



# Important Information for New Employees

*Welcome to the T.J. Family!*



**Let Your T.J. Journey Begin!**



Hello, and welcome to the T.J. Regional Health team!

We are a growing and thriving organization that strives to provide our patients and their families with healthcare that is of the highest quality, and that is respectful, compassionate, and convenient.

During the orientation process, I'm sure you'll see why we often refer to ourselves as a team and a family. We work hard to go the extra mile for our patients and for each other! I am often reminded that those who have a passion for their profession will share their skills, expertise, and courage so that, together, we become a stronger unit. I feel fortunate to see it happening every day.

We want to keep everyone healthy, but we also know that there will be people every day who need the healthcare services we provide, and we are happy that so many choose T.J. Regional Health.

Our focus is to distinguish ourselves as a regional healthcare leader. Despite many changes throughout our history, one thing has remained constant; the commitment to ensure that our hospitals, outpatient services and clinics are the best places for patients to seek care, for our providers to practice, and for our team members to work.

What I value most in my role as CEO is to be part of an organization and a community that believes in taking care of people. We are proud to be involved in the community by serving at the local soup kitchen, supporting area food pantries, sponsoring youth sports, and by being actively involved in our local school systems, community theater, and more.

A lot of facilities around the country say that they work in a family environment, but here at T.J., our patients truly are our neighbors, our family members and our friends. As the CEO, my expectation is that every patient we encounter is treated like family.

On behalf of our Board of Directors and the entire leadership team, I look forward to meeting you in person, and I am happy to welcome you to T.J. Regional Health!

Sincerely,

A handwritten signature in blue ink that reads 'Neil'.

Neil Thornbury, CEO  
T.J. Regional Health

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**Let Your T.J. Journey Begin!**



# Your Orientation Schedule

## Orientation Day 1:

**LOCATION: T.J. SAMSON 4th FLOOR CLASSROOM**

### SESSION ONE

7:30 a.m. Welcome  
8 a.m. Breakout Sessions  
9:30 a.m. Break and Ice Breaker

### SESSION TWO

10 a.m. Breakout Sessions  
11:30 a.m. Meet and Greet with Neil Thornbury, CEO  
11:45 a.m. Evaluations  
Noon Lunch  
12:45 p.m. Hospital Tour

## Orientation Day 2:

**LOCATION: T.J. HEALTH PAVILION COMMUNITY CENTER**

7:30 a.m. Welcome  
8:00 a.m. Service Excellence  
Noon Lunch with Directors & Coordinators  
1:00 p.m. Security and Workplace Violence CPI Training  
2:00 p.m. PAPR Testing (Clinical Staff Only)

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## Our Mission, Vision and Values



**MISSION:** T.J. Regional Health will promote and provide for the health and wellness of the communities we serve and the healthcare professionals who serve them.

**VISION:** T.J. Regional Health will utilize available resources to anticipate and exceed the healthcare needs of the region with a focus on quality and compassion.

### CORE VALUES:

- Compassion
- Communication
- Be a Champion
- Cooperation
- Collaboration
- Adapt to Change



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# T.J. PLEDGE

## I WILL SHOW COMPASSION. I WILL:

- ▶ see all patients, family members, visitors, coworkers, physicians, and anyone else at TJ as my customer
- ▶ recognize that each and every interaction I have at TJ Regional Health matters
- ▶ show kindness and compassion towards my customers at all times
- ▶ be sensitive to the personal and private needs of every customer

## I WILL COMMUNICATE. I WILL:

- ▶ smile - at everyone
- ▶ always introduce myself, my role, and my purpose
- ▶ use body language, eye contact, and tone of voice that shows respect in every interaction
- ▶ follow the 10/5 rule: always acknowledging people at 10 feet away with a smile and always greeting people at 5 feet away
- ▶ escort any customer in need(visitors, patients) to their destination

## I WILL BE A CHAMPION. I WILL:

- ▶ serve with passion
- ▶ view myself as an owner of TJ Regional Health and act accordingly
- ▶ take responsibility for the physical appearance of TJ Regional Health, including my work area
- ▶ go out of my way to daily thank and compliment my customers and coworkers
- ▶ dare to make a difference and be exceptional
- ▶ constantly try to improve myself and TJ Regional Health
- ▶ speak positively about TJ Regional, while at work and in public places outside of work

## I WILL COOPERATE WITH OTHERS. I WILL:

- ▶ maintain zero tolerance for abusive behavior
- ▶ listen and be willing to accept fault when I make a mistake
- ▶ never underestimate the power of an apology
- ▶ refrain from blame and judgment
- ▶ bring a sense of calm to stressful situations

## I WILL COLLABORATE WITH OTHERS. I WILL:

- ▶ value myself and every coworker as an equal part of one GREAT team working together
- ▶ treat others in a way that I would like to be treated
- ▶ participate only in conversations that are courteous, respectful, and reflect positively on my teammates and TJ Regional Health
- ▶ foster a calm and pleasant atmosphere, and refrain from gossip, rumors, and insults
- ▶ speak honestly, seek truth, and act with integrity towards my teammates.
- ▶ value the uniqueness and expertise that each team member contributes to the whole
- ▶ meet the need of the moment, regardless of whether or not it is considered part of my job

## I WILL ADAPT TO CHANGE. I WILL:

- ▶ be a part of the solution when I am presented with a challenge
- ▶ embrace change and set the example for those around me
- ▶ accept openly when there are changes that TJ Regional and/or I have no control over
- ▶ manage the expectations of others by explaining duration and next steps as often as needed



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# About The Organization

Our health system includes two hospitals, T.J. Health Pavilion, multiple Rural Health Clinics, and other service locations such as the Family Medicine Center, T.J. Home Care Program, Shanti Niketan Hospice Home, and R+ Med Spa.

T.J. Samson Community Hospital is a 196-bed acute care facility, including 16 skilled-care beds. T.J. Health Columbia is our second hospital located in Columbia, Kentucky. With our growing network of facilities providing total local care, we are honored to provide our patients with excellent care close to home. We are proud to be the largest employer in Barren County with more than 1,200 outstanding team members, and we are glad to have you on our team!



T.J. Samson Community Hospital



T.J. Health Columbia



T.J. Health Pavilion



T.J. Health Cave City



T.J. Health Columbia Clinic



T.J. Health Columbia Primary Care



T.J. Health Edmonton



T.J. Family Medicine Center



T.J. Health Greensburg



T.J. Health Russell Springs



T.J. Health Scottsville



T.J. Health Tompkinsville



T.J. Specialty Services Dermatology



T.J. Home Care



Shanti Niketan Hospice Home



R+ Med Spa



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# Leadership



**NEIL THORNBURY**  
Chief Executive Officer

Neil Thornbury has served as Chief Executive Officer of T.J. Regional Health since 2018. Prior to his appointment as CEO, he served the organization in multiple roles including Chief Operating Officer, Chief of Patient Care Services, and Director of Rehabilitation Services. He began his healthcare career in 1996 as an Occupational Therapist. He holds a Bachelor of Science Degree from Eastern Kentucky University, a Masters Degree in Healthcare Administration from Western Kentucky University, and a Doctorate of Science from the University of Alabama at Birmingham.



**STACEY BIGGS**  
Executive Vice President,  
Marketing, Planning  
and Development



**JENNY CERWINSKE**  
Executive Vice President,  
Employed Provider Services



**MEI DENG**  
Chief Financial Officer



**BRANDON DICKEY**  
Chief Nursing Officer



**JODIE HOLGATE**  
Executive Vice President,  
Patient Care Services



**JIM LEE**  
Executive Vice President,  
Support Services



**LADONNA ROGERS**  
Executive Vice President,  
Human Resources



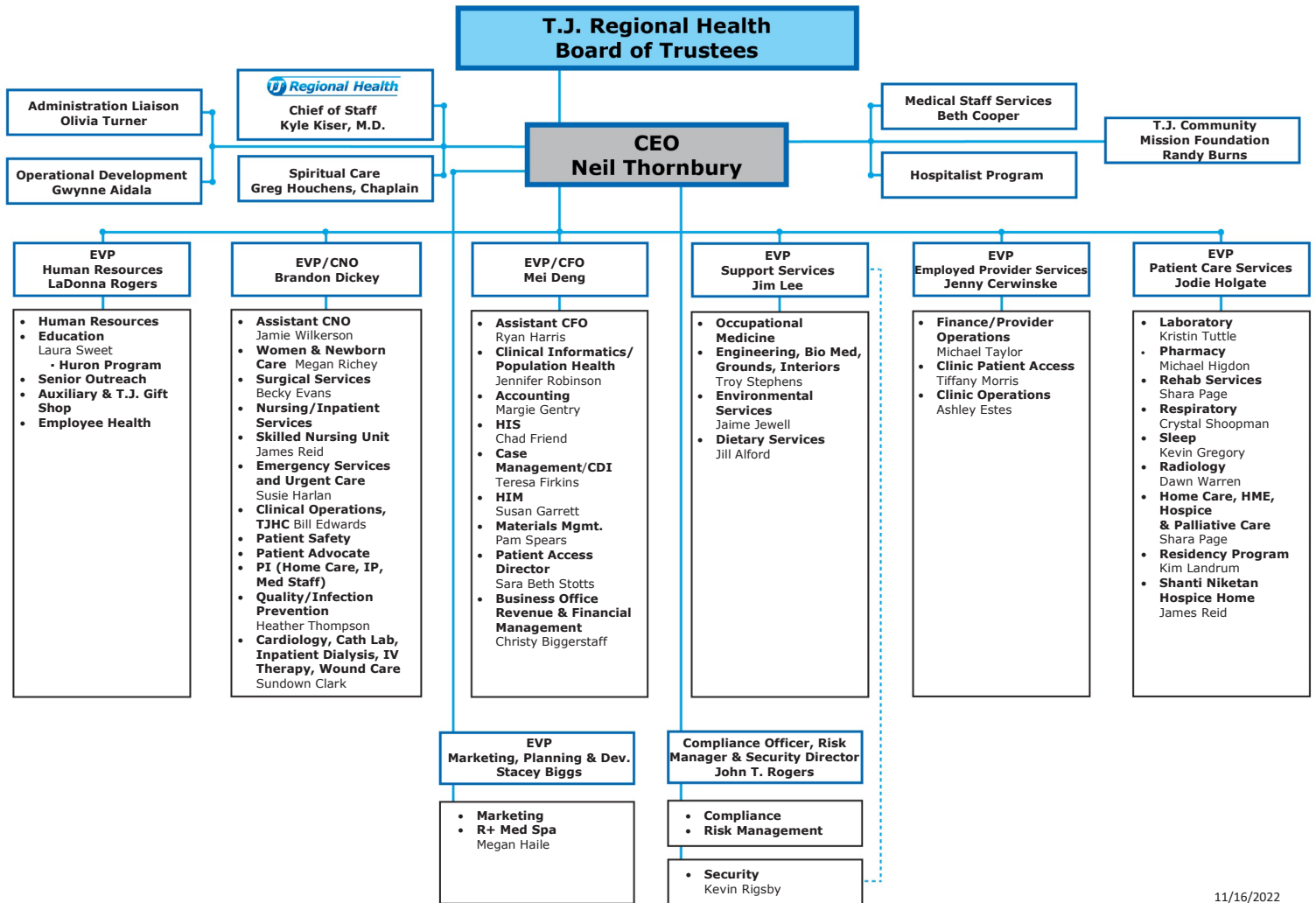
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# Our Leadership

## T.J. Regional Health ORGANIZATIONAL CHART



11/16/2022

## GET SOCIAL WITH US



Find us on social media by searching T.J. Regional Health.

The T.J. Regional Health social media channels are updated frequently to feature new providers, members of the T.J. team, patient stories, and important information for the community. Like and follow us to stay up-to-date on all the latest happenings!

Also, don't forget to check out our website at [tjregionalhealth.org](http://tjregionalhealth.org)!

*We can't wait to connect with you!*



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# Parking

T.J. Regional Health (TJRH) controls the use of the parking areas for optimum benefit of patients, medical staff, employees, clergy, volunteers, vendors, visitors, and students. The T.J. Security Department is responsible for managing and enforcing the parking areas at both hospital campuses and at the Pavilion.

