

Patients' Rights and Responsibilities

YOUR RIGHTS AS A PATIENT:

1. Access to Care

A. You have the right to medical treatment regardless of sex, race, religion, color, national origin, or the source of payment for your care. If Riverside cannot provide the care requested or needed, staff will inform you of your needs and the alternatives to care.

B. You have the right to a consultation or second opinion from another physicians, healthcare professionals or to change hospitals.

C. If necessary, you have the right to access protective services, i.e., guardianship and advocacy services, conservatorship, and child and adult protective services. Social Services will provide a list of protection and advocacy services if requested.

2. Respect and Dignity

A. You have the right to considerate, supportive and respectful care from administration.

B. You have the right to privacy and to expect that any discussion or consultation involving your care will be conducted discretely.

C. You have the right to have your spiritual, cultural, psychosocial needs and personal values, beliefs and preferences respected. You may wear appropriate personal clothing and religious or other symbolic items, as long as they do not interfere with procedures or treatments. You have the right to access a priest or minister of your faith as well as the hospital's Pastoral Care Department.

D. You have the right to visual and auditory privacy. You may have a person of one's own sex present during an examination, treatment, or procedure performed by a healthcare professional of the opposite sex.

E. You have the right to an environment that preserves dignity and provides a positive self-image.

3. Communication

A. When you do not speak or understand the English language, you will have access to an interpreter. If you have a hearing, vision or other disability, reasonable action will be taken to provide accurate communication.

B. You have the right to obtain information regarding the relationship of Riverside or your physician's office or other healthcare and educational institutions as it relates to your care.

C. The patient has the right to have a family member or representative of his or her choice and his or her physician notified promptly of his or her admission to the hospital.

D. You will be informed about the outcomes of care, including unanticipated outcomes.

4. Consent

A. You have the right to information concerning your diagnosis, treatment, and possible outcomes to enable you to make treatment decisions. You have the right to include family members in any healthcare decisions. When it is not medically advisable to give such information to you, the information will be

made available to any appropriate person on your behalf.

B. You have the right to collaborate with your physician or healthcare professional in order to make informed decisions regarding any treatments, procedures, or surgeries planned for you.

C. You will be advised and given a description of expected benefits, potential discomfort and risks in order to determine the degree of your participation in any research or educational projects. You will also be given information of alternative services that might be advantageous. Your consent will be obtained prior to any participation. Your refusal will not compromise your access to services.

5. Safety

A. You have the right to refuse to talk to or see anyone not officially connected with Riverside or your physician's office, including visitors or persons officially connected with the medical center or your physician's office, but not directly involved with your care.

B. You have the right to a reasonable response to your request for services, and you may address your concerns with our Patient Liaison or your healthcare professional without fear of reprisal or limitations to future services.

C. You also have the right to file a grievance with the Illinois Department of Public Health or the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). The address and phone number of IDPH or JCAHO are available upon request from the Patient Liaison or listed in the informational brochure in each patient room.

6. Privacy and Confidentiality

A. You have the right to confidentiality of your records and communication pertaining to your care. You have the right to access your medical records within the limits of the law.

B. As an inpatient, you have the right to be placed in protective privacy when considered necessary for your personal safety.

C. The patient has the right to be free from all forms of abuse (verbal, physical, psychological, sexual, and emotional) or harassment.

7. Know the Identity of Staff

You have the right to obtain the name, position and professional relationships of all individuals who are caring for you in a timely manner based on when the information is available.

8. Information

A. You have the right to formulate Advance Directives and to appoint a surrogate to make healthcare decisions on your behalf to the extent permitted by law.

B. You have the right to review clinical criteria used in hospital utilization activities, in the event you are notified of non-certification.

9. Treatment Decisions

A. As a patient you can expect information about pain and pain relief options available to you and to have your pain assessed and managed appropriately. (See Commitment to Pain Management)

B. You or your designated representative have the right to refuse treatment to the extent permitted by law and to be informed of the consequences of your refusal. You have the right to leave Riverside or your physician's office against your doctor's or healthcare professional's advice to the

extent permitted by law. If you leave the medical center, or your physician's office against your doctors or healthcare professional's advice, Riverside, your physician's office, or your healthcare professional will not be responsible for any harm that this action might cause you or others.

