulate competition. Antitrust laws make illegal any agreement or understanding, express or implied, written or oral, which restricts competition or interferes with the ability of the free market system to function properly. For Good Shepherd, a “competitor” may be another hospital or any other healthcare provider.

Associates, independent contractors and agents are expected to seek advice from the ECO when confronted with business decisions involving a risk of violations of these laws.

C. Medicare/Medicaid Compliance

All associates, independent contractors and agents must comply with applicable laws affecting the qualification of Good Shepherd’s participation in the Medicare/ Medicaid Programs. Both federal and state laws specifically prohibit any form of kickback, bribe or rebate made directly or indirectly, overtly or covertly, in cash or in kind to reduce the purchase, recommendation to purchase or referral of any kind of healthcare goods, services or items paid for by Medicare or the Medicaid Program.

Associates, independent contractors and agents shall assure that all of their activities are conducted in such a manner that no question may arise as to whether any of these laws have been violated.

Associates, independent contractors and agents are expected to seek
advice from the ECO when confronted with business decisions involving a risk of violations of these laws.

1. Billing. All associates, independent contractors, non-employed physicians, and agents must comply with applicable reimbursement policies and procedures for the submission of claims. All physicians’ professional services will be properly documented; all bills will accurately reflect the documented services provided; and only accurate and properly documented services will be billed. Billing errors, as well as billing improprieties of any kind, may expose Good Shepherd to civil or criminal liability. Associates, independent contractors, and agents are expected to seek advice from the ECO when confronted with business decisions involving a risk of violations of these laws.

2. Coding. All associates, independent contractors, non-employed physicians and agents must comply with applicable regulations and procedures with respect to coding. All physicians’ professional services provided will be properly documented and will accurately reflect the documented services provided -- especially with regard to DRG/CMG and/or RUGS coding, individual Medicare Part B claims and patient discharge.

3. Documentation: All associates, independent contractors, non-employed physicians, and agents must comply with applicable regulations and procedures with respect to documentation, by properly documenting in the medical record and accurately reflecting the documented services provided, especially with regard to medical necessity.

Associates, independent contractors, non-employed physicians, and agents are expected to seek advice from the ECO when confronted with business decisions involving a risk of violations of these laws.

D. Labor Laws

All associates, independent contractors and agents must comply with applicable labor and related laws which regulate employment. Examples of conduct prohibited by these laws include compliance with wage and hour requirements, employment laws, state and federal civil rights -- including laws protecting associates, independent contractors and agents from sexual harassment, as well as laws protecting associates, independent contractors and agents from arbitrary termination of employment.

Associates, independent contractors are expected to seek advice from the ECO when confronted with business decisions involving a risk of violations of these labor/employment laws.

E. Environmental Laws

All associates, independent contractors and agents must comply with applicable environmental and related laws which regulated the environment. Associates, independent contractors and agents are expected to enable Good Shepherd to: 1) comply with all laws and regulations governing the handling, storage and use
of hazardous materials, other pollutants and infectious wastes; 2) comply with its permits which allow it to safely discharge pollutants into the air, sewage systems, water pollution control facilities or onto or into land; 3) hire only reputable licensed services to transport and dispose of hazardous and polluted materials and infectious wastes; and 4) accurately maintain the records required by environmental laws and regulations -- including those that require precise description of the amount, concentration and makeup of hazardous materials or other regulated pollutants and infectious wastes that are used, stored, discharged or generated and the time, place of origin, destination and transporter of hazardous materials, and discharge of pollutants.

Associates, independent contractors and agents are expected to seek advice from the ECO when confronted with business decisions involving a risk of violations of these environmental laws.

F. Excess Benefit Transaction and Tax Laws

Good Shepherd is a 501 (c) (3) Corporation which is exempt from taxation by federal, state and local governments. In order to maintain this exemption, Good Shepherd must operate for the benefit of the community and must avoid “private inurement” and “private benefit”. All individuals or entities must pay fair market value for the use of Good Shepherd services or property. Good Shepherd’s sales tax exemption is to be used only for legitimate Good Shepherd activities. Personal items should not be purchased through Good Shepherd even if Good Shepherd is reimbursed by the associates. All appropriate taxes must be withheld from associates’ wages, and the use of a purchase order to compensate individuals must be limited to true independent contractors.

