

EJGH experience

East Jefferson
General Hospital
LCMC Health



East Jefferson General Hospital

Welcome

Congratulations! You are about to join a team of nearly 3,000 professionals whose mission is to deliver the highest levels of comfort and care to the community we serve, every day. Within this manual, and throughout orientation, we will be touching on the many pillars of behavior that make East Jefferson General Hospital unique. Ours is truly a "culture" of care. Our patients have an expectation that we will go above and beyond the care delivered elsewhere. No matter what your position is, EVERY team member's role directly impacts the care we deliver.

Familiarize yourself with the policies and procedures of our hospital that appear in this manual. These are the guidelines of behavior and care by which you will be measured. Remember, you are always representing yourself, your department and our hospital even when you are not at work. If you should ever have questions about our policies or our expectations, use our intranet site, "Team Talk", or turn to your immediate leader, departmental director, or Administrative Line Officer, (ALO) or our Human Resources Department. One of the pillars that makes us a unique place to work is that we pride ourselves on being helpful. Once again, welcome to orientation and more importantly, welcome to East Jefferson General Hospital.

General Information

The hospital opened on February 14, 1971, with 250 beds and 250 physicians on staff. Today, EJGH has 420 beds, more than 650 physicians on staff, more than 3,000 team members, and over 300 volunteers. It is a service district hospital governed by a 10-member volunteer Board of Directors. The Jefferson Parish Council and the Parish President appoint the board members. East Jefferson General Hospital is accredited by The Joint Commission on Accreditation of Healthcare Organizations.

For more details visit: www.ejgh.org

Mission Statement

East Jefferson General Hospital, community owned, provides the highest quality, compassionate healthcare to the people we serve.

Vision Statement

East Jefferson General Hospital will be the region's healthcare leader, providing the highest quality care through innovation and collaboration with our team members, medical staff, and community.

Our Values:

Quality - We commit to quality in everything that we do, through achievement and innovation, always contributing to excellent care and patient satisfaction.

Integrity - We uphold the highest standards of behavior encompassing fairness, trust, respect, and ethical practices.

Collaboration - Teamwork is the key to our success. Working together, we ensure everyone benefits from our collective wisdom.

Continual Improvement - We embrace and encourage creativity and innovation, as well as ongoing self-evaluation of our processes and outcomes.

Compassion - By our thoughts, words, and deeds, we create and maintain a caring, compassionate environment.

Stewardship - We are accountable to make wise use of time, skills, and resources.

Adopted: January 1986

Revised: December 2019

Service Statement

Providing care and comfort is our highest mission....
We pledge to our guests and each other:

- The finest in personal service
- Courtesy and respect
- A satisfying experience

Guest Relations Standards

We are committed to:

- Making everyone feel welcome.
- Treating every one with courtesy, respect and dignity. Fostering a safe and secure environment.
- Providing quality service and competent care.
- Providing privacy and confidentiality.
- Creating an environment where communication and participation is encouraged and valued.

Team Member Standards

Every Job Generates Harmony

East Jefferson General Hospital's Guiding Principles of Behavior:

I will treat every patient as I want to be treated when I'm a patient.

I will treat every guest or visitor as I want to be treated when I'm a guest or visitor.

I will treat every team member as I want to be treated as a team member.

Behavioral Standards:

- Courtesy & Respect
- Team Work
- Communication

Courtesy & Respect

I will treat everyone (team members, physicians, patients and guests) with courtesy and respect, both onstage and offstage.

Onstage is any open or public area where conversations may be overheard or where I can be seen by patients and guests. These areas may include: the cafeteria, elevators, hallways, nursing stations, patient rooms, or conference rooms where patients or guests are present.

Offstage is any private area where conversations are not overheard. These areas may include: private breakrooms or offices with doors closed.

I will be respectful of everyone's privacy.

- I will knock on doors and pause, waiting for a response, before entering.
- I will utilize privacy curtains.
- I will ask permission prior to performing patient care tasks.
- I will not gossip or discuss patients or sensitive information in public areas. I must remember that walls and elevators are not sound proof.
- I will be mindful of onstage and offstage conversations.

I will be aware of my environment.

- I will be aware of the onstage and offstage behavior demonstrated by myself and others.
- I will use a lower tone of voice for all onstage communications.
- I will only turn lights on in a patient's room as necessary and with permission.
- I will not use an electronic device in an unauthorized manner. This includes: not using personal electronic devices onstage or using my work device inappropriately.
- Frontline team members should step out of a room to answer a call about another patient.
- I will not visit unauthorized Internet sites.
- I will always keep my personal electronic device on vibrate (non-audible alert) while on duty, and I will leave my device in a secure offstage area when possible (i.e. locked desk, locker, etc.)
- I will take pride in EJGH by promptly cleaning litter, debris, and spills when I see them.
- I will strive to maintain a safe environment for our patients, their families and our team members.
- I will always embody the "EJ Look" while at work. I will ensure my appearance is neat, clean, tidy and professional at all times.
- My name badge must be worn above the waist and should be visible at all times.

I will assist anyone to find his or her way.

- If I cannot be of assistance, I will find or call someone who can help.

Team Work

I will always work with a spirit of cooperation and collaboration.

- I will always welcome new team members to the hospital. I will be a team player and will avoid comments like "That's not my job" or "We're short staffed" so as to avoid fostering negativity or placing a burden on our patients. Instead, I will strive to be positive and inspiring.

As a member of the East Jefferson Team I will be accountable for my actions.

- I will complete all mandatory requirements and appropriate credentials/licensure on time. Some examples include: CPR, annual LMS Mandatories, TB testing.
- I will be a good steward of my time, arriving for my shift on time and being productive while on duty.
- I will be a good steward of hospital resources, avoiding waste.
- I will adhere to processes that lead to responsible utilization of our resources.
- I will use the oldest supplies first, paying attention to expiration dates.
- I will always be aware of supply inventory, avoiding overstock situations.

As a member of the EJ team, I will stay updated on current events and changes within the organization. I can do this by: visiting Team Talk, reviewing departmental and hospital communication boards, and attending departmental meetings. I will not hesitate to discuss any concerns with my supervisory team. It is my responsibility to stay updated on unit changes and to participate in discussions during unit meetings and/or work groups. I will be flexible and supportive of change.

Communication

I will always use the **AIDET** principle.

| | |
|----------------------|--|
| Acknowledge: | I will greet the patient. |
| Introduction: | I will introduce myself. |
| Duration: | I will provide a duration estimate of my process, if applicable. |
| Explain: | I will answer questions and explain processes. |
| Thank You: | I will remember to thank the patient for choosing EJGH. |

I will always communicate in a professional and thoughtful manner.

- I will use a professional and pleasant tone of voice. I will speak clearly, slowly, and not use slang.
- I will keep interactions positive and avoid engaging in backstabbing, gossiping, or non-verbal insinuations that may demean others or diminish the value of another person or department. I will always listen intently to those speaking to me, and I will never speak negatively in front of patients or guests.
- I will be aware of my body language and non-verbal cues during face-to-face interactions. I will make eye contact and avoid negative cues such as: frequently looking at watch, pointing fingers, rolling eyes, crossing arms, or turning away from speaker.
- I will always answer my work emails in a timely manner. I will "manage-up" other team members, physicians, and departments by highlighting their credentials, positive attributes, and years of experience.

Examples of "Managing-Up":

"Hello, Mrs. Smith. I'm leaving for the day. Ken is going to be taking my place. I actually just shared with Ken all of your important information. Ken is a registered nurse who I've worked with for over five years. I hear nice compliments about him from his patients."