TJRH employees – including temporary employees, students and contracted employees – are authorized to park only in areas designated as employee parking. TJRH provides free parking for employees in designated areas. Employee parking areas for TJSCH are illustrated on the following map. Ask your coordinator or director for details on parking at clinics and other locations.

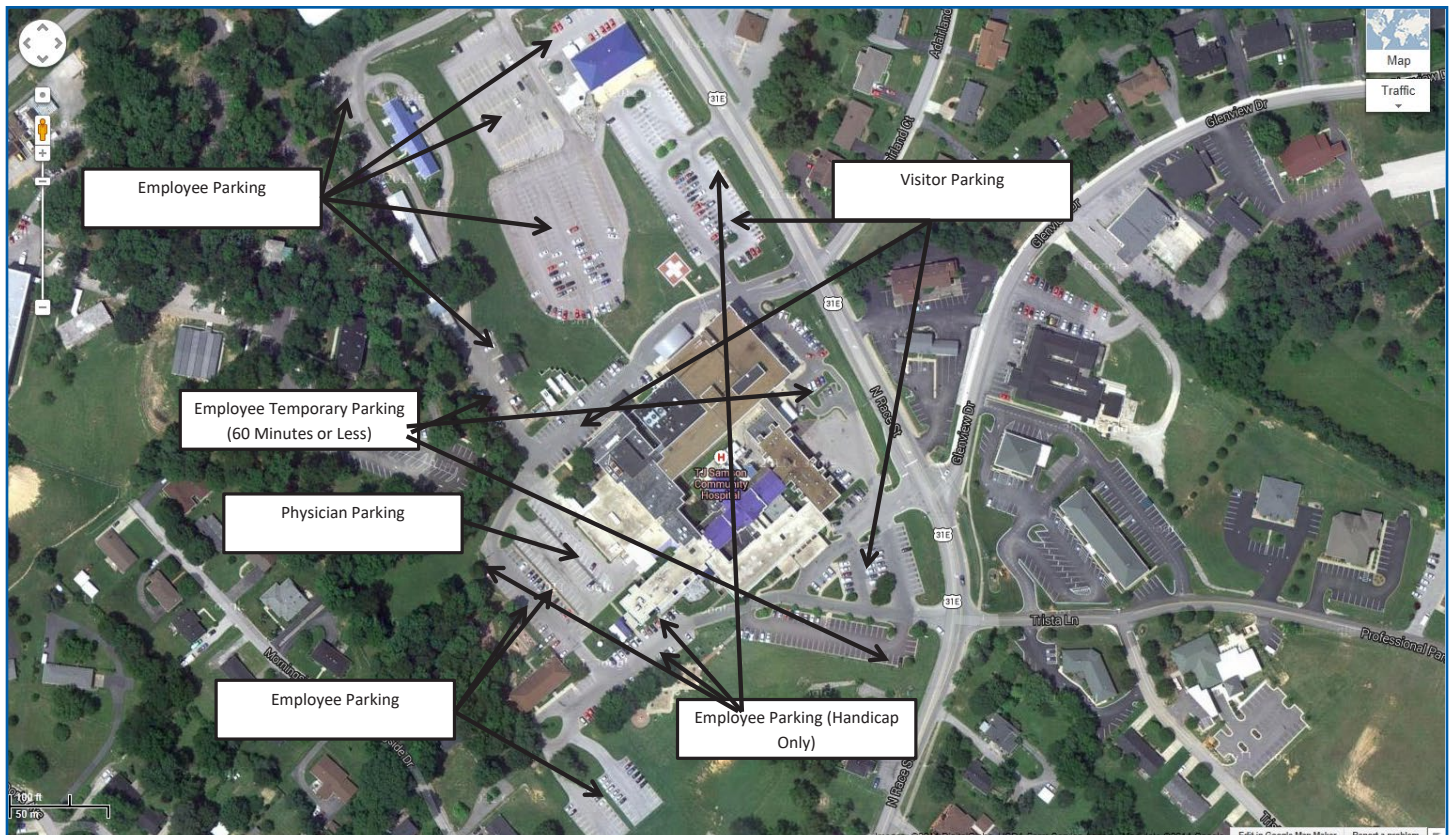
You may also check the painted lines in parking areas to help direct you. Yellow striped spots are designated for employee parking. White striped spots indicate patient or visitor parking. Blue stripes mark handicap parking.

If you have a handicap parking permit, please contact our Security Department at 4854 so they can add that information to their records.

Employees who park in patient parking or other non-approved areas may be ticketed.

If you have any questions about parking, please contact the Security Department at 4854.

## T.J. Samson Community Hospital Employee Parking

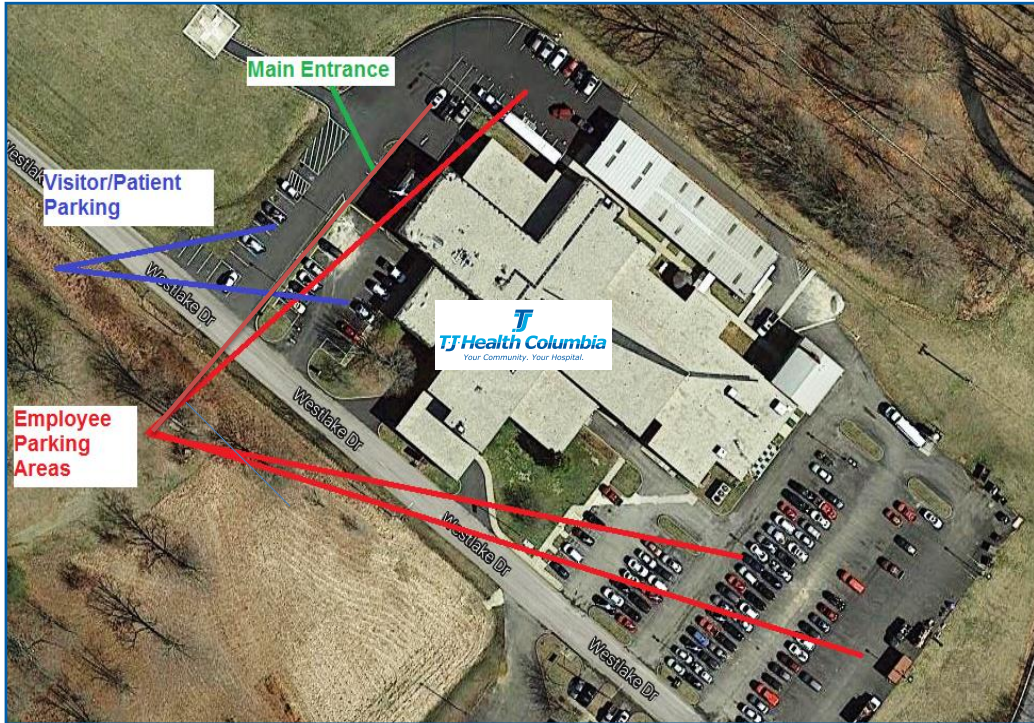


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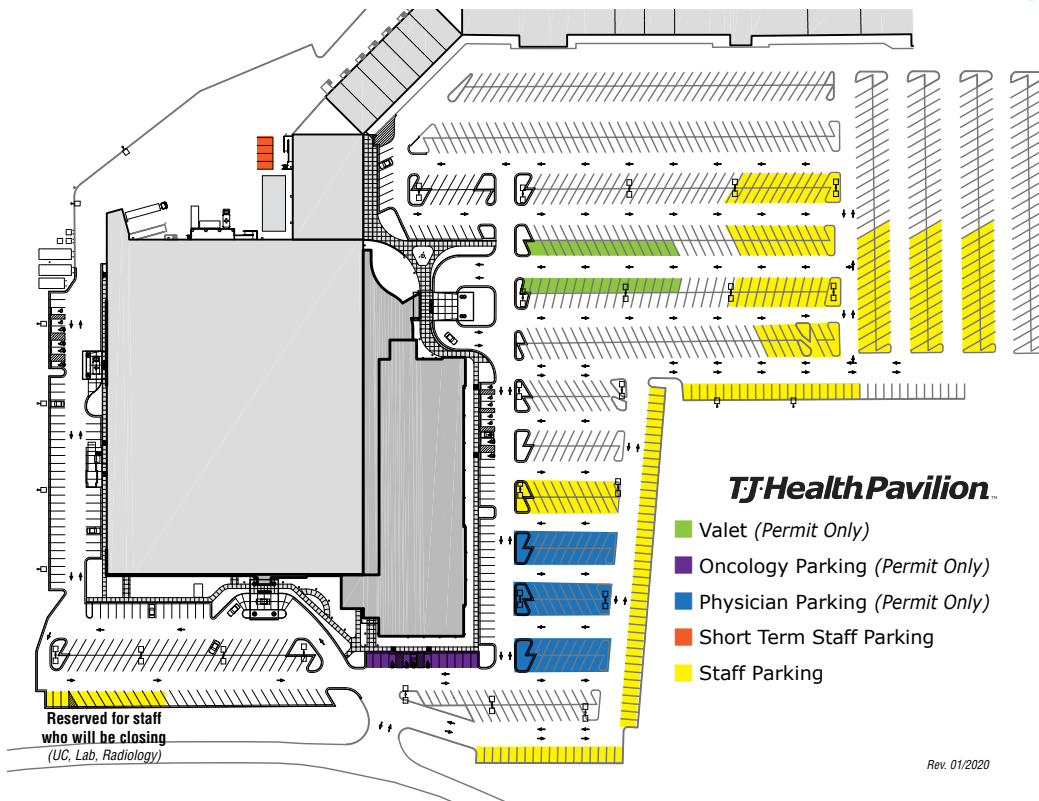




# T.J. Health Columbia Hospital Employee Parking



# T.J. Health Pavilion Employee Parking



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# Online Resources



There are many helpful resources that employees can access anytime on the T.J. Intranet. Each T.J. computer desktop includes the icon shown at left where you can click to access the T.J. Intranet. It provides a comprehensive interface to many of the online systems, downtime forms, and other employee resources that are fully accessible inside all T.J. facilities.

## T.J. Community Mission Foundation

Established in 2014, the T.J. Community Mission Foundation exists to support the mission of T.J. Regional Health. The Foundation supports capital projects, community engagement programs and other projects that aid in accomplishing T.J. Regional Health's goal of improving the health of the residents of southcentral Kentucky. By creating partnerships with employees, business leaders, social groups and families, together, we will further advance excellence in healthcare to those we serve in this region.

To learn more about how to become involved in the work of the Foundation, visit [tjmissionfund.org](http://tjmissionfund.org) or contact Randy Burns at 270.651.4619.



## Spiritual Care

T.J. Regional Health seeks to treat the whole person: physical, emotional, and spiritual. Therefore, while a patient is in the hospital they or their family have access to our T.J. Regional Health chaplain 24 hours a day, 7 days a week. Patients, families, or staff may request a chaplain. In addition, the chaplain responds to all Code Blue and other emergency situations throughout the hospital.

In addition to working with patients and families, the chaplain assists the staff of T.J. Regional Health by providing daily support. This includes listening to and praying with/for staff, providing spiritual care, and debriefing staff after difficult situations. The chaplain will also work alongside medical staff during certain medical cases to provide care for the patient.



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# Attendance

Each employee has the responsibility to maintain a good attendance record. While some allowances may be made for occurrences beyond the control of an employee, chronic or excessive absenteeism will be cause for corrective action, up to and including termination of employment. If unable to report to work, employees must contact their immediate supervisor or designee at least two hours before the start of the shift and provide reason for absence.

Find the complete policy in Policy Tech and on the T.J. Orientation web page.

Department specific procedures will be covered with your supervisor during the orientation process.