Good Shepherd will not knowingly engage in “excess benefit transactions”, as defined in Section 4958 of the Internal Revenue Code. Good Shepherd shall have a procedure for prospective review of transactions which identifies transactions with potentially disqualified persons and provides for appropriate documentation to demonstrate that such transactions were not “excess benefit transactions”. Good Shepherd will seek to meet the conditions for the “rebuttable presumption of reasonableness” for transactions with potentially disqualified persons where feasible and appropriate. Good Shepherd may, from time to time, delineate categories or types of transactions which are to be reviewed by the appropriate board or a committee thereof to obtain the rebuttable presumption of reasonableness. The responsibility for appropriate review and documentation of transactions with potentially disqualified persons which are not reviewed by a board or committee shall be delegated to the ECO who shall report periodically to the appropriate board or committee on the procedures for such review.

G. HIPAA Privacy and Security Laws and the HITECH Act:

All associates, independent contractors, non-employed physicians, agents, students, and volunteers must comply with all applicable HIPAA (Health Insurance Portability and Accountability Act) privacy and security regulations and the requirements from the HITECH (Health Information Technology for Economic and Clinical Health) Act. All will be required to sign a confidentiality agreement which will be filed in the appropriate record. These federal laws specifically prohibit the use and disclosure of any protected health information unless it is for treatment, payment, health care operations or required or permitted by law. The law also requires notification of any privacy or security breaches that may occur.
VII. PROGRAM IMPLEMENTATION

Though Compliance is an integral part of all Good Shepherd operations and practices, the Program’s implementation focuses on five key elements/areas: hiring and contracting, educating, reporting, auditing, and investigating and enforcing. Set forth below is a summary of each of the elements.

A. Hiring and Contracting

Good Shepherd will not employ or contract for services an individual whom they know or reasonably should know has been convicted of a criminal offense related to a government program or listed by a federal agency as debarred, excluded, sanctioned or otherwise ineligible for participation in a governmental program. Good Shepherd will make reasonable inquiry into the status of every potential associate, including a reference check. The application process shall require the applicant to disclose any criminal conviction or exclusion action. Pending resolution of any criminal charges or proposed exclusion, individuals will be removed from direct responsibility for or involvement in any federal healthcare program.

Good Shepherd will provide all associates with general compliance education, including Good Shepherd’s established standards for legal compliance and of the existence and content of the Program. Good Shepherd will at all times require that their agents, independent contractors and other parties with whom they have a similar relationship comply with the Program. Each agent or independent contractor engaged by Good Shepherd will sign a certification, in the form attached hereto at Exhibit “B”, acknowledging that they have received, read and understand the Program, understand that compliance with the Program is a condition of their engagement, and understand that Good Shepherd will take appropriate disciplinary action – including termination for violation of the principles and practices set forth in the Program, or applicable laws and appropriate ethical standards of behavior. These certifications will be forwarded to the ECO and will be retained by Good Shepherd for six (6) years.

Good Shepherd will not retain or enter into a relationship with any person or entity which is sanctioned, excluded or debarred from any federal or other program for professional fee reimbursement, and they will take any and all reasonable steps to ascertain whether such person or entity is properly licensed. Failure of such person or entity to comply with the standards set forth in the Program will constitute grounds for termination of such relationship.

B. Educating

1. Current Associates of Good Shepherd

Current associates of Good Shepherd have received initial general compliance education as well as ongoing communication and education through the associate newsletter, annual mandatory education and updates as needed. The Committee will be responsible for the development and oversight of the education.

Upon completion of the initial training and education seminar regarding the Program, each associate and physician will sign a certification, in the form attached as Exhibit “C”, acknowledging that they have received, read and
understand the Program, have attended a seminar regarding the Program, understand that compliance with the Program is a condition of employment, adherence to which is a factor in the associate’s annual evaluation, and understand that Good Shepherd will take appropriate disciplinary action including termination for violation of the principles and practices set forth in the Program, or applicable laws and appropriate ethical standards of behavior. These certifications will be forwarded to the ECO or designee and will be retained by Good Shepherd for six (6) years, as appropriate.

To conform with the Federal Deficit Reduction Act of 2005, all employees receive detailed training/education on the federal False Claims Act, whistle blower protections under federal and state laws, and Good Shepherd’s policies and procedures for detecting and preventing fraud, waste, and abuse.

To conform with the Red Flags Rule, associates receive education regarding policies and procedures to detect, prevent, and mitigate medical identity theft for all covered accounts.

2. **New Associates**

Within ninety (90) days of hire, new associates will receive a copy of the Program and receive general compliance education as well as department-specific training and education regarding the Program, as appropriate to their position. After discussing the Program with their immediate supervisor or designee, the new associate will sign a certification as described in Section B.1. above.