"Hello, Mrs. Smith. I see this afternoon you're going down to the radiology department. Radiology has state-of-the-art technology and an excellent staff. They're aware you're coming down and are well prepared for you."

"Mrs. Smith, I see Dr. Hernandez is your physician. He's an excellent doctor. He's very good at listening and answering patient questions. You're fortunate to have him as your physician."

I will always use EJGH Telephone Standards.

- I will answer all phone calls by the 3rd to 5th ring.
- I will answer all outside phone calls in the following manner:
 - "East Jefferson General Hospital"
 - "Department name"
 - "This is (my name)"
 - "May I help you?"
- Before placing anyone on hold, I will ask permission and wait for a response.
- I will use the caller's name when possible, or use Ma'am or Sir.
- I will listen and ask questions to clarify information.
- I will thank the caller for calling, holding, or for criticism.
- When transferring callers, I will inform the receiving department of the transfer and the reason for the call before hanging up.

The 5 R's of Apology

The 5 R's of Apology are based on the book, *Healing Words: The Power of Apology in Medicine, Second Edition* by Michael S. Woods, M.D.

1. **Recognition:** Know when an apology is in order.
2. **Regret:** Respond empathetically.
3. **Responsibility:** Own up to what's happened.
4. **Remedy:** Make it right.
5. **Remain Engaged:** Be there for your patient.

Customer Relations Policy

I. Policy:

Team Members shall at all times interact with the Hospital's customers in a courteous and helpful manner consistent with the published Team Member Standards. Failure to do so or behavior that is inconsistent with this commitment is subject to discipline.

II. Team Members Affected:

All Team Members and Hospital Partners

III. Definitions:

- **Customer** – includes patients and visitors as well as fellow Team Members and the Hospital's Partners.
- **Hospital Partner** – Includes members of the Medical Staff, Volunteers, contract employees and vendors who are all expected to enforce courteous and helpful behaviors.

IV. Guidelines for Disciplinary Action:

- It is the responsibility of every team member to embrace and comply with the East Jefferson General Hospital's Team Member Standards and report a potential violation of this policy to Leadership or Human Resources.
- It is the responsibility of Leadership to monitor behavior and address actions in violation of this policy, including those reported through DOERS, Guest Services, Hospital Rounding, or any other source in the following manner:
 - Department Director will investigate incident, discuss with team member, document findings and report to their Administrative Line Officer within two (2) working days.
 - The Administrative Line Officer will confer with their Sr. level Executive within one (1) working day and meet with the Director, team member, and a Human Resources representative to evaluate and initiate discipline as deemed appropriate.
 - Refer to Human Resources Policy D-1 for management guidelines.
 - Refer to Human Resources Policy D-1, violation #9 for disciplinary action; except for the purposes of this policy, customer relations violations do not expire and remain active for the entire length of employment.
 - Successful completion of focused customer relations training is mandatory for all offenses.

HIPAA

HIPAA is an acronym for the Health Insurance Portability & Accountability Act of 1996, which is a federal law affecting all health care systems in our country.

HIPAA security regulations became effective April 2005.

- Other aspects of HIPAA include:
- Privacy
- Transaction code sets
- NPI (National Provider Identifiers)
- Security

It is recommended that you read the "HIP" Administrative Policies on Team Talk under Policies & Procedures – Administrative Policies – "HIP" policies.

Your department may also have specific policies and/or procedures to support HIPAA requirements. Ask your Supervisor.

HIPAA Security

General

- Access only the data that is required to perform your job.
- Know your department's Emergency Plan to continue critical business processes during and immediately after a crisis as applicable to you (Team Talk – Policies & Procedures - Environment of Care – Emergency Management Department policies – Computer Failure procedures section).
- Ensure vendors wear EIGH issued vendor ID badge.
- Report HIPAA security incidents, violations and risks, as HIPAA is everyone's responsibility.
- Including HIPAA violations by Vendors or Business Associates (Team Talk – TM Tools – Computer Security or Help Desk for computer intrusion/virus concerns).

Passwords

- Create good, secure passwords (upper/lower case alpha, numeric, special characters/symbols, minimum of 6 characters).
- Safeguard passwords that access a system or transmit/receive ePHI.
 - Commit passwords to memory.
 - DON'T write passwords down.
 - DON'T share your password with anyone (even if asked by Information Technology).
- Change passwords when prompted (for example, every 90 days), or if your password is compromised.
- Password protect all portable devices accessing or containing ePHI, including personal devices. Also, lock all portable devices out of sight.
- Log out or lock individually assigned workstations when left unattended.
- Log out of applications containing ePHI when a PC is shared by several workforce members.
- Physically protect devices from theft and inappropriate access (and store in a secure location as appropriate to your department).
- A white inventory tracking tag should be on all EIGH or vendor devices.
- Anti-virus software must be installed on all devices you use at work, at home and on portable devices.

If you find unsecured mobile devices unattended or in rooms left unlocked (e.g. classrooms) return the device to the owner, notify the Help Desk or call Security.

Recognize hoax emails & DON'T open associated attachments.

Malicious software is often brought into an organization through email attachments and programs that are downloaded from the Internet.

Saving, transmitting and downloads

DON'T save ePHI data on your PC or other devices (C: drive - hard drives) or to removable/portable media (e.g. memory sticks, CDs, zip drives).

INCLUDES: EJGH, vendor and your personal PC or devices.

EXCEPTION: Physicians may store their patient's data.

Save to your department's networked share drive.

DON'T send e-mails with ePHI information to anyone outside the EJGH Outlook Address Book.

DON'T transmit ePHI data unless it has been encrypted and password protected.

DON'T download unauthorized software or any screen savers (as they could have viruses that infect systems).

Disposal, retention and termination

Personal PC's & devices that have ever accessed the EJGH network:

Prior to disposing, permanently remove (sanitize) ePHI or business confidential information from the PC or device.

Retain HIPAA related information for 6 years.

Upon Termination:

Return all electronic media and EJGH property upon termination.

DON'T retain, giveaway or remove any ePHI or business confidential information.

HIPAA Privacy Review

The HIPAA Privacy Rule was created to protect the privacy of health-care patients.

The HIPAA Privacy Rule protects the privacy of patients by:

Limiting how personal health information can be used.

Requiring security of health records in paper, electronic or other form.

Letting patients know what their rights are.

The HIPAA Privacy Rule allows patients to:

See and get copies of their health records (with some exceptions).

Ask for corrections to their health records—for example, if they spot errors.

Find out and limit how their personal health information may be used.

Ask for and receive information about how their personal health information has been used in the past (with some exceptions).

Complain if they believe their HIPAA Privacy rights have been violated.

Team Member Responsibilities for Protected Health Information (PHI)

Use and disclose PHI only to perform your job. Protect the PHI in whatever form it exists (verbal, paper, electronic).

PHI can be found:

- On patient's chart
- In conversations by caregivers
- On arm bands
- On prescription bottles and pharmaceutical labels
- On lab phlebotomy sheets
- On computer screens
- On billing statements
- In mailings to patients, faxes or printed emails
- On x-rays

Methods to protect PHI:

- Lock cabinets or rooms that contain PHI
- Cover/close chart binders
- Turn printed information face down
- Properly dispose of materials containing PHI (i.e. Paper documents should be recycled or shredded. Plastic or non-recyclable materials, and zip cards should be destroyed by shredding, breaking, cutting, tearing).
- Place/store equipment containing PHI in a secure location (COWs in the department corrals, fax machines in nursing station).
- Do not leave unsecured PHI unattended.
- Don't discuss patients or their care in public locations such as elevators, cafeterias, etc.

