GORDON HOSPITAL
ORGANIZATIONAL POLICY

TITLE: Abbreviations

EFFECTIVE DATE: July 28, 2016

SUPERSEDES: Policy Same Title; 04/14; 11/13; 03/13; 02/13; 01/13; 01/12; 06/11; 09/08; 01/07; 07/06; 08/04; 02/04; 05/03; 04/03; 02/03; 01/03; 08/01

REFERENCE: The Joint Commission CAMH Manual

ATTACHMENTS: None

AUTHORED BY: Director, Health Information Management; Pharmacy and Therapeutics Committee

Policy:

The following abbreviations, acronyms, symbols and dose designations have been identified as dangerous by the Gordon Hospital Safe Medication Practice Committee and are not to be used in the patient’s medical records. This applies to all orders and all medication-related documentation that is handwritten or entered as free text into a computer.

DO NOT USE THESE DANGEROUS ABBREVIATIONS, ACRONYMS, SYMBOLS OR DOSE DESIGNATIONS

<table>
<thead>
<tr>
<th>Abbreviation/Dose Expression</th>
<th>Intended Meaning</th>
<th>Misinterpretation</th>
<th>Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>“U”</td>
<td>Unit</td>
<td>The u can be read as a zero, four or as “cc” - all of which can be catastrophic.</td>
<td>Use unit.</td>
</tr>
<tr>
<td>“q”</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>“Q.D.” “q.d.” “QD” “qd” “Q.O.D.” “q.o.d.” “QOD” “qod”</td>
<td>Latin abbreviation for once daily and every other day.</td>
<td>Mistaken for each other. The period after the Q can be mistaken for an “I” and the “O” can be mistaken for “I”.</td>
<td>Write “daily” and “every other day”. q other day, q 48 hrs.</td>
</tr>
<tr>
<td>“MS” “MSO4” “MgSO4”</td>
<td>Morphine Morphine Sulfate Magnesium Sulfate</td>
<td>Confused for one another. Can mean morphine sulfate or Magnesium sulfate.</td>
<td>Write “morphine”, “morphine sulfate” or “magnesium sulfate”.</td>
</tr>
<tr>
<td>“IU”</td>
<td>IU for international units.</td>
<td>Can be read as IV.</td>
<td>International Units</td>
</tr>
<tr>
<td>“0”</td>
<td>Trailing zero (X.0 mg), Lack of leading zero (X mg)</td>
<td>If the decimal point is missed example 5.0 easily becomes 50.</td>
<td>Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)</td>
</tr>
<tr>
<td>.</td>
<td>A naked decimal point (.) i.e. .5mg of Versed IV.</td>
<td>If the decimal point is missed, the order for Versed is read as 5mg.</td>
<td>Always precede a decimal point with a “0”, if called for.</td>
</tr>
</tbody>
</table>
When reading a physician’s order, if it is not completely clear as to the physician’s intent, contact him/her for clarification.

Note: A trailing zero may be used when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Following is the list of **approved** abbreviations:

<table>
<thead>
<tr>
<th>A</th>
<th>AMI</th>
<th>acute myocardial infarction</th>
</tr>
</thead>
<tbody>
<tr>
<td>@</td>
<td>amp</td>
<td>ampule</td>
</tr>
<tr>
<td>@</td>
<td>amt</td>
<td>amount</td>
</tr>
<tr>
<td>@</td>
<td>ANA Titer</td>
<td>anti-nuclear antibody titer</td>
</tr>
<tr>
<td>A1C</td>
<td>ANGIO</td>
<td>Angiography</td>
</tr>
<tr>
<td>A&amp;O X 3</td>
<td>ant MI</td>
<td>anterior MI</td>
</tr>
<tr>
<td>aa</td>
<td>AOA</td>
<td>American Osteopathic</td>
</tr>
<tr>
<td>AAA</td>
<td>Association</td>
<td>Association</td>
</tr>
<tr>
<td>AAS</td>
<td>APIE</td>
<td>assess plan implement</td>
</tr>
<tr>
<td>Ab</td>
<td>appt/pt</td>
<td>evaluate</td>
</tr>
<tr>
<td>AB</td>
<td>ARDS</td>
<td>acute respiratory distress</td>
</tr>
<tr>
<td>ABI</td>
<td>appointment</td>
<td>syndrome</td>
</tr>
<tr>
<td>abd</td>
<td>AROM</td>
<td>artificial rupture of</td>
</tr>
<tr>
<td>ABI</td>
<td>ASAP</td>
<td>membranes</td>
</tr>
<tr>
<td>abx</td>
<td>ASA</td>
<td>aspirin</td>
</tr>
<tr>
<td>AGG</td>
<td>ASAP</td>
<td>as soon as possible</td>
</tr>
<tr>
<td>AC</td>
<td>as tol</td>
<td>As tolerated</td>
</tr>
<tr>
<td>A/C</td>
<td>AST</td>
<td>Aspartate Aminotransferase</td>
</tr>
<tr>
<td>a/c.</td>
<td>ATC</td>
<td>around the clock</td>
</tr>
<tr>
<td>ACS</td>
<td>Auth</td>
<td>Authorization</td>
</tr>
<tr>
<td>ADA</td>
<td>B</td>
<td>belladonna &amp; opium</td>
</tr>
<tr>
<td>Ad lib</td>
<td>B&amp;O</td>
<td>bundle branch block</td>
</tr>
<tr>
<td>ADL</td>
<td>BBB</td>
<td>both bone fracture of</td>
</tr>
<tr>
<td>Adm</td>
<td>BBFA</td>
<td>forearm</td>
</tr>
<tr>
<td>Aero/aero</td>
<td>BIL</td>
<td>bilateral</td>
</tr>
<tr>
<td>AF/Atb</td>
<td>BipAP</td>
<td>Bi-level positive airway</td>
</tr>
<tr>
<td>AFB</td>
<td>BM/bm</td>
<td>pressure</td>
</tr>
<tr>
<td>AFI</td>
<td>BMP</td>
<td>bowel movement</td>
</tr>
<tr>
<td>AGA</td>
<td>BMFT</td>
<td>basic metabolic profile</td>
</tr>
<tr>
<td>A/G</td>
<td>BMT</td>
<td>bilateral myringotomy and</td>
</tr>
<tr>
<td>AICD</td>
<td>BNIH</td>
<td>tube</td>
</tr>
<tr>
<td>AIDS</td>
<td>BNO</td>
<td>bladder neck hypertrophy</td>
</tr>
<tr>
<td>AKA</td>
<td>BNP</td>
<td>bladder neck obstruction</td>
</tr>
<tr>
<td>ALT</td>
<td>BOX</td>
<td>B naturetic peptide</td>
</tr>
<tr>
<td>am</td>
<td>BPH</td>
<td>blood pressure</td>
</tr>
<tr>
<td>AMA</td>
<td>BPM/bpm</td>
<td>benign prostatic hypertrophy</td>
</tr>
<tr>
<td>amb</td>
<td>BR</td>
<td>beats per minute</td>
</tr>
<tr>
<td></td>
<td>BRP</td>
<td>bedrest</td>
</tr>
<tr>
<td></td>
<td></td>
<td>bathroom privileges</td>
</tr>
</tbody>
</table>

Abbreviations, Policy # 100.01, July 28, 2016, Attachments: None
+BS  positive bowel sounds
BSCD  bilateral sequential compression devices
BSD  bedside drain/drainage
BSN  Bachelor of Science Nursing
BSO  bilateral salpingo-oophorectomy
BSW  Bachelor of Social Work
BTL  bilateral tubal ligation
BUN  blood urea nitrogen
BUS  Bartholin urethral Skene’s gland
BX/bx  biopsy

C

A  change
c  Centigrade
C  confirm
C. Difficile  Clostridium Difficile
CA  carcinoma, cancer
Ca/Ca+  calcium
CABG’  coronary artery bypass graft
CAD  coronary artery disease
CAHD  coronary artery heart disease
cal  calorie
cap  capsule
CAT/CT  computed axial tomography scan
cath  catheter/catheterized
CBC  complete blood count
CBI  continuous bladder irrigation
CC  chief complaint
CCK  Cholecystokinin
CCMS  clean catch midstream
CCU  critical care unit
CDU  clinical decision unit
CEA  Carcinoembryonic Antigen
CERV  cervical
CFM  corometric fetal monitor
cg/CG  caregiver
CHB  complete heart block
CHD  congenital heart defect
CHF  congestive heart failure
Chlam  Chlamydia
CK/CK-MB  Cretone Kinas/MB
Cl/Cl-  Chloride
CLIA  Clinical Laboratory Improvement Amendments

cm  centimeter
CM  costal margin
CMD  cystoid macular degeneration
CMP  comprehensive metabolic profile
CMS  central supply
CMV  control mechanical ventilation
C.N.M.  certified nurse midwife
CNA  Certified Nursing Assistant
CNS  central nervous system
c/o  complain of
CO2  carbon dioxide
COF  chain of four
comp  compound
cont  continue/continuous
COPD  chronic obstructive pulmonary disease
C.O.T.A.  certified occupational therapy assistant
CPAP  continuous positive airway pressure
CPD  cephalopelvic disproportion
CPK/CPK-MB  creatinine phosphokinase/MB
CPR  cardiopulmonary resuscitation
CPT  chest physiotherapy
CQI  continuous quality improvement
C-RP/CRP  C-reactive protein
CRU  cardiac rehabilitation unit
CRVD  central retinal vein occlusion
C/S or C-section  Cesarean section
C&S  culture and sensitivity
CSF  cerebrospinal fluid
CSME  clinically significant macular
edema  C-spine  cervical spine
CSR  central serous retinopathy
CTA  clear to auscultation
CWOCN  Certified Wound Ostomy and Continence Nurse
CV  cardiovascular
CVA  cerebrovascular accident
CVAT  costovertebral angle tenderness
CVP  central venous pressure
ex  cervix
CXR  chest x-ray
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>DAS</td>
<td>Daily Activity Sheet</td>
</tr>
<tr>
<td>db</td>
<td>decibels</td>
</tr>
<tr>
<td>D/C – D/C’d</td>
<td>discontinue/d</td>
</tr>
<tr>
<td>d/c – d/c’d</td>
<td>discharge/d</td>
</tr>
<tr>
<td>D&amp;C</td>
<td>dilatation &amp; curettage</td>
</tr>
<tr>
<td>DCR</td>
<td>dacrocytochistostomy</td>
</tr>
<tr>
<td>DDD</td>
<td>degenerative disk disease</td>
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<tr>
<td>DDS</td>
<td>doctor of dental surgery</td>
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<tr>
<td>dec/l</td>
<td>decrease</td>
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<tr>
<td>defib</td>
<td>defibrillate/defibrillation</td>
</tr>
<tr>
<td>dep</td>
<td>dependent</td>
</tr>
<tr>
<td>DHR</td>
<td>Department of Human Resources</td>
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<tr>
<td>DIAG</td>
<td>diagonal artery</td>
</tr>
<tr>
<td>diff</td>
<td>differential</td>
</tr>
<tr>
<td>dil</td>
<td>dilute</td>
</tr>
<tr>
<td>DIP</td>
<td>distal interphalangeal</td>
</tr>
<tr>
<td>DJD</td>
<td>degenerative joint disease</td>
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<tr>
<td>DKA</td>
<td>diabetic ketoacidosis</td>
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<tr>
<td>dl</td>
<td>decilitre</td>
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<tr>
<td>DM</td>
<td>diabetes mellitus</td>
</tr>
<tr>
<td>DNA</td>
<td>deoxyribonucleic acid</td>
</tr>
<tr>
<td>DNI</td>
<td>do not intubate</td>
</tr>
<tr>
<td>DNKA</td>
<td>did not keep appointment</td>
</tr>
<tr>
<td>DNR</td>
<td>do not resuscitate</td>
</tr>
<tr>
<td>DOA</td>
<td>dead on arrival</td>
</tr>
<tr>
<td>DOE</td>
<td>dyspnea on exertion</td>
</tr>
<tr>
<td>DPI</td>
<td>dry power inhaler</td>
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<tr>
<td>DPT</td>
<td>diphtheria pertusis tetanus</td>
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<tr>
<td>Dr/Dr.</td>
<td>doctor</td>
</tr>
<tr>
<td>DRAIN</td>
<td>drainage</td>
</tr>
<tr>
<td>DRE</td>
<td>digital rectal exam</td>
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<tr>
<td>Dsg/Drs g</td>
<td>dressing</td>
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<tr>
<td>dsg/drs g</td>
<td>dry sterile gauze</td>
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<tr>
<td>DSG</td>
<td>dry sterile diphtheria</td>
</tr>
<tr>
<td>Dt</td>
<td>pediatric diphtheria tetanus</td>
</tr>
<tr>
<td>DT’s</td>
<td>delirium tremens</td>
</tr>
<tr>
<td>DU</td>
<td>duodenal ulcer</td>
</tr>
<tr>
<td>DUB</td>
<td>dysfunctional uterine bleeding</td>
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<tr>
<td>Dx/dx/dia g</td>
<td>diagnosis</td>
</tr>
<tr>
<td>DVT</td>
<td>deep vein thrombosis</td>
</tr>
<tr>
<td>dz</td>
<td>disease</td>
</tr>
<tr>
<td>EBL</td>
<td>estimated blood loss</td>
</tr>
<tr>
<td>ECCE</td>
<td>extracapsular cataract extraction</td>
</tr>
<tr>
<td>Echo</td>
<td>echocardiogram</td>
</tr>
<tr>
<td>ED</td>
<td>emergency department</td>
</tr>
<tr>
<td>EDC</td>
<td>expected date of confinement</td>
</tr>
<tr>
<td>EDD</td>
<td>expected date of delivery</td>
</tr>
<tr>
<td>EDH</td>
<td>epidural hematoma</td>
</tr>
<tr>
<td>EEG</td>
<td>electroencephalogram</td>
</tr>
<tr>
<td>EF</td>
<td>ejection fraction</td>
</tr>
<tr>
<td>EGA</td>
<td>estimated gestational age</td>
</tr>
<tr>
<td>EGD</td>
<td>esophagogastroduodenoscopy</td>
</tr>
<tr>
<td>EIA</td>
<td>Enzyme Immunoassay test</td>
</tr>
<tr>
<td>EIC</td>
<td>epidermoid inclusion cyst</td>
</tr>
<tr>
<td>EKC</td>
<td>epidemic keratoconjunctivitis</td>
</tr>
<tr>
<td>EKG/ECG</td>
<td>electrocardiogram</td>
</tr>
<tr>
<td>elix</td>
<td>elixir</td>
</tr>
<tr>
<td>EMR</td>
<td>Electronic Medical Record</td>
</tr>
<tr>
<td>EMS</td>
<td>emergency medical services</td>
</tr>
<tr>
<td>ene</td>
<td>encourage</td>
</tr>
<tr>
<td>ENT</td>
<td>ear, nose &amp; throat</td>
</tr>
<tr>
<td>EOA</td>
<td>esophageal obturator airway</td>
</tr>
<tr>
<td>EOM</td>
<td>extraocular movement</td>
</tr>
<tr>
<td>EOMI</td>
<td>extraocular muscles intact</td>
</tr>
<tr>
<td>EPAP</td>
<td>expiratory positive airway pressure</td>
</tr>
<tr>
<td>ER</td>
<td>emergency room</td>
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<tr>
<td>ERCP</td>
<td>endoscopic retrograde</td>
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<td>ERM</td>
<td>cholangiopancreatography</td>
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<td>ESR</td>
<td>epiretinal membrane</td>
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<td>ESRD</td>
<td>eosinophil sedimentation rate</td>
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<tr>
<td>EST</td>
<td>end stage renal disease</td>
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<tr>
<td>est</td>
<td>exercise stress test</td>
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<td>ESWL</td>
<td>extracorporeal shock wave</td>
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<td>ET.</td>
<td>lithotripsy</td>
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<td>ETA</td>
<td>Entroctomostal Therapist</td>
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<td>ETT</td>
<td>endotrahecal airway</td>
</tr>
<tr>
<td>ET</td>
<td>endotrahecal tube</td>
</tr>
<tr>
<td>ETOH</td>
<td>alcohol</td>
</tr>
<tr>
<td>EUA</td>
<td>examination under anesthesia</td>
</tr>
<tr>
<td>Exp/exp</td>
<td>expired</td>
</tr>
<tr>
<td>exp lap</td>
<td>exploratory laparotomy</td>
</tr>
<tr>
<td>EXT</td>
<td>extremity</td>
</tr>
<tr>
<td>E</td>
<td>Fahrenheit</td>
</tr>
</tbody>
</table>