C. You or your designated representative have the right to participate in the consideration of ethical issues that arise with your care.

D. Under appropriate circumstances, you or your designated representative have the right to withhold resuscitative services or withdraw life-sustaining treatment.

E. You or your designated representative have the right to be involved in care decisions at the end of life.

10. Information about Hospital Charges

You have the right to see your Riverside Medical Center or Physician's office bill and to have it explained to you and to inquire about financial assistance in paying your bill or completing insurance forms.

AS A PATIENT OR FAMILY MEMBER YOU HAVE THE RESPONSIBILITY TO:

1. Provide Information

A. You have the responsibility to provide complete and accurate information about your health and other matters relating to your health to the best of your knowledge.

B. You have the responsibility to provide the information necessary for insurance processing and to be prompt in your payment of bills for Riverside Medical Center and your physician's office.

2. Follow Instructions

A. You have the responsibility to cooperate with all Riverside Medical Center staff or your physician's office personnel caring for you and to ask questions if you do not understand any directions given to you.

B. You have the responsibility to follow the care, treatment and services recommended by your doctor or your healthcare professional and to notify him or her of any changes in your condition.

C. Patients and families are responsible for the outcomes if they do not follow the care, treatment and service plan provided by the healthcare providers.

3. Respect the **Rights** of Others

A. You are responsible for following the rules and regulations of Riverside Medical Center.

B. You and your visitors have the responsibility to be considerate of staff and others and to respect other people's and Riverside's property.

4. Register Complaint

A. You have the responsibility to inform the staff of Riverside Medical Center or your physician's office of any dissatisfaction you have with your care.

B. If you have any questions or concerns about your care, please contact your nurse or our Patient Liaison at 815-933-1671, Extension 4739.

Attitude is Everything!



► **Policy Information**

Corporation:	Riverside HealthCare	Department:	Exposure Control Plan
Section:	All	Audience:	01



Subject:
Standard Precautions

Policy:

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Procedure:

A. Standard Precautions apply to:

1. Blood

2. All body fluids, secretions, and excretions except sweat, regardless of whether or not they contain visible blood

3. Non-intact skin

4. Mucous membranes

B. Handwashing

1. Wash hands after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn.
2. Wash hands immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments.
3. Also wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
4. Use an antimicrobial agent for specific circumstances as defined by the infection control policy ***Guidelines for Handwashing***. (See Contact Precautions for using antimicrobial antiseptic agents).

C. Gloves

1. Wear gloves (clean, nonsterile gloves are adequate) when touching blood, body fluids, secretions, excretions, and contaminated items.
2. Put on clean gloves just before touching mucous membranes and non-intact skin.
3. Change gloves between tasks and procedures on the same patient after contact with material that may contain a high concentration of microorganisms.
4. Remove gloves promptly after use, before touching non-contaminated items and environmental surfaces, and before going to another patient, and wash hands immediately to avoid transfer of microorganisms to other patients or environments.

D. Mask, Eye Protection, Face Shield

Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

E. Gown

1. Wear a fluid barrier gown to protect skin and to prevent soiling of clothing during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
2. Select a gown that is appropriate for the activity and amount of fluid likely to be encountered.

3. Remove a soiled gown as promptly as possible, and wash hands to avoid transfer of microorganisms to other patients or environments.

F. Patient-Care Equipment

1. Handle used patient-care equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevent skin and mucous membrane exposures, contamination of clothing, and transfer of microorganisms to other patients and environments.
2. Ensure that reusable equipment is not used for the care of another patient until it has been cleaned and reprocessed appropriately.
3. Ensure that single-use items are discarded properly.

G. Linen

Handle, transport, and process used linen soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures and contamination of clothing, and that avoids transfer of microorganisms to other patients and environments.