# Security

The T.J. Security Department is responsible for building and grounds patrol. Security staff also provide the following services:

- Escort visitors and staff
- Investigate thefts, disturbances, and suspicious activities. This includes situations where unauthorized individuals attempt to access secure information.
- Provide facility access, including locking, unlocking, and restricting traffic at various times
- Monitor systems response
- Assist staff with disruptions by patients, visitors, or other staff
- Maintain security reports on all interventions



Security staff may be contacted at any time by calling the following numbers:

- T.J. Samson Community Hospital, 270-651-4854 or dialing 4854 on any T.J. phone
- T.J. Health Pavilion, 270-590-2372
- T.J. Health Columbia, 270-261-2406

The Security Office is located at the Emergency Room entrance.

# Tobacco Free Facilities

All T.J. Regional Health facilities are Tobacco Free facilities. Patients, visitors, staff, or others are not allowed to use tobacco products inside the hospitals, clinics, or other buildings, nor on any part of the grounds.



## NO SMOKING

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# AIDET®

At T.J. Regional Health, we use AIDET®, a communication framework for healthcare professionals to communicate with patients and each other in a way that decreases patient anxiety, increases patient compliance, and improves clinical outcomes. The acronym AIDET® stands for five communication behaviors: Acknowledge, Introduce, Duration, Explanation, and Thank You.

<b>A</b>	<b>Acknowledge:</b>	Greet the patient by name. Make eye contact, smile, and acknowledge family or friends in the room.
<b>I</b>	<b>Introduce:</b>	Introduce yourself with your name, skill set, professional certification, and experience.
<b>D</b>	<b>Duration:</b>	Give an accurate time expectation for tests, physician arrival, and identify next steps. When this is not possible, give a time in which you will update the patient on progress.
<b>E</b>	<b>Explanation:</b>	Explain step-by-step what to expect next, answer questions, and let the patient know how to contact you, such as a nurse call button.
<b>T</b>	<b>Thank You:</b>	Thank the patient and/or family. You might express gratitude to them for choosing your hospital or for their communication and cooperation. Thank family members for being there to support the patient.



## AIDET & Keywords: Teamwork, Safety, Privacy, Comfort, Excellent

**MANAGING UP**  
Positively position others.

The benefits are:

- Patients feel better about their next caregiver and experience
- Patients feel more at ease about the coordination of their care
- Coworkers give a head start for you to gain patient confidence!

**AIDET**

**A**cknowledge (increases sense of safety)  
**I**ntroduction (decreases anxiety)  
**D**uration (increases compliance)  
**E**xplanation (increases quality of care)  
**T**hank You (increases patient loyalty)

**Manage Up Yourself**

When you manage up yourself, you put patients and their families at ease by telling them your job title, years of experience, certification or licensure, special training you have completed, and/or the number of procedures you have completed.

“Good Morning, Mrs. Clark. My name is Sarah and I am part of your care team here at T.J. Samson. I am a radiology technologist and will be overseeing your chest x-ray this morning. I have been a radiology technologist for over 5 years and go back for recertification and training every year. I am specially certified in this procedure and do thousands per year. My goal is provide you with excellent care.”

**MANAGING UP SCENARIOS**  
Managing up others is simply creating a positive impression of others before the patient or family meets them.

**Managing Up Coworkers in Clinical and Nursing Settings:**  
 “Hello, Mr. Ortiz. I will be going home to my family now. Justin is taking my place. In fact, I just shared with Justin all your important information. Justin is a registered nurse whom I have worked with for over five years, and he is excellent. I hear such nice compliments about him from our patients.”

**Managing Up Physicians:**  
 “Mr. Ortiz, I see Dr. Brown is your physician. She is excellent. She is very good at listening and will answer all of your questions. You will be pleased with the care you receive from Dr. Brown.”

**Managing Up Other Departments:**  
 “Hello, Mr. Ortiz. I see this afternoon you will be going downstairs to the Diagnostic Imaging department. Diagnostic Imaging has state-of-the-art technology and an excellent staff. They are aware you will be having a procedure this afternoon and are prepared for you. Our goal is for you to be very satisfied.”

**HEART = SERVICE RECOVERY**

**H**ear the person’s concerns without interrupting and focus on needs.

**E**mpathize, show understanding = goodwill and building of trust.

**A**pologize and express regret. Take responsibility and work to resolve it

**R**espond with an action by letting the person know you’re going to meet their needs. Explain & explore options. Find a solution

**T**ell your manager or the appropriate person/department for further action as needed.

**Patient Experience Pledge:**  
 Always Provide Courteous, Respectful Service...  
 Every person, Every Time!



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# Professional Appearance and Dress Code

T.J. Regional Health has a Dress Code Policy to ensure that all employees, contracted staff, and volunteers who work at any location of T.J. Regional Health maintain a professional, well-groomed appearance.

Clothing and appearance of all team members should contribute to a positive impression while maintaining safety standards and adhering to the following principles:

- Dress to portray a competent professional image through workplace attire.
- Dress appropriate to the clinical work situation while recognizing cultural norms and religious requirements.
- Dress to prevent the spread of infection to others.
- Dress so that work can be completed efficiently.
- Incorporate occupational health and safety recommendations for appropriate attire while in the hospital/clinic setting.
- Attire should facilitate effortless customer identification of clinical versus non-clinical team members.

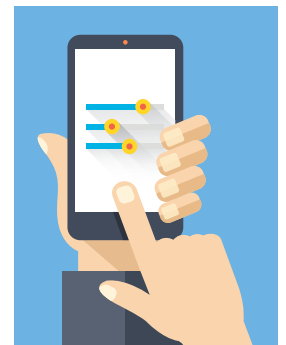
T.J. Regional Health encourages employees to express themselves at work while maintaining a professional image. Visible tattoos in the workplace are permissible provided that they are not offensive in nature or in violation of T.J. Regional Health's Nondiscrimination/Anti-Harassment Policy. Tattoos on the face and neck must be covered. Regardless of location, no tattoos that are obscene, commonly associated with gangs, extremists, and/or supremacist organizations, or that advocate sexual, racial, ethnic, or religious discrimination may be visible at any time. If the tattoo distracts from or interferes with an employee's ability to deliver effective patient care or customer service, the employee may be required to cover the tattoo while at work.

Find the complete policy in Policy Tech and on the T.J. Orientation web page.



## Cell Phone Usage

T.J. Regional Health employees and associates, including contract employees, students/interns, and volunteers are expected to give their full and undivided attention to our patients, their families and other visitors and customers as a fundamental means of carrying out T.J. Regional Health's mission to care for people. Therefore, while working, employees are expected to exercise discretion in using personal cell phones. In order to protect patient privacy, employee privacy, and T.J. Regional Health's confidential business information, employees are not permitted to use personal cameras, personal computers (laptops, iPads, and the like), personal recording devices, or other personal portable audio or video devices during work time.



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# Workplace Violence

Workplace violence is an act or threat occurring at the workplace that can include any of the following: verbal, nonverbal, written, or physical aggression; threatening, intimidating, harassing, or humiliating words or actions; bullying; sabotage; sexual harassment; physical assaults; or other behaviors of concern involving staff, licensed practitioners, patients, or visitors.

T.J. Regional Health has developed the Workplace Violence Prevention Plan (found in Policy Tech) to ensure that all employees can work in an environment free from unlawful harassment, discrimination and retaliation. TJRH will make every reasonable effort to ensure that all concerned are familiar with the plan and are aware that any complaint will be investigated and resolved appropriately.

Workplace Violence applies to anyone working at TJRH including medical staff, clinical staff, administrative staff, employees, volunteers, contract workers, and business associates. Patients and visitors are also expected to follow the guidelines set forth in this plan.

If you see, experience, or suspect workplace violence, report it directly to either your supervisor, the Compliance Officer, or Human Resources.

# Diversity

Diversity is the process of valuing individual differences through actions. Individual differences include all characteristics and experiences that define an individual. The dimensions of diversity may include:

- Beliefs
- Perceptions
- Life experiences
- Cultural background
- Ethnicity

Being aware of diversity allows individuals to respond with respect and understanding to people of all dimensions of diversity.



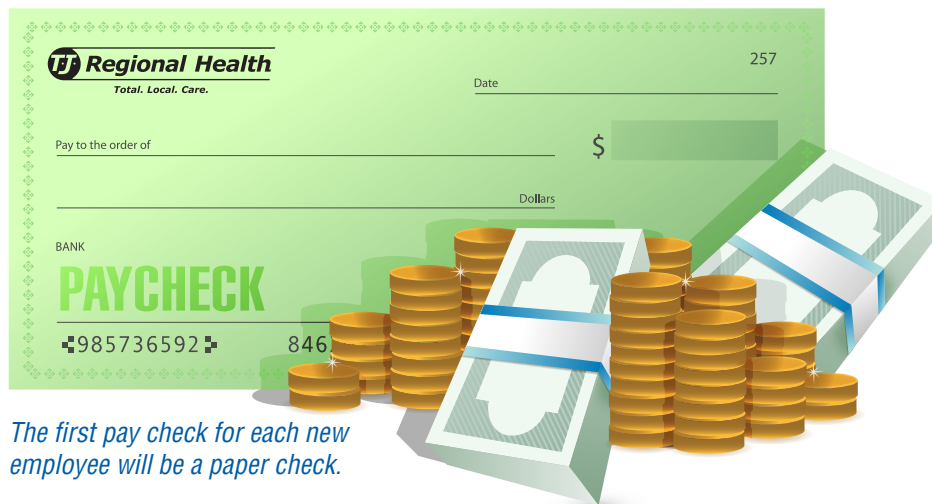
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# Compensation/Payroll

## Compensation

All employees are paid bi-weekly, and the associated paycheck is direct-deposited into your bank account. All new employees need to have their banking direct deposit information entered in Paylocity before your first paycheck. Your pay check stub, which summarizes your pay, can be accessed or printed from Paylocity Employee Self-Service. The first pay check for each new employee will be a paper check. This process allows for a pre-note to be sent to the bank to verify that the direct deposit information is entered into the payroll system correctly. If no errors are returned from the bank, direct deposit will begin with the second pay check. The same procedure will occur when an employee switches bank accounts. Paper checks may be picked up on Friday of payroll week in the payroll office located at T.J. Samson Community Hospital. Paper checks for all off-site locations will be delivered by the organization's courier to the appropriate locations.



*The first pay check for each new employee will be a paper check.*

## Timestamping

Hourly or non-exempt employees are required to timestamp at the start and end of every shift using the UKG timekeeping system. Non-exempt employees must clock out and back in any time they leave the premise for personal business. This includes leaving for meal and rest periods. If the employee stays on premise, they do not have to clock out for meal or rest periods. The UKG timekeeping system is set up with a 7-minute rounding rule. Any punch (in or out) that is made up to 7 minutes prior to or after the quarter hour will be rounded to the next quarter hour. The UKG icon can be found on every computer's desktop.



## Meal Breaks

UKG will automatically deduct a 30-minute meal break for any employee working 5 consecutive hours or more. If an employee does not take a meal break, a Lunch Waiver Form should be submitted to grant the employee back the 30 minutes deducted. Lunch Waiver Forms may be obtained from the T.J. Intranet in the Forms Library. The Lunch Waiver Form should clearly state the employee's name and badge number along with the date and reason for no lunch. The employee and department director must sign and date the Lunch Waiver Form and submit it to the Payroll Department.



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# Corporate Compliance Program

## DUTY TO KNOW AND UNDERSTAND

It is the duty of all employees and relevant third parties to know and understand the ethical standards, legal standards, and organizational policies applicable in performing their daily tasks. T.J. Regional Health's Corporate Compliance Program, led by Compliance Officer, John Thomas Rogers, is designed to assist all employees to know and understand these ethical and legal standards through training and communication.

The program is intended to help employees recognize, understand, and fulfill their responsibilities, as well as preventing and detecting violations. Employees are expected to take the initiative of asking questions and obtaining answers to those questions. The Compliance Program contains a Code of Conduct which outlines the appropriate behavior for all employees. The Code of Conduct will be assigned to all employees through HealthStream for annual review and attestation. Please take the time to read this overview of our Corporate Compliance Program. The Compliance team looks forward to meeting you during orientation.