Abbreviations: Policy # 100.01; July 28, 2016; Attachments: None
FB foreign body
FBB fingerbreadth below
FBS fasting blood sugar
fc/f/C, FC foley catheter
FFP fresh frozen plasma
FH fundal height
FHR fetal heart rate
FHT fetal heart tone
Fib/fib fibrillation
FiO₂ oxygen percentage
fl oz fluid ounce
FOB foot of bed
FPD fetal pelvic disproportion
FSBS finger stick blood sugar
FSE fetal scalp electrode
FSH follicle stimulating hormone
FU/fu/F/U/f/u follow up
FUO fever of unknown origin
FVC forced vital capacity
FWB full weight bearing
Fx/fix fracture

G

gal gallon
G_/ _ Grade I – VI murmur
GB gall bladder
GC Nisseria Gonnorrhea
GCA giant cell arteritis
GERD Gastroesophageal Reflux Disease
GHA Georgia Hospital Association
GAHHA Georgia Association for Home Health Agencies
GI gastrointestinal
Gm, gm gram
GMCF Georgia Medical Care Foundation
GP general practitioner
GPC giant papillary conjunctivitis
gr grains
Grav gravida
GSW gunshot wound
GT/G tube gastric tube
gtt drop/drip
GU genitourinary
GXT graded exercise stress test
GYN gynecology

H

H/h/hr/o hour
H/A/h/a headache
H&H Hemoglobin & Hematocrit
HASHD hypertensive arteriosclerotic heart disease
HBP high blood pressure
HCG Human Chorionic Gonadatropin (Pregnancy Test)
HCM hypertrophic cardiomyopathy
Hct hematocrit
HCTZ hydrochlorothiazide
HCVD hypertensive cardiovascular Disease
HDL High Density Lipoprotein
HEENT head, eyes, ears, nose & throat
Hemovac drain
Hep Lock heparin lock
HH hiatus hernia
HHA home health aide
Hgb hemoglobin
HIDA hydroxy iminodiacetic acid
HIHQ Health Insurance Query for Home Health
HIV human immunodeficiency virus
HJR hepatojugal reflex
H₂O water
H₂O₂ hydrogen peroxide
H&P history & physical
HNP herniated nucleus pulposus
HOB head of bed
HOH hard of hearing
HPI history of present illness
HS/hs bedtime
HSM hepatosplenomegaly
HSV herpes simplex virus
HT/ht height
HTN hypertension
HX/hx/Hx history
Hyst hysterectomy
HZV herpes zoster virus

I

IAC internal auditory canal
IBI intermittent bladder irrigation
IBS irritable bowel syndrome
ICS intercostal space
ICU intensive care unit
I&D incision & drainage
IDDM insulin dependent diabetes mellitus
IHSS idiopathic hypertrophic subaortic stenosis
IM intramuscular
Incont incontinence/incontinent
inc/↑ increase
indep independent
inf inferior
inf MI inferior MI
Infect infection
infil infiltrated/infiltration
INJ injection
INR International Normalized Ratio
int internal
INT intermittent needle therapy/hep-lock/saline lock
invol involuntary
I&O intake & output
IOL intraocular lens
IOP intraocular pressure
IP interpalangeal
IPAP inspiratory positive airway pressure
IPPB intermittent positive pressure breathing
IR Interventional Radiology
Irreg/irreg irregular
IRRG/irreg irrigate
IS incentive spirometry
ISE internal scalp electrode
IUD intrauterine device
IUGR intrauterine growth retardation
IUP intrauterine pressure
IUPC intrauterine pressure catheter
IV intravenous
IVC inferior vena cava
IVP intravenous pyelogram
JP drain Jackson Pratt drain
J tube jejunostomy tube
Juve/juve juvenile
JVD jugular venous distention
K
Kg Kilogram
KPI key process indicators
KCI Kinetic Concepts Incorporated
KUB kidneys, ureters & bladder
L
L ltr liter
Lab laboratory
LAD left anterior descending artery
lap chole laparoscopic cholecystectomy
LAT left anterior thigh
lat lateral
LAVH laparoscopic assisted vaginal hysterectomy
lb pound
LBBB left bundle branch block
LC/c IOC Lap Chole with intra-op Cholangiogram
LD left deltoid
L&D labor & delivery
LDH lactate dehydrogenase
LDL Low Density Lipoprotein
LE lower extremity
LFA low friction anthropasty
LG left gluteus
LGA large for gestational age
LH left hand
LIMA left internal mammary artery
liq liquid
LLE left lower extremity
LLL left lower lobe
LLQ left lower quadrant
L/min/lpm liters per minute
LML left medial lateral
LMP last menstrual period
LN lymph node
LOC loss of consciousness
LOS length of stay
LP lumbar puncture
LPN Licensed Practical Nurse
LR Lactated Ringers
L-S/L/S/L/S lumbosacral
LSLP Licensed Speech Language
Pathologist
long-term acute care
laryngotracheal bronchitis
long term care
Limited
left upper arm
left upper extremity
left upper lobe
lumbar
left upper quadrant
left ventrogluteal
left ventricular hypertrophy
MRA
magnetic resonance angiography
MRCP
Magnetic Resonance
Cholangiopancreatography
murmurs, rubs, gallops
MRG
murmurs, rubs, gallops, clicks
MRI
magnetic resonance imaging
methicillin resistant staph aureus
mitral stenosis
MS
multi-system organ failure
MSOF
Medical Social Worker
MT
metatarsal
MT&T
myringotomy & tube
MUGA
Multi Gated Acquisition Scan
MV
mitral valve
MVA
motor vehicle accident
MVP
mitral valve prolapse
MVU
Montevideo units

max
maximum
MB/Spect
Whole Body Single-Photon Emission Computer
Tomography
MC
metacarpal
mcg
microgram
MCH
mean corpuscular hemoglobin
MCHC
mean corpuscular hemoglobin
concentrate
MCV
mean corpuscular volume
MD
Medical Doctor
MDI
metered dose inhaler
Mec/mec
meconium
Med/med
medication
mEq
milliequivalent
mg
milligram
Mg/Mg+
magnesium
MHCA
Master of Health Care Administration
MI
myocardial infarction
min/
minute
ml
milliliter
mm
millimeter
mm/Hg
millimeters of mercury
MN
midnight
Mod
moderate, moderation
MODS
multiple organ dysfunction syndrome
MOM
milk of magnesia
MP
metacarpal/metatarsal phalangeal
MR/mr
may repeat
M
magnetic resonance imaging
MRA
magnetic resonance angiography
MRCP
Magnetic Resonance
Cholangiopancreatography
murmurs, rubs, gallops
MRG
murmurs, rubs, gallops, clicks
MRI
magnetic resonance imaging
methicillin resistant staph aureus
mitral stenosis
MS
multi-system organ failure
MSOF
Medical Social Worker
MT
metatarsal
MT&T
myringotomy & tube
MUGA
Multi Gated Acquisition Scan
MV
mitral valve
MVA
motor vehicle accident
MVP
mitral valve prolapse
MVU
Montevideo units