H. Prevention of Accidental Needlestick/Sharps Injuries

1. Use approved needle safety devices and needle-less access devices.
 2. Take care to prevent injuries when using needles, scalpels, and other sharp instruments or devices; when handling sharp instruments after procedures; when cleaning used instruments after procedures; and when disposing of used needles.
 3. Never recap used needles, or otherwise manipulate them using both hands, or use any other technique that involves directing the point of a needle toward any part of the body; rather, use either a one-handed "scoop" technique or a mechanical device designed for holding the needle sheath.
 4. Do not remove used needles from disposable syringes by hand, and do not bend, break, or otherwise manipulate used needles by hand.
 5. Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers, which are located as close as practical to the area in which the items were used, and place reusable syringes and needles in a puncture-resistant container for transport to the reprocessing area.
6. All used needles are to be rendered blunted at time of disposal. This may be accomplished by either activating the built-in safety device when available or using a "Point Locke" blunting device when a built-in safety device is not available.
7. Use mouthpieces, resuscitation bags, or other ventilation devices as an alternative to mouth-to-mouth resuscitation methods in areas where the need for resuscitation is predictable.

I. Patient Placement

1. Place a patient who contaminates the environment or who does not (or cannot be expected to) assist in maintaining appropriate hygiene or environmental control in a private room.
2. If a private room is not available, consult with infection control professionals regarding patient placement or other alternatives.

TABLE 1

SYNOPSIS OF TYPES OF PRECAUTIONS AND PATIENTS REQUIRING THE PRECAUTIONS*

Standard Precautions

Use Standard Precautions for the care of all patients



► **Policy Information**

Corporation:	Riverside HealthCare	Department:	Human Resources
Section:	All	Audience:	01



Subject:

Professional Standards of Behavior

Policy:

Riverside HealthCare is an organization committed to professional standards of behavior. Employees are expected to reflect positive behavior in all contacts with our customers. They are also expected to comply with our standards by supporting the Riverside HealthCare mission and values and building a positive image of Riverside HealthCare in the communities we service.

Following "I RESPECT" is key to success at Riverside HealthCare. Our commitment is to our professional standards of "I RESPECT," to Respond Promptly, Exceed Expectations, Service Excellence, Professionalism, Empathy, Confidentiality, and Teamwork.

Procedure:

All employee's appearance, attitude, and behavior in which jobs are performed are of utmost importance. Employees are expected to adhere to and practice the standards of professional behavior outlined below and in accordance with department specific policy.

SERVICE EXCELLENCE PERFORMANCE STANDARDS

"I" I AM RIVERSIDE HEALTHCARE

"R" RESPOND PROMPTLY to opportunities which meet the needs for our patients, families, medical staff, our community and one another whether in person, by phone, fax, or e-mail. Riverside HealthCare recognizes that our customer's time is very valuable to them.

- ☺ I will place customer needs first
- ☺ I will respond to customer requests promptly
- ☺ I will satisfy customer needs and wants
- ☺ I will be responsive and attentive
- ☺ CALL LIGHTS: I will exceed my customer's needs by anticipating, identifying, and responding to such needs prior to call light activation. I will visit every customer at least hourly to assess and respond to needs. Prior to exiting the room I will state, "I have time, is there anything else I can do for you?" I will answer call lights in a caring, courteous and enthusiastic manner. Employees will work together to answer all call lights on a unit or in a department
- ☺ I will inform patients and families when delays occur
- ☺ I will update family members periodically

"E" EXCEED EXPECTATIONS-

I will exceed the expectations of my customers and maintain a friendly, courteous, and respectful attitude when interacting with them.

- ☺ I will anticipate my customer's needs before they ask

- ☺ I will always display a willingness to help
- ☺ I will determine my customer's most important need and try to meet it
- ☺ I will exceed the expectations of my customers and maintain a friendly, courteous, and respectful attitude when interacting with them.

Those staff working in patient care areas will begin their shift by asking the patient: "What is the most important need or information I can provide for you during my shift today?" and then work to meet that need.

S" SERVICE EXCELLENCE

I will constantly strive to provide the highest quality service in everything I do. I will accept nothing less than the best.

- ☺ I will seek to serve by guiding, aiding and directing my customers.