C. **Reporting**

Good Shepherd will solicit communications from associates, third-party contractors, physicians and the public encouraging questions on certain policies and procedures and the reporting of actual or suspected violations of law or applicable Good Shepherd policies without fear of retribution. Associates will be encouraged first to communicate suspected violations to their supervisors. Additional reporting options will include: i) an e-mail address and a telephone line, with messages accessible solely by the ECO; and ii) an associate exit interview program through the Human Resources Department with written reports made to the ECO when possible compliance issues have been raised. Information reported that suggests violations of compliance policies, regulations or laws will be documented and investigated immediately.

The email address and information line phone number will be regularly and fully publicized throughout Good Shepherd via permanent posting on the Human Resources bulletin boards, prominent listing in the internal phone directory, and monthly mention in the in-house newsletter. Though they may be used anonymously, anonymity cannot be guaranteed. The identity of associates who utilize the email or information line and disclose their identity (or whose identity is obvious) will be maintained with strict confidentiality.

Good Shepherd Rehabilitation Network is committed to investigating all reported concerns promptly and confidentially to the extent possible. Upon receipt of the concern, an investigation will begin within two business days. Upon conclusion of the investigation, immediate corrective actions/recommendations will be made, with notification to the person voicing the concern, as appropriate. Ethical situations or practices that place a patient in immediate danger will be
immediately investigated by hospital management and resolved in a timely manner.

Good Shepherd Rehabilitation Network makes every effort to maintain, within the limits of the law, the confidentiality of the identity of any individual who reports concerns or possible misconduct. There is no retribution or discipline for anyone who reports a concern in good faith. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague is subject to discipline.

Failure to report any potential ethics and corporate compliance issues is considered a violation of the policy.

With regard to questions on policies and procedures, the ECO will work closely with legal counsel who can provide clarification and interpretation of, but not limited to, the attorney-client privilege, due diligence requirements and federal and state healthcare regulations. Any requests for advice from the government or its agents charged with administering a federally funded program will be documented and a record of the request and the response will be retained. All questions and responses reported through the information line or other communications will be dated and documented and, if appropriate, shared with other associates so that standards, policies and procedures can be updated to reflect changes and clarifications.

D. Auditing

1. Internal Compliance Reviews

The ECO is responsible for ensuring that the Program is followed and that it serves as an effective tool in addressing Good Shepherd’s compliance with laws. The ECO will: oversee an initial assessment to determine the baseline level of compliance with identified risk areas; oversee the development and assessment of department-specific performance standards which will be reported as needed to the Committee, and oversee a thorough review of the Program on at least annual basis and more frequently as the ECO, the Committee and/or the Executive Committee deems necessary or advisable.

The ECO will perform and/or delegate internal reviews to be conducted by Good Shepherd as is determined reasonable -- with written reports made to the ECO. Techniques used for the review should include interviews with personnel involved in management, operations, coding, claim development and submission, patient care, and other related activities; questionnaires developed to solicit impressions of a broad cross-section of Good Shepherd associates; reviews of medical and financial records and other source documents that support claims for reimbursement and Medicare cost reports; reviews of written materials and documentation prepared by the different divisions of Good Shepherd; and trend analyses or longitudinal studies that seek deviations, positive or negative, in specific areas over a given period. Upon completion of the review, the ECO will present to the Committee a written report setting forth the results of the review, identifying any areas requiring action and stating any suggestions for improved compliance. Following receipt of the ECO’s report, the Committee will make such recommendations to the Executive Committee of the Board of Trustees as it deems necessary or advisable. Under the guidance of the ECO, Good Shepherd will take such action as is necessary or appropriate to implement the corrective action plan in a prompt and efficient manner.
2. **External Audits**

The ECO will contract through legal counsel with an independent professional organization, such as an accounting firm ("Auditor") if needed, as determined from time to time by the Committee to review specific policies, procedures and practices of Good Shepherd. In conducting an audit, the Auditor will have and be provided with access, upon request, to all relevant documentation and, at reasonable times and upon reasonable notice, all knowledgeable personnel. Associates of Good Shepherd will cooperate with the Auditor.

In the event that the Auditor detects or discovers any errors or irregularities, such will be promptly brought to the attention of legal counsel and legal counsel will confer with the ECO. The ECO may then take such steps as the ECO deems necessary or advisable to address the issue. The Committee will consider any such recommendations as well as considering, on its own accord, such other measures as it may determine are necessary or appropriate in order to address and prevent the recurrence of such problem(s). The ECO will propose and the Committee will adopt a corrective action plan -- including specific items to be addressed and target dates -- to implement any such recommendations. Under the guidance of the ECO and legal counsel, Good Shepherd will take such action as is necessary or appropriate to implement the corrective action plan in a prompt and efficient manner.