N
nasal airway
N.A.
nursing assistant
Na/Na+
sodium
N/A, n/a
not applicable
NABS
normal abdominal bowel sounds
NAD
no acute distress
NAHC
National Home Care Association
NC
nasal canula
ND
no distension
Nd:YAG
Neodymium-doped Yttrium Aluminum Garnet
NEC
not elsewhere classified
nec
necessary
neg/-
negative
Neuro
neurology/neurologic
NG/NGT
nasogastric tube
NIF
negative inspiratory force
nil
nothing
Ø
none, zero
NKA
no known allergies
NKDA
no known drug allergies
NIDDM
non-insulin dependent diabetes mellitus
NMN
no middle name
NMI	no middle initial
noc
night
non-OB
non-obstetric
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>NPC</td>
<td>non-productive cough</td>
</tr>
<tr>
<td>NPO/npo</td>
<td>nothing by mouth</td>
</tr>
<tr>
<td>NQWMI</td>
<td>non-Q wave myocardial infarction</td>
</tr>
<tr>
<td>NRB</td>
<td>non-rebreather mask</td>
</tr>
<tr>
<td>NS/N/S</td>
<td>normal saline</td>
</tr>
<tr>
<td>NSD</td>
<td>normal spontaneous delivery</td>
</tr>
<tr>
<td>NSR</td>
<td>normal sinus rhythm</td>
</tr>
<tr>
<td>NSTEMI</td>
<td>Non-ST elevation myocardial infarction</td>
</tr>
<tr>
<td>NSVD</td>
<td>normal spontaneous vaginal delivery</td>
</tr>
<tr>
<td>NT</td>
<td>non-tender</td>
</tr>
<tr>
<td>N/C/N/C</td>
<td>nitroglycerine</td>
</tr>
<tr>
<td>#</td>
<td>number</td>
</tr>
<tr>
<td>N/V/V/V</td>
<td>nausea &amp; vomiting</td>
</tr>
<tr>
<td>NV&amp;D/V/V/D</td>
<td>nausea, vomiting &amp; diarrhea</td>
</tr>
<tr>
<td>NB</td>
<td>non-weight bearing</td>
</tr>
<tr>
<td>O2</td>
<td>oxygen</td>
</tr>
<tr>
<td>O2 sat/ O2 Sat</td>
<td>oxygen saturation</td>
</tr>
<tr>
<td>O/S</td>
<td>no signs of infection</td>
</tr>
<tr>
<td>O/W</td>
<td>otherwise</td>
</tr>
<tr>
<td>oz</td>
<td>ounce</td>
</tr>
<tr>
<td>P</td>
<td>pulse</td>
</tr>
<tr>
<td>p</td>
<td>after</td>
</tr>
<tr>
<td>PA</td>
<td>posterior anterior</td>
</tr>
<tr>
<td>P.A.</td>
<td>physician assistant</td>
</tr>
<tr>
<td>PAC</td>
<td>premature atrial contraction</td>
</tr>
<tr>
<td>PACU</td>
<td>post anesthesia care unit</td>
</tr>
<tr>
<td>PaCO2</td>
<td>partial pressure of carbon dioxide</td>
</tr>
<tr>
<td>PaO2</td>
<td>partial pressure of oxygen</td>
</tr>
<tr>
<td>P&amp;A</td>
<td>percussion and auscultation</td>
</tr>
<tr>
<td>PAR</td>
<td>post anesthesia recovery</td>
</tr>
<tr>
<td>PAT</td>
<td>premature/paroxysmal atrial contraction</td>
</tr>
<tr>
<td>PC</td>
<td>pressure control</td>
</tr>
<tr>
<td>p.e.</td>
<td>after meals</td>
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<tr>
<td>PCA</td>
<td>Patient Controlled Analgesia</td>
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<tr>
<td>PCI</td>
<td>percutaneous coronary intervention</td>
</tr>
<tr>
<td>PCD</td>
<td>pneumatic compression device</td>
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<tr>
<td>PCN</td>
<td>penicillin</td>
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<td>PCP</td>
<td>primary care physician</td>
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<td>PCT</td>
<td>patient care tech</td>
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<td>PCU</td>
<td>progressive care unit</td>
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<tr>
<td>PCWP</td>
<td>pulmonary capillary wedge pressure</td>
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<tr>
<td>PDA</td>
<td>Posterior descending artery</td>
</tr>
<tr>
<td>PDCA</td>
<td>Plan Do Check Act</td>
</tr>
<tr>
<td>PDR</td>
<td>proliferative diabetic retinopathy</td>
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<tr>
<td>PE</td>
<td>pulmonary embolism</td>
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<tr>
<td>Ped/s</td>
<td>pediatric/s</td>
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<td>PEEP</td>
<td>positive end expiratory pressure</td>
</tr>
<tr>
<td>PEG</td>
<td>percutaneous endoscopic gastrostomy</td>
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<tr>
<td>PEP</td>
<td>positive expiratory pressure</td>
</tr>
<tr>
<td>PERF</td>
<td>perfusion</td>
</tr>
<tr>
<td>PERRLA</td>
<td>pupils equal, round, reactive to light and accommodation</td>
</tr>
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<td>PF</td>
<td>peak flow</td>
</tr>
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<td>PFT</td>
<td>pulmonary function test</td>
</tr>
<tr>
<td>pH</td>
<td>hydrogen ion concentration</td>
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</table>

Abbreviations: Policy # 100.01; July 28, 2016; Attachments: None
PH  (acid/base)  P.T.A.  physical therapy assistant
Pharm  past history  PTCA  percutaneous transluminal
Phos/phos  pharmacy  coronary arteriogram
PI  performance improvement  PTH  Parathyroid Hormone
PICC  phosphorus  PTT  partial thromboplastin time
PI  peripherally inserted central  PUD  peptic ulcer disease
catheter  pulm  pulmonary
PID  pelvic inflammatory disease  pulse ox  pulse oximetry
PIP  proximal interphalangeal joint  PVD  peripheral vascular disease
PKU  phenylketonuria  PVP  Photo-selective vaporization
PLT  platelets  PWB  partial weight bearing
pm  afternoon  pwd  password
PMH  past medical history  Px/px  pressure
PMI  point of maximal impulse  Q  every
Pn/Pnecu  pneumonia  q/Q  every
PND  paroxysmal nocturnal dyspnea  q1h  every hour
PNC  premature nodal contraction  q2h  every 2 hours
PO  by mouth  QI  quality improvement
POAG  primary open-angle glaucoma  qid/QID  four times daily
POC  plan of care  qs  quantity sufficient
port  port-a-cath  qt  quart
POT  plan of treatment  Qual  Qualitative
pos/+  +  Quant  Quantification
poss  possible  QuaNT  Quantitative
post-op  postoperative  R  right
pot  potential  RA  rheumatoid arthritis
P ox/P Ox  pulse oximetry  RAV/RBAV  read-back & verified
PP/pp  post-partum  RAT  right anterior thigh
PPD  purified protein derivative  RBBB  right bundle branch block
PPN  peripheral parenteral nutrition  RBC  red blood cells
P&P  policy & procedure  R delt/rt delt  right deltid
pr/PR  per rectum  RCA  right coronary artery
PRBC  packed red blood cells  RD  retinal detachment
preg  pregnancy  RDS  respiratory distress syndrome
pre-op  preoperative  Recert  recertification
prep  preparation  Ref  referral
prn/PRN  as needed  Reg/reg  regular
prod  productive  Resp/resp  respiratory
PROM  premature rupture of membranes  RF  rheumatic fever
PS  pressure support  RFA  right forearm
PSA  Prostate Specific Antigen  RG  right gluteus
PSH  past surgical history  Rh  rhesus blood factor
PSVT  paroxysmal supraventricular  
tachycardia
Pt/pt  patient  P.T.  physical therapy
P.T.  prothrombin time  PT  prothrombin time
PTA  prior to admission
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>RIND</td>
<td>reversible ischemic neurological deficit</td>
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<tr>
<td>RLE</td>
<td>right lower extremity</td>
</tr>
<tr>
<td>RLL</td>
<td>right lower lobe</td>
</tr>
<tr>
<td>RLQ</td>
<td>right lower quadrant</td>
</tr>
<tr>
<td>RLT</td>
<td>right lateral thigh</td>
</tr>
<tr>
<td>RML</td>
<td>right middle lobe</td>
</tr>
<tr>
<td>RN</td>
<td>registered nurse</td>
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<tr>
<td>R/O, r/o,</td>
<td>rule out</td>
</tr>
<tr>
<td>RO, reo</td>
<td>rule out anterior</td>
</tr>
<tr>
<td>ROC</td>
<td>Resumption of Care</td>
</tr>
<tr>
<td>ROM</td>
<td>range of motion</td>
</tr>
<tr>
<td>ROS</td>
<td>review of systems</td>
</tr>
<tr>
<td>ROT</td>
<td>right occiput transverse</td>
</tr>
<tr>
<td>RP</td>
<td>retrograde pyelogram</td>
</tr>
<tr>
<td>RPR</td>
<td>reiter protein reagent</td>
</tr>
<tr>
<td>RRR</td>
<td>regular rate &amp; rhythm</td>
</tr>
<tr>
<td>RSI</td>
<td>Rapid Sequence Intubation</td>
</tr>
<tr>
<td>RSR</td>
<td>regular sinus rhythm</td>
</tr>
<tr>
<td>RSV</td>
<td>Respiratory Syncytial Virus</td>
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<tr>
<td>R.T.</td>
<td>respiratory therapy</td>
</tr>
<tr>
<td>RTO</td>
<td>return to office</td>
</tr>
<tr>
<td>RUA</td>
<td>right upper arm</td>
</tr>
<tr>
<td>RUE</td>
<td>right upper extremity</td>
</tr>
<tr>
<td>RUL</td>
<td>right upper lobe</td>
</tr>
<tr>
<td>RUQ</td>
<td>right upper quadrant</td>
</tr>
<tr>
<td>RVG</td>
<td>right ventrogluteal</td>
</tr>
<tr>
<td>RVH</td>
<td>right ventricular hypertrophy</td>
</tr>
<tr>
<td>RVR</td>
<td>rapid ventricular response/rate</td>
</tr>
<tr>
<td>Rx/RX/rx</td>
<td>prescription/take</td>
</tr>
</tbody>
</table>

**S**

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>s</td>
<td>without</td>
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<tr>
<td>S&amp;O</td>
<td>salpingo-oopherectomy</td>
</tr>
<tr>
<td>SAH</td>
<td>subarachnoid hemorrhage</td>
</tr>
<tr>
<td>SA node</td>
<td>sinoatrial node</td>
</tr>
<tr>
<td>sat/s</td>
<td>saturation</td>
</tr>
<tr>
<td>SBE</td>
<td>subacute bacterial endocarditis</td>
</tr>
<tr>
<td>SC/sub q</td>
<td>subcutaneous</td>
</tr>
<tr>
<td>SCD</td>
<td>sequential compression device</td>
</tr>
<tr>
<td>SDH</td>
<td>subdural hematoma</td>
</tr>
<tr>
<td>sec/&quot;</td>
<td>second</td>
</tr>
<tr>
<td>scd rate</td>
<td>sedimentation rate</td>
</tr>
<tr>
<td>SEMI</td>
<td>subendocardial myocardial infarction</td>
</tr>
<tr>
<td>SG/Spec grav</td>
<td>specific gravity</td>
</tr>
</tbody>
</table>

**SG cath** | Swan-Ganz catheter |
**SGA**      | small for gestational age |
**SGL**      | single |
**SGOT**     | serum glutamic oxaloacetic transaminase |
**SGPT**     | serum glutamic pyruvic transaminase |
**SIADH**    | syndrome of inappropriate anti-diuretic hormone |
**SIDS**     | sudden infant death syndrome |
**Sig/sig**  | given as follows |
**SIMV**     | mandatory ventilation |
**SL/sl**    | sublingual |
**SLP**      | Speech Language Pathologist |
**sm**       | small |
**SMI**      | sustained maximal inspiration |
**SN**       | skilled nurse |
**SNF**      | skilled nursing facility |
**SO/sig other** | significant other |
**SOB**      | shortness of breath |
**SOC**      | Start of Care |
**SOAP**     | subjective, objective, assessment, plan |
**sol**      | solution |
**SP**       | spinal puncture |
**S/P, s/p** | status post |
**Spec**     | specimen |
**SPN**      | student practical nurse |
**SpO2**     | Saturation of Peripheral Oxygen |
**spont**    | spontaneous |
**SRN**      | student registered nurse |
**SRM**      | spontaneous rupture of membranes |
**ss**       | one half |
**SSE**      | soapsuds enema |
**SSI**      | Sliding Scale Insulin |
**SST**      | short self tst |
**Staph**    | staphylococcus |
**ST**       | Speech Therapy |
**STAT**     | immediately |
**STD**      | sexually transmitted disease |
**STEMI**    | ST elevation myocardial infarction |
**Strep**    | streptococcus |
**Sub Q/Sub Cut** | subcutaneous |
**supp**     | suppository |
**Sup**      | Supervisory |
**sus**      | suspension |
Supervisory Visit
saphenous vein graft
supraventricular tachycardia
suction
Tyroxine
tables spoon
threatened abortion
tonsillectomy & adenoidectomy
therapeutic abortion
tablet
tachycardia
total abdominal hysterectomy
Transcatheter Aortic Valve Replacement
tuberculosis
tube compensation
turn, cough & deep breathe
touch down weight bearing
temperature
transelectrical nerve stimulator
tetanus toxoid
tube feeding
thoracic
inspiratory time
transient ischemic attack	ibia
three times daily
tetanus immune globulin
tincture
The Joint Commission
to keep open
triple lumen catheter
 tympanic membranes
type and cross
type and screen
telephone order
train of four
tissue plasminogen activator
total parenteral nutrition
temperature, pulse respirations
tracheostomy
troc oze, lozenge
thyroid stimulating hormone
t transient tachypnea of newborn
Turbin/turbine
transurethral resection of bladder
transurethral resection of prostate
total weight bearing
tap water enema
treatment
type and crossmatch
urinalysis
usual childhood diseases
upper extremity
Upper Gastrointestinal Tract
upper outer quadrant
upper respiratory infection
ultrasound
urinary tract infection
visual acuity
vaginal
volume control plus
vocal cord nodule
voiding cystourethrogram
venereal disease
venereal disease research laboratory test
ventricular fibrillation
vitamin
ventimask
minute volume
verbal order
volume
venipuncture
vagotomy & phloro plasty
ventilation and quantification
vancomycin resistant
enterococcus
vital signs
vital signs stable
tidal volume
<table>
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<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>W</td>
<td>with</td>
</tr>
<tr>
<td>W/A, w/a</td>
<td>while awake</td>
</tr>
<tr>
<td>WB</td>
<td>weight</td>
</tr>
<tr>
<td>WB as tol</td>
<td>weight bearing as tolerated</td>
</tr>
<tr>
<td>WBC</td>
<td>white blood cell</td>
</tr>
<tr>
<td>Wdwn</td>
<td>well developed, well nourished</td>
</tr>
<tr>
<td><em>w/o</em></td>
<td>without</td>
</tr>
<tr>
<td>WOCN</td>
<td>Wound Ostomy and Continence Nurse</td>
</tr>
<tr>
<td>WPW</td>
<td>Wolff-Parkinson-White syndrome</td>
</tr>
<tr>
<td>WSR</td>
<td>Westergren sedimentation rate</td>
</tr>
<tr>
<td>WT/Wt/wt</td>
<td>weight</td>
</tr>
<tr>
<td>Wound Vac/</td>
<td></td>
</tr>
<tr>
<td>Wound VAC</td>
<td>Wound Vacuum Assisted Closure</td>
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<table>
<thead>
<tr>
<th>Symbol</th>
<th>Meaning</th>
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<tr>
<td>≤</td>
<td>Less than or equal to</td>
</tr>
<tr>
<td>≥</td>
<td>Greater than or equal to</td>
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</table>