PHI may be used or disclosed:

- For treatment purposes
- For the purpose of obtaining payment for treatment
- To perform healthcare operational tasks (quality assessment, competency determination, fraud and compliance programs, management activities)
- When you have the authorization of the patient or the patient's personal representative
- When permitted or required by law (subpoenas, mandatory reporting, health oversight, organ donation, some law enforcement actions, public health activities, disaster relief efforts, government actions for national security, etc.)

Any other uses or disclosures that do not fall into the above categories are violations of the HIPAA Privacy Rules.

Some DOs and DON'Ts for HIPAA privacy

Do:

- Speak quietly when likely to be overheard by someone not involved in the care of the patient.
- Avoid using patient names in public areas.
- Share health information needed to treat the patient.

Don't:

- Share PHI with people who don't have a need to know.
- Share PHI that you are not authorized to disclose.
- Let privacy issues keep you from treating the patient properly.

Who can you contact for questions regarding HIPAA Privacy?

- Your Supervisor/Director
- Administrative Representatives
- HIPAA Privacy Officer – Rob Hinyub (4937)

You may also review the hospital's HIPAA administrative policies for answers to many of your HIPAA privacy questions

which are safe for intended use and which comply with all applicable laws, regulations and professional standards.

We shall provide high quality, cost effective health care services that respond to individual, family and community needs in a safe, healing environment.

We will seek out and employ only health care professionals with proper experience and expertise in meeting the needs of their patient population.

East Jefferson General Hospital's patients must be treated in a safe manner at all times with dignity and respect for their cultural diversity and needs.

We shall strive to ensure that patients are always well informed about treatment alternatives and the various risk factors associated with each treatment or no treatment.

It is the intent of East Jefferson General Hospital to understand, in so far as we are able, the requirements and needs of our patients and do the very best we can to fulfill our obligations by providing high quality services.

We shall identify areas for improvement and take steps to make positive changes.

We are encouraged to communicate and demonstrate openness, honesty, and integrity through lawful and positive relationships with patients, customers and regulatory agencies.

East Jefferson General Hospital team members should never ignore questions, deficiencies and/or errors, no matter how insignificant they may seem. It is important that all such matters be addressed and assessed in a timely manner by those qualified.

At East Jefferson General Hospital, consideration of the patient comes first and all team members have as their duty the protection of patient health, safety, security, well-being and comfort.

We are committed to verifying the credentials of all medical professionals, including whether they have been the subject of adverse actions for conduct or performance that would impact on their duties and responsibilities as a quality provider of service.

In all of East Jefferson General Hospital's relationships with physicians, it will be stressed that treatment will be based solely on clinical needs.

We shall comply with all standards and procedures set forth in the JCAHO guidelines to remain accredited by JCAHO.

We collect information about patients' medical condition, history, medication and family illnesses to provide quality care. We shall not release or discuss patient-specific information with others unless necessary to serve the patient or required by law.

Privacy, Security and Confidentiality Of Information

We maintain the privacy, security and confidentiality of information entrusted to us in accordance with legal and ethical standards.

We will respect the privacy of our patients, co-workers and customers and safeguard patient, employee and customer information from physical

EAST JEFFERSON GENERAL HOSPITAL STANDARDS OF CONDUCT

QUALITY OF CARE

We are committed to providing high quality of care to patients and to deliver services and duties in a responsible, reliable, appropriate and cost effective manner.

PRIVACY, SECURITY AND CONFIDENTIALITY OF INFORMATION

We maintain the privacy and confidentiality of information entrusted to us in accordance with legal and ethical standard.

COMPLIANCE WITH LAWS AND REGULATIONS

We shall operate our health care enterprises in accordance with all applicable laws and regulations and in a manner which is sensitive to the needs and justifiable expectations of the various publics we serve, including patients, physicians and other health care professionals, fellow team members, contractors, suppliers, lenders and governmental entities.

SAFEGUARDING THE PROPERTY AND INTERESTS

We are committed to protecting East Jefferson General Hospital's assets, and those assets of others entrusted to us, including physical property and proprietary information, against loss, theft, and misuse.

MAINTAINING A SAFE HEALTHCARE ENVIRONMENT

We shall use our resources wisely and with accountability to East Jefferson General Hospital, fellow team members, patients, customers, vendors, and our community. This includes operating our business activities in an environment wherein the health, safety, privacy and comfort of patients and team members is a major priority.

PROPER CONSIDERATION OF HUMAN RESOURCES

We shall treat all people with respect, dignity and courtesy. East Jefferson General Hospital seeks to create a stimulating, productive and safe environment in which fairness, equal opportunity and professional development flourish for the benefit of all.

BILLING AND CODING

We are committed to honesty, accuracy and integrity in all of our billing, coding and documentation activities. Team members have a duty to report any actual or perceived false, fraudulent, inaccurate or fictitious claims or documentation to management, Human Resources, Compliance Officer or the Hotline.

Quality of Care

We are committed to providing high quality of care to patients and to deliver services and duties in a responsible, reliable, appropriate and cost-effective manner.

We have a duty to provide medical services and products to patients

damage and protect the privacy of our patient's health records according to state, federal and accreditation requirements.

We will securely handle all personal health and financial information about patients, employees or customers for the prevention of use to perpetrate identity theft. We will maintain an active program to detect, prevent and mitigate identity theft in connection with any information in our care.

We will maintain medical and businesses documents and follow our record retention policy in accordance with the law, HIPAA and other applicable guidelines. We will retain and destroy records only according to our policy.

We will only reveal medical, clinical or business information when such release is supported by a legitimate clinical or business purpose, and in compliance with policies and procedures, applicable laws, rules and regulations. We will use confidential information only to perform our job responsibilities and shall not share such information with others unless there is a legitimate need to know.

We will not discuss patient, team member or customer information in any occupied public area, including elevators, hallways, stairwells, restroom, lobbies and dining areas.

We will maintain the confidentiality, availability and integrity of information assets owned or in the custody of EJGH.

We will protect our computer systems and the information contained in them by adhering to our information security policies and procedures.

We will exercise care to ensure that confidential and proprietary information is carefully maintained and managed to protect its value, including salary, benefits, payroll, personnel files and information on disciplinary matters as confidential information while maintaining computer passwords and access codes in a confidential and responsible manner.

Compliance with Laws and Regulations

We shall operate our health care enterprises in accordance with all applicable laws and regulations and in a manner which is sensitive to the needs and justifiable expectations of the various publics we serve, including patients, physicians and other health care professionals, fellow team members, contractors, suppliers lenders and governmental entities.

East Jefferson General Hospital and its team members will conform to all applicable laws, regulations, standards and other compliance requirements at all levels of government and within the various health professionals employed by East Jefferson General Hospital.

We will not pursue any business opportunity that requires engagement in unethical or illegal activity.

All contracts will be reviewed and approved by East Jefferson General Hospital's Legal Counsel, or by outside counsel that East Jefferson General Hospital retains for this purpose.

Submission of any claims for payment or reimbursement of any kind that are false, fraudulent, inaccurate, incomplete or fictitious is unacceptable and will not be tolerated.

Services must be billed using only billing codes that accurately describe the services that were provided, and if inaccuracies are discovered in bills that have already been submitted, the Patient Financial Services Department or the EJPN Billing Department should take immediate steps to alert the payor and correct the bill.

Only appropriately licensed/credentialed individuals may provide ancillary and programs services that are billed by East Jefferson General Hospital.

Team members may cause billing only for services actually rendered and which are fully documented in patient's medical records.

East Jefferson General Hospital stakeholders and the public have a right to expect that all business will be conducted ethically and competently by team members in compliance with all applicable laws and regulations.