E. **Investigating, Enforcing and Reporting**

1. **Process**

Overall investigation and enforcement of the Program is the responsibility of the ECO. Enforcement of the Program will be carried out in accordance with and subject to Good Shepherd’s Human Resources Policy and Procedures Manual, Medical Staff Bylaws, Medical Staff Rules and Regulations, policies, and written employment agreements as such may be amended from time to time. The ECO and, depending on the nature of the alleged violation, outside counsel, auditors, or healthcare experts, will endeavor to promptly investigate any alleged violation of the Program or of any policy issued in accordance with the Program in an efficient and thorough manner. Associates must cooperate fully with the ECO in any such investigation. The ECO, working with the Committee and the Executive Board of Trustees, will take appropriate steps to rectify the problem -- including an immediate referral to criminal and/or civil law enforcement authorities, a corrective action plan, a report to the government, and the return of any overpayments, if applicable.

If an investigation of an alleged violation is undertaken and the ECO believes the integrity of the investigation may be at stake because of the presence of associates under investigation, those subjects will be removed from their current work activity until the investigation is completed (unless an internal or Government-led undercover operation is in effect). In addition, the ECO will take appropriate steps to secure or prevent the destruction of documents or other evidence relevant to the investigation.
2. **Corrective Measures**

Corrective measures may be imposed and their nature and severity will vary depending on the facts and circumstances. Available corrective measures include, without limitation -- counseling, oral or written reprimand, warning, censure, demotion, probation or suspension without pay, salary reduction (temporary or permanent), denial of a salary increase, denial of a bonus or incentive compensation, termination and restitution. The Committee will determine if corrective measures are warranted. The nature and severity of the corrective measures taken will be determined and applied by the appropriate management team as designated by the Committee. Corrective measures against physician associates for violation of the Program or any policy thereunder are expressly subject to and will be governed by the Medical Staff Bylaws, Rules and Regulations or the physician’s written employment agreement which will take precedence in the event of a conflict with the Program, such violation to constitute “just cause” thereunder. To the extent possible, the Committee will determine when corrective measures are needed consistently. All corrective measures will be imposed in accordance with applicable laws, rules and regulations.

3. **Documentation**

The alleged violation, a description of the investigative process, and the corrective action taken will be carefully documented at every step. A file will be opened for each report made regarding a possible violation of the Program and the file will contain a statement of the reported incident(s), a description of the investigation and the results thereof, including the response of the individual(s) involved, the conclusion reached and the corrective measures imposed (if any). This information will, upon completion of the investigation and, as applicable, imposition of corrective measures, become part of the associate’s official personnel file.

4. **Reporting**

If the Committee, the ECO or a management official discovers credible evidence of misconduct, and after reasonable investigative inquiry, has reason to believe that the misconduct either 1) violates criminal laws or, 2) constitutes a violation of civil or administrative law, a report will be made to the Executive Committee of the Board of Trustees with recommendation to report the existence of the misconduct to the appropriate governmental authority, including a description of the effect of the misconduct on the operation of the healthcare program or its beneficiaries, within a reasonable time period but no more than sixty (60) days after determining that there is credible evidence of a violation. If continued investigation is suggested with guidance from governmental authorities, the ECO will notify the governmental authorities of the outcome of the investigation, and Good Shepherd will take appropriate corrective action, including prompt identification and restitution of any overpayment to the affected payor and the imposition of proper disciplinary action. Immediate notification to the appropriate governmental authority, however, may be warranted prior to, or simultaneous with, commencement of an internal investigation if the conduct 1) is a clear violation of criminal law; 2) has a significant adverse effect on the quality of care provided to program beneficiaries; or 3) indicates evidence of a systematic failure to comply with applicable laws, an existing corporate integrity agreement, or other standards of conduct,
regardless of the financial impact on federal healthcare programs.

5. Administrative and Supervisory Responsibility

It is the policy of Good Shepherd to hold its managers, administrators and other individuals in administrative or supervisory positions responsible and accountable for the misconduct of the associates of Good Shepherd and/or their subordinates, as may be applicable. Accordingly, individuals in administrative or supervisory positions may be disciplined in accordance with the procedures and guidelines regarding discipline and disciplinary measures set forth above for their failure to instruct adequately their subordinates and/or for their failure to detect, prevent, report, or appropriately respond to conduct which gives rise to disciplinary measures where reasonable diligence on the part of the manager or supervisor would have led to the discovery of any problems or violations and given Good Shepherd the opportunity to correct them earlier.