## CORPORATE COMPLIANCE PROGRAM STRUCTURE

The Corporate Compliance Program is intended to demonstrate, in the clearest possible terms, the absolute commitment of TJRH to the highest standard of integrity, ethics, and compliance. The Compliance Officer, appointed by the Chief Executive Officer of TJRH, has responsibility for the implementation of the Corporate Compliance Program. The Compliance Officer reports to an oversight committee comprised of members of the Board of Directors, and is assisted by the Legal and Human Resources departments.

## DUTY TO COMPLY

It is the duty of all employees to comply with the applicable laws, rules, regulations, and the Code of Conduct. Failure to do so may subject employees to disciplinary action.

## DUTY TO REPORT ACTUAL OR SUSPECTED VIOLATIONS

Concerns regarding compliance with the Corporate Compliance Program and possible violations of the Code of Conduct or related policies and procedures are to be promptly reported to your supervisor, administrator, the Executive Office, or the Compliance Officer. In addition, a special toll free resource line that permits anonymous reports of non-compliance or possible violations has been established. We will make every effort to keep the identity of anyone reporting a suspected violation confidential to the extent permitted by law, unless doing so prevents us from fully and effectively investigating the suspected violation. Employees are expected to cooperate in any investigation of business conduct that may violate the Code of Conduct. Making a false report for personal gain is a violation of the Code of Conduct and will result in appropriate disciplinary action.

## NO RETALIATION FOR GOOD FAITH REPORTING

The success of the Corporate Compliance Program depends on prompt, accurate reporting of violations and suspected violations without fear of retaliation. Employees will not be subject to reprisals for reporting, in good faith, actions that they believe violate the law or do not comply with the Corporate Compliance Program or Code of Conduct.

## INTERNAL INVESTIGATIONS

TJRH is committed to investigating all reported concerns promptly and confidentially to the extent possible. The Compliance Officer will coordinate any finding and take prompt and appropriate corrective action. We expect all employees to cooperate with investigation efforts.



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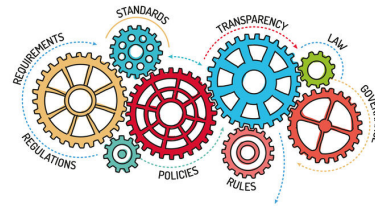


## CORRECTIVE ACTION

Where an internal investigation substantiates a reported violation, appropriate corrective measures will be taken, including, but not limited to, notifying the appropriate governmental agency, instituting appropriate disciplinary action, and implementing systemic changes to prevent similar violation from recurring in the future. Corrective action plans will be shared with all appropriate parties.

## CONSEQUENCES OF NONCOMPLIANCE

Failure to comply with applicable laws and regulations, including federal healthcare program requirements, or with the requirements of this Code of Conduct, or TJRH's policies and procedures, or to report violations or suspected violations, could pose significant risks to TJRH and our employees, as well as to the patients we serve. Examples of consequences to TJRH and/or employees for noncompliance include: exclusion from participation in federal health care programs such as Medicare; criminal and/or civil fines and penalties; or disciplinary action, up to and including termination.



## Patient Relations

### PATIENT CARE

TJRH's main concern is for the well-being, comfort, and dignity of our patients. All patients are provided with service and care that is medically necessary and appropriate without regard to race, color, creed, sex, religion, national origin, sexual orientation, marital status, age, veteran status, disability, source of payment, or ability to pay. **Patients will always be treated with sensitivity, respect, and professionalism.**

### PATIENT RIGHTS

Upon admission to TJRH, **each patient is provided with a written statement of patient rights**, which **all employees** are required to honor. This statement, which is also posted conspicuously in public areas throughout the organization, includes information for the patient and, as appropriate, their family or representative on their rights to make decisions regarding medical care. The information includes their right to have all information necessary, to include proposed plan of care, risks, benefits, and alternatives available to them, to make informed consent on all non-emergency procedures or treatment. This statement also explains the patient's right to establish advanced directives.

### EMERGENCY TREATMENT (EMTALA)

TJRH complies with the Emergency Medical Treatment and Active Labor Act (EMTALA) in providing emergency services without the regard of ability to pay or insurance status, even if the patient is enrolled in a managed care plan that requires prior authorization. Financial information may only be obtained after the immediate needs of the patient are met.

Patients will only be transferred to another facility if the patient's medical needs cannot be met at TJRH and appropriate care is knowingly available at another facility. Patients may only be transferred after they have been stabilized and are formally accepted by the alternate facility.

### HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

**Federal Law** mandates the protection of patient information: written, oral, and electronic. Patient Health Information (PHI) must be shared with only those who are **required to know**. Passwords and logins must not be shared. Computer screens with patient information should be hidden from public view. **Conversations about patients should be private.**



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Under HIPAA, “health information” is any information that is created or received by a health care provider, health plan, public health authority, employer, life insurance company, school or university, or health care clearinghouse and relates to:

- a person’s past, present, or future physical or mental **health condition**;
- **treatment** provided to a person; or
- past, present, or future **payment** for healthcare an individual receives.
- Health information can exist in any form or medium, including paper, electronic, or oral.

### **INCIDENTAL RELEASES:**

- HIPAA permits incidental disclosures of PHI, **which it defines as disclosures “that cannot reasonably be prevented, are limited in nature, and that occur as a byproduct of an otherwise permitted use of disclosure.”**
- **Examples:**
  - You may overhear conversations and learn information about a patient that you are not caring for or involved in their care directly. This is confidential information about a patient, and you should not share it with anyone else.
  - A doctor’s conversation with their patient is overheard by the patient in the next exam room. HIPAA requires that all covered entities make “reasonable” efforts to minimize and limit incidental disclosures without compromising patient care.

### **ORGANIZATIONAL TOOLS**

The many tools we use at TJRH to protect confidentiality include:

- Keeping patient records locked and allowing access to only those people who need the information for their job.
- Requiring employees and others who use electronic health records to log off their computers while they are not at their desks.
- Turning computer screens away from the view of the public (or using privacy screens) so that information is not seen accidentally.
- Monitoring who gains access to records to ensure that they are being used appropriately (keeping and reviewing audit trails).
- Shredding any paper that includes PHI before disposing of it.
- Educating all staff on privacy and security policies.
- Requiring all staff, upon hire and annually, to commit in writing to maintaining the privacy and security of PHI.

### **OUR GOAL**

Protecting patients’ privacy and confidentiality is part of everyone’s job. It’s not enough for TJRH to just have the right policies and procedures regarding HIPAA and patient privacy. You must follow these policies and take an active role in your facility’s compliance efforts. As you do your job, keep in mind the importance of patient privacy and information security. By actively taking part in our organization’s efforts, you are helping ensure that information is secure and that TJRH is in compliance with HIPAA’s privacy and security rules.



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# Employment Relations

TJRH has created and strives to maintain a work environment in which employees are treated with respect, diversity is valued, and opportunities are provided for development. We are committed to providing a fair and equal opportunity work environment. We believe in equal treatment in hiring, promotion, training, compensation, termination, and disciplinary action.

## **EMPLOYMENT/SCREENING**

TJRH verifies the credentials and qualifications of all individuals applying for employment and hires only qualified individuals with appropriate expertise, licensure, and experience. We will not hire or contract with any individual or entity who is excluded, suspended, debarred, or otherwise ineligible to participate in the federal healthcare programs, or has been convicted of a criminal offense related to the provisions of healthcare items or services and has not been reinstated in the federal healthcare programs after a period of exclusion, suspension, debarment, or ineligibility.

## **OUTSIDE OR DUAL EMPLOYMENT**

Employees' primary employment obligation is to TJRH. Any activities such as a second job or personal business must not conflict with obligations to TJRH. Employees with secondary employment that may be perceived as a conflict of interest with their TJRH position must make such a disclosure to their supervisor.

## **NON-DISCRIMINATORY ENVIRONMENT**

TJRH is an equal opportunity employer and does not discriminate against employees or potential employees on the basis of race, color, creed, religion, sex, national origin, sexual orientation, veteran status, marital status, age, or disability. We will make reasonable accommodations to the known physical and mental limitations of our employees.

TJRH will not tolerate discrimination, verbal or physical harassment, or abuse (whether or not sexually related) by providers, employees, supervisors, vendors, subcontractors, or visitors.

## **EMPLOYEE PRIVACY**

TJRH respects the privacy and dignity of all staff. TJRH collects and retains employee personal information that is required for the effective operation of TJRH or that is required by law. TJRH has implemented policies and procedures that protect and limit access to employee personal information and complies with applicable laws that govern employee privacy. Employees are prohibited from accessing or otherwise using employees' records or information unless authorized to do so for legitimate business purposes.

## **DISRUPTIVE BEHAVIOR**

Disruptive behavior is an undesirable method of interaction amongst team members. It interferes with patient care, causes distress among staff, affects morale, and harms the work environment. In addition, disruptive behavior can reduce effectiveness and productivity, resulting in substandard or inadequate care. TJRH exhibits a zero tolerance policy with respect to those engaging in any form of disruptive behavior. We have a responsibility to model positive behaviors that reflect our core values and our culture of caring.



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## **IMPAIRMENT AND SUBSTANCE ABUSE**

TJRH is an alcohol and drug-free work environment. Employees are expected to perform their professional responsibilities free from the effects of alcohol, drugs, or other substances which may hinder job performance or judgment. Employees suspected of being under the influence of drugs or alcohol must submit to appropriate drug or alcohol tests. An employee who performs an activity for TJRH while impaired or otherwise under the influence of alcohol or illicit drugs shall be immediately suspended, and may be subject to further disciplinary action, including, but not limited to, termination of employment, if such employee refuses to participate in TJRH's assistance program. Additionally, any professional employee or independent contractor discovered to be so impaired shall be subject to the applicable statutory reporting requirements.

## **SAFEGUARDING SUBSTANCES**

A large majority of our employees have access to prescription drugs, controlled substances, and medical supplies, all of which are governed and monitored by specific regulations. Under no circumstances will these be diverted for personal use. These items must be handled and administered properly to minimize the risk for ourselves and our patients.

## **ENVIRONMENTAL HEALTH AND SAFETY**

TJRH provides each of its employees with a safe and healthy workplace in which applicable health and safety laws and regulations are observed. Employees are expected to abide by all safety rules and practices and assume responsibility for taking necessary precautions to protect themselves and their co-workers. Employees are also responsible for immediately reporting accidents and unsafe practices or conditions. This information will help us prevent incidents either from happening or from happening again.

## **USE OF ELECTRONIC MEDIA**

All communication systems, electronic mail, Internet access, or voice mails are the property of TJRH and are to be primarily used for business purposes. Limited responsible personal use of communications systems is permitted; however, TJRH reserves the right to monitor the use of its electronic media resources and to take appropriate disciplinary measures in cases of misuse. Patient or confidential information should not be sent through the internet or Intranet until such time that its confidentiality can be ensured. Employees may not use communication systems to send harassing, threatening or obscene messages, send copyrighted documents that are not authorized for reproduction, conduct a job search, or open misaddressed mail.

## **QUESTIONS**

Please understand that this is just an overview of the Compliance Program at TJRH, more information will be discussed during orientation. Please feel free to contact John Thomas Rogers, Compliance Officer with any questions or concerns.

- Office: 270.651.4513
- Cell: 270.590.4449
- Email: [jrjrogers@tjsamson.org](mailto:jrjrogers@tjsamson.org)



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# Health Information Services

## MISSION STATEMENT

- To be the center of all T.J. Regional Health Information Services events; providing professional and efficient support services, guaranteed customer satisfaction through the use of superior technology solutions and following standard practices.
- Aware. Fast. Effective.

## CENTRALIZED POINT OF CONTACT

- Available During Business Hours
- Provide Support
- On-Call for Emergencies
- Satisfy and Exceed Expectations

## About Us

**Director:**  
Chad Friend

**Techs:**  
Brandon Rich  
Clinton Elmore  
Jay Fowler  
T.A. Jackson  
Bryan York



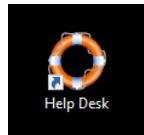
## REGULAR BUSINESS HOURS

7 a.m. to 5 p.m.

After 5 p.m., extension 4357 will be forwarded to the Switchboard Operator to facilitate high priority events only.