**Anesthesia Related Abbreviations:**

- ^: inflation
- ^ & v plate: upper and lower denture plates
- +: positive
- A & O: alert and oriented
- AAOI: apparent atraumatic oral intubation
- AC: antecubital
- A-line: arterial line
- Anesth. or Anes.: Anesthesia
- Ant.: anterior
- APS: Anesthesia Pain Service
- ARC: anesthesia related complications
- Ax.: Axillary
- B: Black
- Blk.: Block
- BPC: blood pressure cuff
- C: Caucasian
- C.: controlled respirations
- cath.: Catheter
- CESI: cervical epidural steroid injection
- cm.: centimeter
- CESI: cervical epidural steroid injection
- cm.: centimeter
- A: change
- CSE: combined spinal and epidural
- CTA: clear to auscultation
- CTR: carpal tunnel release
- CTS: carpal tunnel syndrome
- CVL: central venous line
- Cxs: complications
- DVVC: direct visualization of vocal cords

Abbreviations; Policy # 100.01; July 28, 2016; Attachments: None
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Definition</th>
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<tbody>
<tr>
<td>LESTI</td>
<td>lumbar epidural steroid injection</td>
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<tr>
<td>LLD</td>
<td>left lateral decubitus</td>
</tr>
<tr>
<td>LOR or LORT</td>
<td>loss of resistance technique</td>
</tr>
<tr>
<td>M</td>
<td>murmur</td>
</tr>
<tr>
<td>M/O</td>
<td>month old</td>
</tr>
<tr>
<td>MAC</td>
<td>monitored anesthesia care</td>
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<td>MAC 0 thru 4</td>
<td>MacIntosh laryngoscope blademach.</td>
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<tr>
<td>mAMPS</td>
<td>milli-amperage</td>
</tr>
<tr>
<td>Marc.</td>
<td>Marcaine, Bupivacaine, Sensorcaine</td>
</tr>
<tr>
<td>MH</td>
<td>malignant hyperthermia</td>
</tr>
<tr>
<td>mh</td>
<td>mandible to hyoid</td>
</tr>
<tr>
<td>Mil. 0 thru 4</td>
<td>Miller laryngoscope blade</td>
</tr>
<tr>
<td>Miv.</td>
<td>Mivacurium</td>
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<tr>
<td>MMW or MMA</td>
<td>middle mental window or antrostomy</td>
</tr>
<tr>
<td>MN</td>
<td>midnight</td>
</tr>
<tr>
<td>MO</td>
<td>mouth opening</td>
</tr>
<tr>
<td>MP class 1-4</td>
<td>mallampati airway classification</td>
</tr>
<tr>
<td>NAD</td>
<td>no apparent distress</td>
</tr>
<tr>
<td>NTN</td>
<td>needle through needle</td>
</tr>
<tr>
<td>OAW</td>
<td>oral airway</td>
</tr>
<tr>
<td>OC to OR/OCCTOR</td>
<td>on-call to operating room</td>
</tr>
<tr>
<td>OP</td>
<td>outpatient or Oropharyngeal</td>
</tr>
<tr>
<td>OPS</td>
<td>outpatient surgery</td>
</tr>
<tr>
<td>P &amp; D</td>
<td>prepped and draped</td>
</tr>
<tr>
<td>POx</td>
<td>pulse oximetry</td>
</tr>
<tr>
<td>PACU</td>
<td>post-anesthesia care unit</td>
</tr>
<tr>
<td>PDPHA</td>
<td>postdural puncture headache</td>
</tr>
<tr>
<td>PEEP</td>
<td>positive and expiratory pressure</td>
</tr>
<tr>
<td>PIP</td>
<td>peak inspiratory pressure</td>
</tr>
<tr>
<td>POPM</td>
<td>post-op pain management</td>
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<td>Post.</td>
<td>posterior</td>
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<td>PreO2</td>
<td>pre-oxygenation</td>
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<td>Pt.</td>
<td>Patient</td>
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<td>R</td>
<td>rubs</td>
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<td>RCR</td>
<td>rotator cuff repair</td>
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<td>RCT</td>
<td>rotator cuff tear</td>
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<td>Reg. Anesth.</td>
<td>Regional anesthesia</td>
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<td>RLD</td>
<td>right lateral decubitus</td>
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<td>Roc.</td>
<td>Rocuronium</td>
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<td>R-T-berg</td>
<td>reverse trendelenburg position</td>
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<td>S.</td>
<td>spontaneous respirations</td>
</tr>
<tr>
<td>S/P</td>
<td>status post</td>
</tr>
<tr>
<td>SA</td>
<td>spontaneous assisted respirations</td>
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<td>SAB</td>
<td>subarachnoid block/injection</td>
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<tr>
<td>SAD</td>
<td>subacromial decompression</td>
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<tr>
<td>SI</td>
<td>sacro-iliac</td>
</tr>
<tr>
<td>Sm. IV induc.</td>
<td>Smooth IV induction of anesthesia</td>
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<tr>
<td>SR</td>
<td>sinus rhythm</td>
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<td>STP</td>
<td>sodium thiopentinal</td>
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<td>Surg.</td>
<td>Surgery</td>
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<td>T</td>
<td>Thoracic</td>
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<tr>
<td>T.</td>
<td>tourniquet</td>
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<td>T-berg</td>
<td>trendelenburg position</td>
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<tr>
<td>tech.</td>
<td>technique</td>
</tr>
<tr>
<td>TESI</td>
<td>Thoracic epidural steroid injection</td>
</tr>
<tr>
<td>TMJ</td>
<td>temporal-mandibular joint</td>
</tr>
<tr>
<td>TOL</td>
<td>trial of labor</td>
</tr>
<tr>
<td>Tx.</td>
<td>treated or treatment</td>
</tr>
<tr>
<td>UBBH</td>
<td>upper body BAIRHUGGER</td>
</tr>
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Approved by:

Associate Vice President of Finance

Chairman, Pharmacy and Therapeutics Committee

Chief of Staff

Abbreviations: Policy # 100.01; July 28, 2016; Attachments: None
GORDON HOSPITAL
ORGANIZATIONAL POLICY

TITLE: Code of Conduct

EFFECTIVE DATE: January 10, 2018

SUPERSEDES: Policy Same Title; 02/15; 02/12; 02/09; 03/07; 01/05; 06/03; 03/03; 03/01; 03/00; 10/90; 01/90

REFERENCE: The Joint Commission CAMH Manual

ATTACHMENTS: None

AUTHORED BY: Administration

Purpose:

To set forth basic principles and guidelines for the employees of Gordon Hospital.

Policy:

All employees, medical staff members, contractors and agents are expected to be guided by the basic principles of honesty and fairness in the conduct of Gordon Hospital affairs and to comply with all applicable Federal, State, and Local laws. All employees should perform their job responsibilities in accordance with the organizations obligations as a healthcare provider.

Method of Implementation:

All Gordon Hospital employees will review the Code of Conduct and agree to abide by the principles outlined in it. The Gordon Hospital Code of Conduct is as follows:

Gordon Hospital is committed to compliance with all applicable Federal, State, and Local laws and regulations. All employees and agents are expected to be guided by the basic principles of honesty and fairness in the conduct of the organization’s affairs. Employees will be knowledgeable about and ensure compliance with the laws and regulations as outlined in the Gordon Hospital Compliance Plan and Gordon Hospital’s expectations that they comply with the plan.

Gordon Hospital is committed to delivering medically necessary health care to its patients in a compassionate, respectful, and ethical manner without regard to race, creed, color, religion, national origin, gender or disability. Patients will be treated with dignity and respect at all times. Gordon Hospital will provide each patient with information regarding his/her rights and responsibilities and will endeavor to protect those rights throughout their care and treatment. Admissions, transfers, and discharges are made in accordance with clinical need and with applicable laws and regulations.

Gordon Hospital is dedicated to the maintenance of accurate and reliable patient and corporate records. Records of the organization shall be prepared honestly and in accordance with
established policies and procedures. Gordon Hospital will maintain appropriate confidentiality of records and information, which prevent unauthorized release of information.

Gordon Hospital maintains contacts with governmental officials and other government personnel in a professional manner. Such contacts will affirm the high integrity of the organization.

Gordon Hospital provides patients with understandable explanations of services rendered and holds responsible parties financially accountable only for care rendered. Gordon Hospital seeks to resolve business conflicts in a fair and equitable manner.

Public and commercial communications are used to advance organizational objectives and are carried out in a manner consistent with the Gordon Hospital mission. Gordon Hospital marketing and advertising will be accurate and sensitive to community culture without false or misleading statements.

Gordon Hospital acknowledges that there is potential for conflicts of interest in any organization. We will continuously examine the organization’s practices to identify, avoid or eliminate potential areas of conflict (Reference Policy # 132, titled Ethics, Statement of Conflict of Interest).

Gordon Hospital is committed to maintaining the privacy of patient protected health information. Only employees with a legitimate “need to know” may access, use, or disclose patient information for activities related to treatment, payment, and health care operations on behalf of Gordon Hospital. Each employee may only access, use, or disclose the minimum information necessary to perform his or her designated role regardless of the extent of access provided. Gordon Hospital will provide to each patient a notice of Privacy Practices that will inform them of their rights with respect to protected health information as well as Gordon Hospital’s legal duties. Gordon Hospital will release information for purposes other than treatment, payment, and health care operations only with written authorization from the patient, except as required by applicable Federal, State, or local laws and regulations.

Gordon Hospital is dedicated to providing quality care for eligible patients regardless of how a facility compensates or shares financial risk with administration, clinical staff, and licensed fee basis practitioners. Patient care is based on health care needs, and the same standard of care is given to all patients who are treated at a facility. This includes all tests, treatments, and all other appropriate interventions. Patients receive treatment according to published eligibility regulations.

The general principles outlined above shall apply in the conduct of all Gordon Hospital’s business activities.

Approved by:

Chief Financial Officer
TITLE: Fall Risk Assessments and Interventions  POLICY # 200.24  PAGE 1 of 3

EFFECTIVE DATE: March 20, 2018  SUPERSEDES: Policy Same Title; 03/17; 07/13; 06/11; 12/08; 09/08; 01/07; 06/06; 03/04; 05/02; 06/94


ATTACHMENTS: None

AUTHORED BY: Gordon Hospital Fall Team

Purpose:

1. To ensure a safe environment for patients.

2. To identify patients at risk for falls and provide a mechanism for communicating to all members of the healthcare team.

3. To provide strategies for reducing the risk of patient falls and to establish a process for the continuous monitoring of falls.

Definition:

A sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface, on another person, or on an object. A fall is when a patient rolls off a low bed onto a mat or is found on a surface where you would not expect to find a patient. A fall is when any staff member who is with a patient attempts to minimize the impact of the fall by slowing the patient’s descent. If a patient who is attempting to stand or sit falls back onto a bed, chair, or commode, this is only counted as a fall if the patient is injured.

Policy:

Preventing patient falls is a high priority safety activity, requiring a planned, coordinated, and interdisciplinary effort.

Method of Implementation:

All patients are assessed for fall risk. The Morse Fall Risk Scale for adults or Humpty Dumpty Assessment for Pediatrics and Fall Risk Interventions are documented at the time of the RN admission assessment, re-assessed every shift, upon transfer to another unit, and as the patient’s condition warrants.
The Morse Fall Risk Assessment will be utilized for adults. The Humpty Dumpty Assessment will be utilized for the infant/child.