6. Disposal or Destruction of Records and Files

Disposal or destruction of Good Shepherd’s records and files is not discretionary with any employee, including the originator of such records. Legal and regulatory practice require the retention of certain records for various periods of time, particularly in the tax, personnel, health and safety environment, contract and corporate structure areas. In addition, when litigation or a government investigation or audit is pending or imminent, relevant records must not be destroyed until the matter is closed.

All records necessary to protect the integrity of Good Shepherd’s Compliance Program (e.g., documentation illustrating that employees were adequately trained; reports from Good Shepherd’s hotline, including the nature and results of investigations and modifications to the program; self-disclosures; and the results of Good Shepherd’s auditing and monitoring efforts) will be maintained by the Ethics and Compliance Officer or designated employee in accordance with Good Shepherd policy. In light of our desire to document our compliance efforts, and continued desire to adhere to state and federal mandates, employees should consult the various records retention policies at Good Shepherd before any records or files are destroyed.
CONCLUSION

Good Shepherd is hopeful that our Ethics and Compliance Program will ensure that all of our employees and affiliates will be better able to fulfill their commitment to ethical behavior, as well as meet the dynamic changes and challenges being imposed upon Good Shepherd by Congress and private insurers. Ultimately, it is Good Shepherd’s desire that our voluntarily created Ethics and Compliance Program will enable all of us to meet our goals, continually improve the quality of patient care, and substantially reduce potential fraud, waste and abuse. In closing, through the appropriate implementation and continued maintenance of our Ethics and Compliance Program, we will be able to further the fundamental mission of Good Shepherd, the provision of compassionate, cost-effective care to our patients and others in need.

_________________________________  ________________
Ethics and Compliance Officer  Date

_________________________________  ________________
President and CEO  Date

_________________________________  ________________
Chair, Board of Trustees  Date
**Exhibit A**  
**FY ‘17**

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>RESPONSIBLE PERSON</th>
<th>TIME LINE</th>
</tr>
</thead>
</table>
| 1 Create and implement a transition process for the relocation of the Pocono Medical Center site of the Good Shepherd Rehabilitation Hospital to St. Luke’s Monroe Campus meeting/exceeding principles of regulatory compliance | Samuel Miranda  
Frank Hyland | Completed January 2017 |
| 2. Ensure regulatory compliance with the new Non-Discrimination Rules | Georgine Olexa | Ongoing |
| 3. Plan, organize, and implement a process consistent with Pennsylvania Act 191—Prescription Drug Monitoring Program (PDMP) related to compliance associated with Opioid monitoring | Samuel Miranda  
Sandeep Singh, MD | Completed January 2017 |
| 4. Plan, organize, implement, and evaluate a process through the implementation of the electronic health record (Cerner). | Antoinette Telfort  
| 5. Ensure compliance with changes to the IRF-PAI and CMS quality indicators. | Samuel Miranda  
Frank Hyland | Completed October 2016 |
## Exhibit A
### FY ‘18

<table>
<thead>
<tr>
<th>ISSUE</th>
<th>RESPONSIBLE PERSON</th>
<th>TIME LINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Plan, organize, implement, and evaluate a process through the implementation of the Electronic Health Record (Cerner) as it relates to compliance concepts.</td>
<td>Executive Sponsors for the Cerner Project</td>
<td>Completion date February 2018 or at the conclusion of the installation</td>
</tr>
<tr>
<td>2. Ensure regulatory compliance with the new Non-Discrimination Rules complete with posting of policy and procedure.</td>
<td>Georgine A. Olexa, Esq., Susan Lee</td>
<td>September 2018</td>
</tr>
<tr>
<td>3. Implementation of the new Patient Safety Authority and Department of Health guidelines for reporting of pressure injuries, including upgrade of rL Solutions configuration and interface with PaPSRS.</td>
<td>Georgine A. Olexa, Esq., Michael Kistler, Sam Miranda</td>
<td>April 2018</td>
</tr>
<tr>
<td>4. Revision of child and adult abuse policies and the initiation of enhanced mandatory education.</td>
<td>Georgine A. Olexa, Esq., Samuel Miranda</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>5. Establish a defined sepsis protocol consistent with Pennsylvania regulatory requirements utilizing the Cerner framework.</td>
<td>Samuel Miranda, Andrew Martin, Michael Kistler</td>
<td>June 30, 2018</td>
</tr>
<tr>
<td>6. Validation of compliance with reimbursement regulations of CMS and other health insurers. Plan is to have outside compliance consultant validate process.</td>
<td>Ron Petula, Sam Miranda, John Sipko</td>
<td>October 2017</td>
</tr>
</tbody>
</table>
EXHIBIT “B”

INDEPENDENT CONTRACTOR/AGENT
CERTIFICATION OF COMPLIANCE WITH GOOD SHEPHERD
REHABILITATION NETWORK’S
CORPORATE ETHICS AND COMPLIANCE PROGRAM

I certify that I have received a copy of the Corporate Ethics and Compliance Program of Good Shepherd, that I have read and understand the details of the Program and my responsibilities under the Program, I have been given the opportunity to ask questions, and I understand that compliance with the Program is a condition of my engagement and that Good Shepherd Rehabilitation Network (encompassing all subsidiary corporations) will take appropriate disciplinary action -- including termination for violation of the principles and practices set forth in the Program or applicable laws and appropriate ethical standards of behavior.