## HOW TO REACH US

**270 . 651 . 4357**  
(HELP)



- Please submit all low / medium priority requests via the icon.
- You will find the icon on all computers within the organization.
- High priority events can only be submitted by calling the Help Desk at 4357 (HELP).

**Need T.J. Email  
on your phone?**

Create a new Help Desk ticket.

## HOW WE PRIORITIZE PROBLEMS / REQUESTS

- Request For Service (RFS) – Custom Time Frame
- Low Priority – Weeks
- Medium Priority – Days
- High Priority – Hours



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## WHAT INFORMATION IS NEEDED ON TICKETS

- **Name:** John Smith
- **Department:** Radiology
- **Location:** Main Hospital
- **Extension:** 4444
- **Workstation ID (Computer Name):** M1DRAD001



## Types of Tickets

### ***Request For Service***

- An RFS is a request for a new system or changes to an existing system.
- The **goal** for completion of a system (to install, move, add or change) request that does not require cabling is within a week.
- Other requests are completed based on an agreed **target completion date** with each requestor.

### ***Low Priority Tickets - Inconvenient but not an emergency***

- Those are not immediately disruptive to normal work activities or departments and have no immediate urgency.
- Examples:
  - Laptop battery is not lasting more than 4 hours
  - Phone has static on the line
- Expected time for resolution – less than 3 to 4 weeks

### ***Medium Priority Tickets – An issue but still not an emergency***

- Those are where the normal activities of an individual or department are disrupted, but a workaround is available.
- Examples:
  - One person's workflow completely halted
  - Patient phone is missing or not working.
- Expected time for resolution – less than 3 to 4 days

### ***High Priority Events – EMERGENCY – call the Help Desk at ext. 4357 (HELP)***

- The normal activities of an individual or department are disrupted and do NOT have a work around, affects patient care, or safety hazard.
- Examples:
  - All phones in the ER are not working.
  - MRI is not transmitting images.
- Expected time for resolution – less than 3 to 4 hours.



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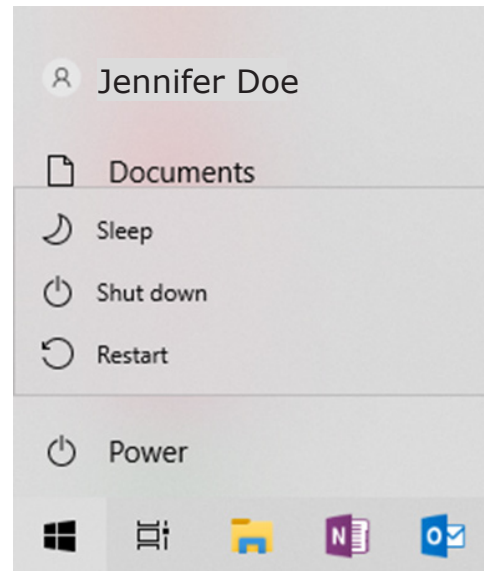
## Troubleshooting Before Tickets

- Please check the following, prior to your ticket/call:
- Is everything powered on?
- Are your devices securely plugged in?
- Are wireless accessories adequately charged?

### IF ABLE:

- Make a note of the time and date when the issue begins
- Save any application/charting progress

**Restarting the device solves most problems! →**



## Survey After Tickets

We welcome your feedback. If you have a complaint, compliment, concern, or comment, please complete the on-line customer satisfaction survey.

You will receive this survey following the resolution of each ticket

## Security Alerts

Please ensure the following actions are taken with T.J. Devices containing Personal Health Information (PHI):

- Keep devices within reach or securely locked
- Notify IT if devices require updates
- Report losses and thefts to IT

## Email Tips and Information

- Verify sources before opening
- Use encryption when emailing sensitive PHI

### HOW TO ENCRYPT AN EMAIL:

- Type the word “confidential” in the subject line
- Encrypt option within Microsoft Outlook



### WHY ENCRYPT AN EMAIL?

- Privacy
- Protect
- HIPAA Compliance



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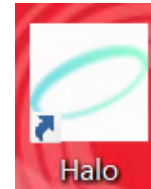


## LOGGING INTO EMAIL

- Email On Phone: <https://mail.tjsamson.org/owa>
- T.J. Intranet:
  - Email is usually Firstname.Lastname@tjsamson.org
  - Windows Credentials will allow you to log in

## HALO

Halo is a comprehensive secure messaging system used to streamline clinical workflows and communication among our organization.



## Things to Remember

### TJS DRIVE (Shared Drive)

- Accessible on any PC at all locations.
- Departments folder - Files and documents related to your department.
- Scandocs - Folder that contains any document scanned at a Konica printer.
- User Storage - Network personal storage. Only you have access!



- Departments
- scandocs
- User Storage

### ADD A PRINTER

- Copy from your coworker's settings when possible.
- Printer will have a sticker on the front with the printer name.  
Examples: M1PREG001, P1PREG001, C1PCAVE001  
(campus, floor, device, dept, #)
- Double click on the name of the printer you are wanting to install once you locate it. You may set this to your default if you want.











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# Emergency Management Codes

- If emergency conditions arise, you may be alerted by overhead pages or HALO notifications.
- Response may vary, depending on job title, role, or other responsibilities.
- If you should hear an overhead page, and you are unsure of your role, please follow up with your supervisor.
- An Emergency Procedures Quick Reference Guide should be located in each area and can be referenced, as needed.
- If you were issued an employee name badge from HR, a reference guide for Emergency Codes is located on the back of the badge.
- Our Safety Officer is Jeff Ballard, and he can be reached at ext. 4583 or jballard@tjsamson.org.

 <p>Code Blue</p>	<p><b>CODE BLUE</b></p> <p>This is the code for a medical emergency for both an adult or infant/pediatric patient.</p>	<p><b>CODE BLACK</b></p> 	<p><b>CODE BLACK</b></p> <p>This is the code for a bomb threat</p>
<p><b>AMBER ALERT</b></p> 	<p><b>CODE AMBER</b></p> <p>This is the code for a child abduction and/or a missing person (regardless of their age)</p>	<p><b>SIGNAL 9</b></p> 	<p><b>SIGNAL 9</b></p> <p>This is the code for a combative or violent person.</p>
<p><b>EFFECTIVE IMMEDIATELY, THE EMERGENCY NUMBER FOR ALL CODES IS 4100.</b></p>			
<p><b>CODE RED</b></p> 	<p><b>CODE RED</b></p> <p>This is the code for a fire.</p>	<p><b>CODE ORANGE</b></p> 	<p><b>CODE ORANGE</b></p> <p>This is the code for a hazardous spill.</p>
<p><b>CODE SILVER</b></p> 	<p><b>CODE SILVER</b></p> <p>This is the code for a person with a weapon.</p>	<p><b>CODE RUBY</b></p> 	<p><b>CODE RUBY</b></p> <p>This is the code for an obstetrics hemorrhage.</p>

- **EARTHQUAKE (NOT PAGED):** Effectiveness to provide care will be evaluated after event
- **EVACUATION:** Horizontal (first) then vertical order given by Incident Commander
- **SEVERE WEATHER (WATCH OR WARNING):** Indicates conditions are favorable for a tornado (watch) or threat is imminent (warning)
- **SIGNAL 9 (LOCATION):** Manpower needed due to immediate threat to someone
- **PATIENT ASSISTANCE (LOCATION):** Need for additional assistance than is greater than available staff
- **RAPID RESPONSE:** Decline in condition of patient and additional assistance needed
- **CODE STROKE:** Patient who is having signs and symptoms of a stroke
- **CODE STEMI:** Patient requires emergent cardiac intervention



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**R**  
Rescue anyone in immediate danger of the fire.

**A**  
Alarm Activate the nearest fire alarm **and** call your fire response telephone number.

**C**  
Contain fire by closing all doors in the fire area

**E**  
Extinguish small fires. If the fire cannot be extinguished, leave the area and close the door.

**You should know:**

- Locations of nearest fire extinguishers and alarm pull boxes
- The fire location - room number and building
- All fire exits in your work area

**How to properly operate a Fire Extinguisher**

**P**  
Pull the pin, release a lock latch or press a puncture lever.

**A**  
Aim the extinguisher at the base of the fire.

**S**  
Squeeze the handle of the fire extinguisher.

**S**  
Sweep from side-to-side at the base of the flame.

Please remember these important fire safety procedures.

These are common questions during visits from The Joint Commission.

Thank you for dedication to patient and employee safety!

**Regional Health**  
Total. Local. Care.

### FIRE WALLS & FIRE DOORS

By regulation we cannot prop open doors, but many of the walls and the doors are designed to contain fire in a confined area. In our organization “Fire Doors” are kept open with magnets that automatically close and create a fire barrier.

### OXYGEN AND GAS VALVES

In case of fire, or other emergencies, Respiratory Therapy, Biomed, or a trained individual on the floor will handle the oxygen and gas valves for the floor.

### REMEMBER: OXYGEN IS VERY FLAMMABLE!

- Green O2 tanks must always be in a rack or rolling cart!
- Never place O2 tanks on a stretcher with patients

## Fall Prevention

### FALL RISK ASSESSMENT

All patients admitted to the hospital are assessed for their risk of falling. If they are found to be a high risk for falling, they are placed under fall precautions and a yellow armband is applied. They are also provided with yellow socks and a magnet on their door to help identify them as a high fall risk.



**Call, Don't Fall!**

- ✓ Don't get up without assistance.
- ✓ Wear non-skid footwear.
- ✓ Have personal items close at hand.
- ✓ Use handrails provided in restrooms.
- ✓ Do not walk on wet surfaces.
- ✓ Keep lines and tubes clear of your feet.

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## **SAFETY RULES AND REGULATIONS**

- Always inform the MRI technician prior to entering the MRI room.
- All persons entering must be screened before entering the room.
- Patient must be removed from the MRI room before any emergency procedures can be performed.
- Items such as metal objects must be removed before entering the MRI room.
- Objects include: ID badges, beepers, stethoscopes, scissors, cell phones, credit cards.
- **STRICTLY FORBIDDEN ITEMS** Oxygen tanks, pumps monitors, ventilators, suction machines and any other powered device.
- Individuals with pacemakers are not permitted to enter the MR console area (Zone 3) or the
- MR scan room (Zone 4) until the pacer or other implants are thoroughly screened for compatibility by MR Safety Level 2 Personnel.
- Please observe the signs posted on all MRI entry doors.

# **Employee Health, Infection Prevention, Quality and Safety**

## **EMPLOYEE RIGHTS**

T.J. Regional Health is committed to a safe and healthy environment for employees, patients and visitors. As an EMPLOYEE, you have the RIGHT to the following:

- A safe and healthy environment
- Review & request a copy of your medical records
- Know of any measurements taken to monitor chemical exposure in your work area
- Report unsafe or unhealthy work conditions

## **SCOPE OF SERVICE**

- Employee Health provides return to work clearance after an employee's infectious illness.
- Health Evaluations
- TB Assessment
- Sick Call
- Immunizations
- Flu Vaccine
- Reporting Diseases
- Personal Protective Equipment (PPE)
- Medical Record (Employee Related)



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## EMPLOYEE ILLNESS

If you are unable to return to work as scheduled, you must notify **your supervisor** as soon as possible before your scheduled shift (**a minimum of 2 hours**).

- **Also, please report ALL illnesses to: Employee Sick Line 270.651.4477**
- Please note: Calling the sick line does not replace notifying your supervisor.

## SICK EMPLOYEES MAKE SICKER PATIENTS

If you are contagious, you should not be working. You must follow the following criteria to return to work:

- Fever free >24 hours; without fever reducing aid
- Diarrhea free >24 hours; without the use of medication
- Vomiting free > 24 hours; without the use of medication



## EMPLOYEE SCREENING REQUIREMENTS

- Health history questionnaire
- Latex screening
- Urine drug screen
- Immunization screenings
- BAMT is a blood test for tuberculosis (TB) screening performed using one blood collection tube as an alternative to the TB skin test for new employees.