If a patient is identified as being high risk for a fall, fall risk interventions appropriate for the patient are implemented.

The Safety Agreement Form 150150 – 202 will be reviewed with patients and/or family members.

The patient and/or family are educated on general safety tips. This education is documented in the medical record.

**Fall Risk Interventions:**

The patient’s high-risk fall status is communicated at shift report and upon transfer to another department or unit. Assistive devices and lift equipment should be used for transfers and/or ambulation as appropriate. Fall Risk Interventions should be individualized for patient’s needs and risk of fall. Examples of frequently utilized interventions are listed below.

**Fall Risk Interventions Environment:**

- Beds are maintained in low position.
- Locked positions on chairs and beds are maintained at all times.
- Cribs will be utilized for the applicable pediatric population.
- If parent refuses to utilize crib, obtain and complete Consent for Pediatric Crib Release of Responsibility, Form # 150150-197.
- Toileting aids are within the patient’s reach.
- Call light is within the patient’s reach.
- The under-bed light or accent lighting will be used if applicable.
- Pathways in room are clear of obstacles.
- Phone and personal items are within patient reach.
- Hourly rounding is being performed to address the patient’s environment for fall safety interventions as appropriate.

**Fall Risk Interventions Care Practice:**

- Hourly rounding is being performed to address fall care practice interventions including diversional activities, toileting needs and comfort measures as appropriate.

**Fall Risk Interventions Assessments:**

- Hourly rounding is being performed to address fall risk assessments including I&O, lab results, medications, and vital signs as appropriate.

**Fall Risk Interventions Safety:**

- Hospital staff will be alerted to the patient’s “high fall risk” status by placing a yellow High Fall Risk sticker on the patient’s armband and a Fall Risk sign.
- Non-skid footwear will be encouraged for use when out of bed, unless contraindicated by assessment, e.g., patient has foot drop, pitting edema, etc.
- A minimum of the top two bedrails will be kept up at all times. Use of a third bedrail will be based upon nursing assessment. The use of four bedrails is required at times on ICU beds and on some specialty beds as per manufacturer guidelines and is not considered a restraint.
- Bed alarms and/or chair alarms will be utilized for at risk patients. Bed alarm signage will be placed on the door of the room as appropriate.
- Hourly rounding is being performed to address fall risk safety as appropriate utilizing the measures listed in this section as appropriate.

**Fall Risk Interventions Outcome:**
- Document as appropriate for the patient.

**Post Fall Charting and Assessment:**

If a fall event does occur, a Risk Master will be completed. **NO REFERENCE** to documentation in Risk Master should be recorded in Cerner. Documentation will be placed within the Electronic Medical Record in the Falls Documentation in the Assessment Band. The patient should have a new Fall Risk Assessment completed and new interventions implemented if appropriate. Fall debrief form to be completed post fall and turned in to unit manager.

**Downtime Process:**

During Downtime, a paper form will be used. The form “AHS Special Charting Notes” is available on AHS ARC → Employee Resources → EMR Forms → DT Folder → Hospital Wide Folder → Morse Fall Risk Assessment OR Humpty Dumpty Fall Risk Assessment

Approved by:

[Signature]

Vice President/Chief Nursing Officer
GORDON HOSPITAL
ORGANIZATIONAL POLICY

TITLE: Fingernail Standards

EFFECTIVE DATE: August 4, 2017

SUPERSEDES: Policy Same Title; 09/14; 09/11; 09/08; 01/07


ATTACHMENTS: None

AUTHORED BY: Infection Preventionist

Purpose:

To reduce the incidence of healthcare associated infection.

Policy:

No artificial nails are allowed for any healthcare worker who works in a direct patient care area, prepares and/or provides items for patient care use.

Method of Implementation:

1. Artificial nails are defined as any material applied to the nail for purposes of lengthening the nail. This includes terms such as, but not limited to inlays, overlays, wraps, fillers, acrylics, gels, tips, extenders, tapes, mail appliqués, nail decoration, press on nails, and nail piercing jewelry or any bonding material.
2. Natural nails should be no longer than ⅛ inch long. Nail polish may be worn, but must be in good repair without any chips or cracks.

Approved by:

Chair, Infection Control Committee

Vice President/Chief Nursing Officer
GORDON HOSPITAL
ORGANIZATIONAL POLICY

TITLE: Hand Hygiene

EFFECTIVE DATE: August 4, 2017

POLICY # 908.0

SUPERSEDES: Policy Same Title; 09/14; 09/11;
09/08; 10/06; 09/06; 05/04; 04/04; 04/03; 02/00;
04/96; 03/95; 03/94; 03/93; 11/91; 02/84

REFERENCE: CDC Guidelines for Hand Hygiene in Health-Care settings. Recommendations of the
Healthcare Infection Control Practices Advisory Committee and the
HICPAC/SHEA/APIC/IDSA Infection Hygiene Task Force, October 2002

ATTACHMENTS: None

AUTHORED BY: Infection Control Coordinator

Purpose:

To establish effective standards for hand hygiene practices to reduce the transmission of pathogenic
microorganisms to our patients and personnel.

Policy:

All healthcare workers will follow the hand hygiene standards outlined in this policy.

Method of Implementation:

1. Indications for handwashing and hand antisepsis:
   A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled
      with blood or other body fluids, wash hands with either soap and water or antimicrobial soap
      and water.
   B. If hands are not visibly soiled, use alcohol-based hand rub for routinely decontaminating hands
      in clinical situations or alternately wash hands with soap and water or antimicrobial soap and
      water.
   C. Decontaminate hands before having direct contact with patients.
   D. Decontaminate hands before donning sterile gloves when inserting a central intravascular
      catheter.
   E. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular
      catheters or other invasive devices that do not require a surgical procedure.
   F. Decontaminate hands after contact with a patient’s intact skin (i.e., when taking a pulse or a
      blood pressure or lifting a patient).
   G. Decontaminate hands after contact with body fluids or excretions, mucous membranes,
      non-intact skin and wound dressings if hands are not visibly soiled.
   H. Decontaminate hands if moving from a contaminated body site to a clean body site during
      patient care.
   I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the
      immediate vicinity of the patient.
J. Decontaminate hands after removing gloves.
K. Before eating and after using a restroom, wash hands with soap and water or antimicrobial soap and water.
L. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with soap and water. Because they are not as effective as alcohol based rubs or antimicrobial soap they are not a substitute for their use.
M. Wash hands with soap and water or antimicrobial soap and water if exposure to Bacillus or Clostridium is suspected or proven.

2. Hand Hygiene Technique:
   A. When decontaminating hands with an alcohol based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow manufacturer’s recommendations regarding the volume of product to use.
   B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least fifteen seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use a clean, dry towel to turn off the faucet. Avoid using hot water, because it can increase the risk of dermatitis.
   C. Liquid, bar or powdered forms of soap are acceptable when washing hands with non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used.

3. Artificial Nails, Natural Nails - See Organizational Policy Fingernail Standards # 907.1.

4. Surgical Hand Antisepsis:
   A. Remove rings, watches, and bracelets before beginning the surgical hand scrub.
   B. When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer.
   C. When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer’s instructions. Before applying the alcohol solution; pre-wash hands and forearms with a non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product allow hands and forearms to dry thoroughly before donning sterile gloves.

Approved by:

Chair, Infection Control Committee

Vice President/Chief Nursing Officer
ADVENTIST HEALTH SYSTEM GEORGIA, INC.
ORGANIZATIONAL POLICY

TITLE: Patient Rights and Responsibilities

EFFECTIVE DATE: December 14, 2017

SUPERSEDES: Policy Same Title; 02/17; 01/16; 01/15; 07/14; 01/14; 01/13; 01/12; 01/11; 01/10; 11/08; 10/08; 02/08; 03/07; 01/05; 04/03; 03/02; 07/01; 05/00; 08/91

REFERENCE: The Joint Commission Hospital Accreditation Standards, Healthcare Facilities Accreditation Program Accreditation Requirements for Acute Care Hospitals

ATTACHMENTS: None

AUTHORED BY: Nursing Administration

The Board of Directors of Adventist Health System Georgia, Inc. adopts the following policy and procedures for Gordon Hospital and Murray Medical Center. The term, “Hospital” as used in this Policy shall refer to each of Gordon Hospital and Murray Medical Center. The “SUPERSEDES” Dates, prior to 12/14/2017, are for Gordon Hospital.

Purpose:

The hospital will provide each patient with written information regarding his or her rights and responsibilities and will endeavor to protect those rights throughout their care and treatment.

Policy:

The Hospital is committed to delivering medically necessary healthcare to its patients in a compassionate, respectful and ethical manner without regard to race, creed, color, religion, national origin, gender or physical ability. The hospital will follow standards of care based on the needs of the patient. Patients will be treated with dignity and respect at all times. The patient’s rights and responsibilities will be outlined in the patient information booklet and given to each patient at the time of admission.

Method of Implementation:

Patient Rights

- The right to medical or obstetrical screening examinations to determine if an emergency medical condition exists. The patient has the right to treatment for any emergency medical condition that may deteriorate for failure to provide such treatment. Additional care or treatment shall be provided to stabilize the emergency medical or obstetrical condition, within the capabilities of the staff and hospital.
• The patient has the right to participate in the development and implementation of the plan of care and make decisions regarding his or her care. The patient has the right to a prompt and reasonable response to his or her questions.

• When the patient is either incompetent, incapacitated or a minor, the patient’s rights shall be exercised by his or her legally authorized person as the law allows. The patient/legally authorized person has the right to exclude any or all family members from participating in the healthcare decisions.

• The patient has the right to be involved and participate in all aspects of his or her care including, but not limited to:
  - Giving informed consent
  - Making healthcare decisions
  - Making ethical decisions
  - Resolving dilemmas about care decisions
  - Initiating conflict resolution
  - Formulating advance directives
  - Withholding resuscitative services
  - Forgoing or withdrawing life sustaining treatment
  - Determining care at the end of life
  - Receiving information about the outcomes of care including anticipated outcomes.

• The patient has the right to formulate an Advance Directive (Living Will/Durable Power of Attorney for Healthcare) indicating his/her choices regarding healthcare decisions involving life prolonging procedures and/or designating someone to make healthcare decisions in the event of later incompetency or incapacity. The patient shall receive the same quality medical care regardless of the completion of an Advance Directive. The patient’s advance directive shall be honored within the limits of the law, and the Hospital’s mission, philosophy and capabilities.

• The patient has the right to discuss the use of resuscitative measures with the practitioner.

• The patient has the right to have life prolonging procedures withheld or withdrawn and the right to comfort and dignity at the end of life.

• The patient has the right to interpretive services.

• The patient has the right to utilize communication aids and services that are reasonably available according to the Americans with Disabilities Act and applicable state/federal law to facilitate or enhance communication.

• The patient has the right to expect access to communications. Communication may be restricted for therapeutic reasons. Any restrictions will be explained to the patient.

• The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of their admission to the hospital.
• The patient has the right to know what rules and regulations apply to patient conduct.

• The patient has the right to personal privacy.

• The patient has the right to confidentiality of information. Patient information shall be disclosed only to healthcare professionals with the “need to know”. Case discussion, consultation, examination and treatment shall be conducted discretely with those involved in the care. These interactions will be held in surroundings that provide reasonable accommodation to visual and auditory privacy.

• The patient has the right to have privacy respected without regard to economic status or payment source.

• The patient has the right to receive care in a safe setting.

• The patient has the right to impartial access to medical care, treatment or accommodations that are available and medically indicated, regardless of race, creed, color, gender, national origin, religion, physical ability, sexual orientation, ethnicity, age or handicap. Patients will receive care and treatment without coercion, discrimination or retaliation.

• The patient has the right to be free from all forms of abuse or harassment.

• The patient has the right to access protective services (for example, the state Department of Children and Family Services).

• The patient has the right to know what patient support services are available (case management, chaplain, patient representative).

• The patient has the right to the confidentiality of his or her clinical records.

• The patient has the right to access information contained in his or her clinical record within a reasonable timeframe and to obtain a copy of the clinical record in accordance with state statutes.

• The patient has the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.

• The patient has the right to receive the following information from his or her practitioner:
  o Diagnosis
  o Planned course of treatment
  o Benefits and risks of treatment
  o Significant alternatives, including non treatment
  o Prognosis.
The patient has the right to retain and use personal clothing and/or possessions unless contraindicated due to medical or safety reasons.

The patient has the right to care that is considerate and respectful with recognition of his or her personal individual dignity, values and beliefs.

The patient has the right to express spiritual beliefs and cultural practices as long as these do not harm others or interfere with treatment or the agreed upon plan of care.

The patient has the right to request and be provided with Pastoral Care Services.