I certify my intention to act in complete compliance with the Program, including the reporting of any observed misconduct or potential misconduct, and, where necessary, to seek advice from the Corporate Ethics and Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Program.

________________________________________
Print Name

________________________________________
Date

________________________________________
Signature

________________________________________
Affiliation with Good Shepherd
EXHIBIT “C”

ASSOCIATE CERTIFICATION OF COMPLIANCE
WITH GOOD SHEPHERD’S CORPORATE ETHICS AND COMPLIANCE PROGRAM

I certify that I have received a copy of the Corporate Ethics and Compliance Program of Good Shepherd, that I have read, understand, and have been trained in the details of the Program and my responsibilities under the Program, I have been given the opportunity to ask questions, and I understand that compliance with the Program is a condition of my employment and that Good Shepherd will take appropriate disciplinary action -- including termination for violation of the principles and practices set forth in the Program or applicable laws and appropriate ethical standards of behavior.

I certify my intention to act in complete compliance with the Program, including the reporting of any observed misconduct or potential misconduct, and, where necessary, to seek advice from the Corporate Ethics and Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Program.

________________________________________
Print Name

________________________________________
Signature  Date
EXHIBIT “D”

WRITTEN REPORT OF SUSPECTED VIOLATION

Date, time suspected violation occurred: ________________________________
Name and position of person reporting suspected violation (optional): __________
Facility: (optional): _________________________________________________
Substance of report: _________________________________________________
                                                                                     (Attach additional documents if more space is needed)

Subject matter of report:
Quality control: _______________ Dishonesty, Fraud: _______________
Antitrust: _______________ Conflict of Interest: _______________
Environmental: ___________ Personal dispute, not apparent violation____
OSHA: _______________ of law: _______________
Billing Error or Impropriety: _______________
Other: (describe): _______________

(To be completed by Ethics and Compliance Officer or Designee)
Date report received: ________________________________
Referred for investigation to: ________________________________
Status of investigation: ________________________________
Action taken, and date: ________________________________

Person who made report informed of action taken: Yes: ________ No: ______________
EXHIBIT “E”

RIGHTS AND OBLIGATIONS OF GOOD SHEPHERD PERSONNEL IF CONTACTED BY A GOVERNMENT ATTORNEY OR AGENT

Government attorneys, agents, and investigators frequently conduct investigations and inquiries in order to monitor compliance with government regulations and laws. As a result, employees of Good Shepherd may be contacted by a government attorney or agent in the course of an investigation. Employees may be contacted either at work or away from work during off hours. As an employee, you have certain rights and obligations of which you should be aware in the event you are contacted by an agent or attorney during the course of an investigation. Please be aware of the following:

- While you are free to talk with government investigators, you are under no obligation to do so.
- You have a right to decline to be interviewed by a government attorney or investigator.
- Absent formal process, government agents or investigators cannot compel you to be interviewed or make a statement.
- You also have a right to choose to speak with a government investigator or agent. If you choose to be interviewed or make a statement, Good Shepherd expects you to respond to questions truthfully.
- Regardless of whether you refuse to be interviewed or agree to be interviewed, Good Shepherd requests that you inform your supervisor of the date of the contact and the name of the investigator.
- If contacted by a government attorney or agent, you have the right to meet with an attorney. You also have the right to have an attorney present during an interview.
- Good Shepherd will provide an attorney to meet with any employee who is contacted during the course of an investigation. If an attorney is requested, the attorney will be able to inform you of the investigation and your rights in connection with the investigation.
The following questions should be included in the Exit Interview, but are in no way meant to be exhaustive. Any affirmative answers should be followed up with detailed questions designed to identify: (1) participants in the conduct; (2) witnesses to the conduct or others with knowledge of the conduct; (3) the date and place of the conduct; (4) location of any documents or physical evidence; and (5) any other information necessary for Good Shepherd to either verify or disprove the allegations. In other words, any affirmative answer should result in a request for details.