## Drug and Alcohol Screening

### Drug Screenings completed on all:

- New Employees
- For Cause
- Post-Accident
- After Rehab on a “Last Chance” Agreement with HR
- Random Screens – picked by Employee Health computer program

### **T.J. Regional Employees are subject to random drug testing pursuant to the Drug Free Workplace Policy:**

- These drug tests include screening for THC
- Drug Screenings cannot differentiate the THC found in marijuana from the THC found in a CBD product

***All employees with a verified positive drug test for THC, regardless of the reason for the positive result, will be treated as having violated T.J. Regional Health’s Drug Free Workplace Policy and will be subject to disciplinary action in accordance with the policy.***

## Tuberculosis Assessment

All employees are required to be assessed upon hire and annually thereafter.

- You will be notified through facility email.
- Initial TB assessment: BAMT blood test on hire
- Annual TB assessment includes either:
  - 1-step PPD Test or TB Questionnaire
- TBST/TBQ MUST be completed on or before date of last test annually.



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## OUR POLICY STATES:

- Employees who are delinquent in receiving their annual TB evaluation, whether it is by a skin test or by filling out a questionnaire, will be suspended without pay until this is completed.

## PAPR

### (POWERED AIR PURIFYING RESPIRATOR)

- PAPR's are required when caring for a patient in Airborne Precautions (TB, r/o TB, Chicken Pox, COVID-19)
- OSHA Standards: Training is completed on hire and annually thereafter
- Medical Evaluation Questionnaire is completed and cleared by Dr. Wright at FMC prior to PAPR Training (Powered Air Purifying Respirator)

## N95 Masks

- Any employee that has the potential to work in an area requiring airborne precautions must be fit tested to wear an N95. Fit testing must be performed yearly.

## Employee Screenings and Immunizations

All new employees are screened for immunity for:

- Measles (Rubella)
- Mumps
- German Measles (Rubella)
- Chickenpox (Varicella)
- Hepatitis B
- Hepatitis A (if applicable)

All employees that lack immunity are notified regarding their immunity status and offered free immunization.

An antibody titer blood test will be drawn after Hepatitis B vaccination series to verify efficacy.

Employees have the right to review and request a copy of your medical records kept by your employer.

If your immune status is considered non-immune, you will be notified and will be required to do one of the following:

- Provide documentation of vaccination history
- Take the booster vaccine(s)
- Sign a declination for the vaccine(s)

**Note:** This must be completed within 30 days of your hire date. Failure to respond to the notice will be considered the same as a declination. However, if you decline, and later wish to take the vaccine, you may do so at no cost to you.



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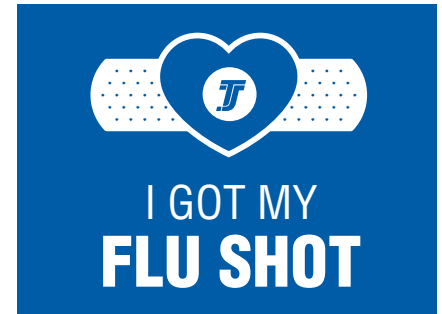


## Seasonal Flu Vaccine

Free to employees, physicians and volunteers.

Notification is sent to all departments when flu vaccine program is initiated.

- Usually offered October through March
- Administered by Employee Health/Infection Prevention
- Administered according to state and CDC Guidelines
- If you do not want to receive vaccination you must sign a declination.



## Reportable Diseases

Exposure to or development of any of the following, must be reported immediately to the Employee Health/Infection Prevention:

- COVID-19
- TB
- Hepatitis
- Meningitis
- Salmonella
- Skin infections
- Measles
- EBOLA
- Chickenpox
- Return from travel where there is a health alert

## Work Related Injury or Illness

**STEP 1:** REPORT IT TO YOUR SUPERVISOR IMMEDIATELY, regardless of how minor the injury may be!

- If your Supervisor is not available, report to your Director, the House Supervisor, Employee Health, or Infection Prevention during normal business hours
- After hours notify the House Supervisor
- Under all circumstances the illness/injury must be reported on the same day

**STEP 2:** Obtain treatment if necessary

- If injury is life-threatening or needs immediate attention have your supervisor or other staff member assist you to the Emergency Department
- Non-emergent illnesses or injuries will be referred by Employee Health to the Occupational Health Provider.
- If the provider deems you unfit for work or you are referred to the care of another physician, you must notify the Employee Health Department immediately.

**STEP 3:** Complete an incident report as soon as possible



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# Reportable Event RL6



1. Go to T.J. Intranet and click on Reportable Event
2. Type in user name and password and login
3. Click on the appropriate icon to initiate the file



4. Complete all required fields which are marked with a green asterisk
5. Once mandatory fields have been filled in, at the bottom of the form click the submit button

Please contact the Help Desk for Log in issues. Learning guides are posted on the Intranet at the reportable event link. For additional assistance, contact:

- Casey Franklin, RN, BSN: Patient Safety Coordinator at ext. 4331
- Ashley Adamson, MSN, RN: Patient Advocate office at ext. 4282
- Melissa Brown, RN: Employee Health at ext. 4883



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## Preventing Infections in the Hospital

Infections that patients get while in the hospital are called Hospital Acquired Infections, or HAIs. HAIs lower the quality of patient outcomes, as well as impact how much we are paid for our care services. We can all be a part of prevention and control of infection by taking these preventative steps:

- Practicing good Hand Hygiene
- Cleaning High Touch areas of our facilities
- Following Standard Precautions and Isolation Protocols when appropriate.

**The single most effective way to prevent the spread of infections is to practice Good Hand Hygiene!**

Proper Hand Hygiene includes:

- NO FAKE NAILS, EXTENDERS, WRAPS, OVERLAYS OR ANYTHING UNNATURAL TO YOUR NAILS.
  - Germs hide under false nails and in chipped polish
  - ONLY USE CLEAR, UNCHIPPED nail polish



## Alcohol-Based Hand Sanitizer

- Use an alcohol-based hand rub on a routine basis when hands are not visibly dirty. Hand sanitizing stations are located throughout every T.J. facility.

### HOW TO USE ALCOHOL-BASED HAND SANITIZER:

- Use one squirt of hand-sanitizer into the palm of one hand.
- Rub sanitizer on all surfaces of both hands including under and around fingers and fingernails, and wrists.
- Continue to rub sanitizer onto hands until hands are dry.



## Hand Washing with Soap and Water

Hand Hygiene by washing with soap and water should happen when hands are visibly dirty and when caring for a patient with Clostridium Difficile (C. Diff).

### HOW TO PROPERLY WASH HANDS WITH SOAP AND WATER:

- Using warm water, apply soap to hands & work into a lather.
- Scrub all surfaces of the hands for at least 15 seconds.
- Rinse well.
- While water is still running, pat hands dry with a paper towel.
- Using a dry paper towel, turn off the faucet.
- Periodically use hospital approved lotion.

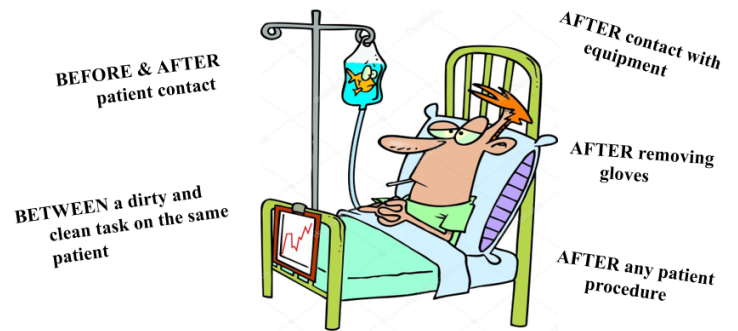


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## Examples of Appropriate Times to Use Hand Hygiene

- At the beginning and end of your work shift
- Before and after each contact with a patient
- When hands are obviously soiled
- Before and after procedures, or preparing medications
- After using the bathroom
- After removing gloves
- After coughing, sneezing
- Before and after eating
- Upon entering and exiting patient room



The hospital has additional policies for employees that require practices that lower infections:

## Regularly Cleaning "High-Touch" Areas

Areas that are touched often in patient areas and staff areas must be cleaned regularly. A photo of high touch areas that can carry many of the most aggressive bacteria is shown above.

### APPROVED HOSPITAL DISINFECTANTS:

Each disinfectant has a contact time for the surface to remain (wet) in order to remove microorganisms. Pictured below are hospital approved disinfectant wipes and the listed contact time for each.

**Note:** Only the Sani-Cloth Bleach Wipe kills C. Dif.



Contact Time:  
1 Minute



Contact Time:  
2 Minutes



Contact Time:  
4 Minutes  
**Kills C. Dif.**



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## MULTI-DRUG RESISTANT ORGANISMS: WHY BE CONCERNED?

- MRSA is the most common antibiotic resistant pathogen causing healthcare associated infections (HAI)
- VRE – Vancomycin Resistant Enterococcus
- C. Diff - Clostridium Difficile; Spore producing: MUST wash hands with soap/water – hand foams and gels not as effective
- ESBL's - Extended Spectrum Beta-Lactamase; resistant to beta-lactam antibiotics, break down the antibiotics (e.g. penicillin's and cephalosporin's) and transfer these resistance enzymes to other microorganisms via plasmids
- Acinetobacter Baumannii; Bacteria widely found in nature, mostly in water and soil.
- CRE-Carbapenem-resistant enterobacteriaceae; difficult to treat because they have a high levels of resistance to antibiotics.

## HOW LONG CAN BACTERIA, FUNGI & VIRUSES LIVE ON A DRY SURFACE?

Clostridium Difficile- C. diff (spores)	5 months
Norovirus	8 hrs. to 5 days
Influenza- Flu	1-2 days
Hepatitis A	2 hrs. to 60 days
Hepatitis B	> 1 week
Hepatitis C	up to 7 days
Respiratory Syncytial Virus- RSV	up to 6 hrs.
Staphylococcus aureus & MRSA	7 days to 7 months
Mycobacterium Tuberculosis TB	1 day to 4 months
E. Coli	1.5 hrs. to 16 months
VRE & CRE	5 days to 4 months

## Personal Protective Equipment (PPE)

Occupational Health & Safety Administration (OSHA) established the Personal Protective Equipment Standard.

This standard requires employers to provide at no cost to their employees PPE when such equipment is necessary to protect employees from job related injuries, illnesses and fatalities

### PPE includes:

- Eye & Face Protection
- Head Protection
- Hand Protection
- Body Protection



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## Remember Safety is a Team Effort!

Your responsibility as an employee is:

- To attend all PPE training sessions
- To wear all assigned/required PPE
- Follow ALL Warnings and Precautions
- Listen and Follow Directions
- Report any and all unsafe conditions you find in your work area to your supervisor or to the Health & Safety Coordinator.

## Standard Precautions & Isolation

Use “Standard Precautions” with all Patients. Staff who has any contact with patients should use the appropriate Personal Protective Equipment (PPE).

The Centers for Disease Control and Prevention states:

Standard Precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where health care is delivered. These practices are designed to both protect and prevent from spreading infections among patients. Standard Precautions include:

1. Hand hygiene.
2. Use of personal protective equipment (e.g., gloves, masks, eyewear).
3. Respiratory hygiene / cough etiquette.
4. Sharps safety (engineering and work practice controls).
5. Safe injection practices (i.e., aseptic technique for parenteral medications).
6. Sterile instruments and devices.
7. Clean and disinfected environmental surfaces.



<https://www.cdc.gov/oralhealth/infectioncontrol/summary-infection-prevention-practices/standard-precautions.html>

Personal Protective Equipment (PPE) includes gloves, gown, masks, and eyewear to provide protection from contact with the patient's:

- Blood/ Body fluids
- Secretions/ Excretions/ Mucous membranes
- All non-intact skin

**ISOLATION PRECAUTIONS** are used for patients known or suspected of having a highly infectious disease, and should always be used in addition to standard precautions.



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An indication of suspected disease is indicated when tests are ordered.