We do not pay team members, physicians, or health professionals for referrals of patients. East Jefferson General Hospital only pays people or entities for services provided to its patients. East Jefferson General Hospital does not make payments or provide non-cash benefits (e.g. office space) to any physician or health professional providing services without a written contract which has been approved through the approval process.

Fraud, kickbacks or bribes intended to induce client referrals or admissions are prohibited.

All marketing and advertising shall comply with laws and regulations.

We shall protect East Jefferson General Hospital's patient and proprietary information; such information may not be used for personal gain or gain by others.

We shall not, without permission, use or reveal any confidential information concerning East Jefferson General Hospital, or use for personal gain confidential information obtained as a team member of East Jefferson General Hospital.

Any team member, member of the workforce, physician or business associate who knows or suspects patient confidential information has been breached, shall report the potential security breach to the Compliance Officer.

Safeguarding of Property

We are committed to protecting East Jefferson General Hospital's assets, and those assets of others entrusted to us, including physical property and proprietary information, against loss, theft, and misuse.

It is the responsibility of each EJGH team member to preserve our organization's assets including time, material, supplies, equipment and information. Organization assets are to be maintained for business-related purposes.

We shall use our resources wisely and be accountable to ourselves and to others.

Personal use of EJGH assets without prior supervisory approval is prohibited. The occasional use of items, such as copying facilities, telephones or computers, where the cost is insignificant is permissible. But, any use of organization resources for personal financial gain unrelated to the organization's business is prohibited.

Disposal of surplus, obsolete or junked property will be in accordance with policies. Unauthorized disposal of property is considered a misuse of assets.

Team members and staff may not use or reveal outside the context of official duties at East Jefferson General Hospital, any confidential patient or proprietary information or use directly or indirectly for personal gain or disclose confidential information obtained as a team member of East Jefferson General Hospital.

We are committed to developing and maintaining a system of internal controls to adequately protect the assets of the hospital against theft, fraud, waste, and abuse.

We shall ensure that drugs and other pharmaceuticals are safely stored, secured, inventoried, and that missing supplies are promptly reported to supervisors.

Team members have a clear obligation to use productively and efficiently the time that is paid for by East Jefferson General Hospital. We shall report time and attendance accurately.

We follow the laws regarding intellectual properties, including patents, trademarks, marketing, copyrights, and software and do not copy computer software unless it is specifically allowed in the license agreement.

Only authorized personnel may have access to East Jefferson General Hospital computer systems and software. As a healthcare information services company, East Jefferson General Hospital has access to sensitive medical and financial information of our clients. East Jefferson General Hospital will take all reasonable steps to protect its computer systems and software from unauthorized access or intrusion.

Team members may not accept gifts except in accordance with Hospital policy, state law and the Jefferson Parish Code of Ethics. Team members may not solicit gifts. Perishable or consumable gifts given to a department or group are allowed.

We shall not engage in any outside employment that interferes with our ability to adequately perform our duties at East Jefferson General Hospital. Placing business with any firm in which there is a family relationship, or hiring or having a reporting relationship to relatives may constitute a conflict of interest. Advance disclosure and approval are required in such a situation.

If an East Jefferson General Hospital team member believes a conflict of interest exists, the team member must treat the situation as if a conflict definitely exists until the team member and other appropriate East Jefferson General Hospital officials have resolved the potential conflict.

Maintaining a Safe Healthcare Environment

We shall use our resources wisely and with accountability to the East Jefferson General Hospital, fellow team members, patients, customers, vendors, and our community. This includes operating our business activities in an environment wherein the health, safety, privacy and comfort of patients and team members is a major priority.

We will protect the health, safety, and privacy of our patients as well as our team members.

We are committed to maintaining a safe and healthy treatment and work environment for our patients, medical staff, team members, visitors and customers that is in accordance with applicable laws and regulations.

Team members are expected to exercise good judgment with regard to environmental aspects of the use of buildings, property, lab processes and medical products.

We shall exercise policies and procedures regarding safety and security management and response in the event of local terrorist acts related to nuclear, biological or chemical exposure.

All team members of East Jefferson General Hospital are obligated to perform their work in a manner so that no reasonably avoidable harm is caused to self, patients, other team members, or otherwise.

All team members and staff at East Jefferson General Hospital are required to report to their supervisor any practice or condition that may violate any rule, regulation, or safety standard.

Any team member reporting to work or discovered at work in a condition that suggests that he is under the influence of narcotics, illegal drugs, prescription drugs used improperly or causing impairment of function, or alcohol will not be permitted to report to or remain on his job.

Team members are expected to be familiar with all of the East Jefferson General Hospital's safety and health practices.

Team members responsible for the handling and disposal of hazardous substances and infectious waste must do so in a proper manner. Team members who are uncertain of the correct procedures for disposing of any such material should consult their supervisors for assistance.

We shall maintain a drug-free workplace and strive to maintain a smoke-free workplace.

Proper Consideration of Human Resources

We shall treat all people with respect, dignity and courtesy. East Jefferson General Hospital seeks to create a stimulating, productive and safe environment in which fairness; equal opportunity and professional development flourish for the benefit of all.

We shall reasonable protect, support and develop East Jefferson General Hospital's human resources to the fullest of their potential in a fair and equitable manner.

All supervisors and managers are to be strongly supportive of equal employment and advancement opportunities required by law and ensure that all team member relation decisions will be in accordance with this policy.

East Jefferson General Hospital is an equal opportunity workforce. No one shall discriminate against any individual with regard to race, color, religion, sex, national origin, age, disability, sexual orientation, or veteran status with respect to any offer, or term of condition of employment. We make reasonable accommodations to known physical and mental limitations of qualified individuals with disabilities.

Proper respect and consideration will be shown for all team members and

staff. Discriminatory treatment, sexual harassment, unlawful harassment of any type, workplace violence or any verbal or physical conduct that interferes with an individual's work or creates an intimidating, hostile, or offensive work environment will not be tolerated at East Jefferson General Hospital.

East Jefferson General Hospital encourages and supports team members seeking to develop their individual skills, talents, knowledge, and understanding of their job in delivering the highest quality of service and benefit to our patients.

We shall provide a competitive salary and benefits package based on area norms, economic conditions, and the needs of its team members.

We shall ensure that East Jefferson General Hospital policies and procedures are followed in the performance of our duties.

We shall not permit any action of retaliation or reprisal to be taken against any team member who reports a violation of law, regulation, East Jefferson General Hospital policy or Standards of Conduct.

We seek to employ those best qualified by skills, experience and/or education to perform the necessary work. All team members will receive appropriate training and orientation for the performance of their duties to meet the needs of our customers.

Team Members in positions which require professional licenses, certifications or other credentials are responsible for maintaining the current status of their credentials and shall comply at all times with Federal and state requirements applicable to their respective disciplines.

We seek team members, vendors and business partners who have not been sanctioned by any regulatory agency and are able to perform their designated responsibilities.

We strive to be fair and consistent in our treatment of team members, in accordance with our policies and procedures.

We expect all team members and staff to conform to the standards of their professions and exercise appropriate judgment and objectivity in the performance of their duties.

Verbal and physical contact of a sexual nature by any team member, supervisor or manager including sexual advances, requests for sexual favors or other conduct which tends to create an intimidating, hostile or offensive work environment is strictly prohibited.

We shall expect all team members to report all suspected violations of hospital policies, laws, or regulations and we have established a confidential disclosure program for that purpose.

Billing and Coding

We are committed to honesty, accuracy and integrity in all of our billing, coding and documentation activities. Team members have a duty to report any actual or perceived false, fraudulent, inaccurate or fictitious claims or documentation to management, Human Resources, Compliance Officer or the Hotline.