The patient has the right to refuse any treatment except as otherwise provided by law. The patient/legally authorized person is responsible for his or her actions if he or she refuses treatment or does not follow the practitioner's instructions. When refusal of treatment by the patient or legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.

The patient has the right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his or her access to services.

The patient has the right to know the name, function, professional status and qualifications of any person providing his or her care or services.

The patient has the right to know the reasons for any proposed change in the professional staff responsible for his or her care.

The patient has the right to request a consult with a specialist at his or her own expense.

The patient has the right to know the reasons for his or her transfer either within or outside the hospital.

The patient has the right to know the relationship of the hospital to other persons or organizations participating in the provision of his or her care.

The patient has the right of access to the cost, itemized when possible, of services rendered within a reasonable period of time.

The patient has the right to request an explanation of charges as may be required by applicable state law.

The patient has the right to request a reasonable estimate of charges for services to be provided. Such reasonable estimate shall not preclude the entity from exceeding the estimate or making additional charges based on changes in the patient’s condition, treatment needs or other factors beyond the entity’s control.
• The patient has the right to be informed of the source of the hospital’s reimbursement for his or her services, and of any limitations which may be placed upon his or her care.

• The patient has the right to request, in advance of treatment, the disclosure of who is eligible for Medicare and whether the hospital accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the hospital.

• The patient has the right to request information and counseling on the availability of known financial resources.

• The patient has the right to have pain assessed and treated as effectively as possible.

• The patient has the right to choose who may visit during the hospital stay and when visitors are present, subject to certain clinical restrictions or limitations on such rights, and his or her right to deny or withdraw such consent at any time. The patient has the right to have impartial access to care, treatment, services and visitation privileges, regardless of race, religion, sex, sexual orientation, ethnicity, age, handicap or ability to pay.

• The patient has the right of informed consent for donation of organs and tissues.

**Patient Responsibilities**

In the absence of federal or state law mandating specific provisions relative to patient responsibilities, Adventist Health System Georgia, Inc. entities will expect:

• The patient is responsible to provide, to the best of his/her knowledge, accurate and complete information about present medical complaints, past illness, prior hospitalizations, medications, and other matters relating to his/her health.

• The patient is responsible for reporting to his/her physician whether he/she comprehends a contemplated course of action and what is expected of him/her.

• The patient is responsible for reporting to the physician and/or the nurse, unexpected changes in his/her condition.

• The patient is responsible for following the treatment plan recommended by the physician. The patient is responsible for informing his/her physician and other healthcare professionals when he/she anticipates a problem in following the agreed upon treatment plan.

• The patient is responsible for his/her actions if he/she refuses treatment or does not follow the physician’s instructions.

• The patient is responsible to respect the physician(s) and healthcare facility’s right to expect behavior from the patient which, considering the nature of his or her illness, is reasonable and responsible.
- The patient and visitors are responsible for following the healthcare facilities rules and regulations affecting patient care and conduct.

- The patient and visitors are responsible for being respectful and considerate of the rights and needs of other patients and healthcare workers. This includes being sensitive to noise level, number of visitors and the smoke free environment. The patient is responsible to be respectful of the property of others.

- If the patient has completed an advance directive; the patient is responsible for providing a copy of the most current and completed Advance Directives to the hospital.

- The patient is responsible for keeping appointments and when unable to do so, for notifying the physician or healthcare facility.

- The patient is responsible for assuring that the financial obligations of his/her healthcare are fulfilled.

Approved by:

[Signature]
Vice President/Chief Nursing Officer

[Signature]
Chief of Staff
GORDON HOSPITAL
ORGANIZATIONAL POLICY

TITLE: Patient Safety Plan  POLICY # 147.01  PAGE 1 of 3

EFFECTIVE DATE: January 25, 2018  SUPERSEDES: Policy Same Title; 1/16, 1/15; 1/14; 1/13; 1/12; 1/11; 1/10; 1/09; 1/08; 1/07; 6/06; 2/06; 4/03; 2/03; 10/01

REFERENCE: The Joint Commission CAMH Manual; Strategies for Creating, Sustaining, and improving a Culture of Safety in Health Care, 2nd Edition

ATTACHMENTS: None

AUTHORED BY: Administration

Purpose:

The purpose of the Patient Safety Plan at Gordon Hospital is to improve patient safety and reduce risk to patients through an environment that encourages:

- Recognition and acknowledgment of risks to patient safety and medical/healthcare events;
- Initiation of actions to reduce these risks;
- Internal reporting of what has been found and the actions taken;
- Minimization of individual blame or retribution for involvement in a medical/healthcare adverse event enhancing the safety culture;
- Organizational learning about medical/healthcare events;
- Support of the sharing of that knowledge to effect behavioral changes

Policy:

The Patient Safety Plan at Gordon Hospital provides an organization-wide, systematic, integrated, coordinated and continuous approach to the maintenance and improvement of patient safety through the establishment of mechanisms that support:

- Analyze and implement effective responses to actual events;
- On-going proactive reduction in potential system failures;
- Encourage the reporting of adverse events and near misses;
- Integration of patient safety activities into the new design and redesign of all relevant organization processes, functions and services.

As patient care, and therefore the maintenance and improvement of patient safety, is a coordinated and collaborative effort, the approach to optimal patient safety involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the patient safety activities at Gordon Hospital.

Gordon Hospital participates with a Patient Safety Organization (PSO) with this being further outlined within the Patient Safety Organization Policy # 376. Occurrence reports and analyses are a component of the Gordon Hospital Patient Safety Organization (PSO) with this process being further outlined within the Patient Safety Evaluation System Policy # 378.
Method of Implementation:

1. The scope of the Patient Safety Program encompasses the patient population, visitors, volunteers, employees and medical staff. The program addresses maintenance and improvement in patient safety issues in every department and emphasizes priorities identified in the Performance Improvement Plan, which relate to patient safety.

2. An effective Patient Safety program cannot exist without optimal reporting by all employees of medical/healthcare adverse events/occurrences. Guidelines for completing an occurrence report are outlined in Organizational Policy &2406. Occurrence Reporting. It is the intent of Gordon Hospital to adopt a non-punitive approach in our management of errors and events/occurrences. All employees are required to report suspected and identified medical/healthcare adverse events, and should do so without the fear of reprisal in relationship to their employment. Gordon Hospital supports the concept that errors occur due to a breakdown in systems and processes and responsive efforts will focus on improvement, rather than disciplinary actions.

3. Use of intimidating or unprofessional behavior within the hospital are addressed by Leadership, so as not to inhibit reporting of safety concerns and undermine the culture of safety. These efforts are outlined within Organizational Policy #132.01, Gordon Hospital Citizenship.

4. Close calls will be reported through the Good Catch Program that is led by the Staff Nurse Advisory Committee. Collection and analysis of data will be the reported to the Performance Improvement Committee.

5. The Director, Quality Management/Patient Safety Officer, will manage the Patient Safety Program. Patient safety occurrence information in the form of aggregate data will be reviewed, as appropriate, by the Environment of Care Committee and the Performance Improvement Committee. Internal reporting of information and aggregate data will be performed in accordance with the Performance Improvement Plan. Practitioner specific occurrence/information will be analyzed and reported through the Peer Review process.

6. In an effort to prevent adverse events/occurrences, Gordon Hospital will conduct proactive risk assessment activities (at a minimum, at least every eighteen months) and review internal data and external reports (including but not limited to Joint Commission Sentinel Event information, ORYX and CORE Measure data, Hospital Quality Initiatives data, Hospital Innovation Improvement Network and current literature).

7. Upon identification of a medical/healthcare adverse event the patient care provider follows steps outlined within the Risk Management Plan, Organizational Policy #2415.

8. Staff members involved in a Sentinel Event will receive support from their Director, the Director of Risk Management, and other staff as necessary in regard to the employee’s professional and emotional reconciliation of the Sentinel Event. The employee’s participation in the Root Cause Analysis and Action Plan will be encouraged. Additionally, any employee may request and receive supportive personal counseling from the Case Management Department, Chaplain, Human Resources and/or Administrative Staff.

9. Gordon Hospital will complete an annual Culture of Safety Survey. Results of the survey will be shared with staff along with the implementation of applicable action plans through a collaborative multi-disciplinary approach. Survey results along with applicable action plans will be reviewed by
the Performance Improvement Committee, Medical Executive Committee and the Governing Board. Action plans will be developed by the Department Director in correlation with their respective Administrator.

10. The Patient Safety Program includes a quarterly survey of patients' families’ opinions, needs and perceptions of risks to patients and by requesting suggestions for improving patient safety. This will be accomplished through the Press Ganey Program/HCAHPS for monitoring patient satisfaction for Gordon Hospital. Additionally, through the SHARE card system patient and families can provide suggestions about care. The Patient Advisory Committee is another avenue in which feedback about safe care is derived.

11. Staff will educate patients and their families about their role in helping to facilitate the safe delivery of care. A copy of the patient rights is provided to every patient. Individualized education regarding medication use, treatment, and medical equipment is conducted during hospitalization and at discharge as appropriate.

12. Patients and, when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes, or when the outcomes differ significantly from the anticipated outcomes as outlined in the Disclosure of Unanticipated Outcomes, Policy #126.01.

13. Staff will receive education and training during their initial orientation process and on an ongoing basis regarding job-related aspects of patient safety, including teamwork building tools such as huddles, debriefs, and SBAR.

14. Administration will perform weekly safety WalkRounds. Data obtained from interviews will be collected and evaluation at Ad-Council will occur. This information will be disseminated to Directors, Managers and front-line staff. Aggregate date will be reviewed by the Performance Improvement Committee

Approved by:

__________________________
President and Chief Executive Officer

__________________________
Chief of Staff

__________________________
Chair Governing Board
The Board of Directors of Adventist Health System Georgia, Inc. adopts the following policy and procedure for Gordon Hospital and Murray Medical Center. The term, “Hospital” as used in this Policy shall refer to each of Gordon Hospital and Murray Medical Center. The “SUPERSEDES” Dates, prior to 9/12/17, are for Gordon Hospital.

Purpose:

The Hospital is a Christian-oriented healthcare facility that seeks to provide all of its services in a professional manner. It is, therefore, essential that all personnel employed by the Hospital dress in a manner that will project a professional image, promote a safe and practical work environment and uphold conservative standards of modesty, good taste and appropriateness in the workplace. It is expected that department leaders will ensure that these standards are maintained consistently in each of their areas.

The Human Resources Business Partner will have the authority to rule in matters pertaining to the interpretation of all aspects of this policy or for consideration of requests for exceptions because of unique job requirements.

Policy:

Every detail of appearance is important – the grooming of the hair, clean fingernails, care of the teeth, and the daily use of an effective deodorant. Careless personal hygiene can offset many other fine qualities. Hair should be clean, neatly combed and arranged in an attractive but conservative style. Fingernails should be clean, manicured and of an appropriate length for the workplace. Any tattoos must be kept reasonably covered and not visible.

Clothing should be clean, neat, free of wrinkles, not frayed or worn, modest and fit appropriately so undergarments are completely covered at all times in the process of doing one’s job. Jeans and jean-style fabrics are not appropriate, regardless of color or fabric. Stretch pants/leggings, or pants so tight that they appear to be leggings, are also inappropriate attire for the workplace. Scrub clothes are to be
worn only in approved areas and those issued by the hospital are to only be worn by Surgical Services staff or staff members who have obtained permission by their department supervisor or manager due to special circumstances, i.e., regular work clothes have become soiled or torn during shift. Shoes should be clean, polished and kept in good repair.

Employees working in departments designating specific uniforms must abide by their departmental policies for dress in coordination with this policy. Employees wearing scrubs must wear the Hospital embroidered scrubs in the pre-approved color for their discipline. All scrubs must be Cherokee or Cherokee Workwear Brand

Any insignia buttons or pins may not be worn while on duty, except for a U.S. flag pin, professional insignia, or ribbons or pins issued by AHS or the Hospital.

The name badge is one part of the uniform or clothing that identifies an employee of the Hospital. Name badges are to be worn whenever the employee is on duty, and must be worn above the waist. The badge must be worn with the picture and name visible. It is permissible to use a chain to display the badge.

There are occasions when the wearing of sports or casual attire is appropriate for activities outside the hospital, e.g., patient outings, employee recreation, etc. Upon return to duty in the hospital, employees are expected to change into appropriate professional attire.

Fridays will be considered casual day for all departments, except clinical areas. Employees should wear professional business casual or the Hospital polo shirts.