**The types of Isolation Precaution include:**

- Contact precaution
- Droplet precaution
- Airborne precaution
- COVID-19 Airborne/Contact Precautions
- Contact enteric precautions

Isolation precautions require the use of additional PPE, depending on the type of isolation called for by the policy. A sign related to each type of isolation precaution is listed below:

<b>Airborne Precautions</b>	<b>Contact Enteric Precautions</b>	<b>Contact Precautions</b>
 <p><b>Any healthcare worker entering this room must:</b></p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene (use soap and water or foam)</li> <li>2. Put on respiratory protection PAPR before entering the room.</li> <li>3. Remove Respiratory protection PAPR after leaving room just outside the door.</li> <li>4. Perform hand hygiene upon exiting (use soap and water or foam).</li> </ol> <p><i>*VISITORS - are encouraged to wear a surgical mask while in patient's room and wash hands when entering and leaving room.</i></p>	<p><b>Any healthcare worker entering this room MUST:</b></p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene (use soap and water or foam)</li> <li>2. Put on a Gown</li> <li>3. Put on Gloves</li> <li>4. Perform hand hygiene upon exiting (use soap and water ONLY)</li> </ol> <p><i>*Visitors - are encouraged to wear a gown and gloves while in patient's room and wash hands before entering and leaving room.</i></p>	<p><b>Any healthcare worker entering this room MUST:</b></p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene (use soap and water or foam)</li> <li>2. Put on a Gown</li> <li>3. Put on Gloves</li> <li>4. Perform hand hygiene upon exiting (use soap and water or foam)</li> </ol> <p><i>*Visitors - are encouraged to wear a gown and gloves while in patient's room and wash hands before entering and leaving room.</i></p>
<b>Droplet Precautions</b>	<b>Protective Precautions (immunosuppressed patient)</b>	
<p><b>Any healthcare worker entering this room MUST:</b></p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene (use soap and water or foam)</li> <li>2. Put on Gown</li> <li>3. Put on a mask</li> <li>4. Put on a Gloves</li> <li>5. Perform hand hygiene upon exiting (use soap and water or foam)</li> </ol> <p><i>* Visitors - are encouraged to wear a gown, mask and gloves while in patient's room and wash hands upon entering and leaving room.</i></p>	<p><b>Any healthcare worker entering this room MUST:</b></p> <ol style="list-style-type: none"> <li>1. Perform hand hygiene (use soap and water or foam)</li> <li>2. Do not enter if you have an infection</li> <li>3. Put on a Gown</li> <li>4. Put on a mask</li> <li>5. Put on Gloves</li> <li>6. No fresh flowers, fruits or vegetables in room</li> <li>7. Perform hand hygiene upon exiting (use soap and water or foam)</li> </ol> <p><i>* Visitors - are encouraged to wear a gown, mask and gloves while in patient's room and wash hands upon entering and leaving room.</i></p>	

*Additional training for clinical staff will be provided in clinical orientation.*

Four Types of Isolation	Gown	Gloves	Soap & Water	N95 Respirator	Surgical Mask
<b>Contact Precaution</b>					
<b>Contact Enteric Precaution</b>					
<b>Droplet Precaution</b>					
<b>Airborne Precaution</b>					



## MORE RESOURCES

Additional resources are available on T.J. Intranet by clicking on Policy Tech then Infection Prevention Manual. Policy Tech also includes resources for Employee Health.

## Bloodborne Pathogens

### WHAT ARE THESE AND HOW AM I EXPOSED??

- HIV – Human Immunodeficiency Virus
- HBV – Hepatitis B Virus
- HCV – Hepatitis C Virus

### HIV: HUMAN IMMUNODEFICIENCY VIRUS

- Not a very hardy virus
- When blood is dried on surface (approx. 30 min) – the virus is dead
- NO VACCINE
- Can live with this disease for years without symptoms

### HEPATITIS B – HBV / HEPATITIS C – HCV

- HBV can live on surfaces for 7 days and has been documented up to 30 days
- There IS a vaccine for Hepatitis B
- NO VACCINE for Hepatitis C
- Can live with either of these diseases for months to years without symptoms

### EXPOSURE TO BLOOD OR FLUIDS

If you experience a needle stick, sharps injury or exposure to blood or body fluids:

- Wash area immediately with soap and water
- Flush splashes to the nose, mouth or skin with water
- Irrigate eyes at eyewash station with clean cold water for 15 minutes
- Report the incident to your Supervisor and Infection Prevention
- Fill out an occurrence report in RL6 online system
- To use eyewash station, turn on faucet to desired temperature, turn on by pressing button, and place eyes over streaming water. Hold your eyes open and flush your eyes in the streaming water for 15 minutes.

### FOLLOW-UP

- Will have blood drawn from source, if known
- HIV-LA (STAT) – results in 1-2 hours
- HIV- EIA, HepBsAg, HepCab
- Employee will have blood drawn
- HIV-EIA, HBab, Hcab
- Employee follow-up lab drawn at 6wks & 4 months.
- Will provide PEP (post exposure prophylaxis), if indicated, per CDC guidelines and evaluation of exposure



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## Sharps Injuries

### **DON'T GET STUCK!**

- Never bend, recap, or break used needle unless the procedure requires it
- Place used sharps in a designated container immediately after use, these are found in all patient care areas such as patient rooms, medication rooms, and treatment rooms
- Activate the sharps injury protection device immediately after use of the needle/sharps
- Get help before performing a task if there is a potential problem
- Promptly dispose of used needles/sharps in the sharps container
- Plan Ahead – Always determine the SAFEST method!

## Reporting a Concern

### **Melissa Brown, RN, BSN**

Employee Health  
270-651-4883  
mbrown@tjsamson.org

### **Dawn Kerley, RN**

Infection Prevention Nurse  
270-651-4546  
dawn.kerley@tjsamson.org

### **Debra Smith, RN, MAE**

Infection Prevention Nurse  
270-651-4463  
desmith@tjsamson.org

### **Heather Thompson, BSN, RN, CIC, CPHQ**

Director of Quality  
270-651-4463  
hthompson@tjsamson.org

## Patient Safety

Each year, The Joint Commission publishes new safety goals for hospitals. These goals help those of us who work in hospital-based settings to keep our focus on specific areas of safety that are considered extra-urgent and important.

The Joint Commission selected just 7 goals to highlight. They are as follows:

1. Improve the accuracy of patient identification.
2. Improve the effectiveness of communication among caregivers.
3. Improve the safety of using medication.
4. Reduce harm associated with using alarm systems.
5. Reduce the risk of health care-associated infections.
6. Identify risks inherent in the patient population.
7. Use universal protocol for preventing wrong site/person/procedure surgery



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Let's take just a moment to break down each of those goals.

1. At T.J. Regional Health, we ALWAYS use at least two identifiers for each of our patients to ensure we are in the right chart, providing the right care, at the right time.
  - Do NOT suggest an answer to a patient in asking for their identifying information. This means rather than saying, "Is your date of birth July 4, 1776?", we should instead ask, "Will you please tell me your full name and date of birth?"
  - Do NOT accept a name and date of birth from an individual who appears to have significant limitations in English-speaking capabilities. The risk of registering an incorrect person is simply too great. Please, please, PLEASE use the LSA interpretation line! (And if you don't know how, call your Patient Advocate for help at ext. 4242!) 😊
  - Do NOT use a "shortcut" for scanning a wristband during a medication pass or diagnostic test. Scanning a sheet of paper with a sticker on it is not a safe alternative to scanning the patient's actual wristband and having verbal dialogue during which you confirm their identity.
  - Label paperwork, specimens, belongings, etc in the presence of the patient wherever possible. This cannot be emphasized strongly enough. Confirming a patient's name and date of birth while labeling their items whenever feasible eliminates the possibility of a labeling error.
2. Critical test results MUST be verbally communicated in a "live" format.
  - Never, EVER leave a critical lab result on a voicemail.
  - Never, EVER send a critical lab result via secure messaging. It must be verbally reported.
  - Do not be afraid to elevate critical results to the attention of leadership if you are struggling to get a hold of a provider. The safety of the patient is everyone's priority, and sometimes things can happen that prevent perfect communication from being possible. Advocate for your patient. Make the call!
  - If a non-critical result is left as a message and a response is not received in a timely fashion, take ownership of following up.
  - Do not assume that the technology that was supposed to get a result where it was supposed to go was successful. Double check!
3. Goal number three deals with safely using medications in the hospital. The key drivers here are as follows:
  - Get back to basics. This includes using the FIVE RIGHTS. Do you have the right PATIENT, MEDICATION, ROUTE, STRENGTH, and DOSE? Check. Every time. Twice. Maybe three times if you're a safety rock star.
  - Make sure that all containers containing medications are labeled. Watch your expiration dates.
  - Be mindful of anticoagulant safety interventions. (This means using the IV pump settings properly for Heparin infusions!)
  - Talk to your patient early and often about the purpose of their medications and the possible side effects of new medications.
4. The next goal deals with alarm safety. We know that after a long day, every beep, chirp, chime, and tone can sound the same. But the bottom line in the hospital is... alarms should be alarming. Here's what we need to know:
  - SOME of our "fall" alarms sound like the old song "Mary Had a Little Lamb."
  - Alarms should be responded to promptly.
  - The "silence" button is NOT your friend. Don't just use it and walk away.
  - It is everyone's job to answer a bed alarm.
  - As annoying as it is to hear that alarm from down the hall, it's ten times worse from the front row (i.e., for your patient in the bed 4 inches away from it.) This affects the patient experience. Take care of the alarm quickly and appropriately.



5. Little known fact: Handwashing prevents infections! The effectiveness of handwashing in preventing infections was discovered way back in 1847, and we still fight to get hand hygiene to where it needs to be in the hospital setting today. The Centers for Disease Control and the World Health Organization both have hand hygiene guidelines that we try to follow, especially in the wake of COVID.

Practice hand hygiene:

- Upon entering a patient room and exiting a patient room
- Pre-procedure and post-procedure
- When changing gloves
- Moving from a dirty to a clean task
- When hands are visibly soiled

The bottom line for this goal? Keep yourself safe. Keep your patients safe. Keep your family safe. Wash your hands. Often.

6. The goal pertaining to safety risks inherent to a patient population is referencing risks for self-harm or suicide. Here are a few key points to remember.

- We screen our patients for risk for suicide on admission. This process cannot be rushed or omitted. We ask every question, every time.
- If a patient is deemed at risk for suicide, we implement one-on-one sitting for safety. The person sitting with that individual must be within arm's reach of the patient at all times. The patient must also remain within vision of the sitter at all times. This includes while dressing or using the restroom. Remember, the safety of the patient is our priority.
- Things in a room that are not dangerous for an emotionally stable person can pose a danger for a suicidal patient. Be mindful of items in a room that can potentially cause harm. This can be something as simple as a telephone cord or a pen.
- If you suspect a patient is emotionally unstable and they are not being given the appropriate level of attention or help, IMMEDIATELY report your concerns to a supervisor or a qualified member of the medical team. If no one is nearby, you may call Security or the Patient Advocate, and someone one will come to assist you. DO NOT leave the patient alone if at all possible.

7. The final goal we have is to ensure that we are using a robust and consistent safety matrix to ensure that we are performing the correct procedure on the correct site of the correct patient, every single time.

Our T.J. surgical teams are constantly seeking ways to improve their methods for checking these safety measures, including the use of improved communication tactics and continual reassessment of their methods for ensuring safety for all of our patients.

Thanks for taking a few moments to review the 7 Joint Commission National Patient Safety Goals for Hospitals. At T.J. Regional Health, ZERO HARM is our goal for our patients, and we accept that patient safety is something we are all responsible for. Working together, we can achieve it, and we are thankful you are a part of the team that will help us get it done!



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# Patient Advocate

## PATIENT GRIEVANCES

The Patient Advocate manages patient or visitor complaints or grievances that:

- Involve a T.J. Regional Health provider (including APRN, PA, MD, DO, or CRNA). \*\*
- Cannot be managed by the front-line teams and their leaders. Department leaders should be consulted first, unless the patient has specifically requested the Patient Advocate.
- Are coming from a patient/visitor who has directly asked to speak to the Patient Advocate, to a member of Administration, or to the CEO.

**Note:** Alternatively, you are welcome and encouraged to reach out to the staff in the Medical Staff Development Office at extension 4472 to discuss questions or concerns regarding our providers.