We shall submit payment or reimbursement claims only for services actually rendered that are fully documented in patients' medical records and shall use billing codes that accurately describe the services provided.

We shall ensure that all claims submitted for payment are supported by documentation of medical necessity.

We are committed to engaging in accurate and truthful billing practices. The submission of any claims for payment of any kind that are false, fraudulent, inaccurate, incomplete or fictitious is strictly prohibited.

We shall take immediate steps to alert appropriate East Jefferson General Hospital staff if inaccuracies are discovered in claims that have been submitted for payment or reimbursement and will promptly submit a corrected claim, refunding any money that is not due us.

We shall always document physician information in the medical record to ensure that all claims are submitted with the proper provider number. We will ensure that physicians and team members are not sanctioned or excluded from the Medicare, Medicaid, Tricare or other federally funded programs.

We shall submit to governmental authorities only accurate reports and we shall not make false or deceptive statements.

Addressing Issues and Concerns

Team members who raise concerns or allegations of possible violations of the Standards of Conduct, policies/procedures, laws, or regulations will be received openly and courteously, and will remain confidential up to the limits of the law. There will be no direct or indirect retaliation or retribution against anyone who, in good faith, raises problems or concerns.

If you have a concern regarding conduct that you suspect to be illegal or fraudulent occurring in the hospital, you should report this to your Supervisor, Director or Executive Team Member immediately. Call the toll-free Compliance Hotline if you are not comfortable with the chain of command. The Hotline is available to any team member to report problems or concerns in good faith, although it is not intended to replace the normal chain of command.

This Hotline is intended to identify and address fraudulent and illegal conduct as quickly and effectively as possible. If you call the Compliance Hotline to report suspected fraud or illegal conduct by others; you should do so without fear of retaliation or reprisal.

Other Concerns

For other concerns that do not involve fraud or violations of law, the following procedures should be utilized until resolution of the concern is achieved:

First, contact your direct supervisor/manager unless there are circumstances that preclude your doing so. Your supervisor/manager is in a good position to listen to you and understand your concerns and should be given the opportunity to resolve the issue. Your supervisor/manager has access to resources throughout the hospital to assist you in upholding the Standards of Conduct.

Second, if you have raised an issue and you do not think it is getting proper attention or if your supervisor/manager cannot find the appropriate answer, you may relate your concerns to the next level of management. Third, seek guidance from the Human Resources Department, and/or the appropriate Executive Staff member.

If assistance is still needed, or if you feel more comfortable reporting

directly to the Corporate Compliance Officer, call the toll free East Jefferson General Hospital Compliance Hotline at (877) 631-0016. Before calling the Compliance Hotline, ask yourself the following questions:

- Do I have all the facts?
- If I need more information, where do I find it?
- Are there any laws, regulations, policies or procedures that apply to the situation?

Have I followed normal procedures to try to resolve my concern?

In addition, the Compliance Officer may be reached at (504) 454-4883, or you may write to the Compliance Officer at East Jefferson General Hospital, 4200 Houma Boulevard, Metairie, LA 70006.

Environment of Care

Safety Management Program

Scope: East Jefferson General Hospital's Safety Management Plan applies to the hospital building and any offsite areas. The scope includes, but is not limited to, the following safety-related items: activities, policies and procedures, monitoring and evaluating activities, education and performance improvement.

Safety Incident or Concern: A safety incident or concern can include but is not limited to: a guest/visitor fall, a guest/visitor injury, water on the floor, or an elevator malfunction.

Report any safety incident or concern to the Security Department at Extension 4059.

Team Member Safety

Team members have the right to work in a safe and secure environment. EJGH is committed to providing this environment through our infection control practices and the team member Health Department.

Infection Control Practices

The Infection Control Practices manual is available on Team Talk. If you have any questions, contact the Infection Control Department at extension 4228.

Universal/Standard Precautions (Policy IC-2): shall be used by team members when rendering care to all patients and performing tasks with potential for exposure to blood/body fluids.

Handwashing

Handwashing is the single most important thing you can do to prevent the transmission of organisms that cause infections.

Hands should always be washed BEFORE and AFTER contact with each patient using liquid soap and lathering hands for at least 15 seconds before rinsing. Antibiotic hand cleaners, which are applied like lotion, can be very effective when sinks are not readily accessible for handwashing.

Red Bag Practices

All items saturated with blood or body fluids should be disposed of in a red bag. Gauze that is not saturated, IV fluid bags, gloves, and Band-Aids with a spot of blood may be disposed of in the regular garbage.

Exposure to blood/body fluids by needle stick or splash

Contact your supervisor immediately.

If prophylactic medication is needed, it must be started WITHIN 2 HOURS

of exposure. Do not wait!

Team Member Injury

If you are injured on the job, report to your supervisor. In case of an emergency, go directly to the Emergency Department.

Security Management Plan

Scope

The Security Management Plan provides security services for team members and guests, including offsite locations. It provides for a secure environment designed to reduce the risk of injuries and loss of property for guests, physicians and team members.

Identification Process

- An identification process for patients, visitors and team members is provided to ensure safety of all patients, guests and team members
- Team members are required to wear the approved name badges at all times.
- Contractors are required to use the appropriate color coded identification that is issued by the Construction Services Department.
- Pharmacy Reps are required to use the appropriate color coded identification that is issued by the Pharmacy Department.
- All other vendors / salespersons are required to have identification issued by the Materials Management Department.
- Physicians must have name on lab coat or name badge.
- A plastic wristband identifies patients; wrist and ankle bands identify newborns.
- All other persons who do not have a hospital authorized identification badge are considered visitors.
- All others attempting to access restricted areas or view patient charts should be stopped and questioned.

Controlled Access

Sensitive Areas: Specific areas in the hospital are designated as sensitive and have restricted access: Emergency, Critical Care areas, Woman and Child, Pharmacy, Medical Records, Psychiatry, Information Systems, and Human Resources.

Hospital Access: The Safety and Security Department patrols the areas of the campus 24 hours a day. Every night at 9 p.m., a number of entrance doors into the hospital are locked for security purposes. You can exit through these doors but you cannot use them to reenter. After 9 p.m., the Canal Garage entrance, the Hudson Garage first floor, and the Emergency Department entrance on the first floor may be used to enter the hospital. All doors locked at night will be unlocked at 5 a.m. the next morning.

Workplace Violence: EJGH supports a pro-active warning system to improve patient, visitor and team member safety during and after a threat of violence. Any team member hearing a direct or implied threat shall report this to his/her supervisor, who will promptly report the threat to the Safety/Security Department if on campus or call 911 for off-campus sites. If there is imminent danger to life, the call can be made directly to Safety & Security (4059) or 911; then the Team member should notify his or her supervisor. Follow-up will be made by the workplace violence support team.

Hazardous Materials & Waste

Scope

The Hazardous Materials and Waste Management Plan addresses control of hazardous materials and waste. It provides for a physical environment that is safe for the handling, use and storage of hazardous materials and waste. The plan defines processes for managing all materials and waste that require special handling in order to address identified occupational and environmental hazards.

Material Safety Data Sheets (MSDS) Manual

The black and yellow manual can be found on Team Talk. You can refer to this manual for material safety data sheets for each hazardous material used by your department. These sheets are provided because of the Right to Know Act. All team members have the right to know what hazardous materials they are exposed to in the workplace. Each sheet indicates what to do in case of spill and/or exposure. There are two master manuals, which contain all hospital MSDS sheets, located in the Safety and Security and Team Member Health departments.

Hazardous Spill

If a hazardous spill occurs, call the Safety and Security and Environmental Services departments. Report spill to your supervisor.