**Method of Implementation:**

1. **Hair**  
   **MEN**  
   A neat, conservative, natural haircut. Neatly groomed. If worn loose, it should not extend below the shirt collar. If worn longer, it should be tied back and should not extend below the shoulders. Extreme hair styling and unnatural colors are not permitted. Patient care employees must tie back long hair (mid back) and must wear head coverings as mandated for certain departments.
   **WOMEN**  
   Should be neatly combed and arranged in an attractive, conservative style. Unnatural colors are not permitted. Excessive ornamentation is not permitted. Patient care employees must tie back long hair (mid back) and must wear head coverings as mandated for certain departments. Wide headbands should not be worn.

2. **Beards/Mustaches**  
   **MEN**  
   Must be neatly trimmed and conform to face.
   **WOMEN**  
   Not applicable.
3. Fingernails

**MEN**

Should be neat and clean and may not extend beyond the tip of the finger. Only clear polish may be worn.

**WOMEN**

Should be clean, manicured and of appropriate length for the workplace. If polish is used, it should compliment attire, and be in professional good taste. Black or extremely dark colors are not to be worn. No decals or ornamentation may be added to the fingernails. No artificial Nails shall be worn in clinical departments. See Policy # 907.1 regarding artificial nails.

4. Cologne/Perfume

**MEN**

May not be worn in patient care areas or in areas with contact with other people. Only light scents in other areas.

**WOMEN**

May not be worn in patient care areas or in areas with contact with other people. Only light scents in other areas.

5. Cosmetics

**MEN**

Not Applicable

**WOMEN**

A natural conservative approach to the application of makeup is requested. Foundation/base, powder and blushes should be complimentary to each individual’s skin coloring. Mascara, eye shadow, and lipsticks should be in professional, conservative colors and applied lightly. Dark and extreme colors are not acceptable.
6. Jewelry

MEN
A conservative, professional approach is to be used in the wearing of ornamental and functional jewelry. Earrings should be posts only. Patient care employees should ensure that rings are small, not have jagged points that could endanger patients or reduce the integrity of safety gloves. Only wedding bands should be worn. No long or dangling necklaces or bracelets are to be worn in patient care areas. All non-patient care employees are to wear no more than one ring (or wedding ring set) on each hand. Large dinner-type rings are not permitted. Rings or studs in any other body part that is visible (nose, tongue, lip, eyebrow, etc.) are not acceptable. One conservative necklace may be worn at a time and one bracelet (including a bracelet for medical purposes) may be worn. Wristwatches and hospital service pins are acceptable.

WOMEN
A conservative, professional approach is to be used in the wearing of ornamental and functional jewelry. Patient care employees should ensure that rings are small, not have jagged points that could endanger the integrity of safety gloves. No long or dangling necklaces, earrings or bracelets are to be worn in patient care areas. All non-patient care employees are to wear no more than one ring (or wedding ring set) on each hand. Large dinner-type rings are not permitted. Wedding sets are considered as one ring. Earrings may be worn in the earlobe only. One pair of earrings may be worn in the earlobe but must be posts/studs or hang no longer than ½ inch from the earlobe. Long dangling or ornate earrings are not to be worn. Rings or studs in any other body part that is visible (nose, tongue, lip, eyebrow, etc.) are not acceptable. One conservative necklace may be worn at a time and one bracelet (including a bracelet for medical purposes) may be worn. Wristwatches and hospital service pins are acceptable.

7. Accessories

MEN
Appropriate accessories, such as pins, ties, etc. may be worn as long as they are in good taste and appropriate for the clothing being worn. Decorative items such as, fur, sequins, rhinestones, etc., are not acceptable.

WOMEN
Appropriate accessories, such as pins, belts, scarves, etc. may be worn as long as they are in good taste and appropriate for the clothing being worn. Decorative items such as ruffles, fur, feathers, sequins, rhinestones, etc., are not acceptable.

8. Undergarments

MEN
The wearing of appropriate undergarments is expected. Colors and styles should be selected so as not to show through the clothing.

WOMEN
The wearing of appropriate undergarments is expected. Colors and styles should be selected so as not to show through the clothing.
9. Shirts, Blouses, Tops

MEN
Professional casual/dress shirts with collars are to be worn with appropriate lab or sport/dress coats. Shirts with tails are to be tucked in. Tank tops, tee shirts, and sweatshirts are not to be worn.

Clinical employees may wear plain, knit shirts under a scrub top or jacket in black, white, grey or the color of the scrub only.

WOMEN
Modest, professional dress blouses/shirts/tops, loose fitting turtlenecks and sweaters can be worn. Tank tops, halter tops, sleeveless shirts not coming to the end of the shoulder, cold shoulder tops, t-shirts or t-shirt material, sweatshirts, low cut necklines and tops that are of sheer or clingy material are not to be worn. Sleeves to the end of the shoulder, Capped sleeves or longer are acceptable and blouses must be modest and professional in style so undergarments are not revealed, shirts with tails are to be tucked in.

Clinical employees may wear plain, knit shirts under a scrub top or jacket in black, white, grey or the color of the scrub only.

10. Jackets, Vests

MEN
Jackets and vests are to be professional and appropriate for the workplace without excessive ornamentation or decoration.

Clinical employees are only to wear uniform jackets with scrubs.

WOMEN
Jackets and vests are to be professional and appropriate for the workplace without excessive ornamentation or decoration. No denim jackets should be worn.

Clinical employees are only to wear uniform jackets with scrubs.

11. Sweaters

MEN
Cardigan type or pullover over dress shirt. No bulky, extreme styles or ornate designs are to be worn.

Sweaters are not to be worn over scrubs.

WOMEN
Loose fitting cardigan with sleeves. Pullover sweater may be worn with dress slacks and be a sufficient length to cover midriff at all times.

Sweaters are not to be worn over scrubs.

12. Hats

MEN
Hats may be worn if required as part of a uniform, or for safety or protective reasons when working inside or outside the building.

WOMEN
Hats may be worn if required as part of a uniform, or for safety or protective reasons when working inside or outside the building.
13. Pants, Slacks, Dresses, Skirts

**MEN**
Dress or dress casual slacks/pants are to be worn. Blue jeans or blue jean style pants, sweatpants, pipe pants, pocket pants, fatigues or extreme styles are not to be worn. Shorts are not allowed.

**WOMEN**
Dresses and skirts are to be modest in length, no shorter than 3 inches above the knee, professional and conservative in style. Mini-skirts, extreme cuts, slits and tight/form fitting styles are not permitted. Dresses should have sleeves that come to the end of the shoulder, capped sleeves or longer and are to be conservative and professional in style and cut so that undergarments cannot be seen. Sundresses are not to be worn. Dress slacks or dressy khakis only may be worn. No jeans or jean style pants, or denim material may be worn. No lycra/spandex stretch pants, leggings or sweat pants may be worn. No cropped pants that are shorter than 4 inches above the ankle, Capri pants, pedal pushers or otherwise short, fitted pants may not be worn. Shorts are not allowed.

14. Shoes, Hosiery

**MEN**
Dress or dress casual shoes may be worn. In patient care areas, conservative/professional clinical uniform/athletic shoes and clogs may be worn. Canvas shoes or open toe shoes are not to be worn. Socks must be worn at all times.

**WOMEN**
Dress or professional heels or flats must always be worn. Beach and thong type sandals (such as flip flops) are not permitted in any area. In patient care areas, conservative/professional clinical uniform/athletic shoes and clogs (without holes in them) may be worn with socks.

Approved by:

Jeni Hasselbrack  
Associate Vice President, Human Resources

Pete Weber  
Secretary of Board of Directors  
Adventist Health System Georgia, Inc.
GORDON HOSPITAL
ORGANIZATIONAL POLICY

TITLE: Reporting Policy

EFFECTIVE DATE: May 16, 2017

SUPERSEDES: Policy of Same Title
01/16; 07/15; 01/15; 04/13; 01/13; 11/11;
05/11; 11/10; 09/10; 04/10; 09/08; 04/07;
10/06; 05/06; 03/07

REFERENCE: The Joint Commission CAMH Manual; DHR Office Regulatory Services;
Healthcare Facilities Accreditation Program

ATTACHMENTS: A. Non-Reviewable The Joint Commission Sentinel Events
B. Reportable Event Timeline

AUTHORED BY: Director, Risk Management

Purpose:

Gordon Hospital will further its effort to create a culture of patient safety by participating in the voluntary reporting system for Sentinel Events, and other reportable events as instituted by The Joint Commission and the Healthcare Facilities Accreditation Program. Gordon Hospital will comply with the Department of Human Resources (DHR) Office of Regulatory Services (ORS) mandatory reporting criteria.

Definitions:

A 'Sentinel Event', is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following: Death, Permanent Harm or Severe Temporary Harm.

These events are called ‘sentinel’ because they signal the need for immediate investigation and response.

A ‘Patient Safety Event’ is an event, incident, or condition that could have resulted or did result in harm to a patient. A patient safety event can be, but is not necessarily, the result of a defective system or process design, a system breakdown, equipment failure, or human error. Patient safety events also include adverse events, no-harm events, close calls, and hazardous conditions, which are defined as follows:

An adverse event is a patient safety event that resulted in harm to a patient.

A no-harm event is a patient safety event that reaches the patient but does not cause harm.

A close call (or “near miss” or “good catch”) is a patient safety event that did not reach the patient.
A hazardous (or "unsafe") condition(s) is a circumstance (other than the patient’s own disease process or condition) that increases the probability of an adverse event.

**Method of Implementation:**

**Voluntary Reporting to The Joint Commission and the Healthcare Facilities Accreditation Program:**

The Joint Commission and the Healthcare Facilities Accreditation Program collect data and consider the following events sentinel:

- A patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following:
  - Death
  - Permanent Harm
  - Severe Temporary Harm
  - Or

- The event is one of the following:
  - Suicide of any patient receiving care, treatment or services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital’s emergency department (ED)
  - Unanticipated death of a full-term infant
  - Discharge of an infant to the wrong family
  - Abduction of any patient receiving care, treatment and services
  - Any elopement (that is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient
  - Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups)
  - Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital
  - Rape, assault (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the health care organization
  - Invasive procedure, including surgery, on the wrong patient, at the wrong site, or that is the wrong (unintended) procedure

Report Policy, Policy # 157.03; May 16, 2017; Attachments: A. Non-Reviewable The Joint Commission Sentinel Events, B. Reportable Event Timeline
- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery\(^4\)
- Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field, or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during an episode of patient care\(^5\)
- Any intrapartum (related to the birth process) maternal death
- Severe maternal morbidity when it (not primarily related to the natural course of the patient’s illness or underlying condition) reaches a patient and results in permanent harm or severe temporary harm\(^6\)

\(^1\) Severe Temporary Harm is critical, potentially life-threatening harm lasting for a limited time with no permanent residual, but requires transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery, procedure, or treatment to resolve the condition.

\(^2\) Sexual abuse/assault (including rape), as a reviewable sentinel event, is defined as nonconsensual sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the hospital, including oral, vaginal or anal penetration or fondling of the patient’s sex organ(s) by another individual’s hand, sex organ or object. One or more of the following must be present to determine that it is a sentinel event:

- Any staff witnessed sexual contact as described above
- Admission by the perpetrator that sexual contact, as described above, occurred on the premises
- Sufficient clinical evidence obtained by the hospital to support allegations of unconsented sexual contact.

\(^3\) Invasive procedures, including surgery, on the wrong patient, or at the wrong site, or that is the wrong procedure are reviewable under the policy, regardless of the type of the procedure or the magnitude of the outcome.

\(^4\) “After surgery” is defined as any time after the completion of final skin closure, even if the patient is still in the procedural area or in the operating room under anesthesia. This definition is based on the premise that a failure to identify and correct an unintended retention of a foreign object prior to that point in the procedure represents as system failure, which requires analysis and redesign. It also places the patient at additional risk by extending the surgical procedure and time under anesthesia. If a foreign object (for example, a needle tip or screw) is left in the patient because of a clinical determination that the relative risk to the patient of searching for and removing the object exceeds the benefit of removal, this would not be considered a sentinel event to be reviewed. However, in such cases, the organization shall (1) disclose to the patient the...
unintended retention, and (2) keep a record of the retentions to identify trends and patterns (for example, by type of procedure, by type of retained item, by manufacturer, by practitioner) that may identify opportunities for improvement.

Fire is defined as a rapid oxidation process, which is a chemical reaction resulting in the evolution of light and heat in varying intensities. A combustion process that results in smoldering condition (no flame), is still classified as fire.

Severe maternal morbidity is defined, by the American College of Obstetrics and Gynecology, the US Centers for Disease Control and Prevention, and the Society of Maternal - Fetal Medicine, as a patient safety event that occurs from the intrapartum through the immediate postpartum period (24 hrs), requiring the transfusion of 4 or more units of packed red blood cells and/or admission to the intensive care unit (ICU). Admission to the ICU is defined as admission to a unit that provides 24-hour medical supervision and is able to provide mechanical ventilation or continuous vasoactive drug support.