Financial grievances should be redirected to the Billing Office if they do not involve a quality of care issue. If the patient's care was appropriate but they have concerns about their bill, directing the patient to the Billing Office will ensure that their questions and concerns are properly and efficiently addressed while minimizing call transfers.

## LANGUAGE SERVICES

If an employee needs help or guidance with language interpretation, or if they need to request translation services for a patient (example: if there is a frequently used form that they would like to have printed in Spanish), please contact the Patient Advocate for assistance.

Personal interpretation requests for people who do not wish to receive interpretation services but do not speak fluent English require a signed waiver, which is found in Downtime Forms. Call our interpretation service to have them read the waiver to the patient, and then get the patient's signature on the form. From that point forward, they can use their own interpreter. This process must be completed for every encounter. The only exception is for American Sign Language – they will not require a waiver if they use their own interpreter. *Except in life-threatening conditions, no minors under the age of 18 are permitted to serve as personal interpreters, even with a signed waiver.*

Speech-impaired or hearing-impaired individuals who do not use American Sign Language may use written communication. Lip-reading is NOT an acceptable alternative.

A waiver is not required for those who use American Sign Language if they use their own interpreter.

## LIVING WILL/ MOST FORMS

The Patient Advocate is available to assist patients with completing their Living Will and Medical Orders for Scope of Treatment (MOST) forms.

Please note that employees of TJRH **may not** notarize any form or sign as a witness to any legal document including a Living Will or a MOST form. This includes employees who are a Notary Public, even if they are off duty.

## OFFICE OF CIVIL RIGHTS RULE 1557

Allegations of discrimination presented by a patient or a visitor should be directed to the Patient Advocate at 4242.

- Do not try to manage these allegations on your own.
- Do not express agreement or dissent when receiving this type of complaint. Express regret for their feelings, and forward them directly to me.

*Please note that personal employee concerns regarding discrimination should be directed to Human Resources or to the Compliance Hotline 1-844-213-4857.*



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## PATIENT EXPERIENCE SURVEYS (CAHPS)

We send Patient Experience Surveys to random patients through a partnership with Press Ganey. Patients may receive a text, email, or mailed survey after their encounter. The responses to these surveys are extremely important in letting us know how we're doing and areas that need improvement. The responses determine our CAHPS scores and the results are used to measure important quality, service, and other metrics.

Patients who need assistance to complete a survey may call the Patient Advocate for help over the phone.

Survey scores are available to TJRH team members for internal use only. Employees may request patient experience survey standings through the Patient Advocate.

Patients have access to CAHPS scores that are published by the Centers for Medicare and Medicaid Services (CMS) for public reporting.

## COMPLIMENTS / ACCOLADES

If a patient or employee shares a compliment involving any employee or provider at T.J. Regional Health, the Patient Advocate will formally record that compliment in RL6 so it is sure to be recognized by the employee's Department Director.

### Ashley Adamson, MSN, RN

Patient Advocate for T.J. Regional Health  
O: 270-651-4242

## HOW TO ACCESS A LANGUAGE INTERPRETER THROUGH LANGUAGE SERVICES ASSOCIATES (LSA)

- For telephone interpretation, dial 877-475-9528, and enter access code 21780162. Press 1 for Spanish, 2 for Mandarin, and 9 for all other languages, and then will be quickly connected with an interpreter. If you can provide for privacy for your patient, you may put this call on speaker phone for hands-free interpretation.
- For interpretation on a laptop, click on the Iris icon at right on the language interpretation laptops.
- Then click on the language you need, and an interpreter will be connected.



**IMPORTANT: FOR ALL LANGUAGES EXCEPT ASL,  
CHOOSE THE TELEPHONE ICON, NOT THE CAMERA ICON!**



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# Benefits

**Please review the T.J. Benefits information linked on the T.J. Orientation web page. There is a link for full-time benefits as well as part-time benefits.**

Health, dental and vision benefits, if elected, will be effective on date of hire. All other benefits if elected will be effective on the first day of the month following 30 days of employment.

Our benefit enrollment is completed online. Once you are given your login information for Paylocity, you will be able to complete your enrollment. **All full-time and part-time employees must complete enrollment even if you are waiving benefits.** It is recommended that you do this as quickly as possible so there is no delay in your benefits.

## **PLEASE FOLLOW THE DIRECTIONS BELOW TO ENROLL IN BENEFITS. YOU WILL NEED TO COMPLETE THIS PROCESS EVEN IF YOU ARE WAIVING BENEFITS.**

- Log into your Paylocity Self-Service Portal on your computer (not accessible on the phone app).
- Navigate to the “HR & Payroll” tab in the upper left hand corner.
- Click on “Bswift Benefits”.
- Click on “Start your Enrollment”.

Once you log into Enterprise Benefits you will find the following documents under the Library tab.

- **Helping Hands:** The Helping Hands Fund is wonderful program that is used to support employees “when life happens.” It is designed to provide limited financial assistance to eligible employees who are experiencing economic hardship due to certain emergency situations. Helping Hands is funded by employee contributions that can be made via payroll deduction, individual donations, or at events that are designated to this fund. You never know when you or a co-worker will fall on a financial hardship. If every employee donated \$1.00 each pay period that would be almost \$1,200.00 going into the fund every two weeks.

To enroll in payroll deduction for the Helping Hands Fund, or to apply for assistance from the fund, please contact Human Resources at ext. 4886.

- **T.J. Provider Directory:** If you enrolled in the Performance Health Plan this is a list of providers that will be covered under the T.J. Domestic Tier. A current T.J. Provider Directory is included in our T.J. Team Talk newsletter each week.
- **EAP Human Development Company:** This Employee Assistance Program provides counseling and many other resources for employees and their family members.
- **Paid Time Off Purchase Program:** In an effort to provide increased flexibility to the workforce and to supplement existing paid time-off (PTO), eligible full-time employees may elect to purchase up to 40 hours of PTO per calendar year, in 4-hour increments. Regular, part-time employees are eligible to purchase up to 20 hours, in 4 hour increments. Please read the full policy linked on the T.J. Orientation web page. The enrollment form is also available within that file.
- **403(b) Benefit Enrollment Booklet:** All new hires will be automatically enrolled with a 2% contribution with a 1% Annual Automatic Increase. You will be able to make changes to this election if you would like. If you make no changes, you will be enrolled in a 2% contribution.



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**Please follow the directions below to update your 403(b) contribution:**

- Log onto principal.com.
- Click on “Log In” in the top right hand corner.
- Click on “Create an Account” at the bottom of the screen if you do not have a username or password.
  - ♦ Click on “Forgot Username” and “Forgot Password” if you have logged in before but have forgotten your log in information.
- Once logged in, click on “Contributions”, and then click on “Manage Contribution” to change your contribution percentage.
- If you have trouble logging in, you will need to call Principal at 800-547-7754 and they will be able to assist.

**ERISA PLAN DOCUMENTS AND SUMMARY OF BENEFITS**

Below is a list of documents that are available on the T.J. Intranet. These notices include important information concerning T.J. Regional Health’s benefits.

- CHIPRA- Premium Assistance Under Medicaid and the Children’s Health Insurance Program
- Health Exchange Notice- Health Insurance Marketplace Coverage Options and Your Health Coverage
- Non Participants Notice- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we notify you about important provisions in the plan.
- Participants Notice- As an employee of T.J. Regional Health and participant in our employee benefit programs, you and your beneficiaries may have various rights and privileges related to these programs.
- Summary of Benefits and Coverage (SBC)-HDHP
- Summary of Benefits and Coverage (SBC)-Performance Plan
- Summary of Benefits (SOB)-HDHP
- Summary of Benefits (SOB)-Performance Plan
- Delta Dental Plan Summary
- Anthem Blue View Vision Plan Summary

To access these documents please log onto the T.J. Intranet> Human Resources> TJRH Benefits.

This is for informational purposes only. No action is necessary.

**BENEFITS QUESTIONS**

If you have any questions about T.J. Benefits or would like printed copies of any materials, please contact Pam Bray at ext. 4886 or pbray@tjsamson.org.



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# Medical Staff Services

The Medical Staff Services Department for T.J. Samson Community Hospital and T.J. Health Columbia is comprised of three Medical Service Professionals (MSP) and an Administrative Assistant.

The MSP's serve as gatekeepers of patient safety, ensuring quality care is provided through credentialing and privileging of healthcare providers. Healthcare providers are established into two groups:

1. Physicians
2. Advanced Practice Professionals – Nurse Practitioner, Physician Assistants, Nurse Anesthetists, and Midwives

This department works to appropriately evaluate healthcare providers by conducting a complete and thorough background review on all providers prior to them providing services at any accredited T.J. facility.

Once evaluation is complete, the Medical Staff Office will make a recommendation to the appropriate level of leadership for approval of privileges.

If approved to practice at TJRH, the Medical Staff Professionals will conduct continuous evaluation of all physicians and advanced practice professionals affiliated.

## STRUCTURE OF TJRH MEDICAL STAFF

Just like TJRH has an organizational chart or chain of command, the Medical Staff is structured similarly. The Medical Staff is self-governed, as required by The Joint Commission. Therefore, each physician and APP are assigned to a department, with a chief, who reports to an executive committee. The Executive Committee of the Medical Staff reports to the Board of Directors of TJRH. The CEO of TJRH sits on the Medical Staff Executive Committee as well.

The Medical Staff Services Department organizes the medical staff department and committee meetings that are necessary for them to govern credentialed healthcare providers effectively. There are 10 departments and 10 committees that work together to evaluate the safety and quality of the care provided by the Organized Medical Staff.

## SERVICES OFFERED BY THE MEDICAL STAFF OFFICE

- Management of the Medical Staff Bylaws, Rules and Regulations
- Maintain all provider documents/credentials (i.e. license, DEA, insurance)
- Credentialing & onboarding new physicians and APP's
- Develop material for the department and committee meetings managed by physicians
- Develop and/or send all physician communication to the medical staff
- Develop and distribute all call schedules for physicians and APP's through HALO
- Organize continuing medical education for physicians and APP's
- Manage grievances involving medical staff – We are always willing to assist a hospital staff member if an incident report is warranted involving a physician or APP. Please see the Quality section of this guide for more details.
- Locating a physician who is on call or is not responding to attempts to contact
- Order set development and approval process
- Supports payer credentialing and physician/provider recruiting efforts



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## HOW CAN WE HELP?

For any questions or concerns related to physicians or advanced practice professionals, please reach out to our team at ext. 4540. If you need support outside of regular office hours, please contact Beth Cooper at 270-646-8833 for immediate assistance.

# Accredited Chest Pain Center

The American College of Cardiology named T.J. Samson Community Hospital an accredited Chest Pain Center with primary PCI (percutaneous coronary intervention) status. That means our cardiology team has the expertise, speed and training to treat patients during the early, critical stages of a heart attack.

And because we keep our cardiac cath lab staff and an interventional cardiologist on call at all times, we're able to provide lifesaving medical care whenever an emergency strikes.

### Learn more about Early Heart Attack Care here:

<https://deputyheartattack.acc.org/>

### Learn more about hands-only CPR here:

<https://www.redcross.org/get-help/how-to-prepare-for-emergencies/hands-only-cpr.html>

## R+ Med Spa

As a natural extension of T.J. Regional Health's healthcare services, R+ Med Spa is committed to providing excellent care performed by licensed, certified, and highly trained professionals. The Med Spa offers non-surgical medical aesthetic treatments using the latest and most advanced technology and techniques available in today's market. T.J. team members receive special employee-only discounts on products and services offered at the Med Spa.



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# T.J. Team Talk Newsletter

The T.J. Marketing Department produces T.J. Team Talk, a weekly employee newsletter that is distributed each Monday afternoon. The newsletter contains important updates, information about upcoming events, team pictures, accolades and awards, employee discounts at area businesses, and more. To submit announcements, important information or photos for the employee newsletter, please email [marketing@tjsamson.org](mailto:marketing@tjsamson.org) by noon each Friday for inclusion in the next newsletter.

**You have now completed your review of the New Employee Orientation materials.  
Next, please open the link to the Scavenger Hunt on the T.J. Orientation web page.**

*We are so glad to have you on the T.J. Team!*



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