Emergency Preparedness

It is important that you learn your specific role in each emergency. Speak to your supervisor about your role/duties in the case of an emergency.

| Hospital Codes | |
|---------------------|--|
| Code Blue | Medical Emergency-Cardiac/Respiratory Arrest |
| Code Pink | Infant/Child Abduction |
| Code Orange | Hazardous Materials Incident or Spill |
| Code Orange - Decon | Hazardous Materials Incident or Spill - Decontamination Required |
| Code Green | Internal Flooding or Utility Failure |
| Code White | Security Alert-Violence/Hostage |
| Code Red | Fire |
| Code Black | Bomb |
| Code Gray | Severe Weather |
| Code Yellow | Disaster-Mass Casualty |
| Code Yellow - Decon | Surge Mass Casualty Decontamination Required |
| Code Silver | Weapon |
| Code Purple | Elopement by Involuntary or Incompetent Patient |

Severe Weather Emergency

The hospital shall respond appropriately during severe weather in order to maintain hospital services and provide emergency treatment during conditions that impose loss of outside supportive resources or utilities. Speak to your supervisor about your role and duties.

Newborn Safety/Abduction: "Code Pink" Policy

The Hospital shall ensure that the identification and safety of newborns and pediatric patients is addressed, and that all hospital team members and outside law enforcement agencies are notified of an abduction appropriately and in a timely manner. All departments, team members and medical staff are affected by this policy.

The hospital has identified the "No Baby Zone" as all areas of the hospital, except 4th Floor East. Persons accompanying an infant with an armband who is not in a bassinet in the "No Baby Zone" should be stopped, questioned and ID checked. The adult and infant should have matching armbands.

Code Pink

The hospital has installed an Infant Abduction Security system on the entire 4th floor of the hospital, which only allows access to the 4th floor via the main elevators and also monitors each entry/exit door on the floor. An attempted unauthorized entry or exit through any 4th floor door sets off an alarm. When any of the 4th floor alarms is activated, there is an overhead announcement, "Hospital Alert - Code Pink". When a Code Pink is called, man the nearest exit until the code is cleared.

Life Safety

Hospital Fire Plan Policy

East Jefferson General Hospital's Fire Plan is designed to reduce the possibility of injury, loss of life and property by fire. All departments are affected by the Hospital Fire Plan policy. This policy can be found in the red Emergency Preparedness Plan binder in your department.

Fire Action Plan

Activate fire alarm when you actually SEE fire or smoke. The alarms are located near the exits. Be sure to locate all of the fire alarm pulls in your designated area(s).

Fire Extinguishers

EJGH uses multi-purpose fire extinguishers when responding to a fire. A multi-purpose fire extinguisher can extinguish all fire types: class A (wood & paper products), class B (combustible liquids), and class C (electrical).

Equipment Management Plan

Transmitting Devices

The use of any radio wave transmitting devices (i.e. cellular phones, walkie-talkies, remote control devices, etc.) within the hospital is discouraged due to possible interference with hospital equipment. Direct the guest to the nearest area where transmitting devices are permitted.

Restricted Areas

No personally owned electronic devices including transmitting devices can be used in the following areas: Emergency, Intensive Care Unit (ICU), Coronary Care Unit (CCU), Surgery, and Telemetry Units (2-East, 3-East, and 5-East).

Utility Failure

Ask your supervisor for direction.

Focus of The Joint Commission (TJC) National Patient Safety Goals (NPSG):

Improve patient safety and reduce risks to patients. The safety of the patient involves all team members and physicians both directly and indirectly related to caring for them.

Every 1.7 Minutes a Medicare Beneficiary Experiences a Patient Safety Event

The sixth annual Health Grades study of patient safety in US hospitals, released on April 7, 2009, found that more than 97,000 potentially preventable medical errors occurred between 2005-2007.

... One in ten of these events were classified as potentially lethal...

...Patients treated at top-performing hospitals (those meeting criteria for the Health Grades Patient Safety Excellence Award™) had a 43% lower chance of experiencing one or more medical errors compared to the poorest-performing hospitals....

Lend a Hand for Patient Safety by following the NPSG

* Goal applies to Acute and Post-Acute Services

Goal 1* :

Improve the accuracy of patient identification

- Use of Two Patient Identifiers
- Label Blood Tubes In The Presence Of The Patient
- Eliminating Transfusion Errors

Goal 2:

Improve the effectiveness of communication among caregivers

- Timely Reporting of Critical Test Results

Goal 3*:

Improve the safety of using medications

- Label on medications on & off the sterile field
- Reducing Harm from Anticoagulation Therapy

Goal 7*:

Reduce the risk of health care-associated infections

- Meeting Hand Hygiene Guidelines *
- Preventing Multi-Drug Resistant Organism Infections
- Preventing Central-Line Associated Blood Stream Infections *
- Preventing Surgical Site Infections

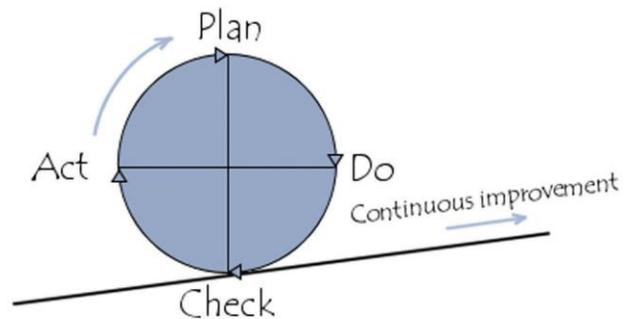
Goal 15:

The organization identifies safety risks inherent in its patient population.

- Identifying Individuals at Risk for Suicide Universal Protocol
- Conducting a Pre-Procedure Verification Process
- Marking the Procedure
- Performing a Time-Out.

Performance Improvement

EJGH is committed to continuous process improvement. PDCA (Plan-Do-Check-Act) is EJGH's performance improvement model. Everyone has a role in performance improvement. The PDCA cycle is a four-step model for carrying out change. One of the basic principles of quality is continual improvement. This means that quality is a never-ending project. Just as a circle has no end, the PDCA cycle should be repeated again and again for continuous improvement.



When to use PDCA

- As a model for continuous improvement
- When starting a new improvement project
- When developing a new or improved process, product, or service
- When implementing any change

Procedure for Implementing PDCA

- **Plan:** Decide what you want to improve and how you plan to improve it
- **Do:** Try out (or test) your plan
- **Check:** Make sure your plan worked by verifying that the goals set are achieved
- **Act:** Depending on the results that occurred in the previous step:
 - Change the plan and try again if not successful
 - Spread the plan if successful
 - Begin PDCA again with the next improvement

The results of these projects are communicated both to the Quality Council and to the Board of Directors. In some departments everyone is involved; in others there is a department committee. When you have an idea for a process improvement, ask your supervisor.

Teamwork

Working Alone

Have you ever had an idea that would improve your job but had no idea what to do with it? Have you ever noticed a problem but had no idea how to solve it? Have you ever needed help, but felt like there was no one there to give it to you? This is what happens when you work alone.

The Team Approach

When people work together, they are much more likely to generate ideas for improvements and solutions to problems than one person working alone. People working together are also more likely to be more effective in implementing ideas and solutions.

Benefits of Teamwork

- Shared responsibility for making decisions
- Increased accomplishment of goals
- Positive impact on quality and service
- Greater impact on management's decision making
- Increased happiness, productivity, pride, self-esteem, and confidence

A Single Voice

A team must develop a single voice in order to have any influence. Team members must learn how to encourage, support, and learn from each other.