For laboratories, as required by standard QC.5.116, a confirmed fatal transfusion reaction must be reported to the FDA Center for Biologics and The Joint Commission within seven days.

Employees should refer to and follow the Sentinel Event Policy (# 160) and the Disclosure of Unanticipated Outcomes Policy (# 126.01) if any of the above reviewable events occur.

Senior Management will be responsible for making the self report of the incident to The Joint Commission. The Director of Risk Management will also submit any Root Cause Analysis and Action Plan generated after the event to The Joint Commission within 45 calendar days following the known occurrence of the event utilizing the on-line RCA collection tool which remains accessible on The Joint Commission extranet home page. From the home page, select “Self Report Sentinel Event” from the “Continuous Compliance Tool” Section.

Senior Management will be responsible for making the self report of the incident to the Healthcare Facilities Accreditation Program (HFAP). These self reports will encompass the “Hospital-Acquired Conditions” and the National Quality Forum “Serious Reportable Events” as outlined within the Never Events Policy (# 300). The report will be communicated to the HFAP Accreditation Specialist for Quality and Patient Safety. The telephone number is listed within the HFAP extranet site under Important Contacts.

The Director of Risk Management will also submit any Root Cause Analysis and Action Plan generated after the event to the Healthcare Facilities Accreditation Program (HFAP). This information will be provided in the required format set forth by HFAP within the established timeframes.

See Attachment A for further information regarding patient safety events that do not meet the definition of a sentinel event.
Mandatory Reporting to the Department of Community Health (DCH) Healthcare Facilities Regulation Division (HFRD):

Georgia hospitals are required to report any of the following incidents involving hospital patients, or the hospital has reasonable cause to believe a reportable incident involving a hospital patient has occurred, to the HFRD:

- Any unanticipated patient death not related to the natural course of the patient’s illness or underlying condition;
- Any rape which occurs in a hospital; and
- Any surgery on the wrong patient or wrong body part of the patient.

Senior Management will be responsible for making the self-report of the incident to the HFRD within 24 hours or by the next regular business day from when the hospital has reasonable cause to believe the incident occurred.

Reporting forms are available for download at

An additional link to the reporting forms involves accessing the Department of Community Health home page (www.dch.georgia.gov), click on Divisions and Offices, Healthcare Facility Regulation and then search for Hospital Reportable Events.

The report shall include:

- The name of the hospital;
- The date of the incident and the date the hospital became aware that a reportable incident may have occurred;
- The medical record number of any affected patient(s);
- The type of reportable incident suspected, with a brief description of the incident; and
- Any immediate corrective or preventative action taken by the hospital to ensure against the replication of the incident prior to the completion of the hospital’s investigation.

The hospital shall conduct an investigation of any of the above listed incidents and complete and retain on site a written report of the results (Root Cause Analysis and Action Plan) within 45 days of the discovery of the incident. Employees should refer to the Sentinel Event Policy.

Georgia hospitals are also required to report to the HFRD any of the following events involving hospital operations to the extent the event is expected to cause or causes a significant disruption of patient care:

- A labor strike, walk-out or sick-out;
- An external disaster or other community emergency situation; and
- An interruption of services vital to the continued safe operation of the facility, such as telephone, electricity, gas or water services.
Senior Management shall make a report of the event within 24 hours or by the next regular business day from when the reportable event occurred or from when the hospital has reasonable cause to anticipate that the event is likely to occur.

**Reporting forms are available for download at**

An additional link to the reporting forms involves accessing the Department of Community Health home page (www.dch.georgia.gov), click on Divisions and Offices, Healthcare Facility Regulation and then search for Hospital Reportable Events.

The report shall include:

- The name of the hospital;
- The date of the event, or the anticipated date of the event, and the anticipated duration, if known;
- The anticipated effect on patient care services, including any need for relocation of patients; and
- Any immediate plans the hospital had made regarding patient management during the event.

Within 45 days following the discovery of the event, the hospital shall complete an internal evaluation of the hospital’s response to the event where opportunities for improvement relating to the Emergency Operations Plan were identified. The hospital shall make changes in the Emergency Operations Plan as appropriate. The complete report of the evaluation shall be available to the Department of Community Health for inspection at the facility.

The HFRD shall hold the self-report made through the hospital’s peer review contact concerning a reportable patient incident in confidence as a peer review document or report and not release the self-report to the public. However, where the HFRD determines that a rule violation related to the reported patient incident has occurred, the HFRD will initiate a separate complaint investigation of the incident. The HFRD complaint investigation and report of any rule violation(s) arising either from the initial self-report received from the hospital or an independent source shall be public records.

The Director of Risk Management will analyze, aggregate and report data regarding any of the events described in this policy to Senior Management, Medical Staff, Governing Board and other committees as appropriate.

Approved by:

[Signature]

President & Chief Executive Officer
Attachment A

Patient Safety Events that do not meet the definition of a Sentinel Event:

- An adverse event is a patient safety event that resulted in harm to the patient (i.e. event that results in initial or prolonged hospitalization). An adverse event may or may not result from an error. The event will be reviewed along with an evaluation of applicable processes. Documentation will occur via the occurrence reporting process and will involve prompt notification of hospital leaders, investigation and corrective actions as applicable to the adverse event.

- Any close call (or “near miss” or “good catch”) is a patient safety event that did not reach the patient. The close call will be reviewed with applicable processes evaluated to promote patient safety.

- A hazardous or “unsafe” condition is a circumstance that increases the probability of an adverse event. The condition will be evaluated with appropriate changes being made.

- A no-harm event is a patient safety event that reaches the patient but does not cause harm. The no-harm events will be reviewed for trends and commonalities.

No-harm events, close calls, and hazardous conditions will be tracked and used as opportunities to prevent harm. The goal will involve entering these types of events into the occurrence reporting database, Risk Master. Follow up will occur at the departmental level along with utilization of a multi-disciplinary group as applicable to the no-harm event, close call and/or hazardous condition.
Attachment B
REPORTABLE EVENT TIMELINE

- Reportable Event
  - 24 hours: Report to HFID if applicable
  - 10 days: Voluntary Report to the Healthcare Facilities Accreditation Program
  - Complete RCA Investigation, Action Plan
  - 45 days: Submit RCA to the HFID via requested means and maintain report on site; Submit RCA to the Healthcare Facilities Accreditation Program via requested means; and Submit RCA to The Joint Commission via the on-line tool located on the Extranet.
  - Voluntary Report to The Joint Commission
GORDON HOSPITAL
ORGANIZATIONAL POLICY

TITLE: Sentinel Events

EFFECTIVE DATE: May 16, 2017

SUPERSEDES: Policy Same Title; 01/16; 01/15; 11/11; 11/10; 04/10; 09/08; 04/07; 10/06; 05/06; 12/05; 01/05; 03/04; 05/02; 03/99; 3/1/07

REFERENCE: The Joint Commission CAMH Manual

ATTACHMENTS: A. Root Cause Analysis Matrix (Not available on line)
B. Root Cause Analysis Form (Not available on line)
C. Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events

AUTHORED BY: Director, Risk Management

Purpose:

To provide a mechanism to identify and manage Sentinel Events. Accredited organizations are expected to identify and respond appropriately to all Sentinel Events occurring in the organization or associated with services provided by the organization. Associates should refer to the Reporting Policy for a description of criteria of Sentinel Events.

Definitions:

A ‘Sentinel Event’, is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following: Death, Permanent Harm or Severe Temporary Harm.

These events are called ‘sentinel’ because they signal the need for immediate investigation and response.

An ‘Adverse Event’ is a patient safety event that resulted in harm to a patient.

A ‘No-Harm Event’ is a patient safety event that reaches the patient but does not cause harm.

A ‘Close Call’ (or “near miss” or “good catch”) is a patient safety event that did not reach the patient.

A ‘Hazardous (or “unsafe”) Condition(s) is a circumstance (other than a patient’s own disease process or condition) that increases the probability of an adverse event.

A ‘Root Cause Analysis’ (RCA), also known as a comprehensive systematic analysis, should identify system vulnerabilities so that they can be eliminated or mitigated. The analysis should not focus on individual health care worker performance, but should seek out underlying...
systems-level causations that were manifest in personnel-related performance issues. An RCA identifies and implements actions to eliminate or control systems hazards or vulnerabilities.

A 'Special Cause' is a factor that intermittently and unpredictably induces variation over and above what is inherent in the system. It often appears as an extreme point (such as a point beyond the control limits on a control chart) or some specific, identifiable pattern in data.

A 'Common Cause' is a factor that results from variation inherent in the process or system. The risk of a common cause can be reduced by redesigning the process or system.

An 'Action Plan' is the product of the RCA, also known as a comprehensive systematic analysis. The Action Plan should attempt to identify actions that are likely to reduce the risk or prevent the event from recurring and if that is not possible reduce the severity or consequences if it should recur. The Action Plan identifies, in situations in which improvement actions are planned, who is responsible for implementation, when the action will be implemented, how the effectiveness of the actions will be evaluated, and how the actions will be sustained.

Policy:

If a sentinel event occurs, appropriate individuals at Gordon Hospital will become aware, investigate and understand the causes of the event and make changes in systems and processes to reduce the probability of such an event in the future. Such individuals will conduct a RCA.

The decision of whether to voluntarily report Sentinel Events that are subject to review by The Joint Commission and the Healthcare Facilities Accreditation Program will be made on a case-by-case basis. Mandatory reporting to the State of Georgia will be done in compliance with applicable regulation. Senior Management will be responsible for reporting as outlined in the Reporting Policy # 157.03.

Method of Implementation:

Should a sentinel event occur, the Department Director, Administration and the Director of Risk Management should be notified immediately. Appropriate hospital employees will participate with the physician in the disclosure process as outlined in the Unanticipated Outcome Disclosure Policy # 126.01.

Associates should secure any medical equipment suspected of being involved in a Sentinel Event or Near Miss and immediately report the event to the Department Manager/House Supervisor, Director of Risk Management, Administration, Clinical Engineering/BioMed and the Manufacturer. Events involving medical equipment must be reported to the Food and Drug Administration (FDA) under the Safe Medical Devices Act of 1990 within ten (10) working days of becoming aware of an occurrence. Clinical Engineering/BioMed in coordination with the Safety Officer/Director of Risk Management will complete the reporting of these occurrences (See Risk Management Policy # 2410, Product Failure).

Peer Review will be conducted by the applicable Peer Review Representative. An external peer review will be conducted when indicated/requested.
The Director of Risk Management will convene the employees caring for the patient when the Sentinel Event occurred (RCA Team) and the applicable Department Directors/Supervisors to initiate/schedule the first meeting of the RCA within 24 hours of the Event.

The RCA Team will conduct a RCA using the Root Case Analysis Matrix (Attachment A – Not available on line) and will complete the Root Cause Analysis Form (Attachment B – Not available on line) within 30 days of the event.

Within 15 days of completion of the RCA, an Action Plan will be developed by the RCA Team that will identify process changes to be implemented to reduce risk, if any, the persons responsible for the implementation, the timetable for implementation and how the effectiveness of the planned actions will be evaluated.

The completed RCA Form and Action Plan will be submitted to the Director of Risk Management for review and modification as appropriate. The RCA Form and Action Plan will be forwarded to Senior Management for review; in the event that modifications are needed the Director of Risk Management will modify the document and submit to the applicable parties.

The Action Plan will be implemented by the responsible persons identified within the time period set forth and evaluated for effectiveness which will be based on The Joint Commission and the Healthcare Facilities Accreditation Program guidelines.

Approved by:

[Signature]

President & Chief Executive Officer
Attachment C

Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events

Detailed inquiry into these areas is expected when conducting a root cause analysis for the specified type of sentinel event. Inquiry into areas not checked (or listed) should be conducted as appropriate to the specific event under review.

<table>
<thead>
<tr>
<th>Areas of Potential Root Causes</th>
<th>Suicide (24-Hour Care)</th>
<th>Medication Error</th>
<th>Procedural Complication</th>
<th>Wrong-Site Surgery</th>
<th>Treatment Delay</th>
<th>Restraint Death</th>
<th>Elopement/Death</th>
<th>Assault/Rape/Homicide</th>
<th>Transfusion Reaction</th>
<th>Patient Abduction</th>
<th>Unanticipated Death of Full-Term Infant</th>
<th>Unintended Retention of Foreign Body</th>
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<td>Physical assessment process (2)</td>
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(1) Includes the process for assessing patient's risk to self (and to others, in cases of assault, rape, or homicide where a patient is the assailant).

(2) Includes search for contraband.

(3) Includes supervision of physicians-in-training.

(4) Includes furnishings; hardware (for example, bars, hooks, rods); lighting; distractions.

(5) Includes selection and procurement; storage; ordering and transcribing; preparing and dispensing; administration; and monitoring.