1. Have you ever engaged in conduct as a Good Shepherd employee which you believe was either unethical or illegal?

2. Have you ever been asked to engage in conduct you believe was either unethical or illegal? If so, by whom?

3. Have you ever witnessed conduct by any Good Shepherd employee you believe was unethical or illegal?

4. Have you heard substantive rumors or reports (i.e., those you felt had some believability) of unethical or illegal conduct by other Good Shepherd employees?

5. Have you ever removed Good Shepherd documents (including documents created by you) without returning them to Good Shepherd?

6. Do you now have copies of any Good Shepherd documents anywhere off premises? Have you ever given Good Shepherd documents to any non-Good Shepherd employee?

7. Do you know of any Good Shepherd employee who has handled company documents in the manner described in questions #5 and #6?

8. Has any government investigator, agent or attorney interviewed you or asked to interview you about possible unethical or illegal conduct related to Good Shepherd?

9. While an employee of Good Shepherd, did you or any family member own, operate, invest in, assist or otherwise have an interest in Good Shepherd or any enterprise which competes with Good Shepherd?

Employee Signature

Interview Date

Interview Conducted By:
**ASSOCIATE CERTIFICATION OF COMPLIANCE WITH GOOD SHEPHERD’S CORPORATE ETHICS AND COMPLIANCE PROGRAM**

I certify that I have received a copy of the Corporate Ethics and Compliance Program of Good Shepherd, that I have read, understand, and have been trained in the details of the Program and my responsibilities under the Program, I have been given the opportunity to ask questions, and I understand that compliance with the Program is a condition of my employment and that Good Shepherd will take appropriate disciplinary action -- including termination for violation of the principles and practices set forth in the Program or applicable laws and appropriate ethical standards of behavior.

I certify my intention to act in complete compliance with the Program, including the reporting of any observed misconduct or potential misconduct, and, where necessary, to seek advice from the Corporate Ethics and Compliance Officer concerning appropriate actions that I may need to take in order to comply with the Program.

________________________________________
Print Name

________________________________________
Signature

______________________________  ________________
Date
Appendix F
Confidentiality Agreement

CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT

Employment by and/or association with Good Shepherd Rehabilitation Network or its affiliates (“GS”) carries with it an obligation to maintain the confidentiality of protected health information and other confidential information. I understand that my access to GS data and information systems is for the sole purpose of carrying out my job responsibilities. I agree to be bound by and comply with all GS confidentiality policies and federal and state laws governing patient/resident/client privacy and confidentiality of information. I also agree:

1. GS confidential information includes:
   - **Protected Health Information (“PHI”)**—data or information that identifies an individual and relates to his or her health status and/or the payment of health services.
   - **Good Shepherd Proprietary Information**—data or information in any form or media that is created by or on behalf of Good Shepherd in the course and scope of its business, regardless of whether that information is maintained or stored by Good Shepherd and/or others on behalf of Good Shepherd. Examples of Good Shepherd proprietary information include, but are not limited to, patient/resident/client records, confidential patient safety and/or peer review protected information, personnel records, financial information, company competitive information, strategic business plans, and Good Shepherd developed intellectual property.

2. I will not access, download, transmit, copy or otherwise use or disclose GS confidential information or access GS data and information systems unless such action is required to perform my job responsibilities.

3. I will not disclose any usernames, passwords, or other information used to access GS confidential information.

4. I will not access my own health information in any data or information system or that of any family member, even if they have a signed authorization on file with GS. I must go to the Health Information Management Department of GS to arrange for access to my own health information.

5. GS will assign me a unique username(s) and password(s) to access its data and information systems to which I have been authorized. I understand that my username and password are the equivalent of a signature and that I am responsible for all entries and actions recorded under them. I will not permit anyone else to access any GS system using my username and password or my badge if SSO enabled, even if the person is another authorized user. Similarly, I will not attempt to access any GS system using a username and password or SSO enabled badge of another user. I will notify GS immediately if my username or password is lost or disclosed or my SSO enabled badge is lost or stolen.
6. My access to the GS data and information systems may be monitored and audited at any time by GS and I have no rightful expectation of privacy regarding such access or activity. This includes remote access monitoring and auditing, if I am granted the privilege of remote access to perform my job responsibilities.

7. If I am logged on and accessing any GS system, including remotely, I will not leave the computer or portable device unattended.

8. I will log out of any applications used to gain access, including remote access, or otherwise secure the device by badge tapping if SSO enabled or performing a “Lock” of the device so that the system cannot be accessed when I leave the computer or portable device.