Stages of Team Development

- Getting Started
- Going in Circles
- Getting on Course
- Full Speed Ahead

Successful teams take time to develop and each team is going to develop differently. Challenges are going to arise during the development process and teams move back and forth between the stages. Familiarity with these stages will help everyone move toward becoming a smooth-running and effective team.

Team Success Factors

Purpose: Team members need to know what they're supposed to do. Purpose gives the team direction, identity, and focus.

Process: A team needs to have a process for identifying problems, coming up with solutions, and reaching agreement. If a team has a process, they can meet goals, make decisions, and set ground rules.

Communication: Team members must do more than just talk. They must share ideas and feelings in a sensitive and respectful way.

Involvement: Everyone should have some level of involvement and input. This will ensure the team will benefit from the unique talents and skills of each team member.

Commitment: Hopefully, every team member is willing to give 100%. Commitment builds belief in the team and helps to create a sense of ownership in its goals.

Trust: Team members must trust each other. Each team member must know that they can rely on each other and that promises will be kept.

Synergism

The magic of synergism – the whole being greater than the sum of the

individual parts – is seen in most great teams. We have a great team here at East Jefferson General Hospital – people and departments working together in a spirit of cooperation and harmony.

There are many ways to contribute your energy and talent as a team member here at EJGH beyond your daily job duties. Some examples include: COMPAS teams, department specific work teams, shared governance committee member, etc.

And, finally, please remember:

“WE WILL NEVER BE BETTER AS A TEAM THAN WE ARE TO EACH OTHER.” - Anonymous

Appearance and Dress Code

I. Policy

All members of the EJGH team have a direct impact on the perceptions and satisfaction of our patients, customers, medical staff, co-workers and guests who have high expectations of us as professionals in a healthcare organization. One very visible way we can meet expectations is to be sure that we present a clean, neat, professional appearance to our guests and each other at all times.

While working in any EJGH location, or when representing East Jefferson in the public, it is expected that the appearance standards outlined in this policy be adhered to at all times.

Department Leaders are authorized to require more stringent dress code standards for their departments based on the nature of the work they do.

II. Team Members Affected:

All team members, volunteers, temporary/agency/contract employees and students

III. Appearance Standards:

Appearance and clothing should be professional at all times. The Hospital reserves the right to identify clothing and styles that it considers to be extreme or inappropriate:

A. ID Badges:

1. Hospital approved identification badges must be visibly worn above the waist with the picture and name facing forward at all times. (See HR Policy E-9, Identification Badges)
2. Items worn on the name badge are limited to 2 hospital approved service, recognition or logo pins, provided they do not obstruct the photo or name.

B. Clothing:

1. Clothing must always be clean and wrinkle-free. Clothing that is faded or in need of repair, clothing with non-EJ writing including logos, pictures or graphic messages, novelty clothing or clothing with rhinestones, beading or glitter are not allowed.
2. Tank tops and spaghetti straps are not permitted.
3. Male team members in non-uniformed areas must wear collared, buttoned, dress shirts.
4. Dresses, skirt lengths or slits should not be more than 3 inches above the top of the kneecap, or below the ankle.
5. Ladies' dress pants should be tailored, straight-legged or slightly flared. Jeans and denim attire are not permitted.
6. Undergarments must not be visible under clothing.
7. Excessively tight or loose clothing, mini-skirts, shorts, capris, low-cut tops, t-shirts and sheer fabrics are examples of clothing that are not permitted.

C. Shoes:

1. Shoes must conform to the safety requirements of each specific area.
2. Socks are required at all times for male team members. Socks should be a single color and may have a conservative pattern or texture. If female team members choose to wear socks or hosiery, these should also be a single color with a conservative pattern or texture.
3. Where heels are allowed, they should be no higher than 3 inches.
4. Boots:
 - Dress boots are allowed below the knee only.
 - Ankle boots may be worn with pants only, and the pant hem must cover the top of the boot.
5. Open-toe and novelty shoes are not allowed in any area. "Peep toe" shoes are acceptable in non-clinical areas.
6. Open-back shoes that have at least a single strap across the heel are permitted.

D. Jewelry:

1. Jewelry should be moderate and must not interfere with service or safety.
2. Earrings should not exceed 1 ½" in length or diameter.
3. A maximum of two earrings per earlobe is allowed, provided that the second (top) earring is a small stud.
4. Rings must be limited to one per hand (wedding sets are considered one ring).
5. No visible body piercing jewelry other than earrings may be worn
6. All tattoos must be covered at all times.

E. Nails:

1. Fingernails should not exceed ¼" beyond the fingertips; nail polish should be in conservative tones.
2. In compliance with CDC guidelines, sculptured, acrylic, overlays or false nails of any kind must not be worn by team members who have direct contact with patients or food, including team members who transport patients, enter patient rooms or handle items that move in and out of patient care areas or rooms.

F. Hair:

1. Hair should be styled in a manner that is professional and safe for job performance.
2. Hair color must be a color that naturally occurs in nature, such as brown, black, blond or red. "Un-natural" colors such blue, purple, green, apple red, burgundy, etc.) And/or the use of metallic sprays or glitter is not permitted.
3. Up-do's cannot be any higher than 3 inches.

G. Fragrances:

Perfumes and colognes may be worn in moderation in non-clinical areas. Team members in clinical areas should not wear fragrances at any time.

H. Uniforms:

1. A uniform is considered a distinctive outfit intended to identify those who wear it as members of a specific unit, department or profession.
2. Uniform/scrub colors and types are subject to the approval of both the COC Committee of VOICE and HR approval. Colors and types of uniform/scrubs may not be changed, altered or defaced in any manner.

Non-clinical departments that adopt uniforms must have the approval of their Directors and Administrative Line Officers.

3. In non-uniformed departments, the approved EJGH logo shirt may be worn at any time.
4. Long-sleeved t-shirts or turtlenecks that are white or color-coordinated with uniforms may be worn under uniform tops or lab coats. Short-sleeved t-shirts should not extend outside of the uniform sleeve. No t-shirt should extend below the hem of the scrub top.
5. Approved fleece jackets embroidered with EJGH logo may be worn in any department.

I. Holiday and Special Dress Days:

1. Holiday attire and scrubs are permitted for two weeks immediately preceding an approved holiday. Holiday attire may be worn for the entire month of December.
2. "Theme" clothing (sports, special events) may be worn only when approved through Human Resources.

J. Other:

1. Attire that is culturally or religiously-based should be discussed with the Department Leader at the time of hire so that accommodation can be considered.
2. Only hospital issued logo/slogan buttons or professional/organizational pins may be worn.
3. No one may leave the premises while wearing a Hospital-owned garment.
4. Clothing that is damaged or soiled while on duty should be changed promptly.
5. Sweaters, jackets or shirts may not be worn tied around the waist.

IV. Leadership Responsibility:

It is the responsibility of every Leader to enforce this policy. Team members in violation of this policy will be disciplined according to HR Policy D-1, Discipline.

Ethics

EJGH expects ethical behavior from all of its team members. The following is a summation of the hospital's Code of Conduct. Please ask for clarification from your supervisor on anything you may have a question about.

Ethics Committee

The Hospital Ethics Committee (HEC) is an administrative committee which provides information, guidelines and advice to medical staff, hospital personnel and administration, patients and patients' representatives relative to the area of ethics. More details are available in the Administrative Policy, Hospital Ethics Committee, E-2, found on Team Talk.

Solicitation and Fund Raising

Solicitation by any individual for funds, memberships or causes and the distribution of non-work related literature is prohibited in all patient care and work areas of the hospital. Team members may not sell items of any kind to coworkers while at work or distribute any written material not directly related to the delivery and administration of healthcare. Hospital fundraising activities are exceptions to this policy.

If you observe solicitation or distribution of unauthorized literature, you should immediately report it to your supervisor.

Gifts and Tips

Occasionally, a patient or guest may offer you a gift or tip to thank you for the excellent care you have provided. Give your thanks for the thoughtfulness, but explain that it is against hospital policy to accept the gift or tip and that providing the best care possible is part of your work as an EJGH team member. You may also refer the patient or guest to the Foundation if he/she would like to make a donation to the hospital.

The Foundation can be reached at **504-780-5800** for any additional information regarding donations to the organization.

Employment of Relatives

The hospital welcomes employment applications from your family members and friends. They will receive the same courtesy and consideration as all other applicants who apply to work with us. Employment of relatives in the same department or division, however, is discouraged. Team members may not work under the supervision of a relative. If you have questions or concerns regarding this policy, please speak to your supervisor.

Conflict of Interest

Team members should not engage in any activities, transactions, or business relationships that are incompatible with the impartial, objective and effective performance of their assigned duties. Team members are encouraged to disclose any other employment or interests that might conflict with their jobs at East Jefferson General Hospital.

Unions

EJGH strongly believes in the ability of the hospital and its team members to work together to reach our common goals without the barriers created by a union or other outside third party. At EJGH, our number one priority is consistently providing the highest quality patient care. Organizations that encourage strikes, slowdowns or other work interruptions and prevent communication between team members and hospital leadership are not in the best interest of team members or patients. The hospital and the Board of Directors support the position that it is in the best interest of the patients we serve and all team members of the hospital to remain non-union.

Cultural Sensitivity at EJGH

Cultural Competence

EJGH is committed to treating everyone from other cultures with the utmost respect and courtesy.

Each department has a Cultural Reference Manual, which allows us to access specific information on cultures, religions and ethnic groups throughout the world. Check with your supervisor to find out where the Cultural Reference Manual is kept in your department.

Transcultural Communication

Communicating effectively with patients and families of other cultures may involve the utilization of interpreters.

Refer to Administrative Policy and Procedure PS-1, Cultural Competence.

Guidelines for using interpreters

Interpreters are provided at no cost to the patient.

Interpreter phones are available.

An outside interpreter must be offered to the patient/family and the patient/family must refuse this offer before a family member is used to interpret. The refusal must be documented.

Minors are never to be used to interpret.

To obtain an interpreter, contact the Administrative Representative, the operators or the Guest Services Center.

Other resources are available through Guest Services.

EJGH Ways

Press Ganey

Our hospital uses Press Ganey as the survey tool to chart our patient satisfaction scores. They survey a sample size of our patients and record how they score us in the areas of care, communications and overall hospital experience. These scores are used to quantify the quality of care we provide. More importantly, these scores directly impact the rate of pay we receive for our services. Hospitals with higher satisfaction scores get paid more for a procedure.

Community Outreach

In 1971 we opened our doors as a community hospital. Since then, community outreach has been a cornerstone of our culture. We provide screenings, seminars and classes on a variety of topics. Through our "Community Partner" program, area businesses provide discounts to EJGH team members. We also sponsor several events throughout the community. We take great pride in our role as a positive corporate citizen.

Volunteerism

Our hospital has a staff of nearly 400 volunteers who play a vital role in our excellence. Each summer, our Junior Volunteer program allows 14-18 year olds from throughout the region to fulfill their community commitment while gaining valuable exposure to the workplace. We even have EJGH approved volunteer opportunities on Team Talk that give our team members opportunities throughout the year to support our community in a variety of ways.

Patient Centered Care

Throughout the years, we have enjoyed a reputation as a hospital that delivers excellent care in a very personalized way. That really begins with a philosophy built around the fact that the patient comes first. Our Patient Centered Care initiative is one way to ensure that we are always thinking about making the patient experience as engaging, painless, positive and pleasant as possible.

LEAN

One of our pillars is continuous improvement. LEAN is a process through which we are always examining and re-examining how we do things. If you see that something could be done more efficiently, we encourage you to bring it to a supervisor's attention. We even provide financial reward to team members who provide ideas that generate profits or lead to cost savings.

Orientation Post Test

Please read the questions below and complete/print the answer sheet:

1. EJGH's mission statement is: "East Jefferson General Hospital, community owned, provides the highest quality, compassionate healthcare to the people we serve."

- a. True
- b. False

2. The business of healthcare demands that we respect everyone's privacy and confidentiality.

- a. True
- b. False

3. Which of the following are NOT allowed in East Jefferson's dress code?

- a. Denim
- b. Spandex
- c. Spaghetti strap top for women
- d. 1-inch long fingernails
- e. All of the answers

4. All internal and external customers at EJGH should be treated with respect by:

- a. Addressing them by their name or sir or ma'am
- b. Making eye contact when speaking
- c. Telling them the way it is, even if it is negative
- d. Let someone who works here take care of the question
- e. A and B

5. In order to protect our guests' confidentiality, which of the following should you do?

- a. Avoid talking about patients or doctors in public places
- b. Turn computer screen where guests cannot view the screen
- c. Keep paperwork covered
- d. All of the answers

6. Anyone hearing a threat of imminent danger to life should call...

- a. Human Resources
- b. 911 and then Security at 4059
- c. Your Supervisor
- d. Tell the person to leave the area

7. The most effective means of preventing the spread of infection is...

- a. Isolation precautions
- b. Handwashing
- c. Adequate room ventilation
- d. Ultraviolet light

8. You are required to wear a name badge at all times while working at EJGH.

- a. True
- b. False

9. All employees have the right to know what hazardous materials they are exposed to in the workplace. The information about these hazardous materials can be found in the...

- a. Emergency Preparedness Manual
- b. Policy Manual
- c. Material Safety Data Sheets (MSDS)
- d. Infection Control Manual

10. What should you do if you hear a Code Pink announced over the loudspeaker?

- a. Leave the building
- b. Call Administration
- c. Man the nearest exit
- d. Call your supervisor at your agency

11. You can use your personal cell phone anywhere in the hospital.

- a. True
- b. False

12. East Jefferson General Hospital provides interpreters free of charge to any patient who requires these services.

- a. True
- b. False

13. What is the code for a fire alarm at EJGH?

- a. Fire Drill
- b. Dr. Burnside
- c. Code Red

14. What does AIDET stand for?

- a. Acknowledge, Introduction, Duration, Explain, Thank You
- b. Accept, Introduction, Duration, Express, Thank You
- c. Acknowledge, Introduction, Develop, Explain, Thank You

AnswerSheet

Name: _____ Date: _____ Score: Pass Fail (circle one)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____

Receipt and Acknowledgment

I acknowledge that I have received East Jefferson General Hospital's Orientation Manual. I accept the responsibility of representing East Jefferson General Hospital in a professional and caring manner to our guests and to the community we serve. I agree to work toward gaining the confidence of all guests and contributing to the spirit of teamwork and cooperation among other team members at the hospital. In addition, I understand that all information concerning patient and hospital matters should be treated with respect and confidentiality.

I acknowledge that I have read thoroughly the contents of this manual and acknowledge my responsibility for the information contained within. I understand that the rules, procedures and guidelines in this manual are subject to revision at the discretion of East Jefferson General Hospital. I understand that as a team member of East Jefferson General Hospital, I am employed "at will" by the Hospital which means that either the team member or the hospital has the right to discontinue the employment relationship at any time, for any reason.

I understand that nothing in this manual is intended to create or resemble a contract between East Jefferson General Hospital and me for either employment, the provision of benefits or to alter the "at will" employment relationship.

Name (Please print)

Signature