9. I will dispose of documents, diskettes, CD-ROMS, hard drives, USB drives, and other items that contain or reflect GS confidential information from any GS data and information system in a secure manner in accordance with GS document retention and destruction policies, if applicable, or promptly when no longer needed. For purposes of this Agreement, a “secure manner” includes, but is not limited to, shredding, incineration, returning the items to GS for disposal, or giving the items to a vendor whose routine business includes the secure destruction of sensitive material. I will not dispose of the items in the office trash, household trash, or elsewhere.

10. I will immediately notify GS if:
   - I become aware of the impermissible use of disclosure of confidential information;
   - I become aware of any unauthorized access to any GS system or any unauthorized disclosure of information from any GS system;
   - A computer or portable device used to gain access to any GS system is lost or stolen;
   - A document, computer, portable device, or electronic media (e.g. USB drive, CD-ROM, etc.) containing or reflecting confidential information is lost or stolen; or
   - A username, password, or SSO enabled badge belonging to me or anyone else is lost or stolen.
   - I will immediately notify GS of any such incidents, and I will cooperate with GS in investigating the matter.

11. I will not operate unauthorized software on any GS system or make unauthorized copies of any GS software or other information for my own use.

12. If I violate any term or requirement of this Agreement, my access to GS systems, including remote access may be suspended or terminated and/or I may be subject to disciplinary action up to and including termination of my employment or association with GS. Legal action, the imposition of fines applicable to federal and state laws, and a report to my professional regulatory body may also be imposed.

   ________________________________  ________________________________
   Employee/Associate Signature       Date
Student Health Requirements & Required Paperwork

Dear Student,

We are so glad that you have chosen to complete your affiliation at the Good Shepherd Rehabilitation Network. We hope you have a wonderful learning experience, and continue to grow in our facility.

We are requiring, prior to the start of your affiliation, the University Student Placement Coordinator at your University confirm the documents listed below are accounted for and up to date.

Name of Student: ____________________________ Discipline: ____________________________ Date: ____________________________

Check off items as listed:
- ☐ Malpractice Insurance from Attending School or ☐ Proof of Personal Malpractice Insurance
- ☐ PPD within a year
- ☐ Proof of a flu vaccine (if placement is between August 1st and May 31st)
- ☐ Immunization Documentation or ☐ Proof of lab immunity
  - ☐ Proof of 2 doses of MMR
  - ☐ Proof of Varicella
- ☐ Criminal Background Check (state of PA)*
- ☐ FBI Fingerprinting*
- ☐ Child Abuse Clearance*

*Please see last page for information on how to procure criminal background check, FBI fingerprinting and child abuse clearance

Dear University Student Placement Coordinator:

Please check above checklist to confirm that the student has met all of the above healthcare requirements and that these are up to date and on file at the university. Upon verification of health documents – please sign, date and mail or fax this form to Susan Lee at:

Attention: Susan Lee, Director, Quality and Regulatory Compliance
Good Shepherd Rehabilitation Network
850 South Street 5th Street, Allentown, PA 18103
Fax #: 610-776-3595

Student Name
(Print name, sign and date): ____________________________

University Student Placement Coordinator
(Print Name, sign & date): ____________________________
- **FBI Clearance** – To obtain a FBI clearance, you need to register yourself for fingerprinting. To start, go to [https://uenroll.identogo.com](https://uenroll.identogo.com). Enter the service code 1KG738 (for FBI). Choose Schedule or Manage your appointment. Complete all questions. The reason for fingerprinting-DHS-Child Care Services/Program employee or Contractor. The registration form itself could take from 5-10 minutes to complete. You will then be directed as to what to do.

- **Child Abuse Clearance** – Applications can be obtained at [https://www.compass.state.pa.us/cwis/public/home](https://www.compass.state.pa.us/cwis/public/home). Download Pennsylvania Child Abuse History Clearance Form (CY-113). A child abuse application must be completed. (Under purpose of clearance section, check ✓ child care). Send a money order in the amount of $10.00-no personal checks or cash accepted.

- **(PATCH) PA Criminal Background Check** – To run a criminal background, go to: [https://epatch.state.pa.us/RecordCheckEntry.jsp?action=new](https://epatch.state.pa.us/RecordCheckEntry.jsp?action=new) There is a $10.00 non-refundable fee for each request, regardless of outcome. Payment is accepted by credit card or by billing a pre-established account. Customers will be charged for misspelling, duplicate submissions and other user errors. All customers must have a valid email address in order to receive vital information from the PATCH Administrators. Please read terms and agreement and press accept to continue with your background check.

- **Clearance Paperwork** – After you receive your required documents, please bring them to your managing supervisor at Good Shepherd.