Helpful behaviors for providing directions include:

- ❖ Actively seeking out customers needing assistance and asking them, "May I help you?"
- ❖ Personally escorting those needing help to their destination. Do not point the direction, conclude by asking the key question: "Is there anything more I can do for you?"
- ❖ Always displaying a willingness to help
- ❖ Going out of my way providing the extra touch
- ❖ Communicating information in a logical manner
- ❖ Displaying patience in dealing with customers
- ❖ Expressing concern anytime a customer is not satisfied regardless of fault
- ❖ Being competent and knowledgeable
- ❖ Anticipating the customer's needs by offering specific services before they ask (i.e. Wheelchair)
- ❖ Recognizing tension and concern in the customer's demeanor. Initiating Service Recovery when appropriate.
- ☺ I will actively listen when customers ask for directions
- ☺ I will escort them to their destination
- ☺ I will be courteous, friendly and helpful when responding to their needs
- ☺ I will exceed my customer's expectations with my personalized attention
- ☺ I will listen to the needs and suggestions of my customers and respond
- ☺ I will not tolerate negativity
- ☺ I will respect diversity and encourage my customers to take an active role in their course of treatment
- ☺ I will continually strive to improve quality of care
- ☺ I will seek to serve

"P" PROFESSIONALISM –

I will remember: **"FIRST IMPRESSIONS ARE LASTING IMPRESSIONS"**.

- ☺ I will maintain professionalism at all times by displaying a positive attitude and appropriate behavior. I will wear photo ID badge at all times, having it visible to my customer's eye. **I will comply with personal appearance standards as outlined in Riverside Policies, global and departmental.**

Helpful behaviors of positive first impression phone etiquette include:

- ❖ Knowing that the telephone system is a priority and a necessary step in handling every call with success and making a positive "First Impression"
- ❖ Putting a smile on my face & using my most pleasant voice to reflect my positive personality
- ❖ Never eating or drinking while talking on the phone
- ❖ Avoiding side conversations while on the telephone. My caller deserves my full attention
- ❖ If I need to place a caller on hold to answer another line, or address another issue, I will ASK permission and wait for an answer from my caller

- ❖ If I have several callers on hold, I will remember the priority of each call. If necessary, I will make a note of who is on each line
- ❖ Before I transfer a call, I will ask permission from the caller to do so. I will make sure the call goes to the intended party and explain to them I am transferring a call. I will provide an extension or phone number in case the call is lost. I will ask the caller if voice mail is acceptable before transferring the call to it.
- ❖ If I receive an angry caller, I will remain calm, acknowledge the caller and impress upon the caller that I care. The most important thing that I can do is listen & empathize with their emotion. It is my responsibility to handle the caller until I can find the appropriate person to take this call. I will use Service Recovery skills and the Service Recovery Tool Kit if needed.
- ☺ I will be responsible and accountable for my behaviors and actions.
- ☺ I will maintain a professional appearance in grooming, in clothing, and in accessories at all times and follow the personal appearance policy and individual department requirements for uniforms and additional dress code rules.
 - I will remember the “I” in “I RESPECT”...”I am Riverside HealthCare”, and that my attire is a reflection of this.

“E” EMPATHY

I will put myself in my customer’s shoes, and ask, “How would I expect to be cared for?”

- ☺ I will display caring, compassionate, and concerned behavior during every customer encounter
- ☺ I will remember that my customer has physical, emotional and spiritual needs
- ☺ I will maintain a calm, soothing, and sincere tone during every conversation with my customers
- ☺ I will be sensitive to my customers needs and desires and to those of their loved ones
- ☺ I will utilize the wisdom and talents of pastoral services to acknowledge my customer’s spiritual needs

“C” CONFIDENTIALITY-

I will ensure my customer’s right to privacy and modesty. When I am entrusted with my customer’s affairs, I will treat the information with confidentiality and respect.

- ☺ I will not discuss my customer’s affairs in public areas. (i.e. elevators, hallways, cafeteria, reception areas, smoking areas.)
- ☺ I will interview my customers in private. Close the door if able, close curtains when indicated, or keep a distance between customers when interacting with them
- ☺ I will communicate with my customers in a private manner
- ☺ I will always knock before entering a customer’s room
- ☺ I will never speak a customer’s name over the pager system
- ☺ I will be cautious not to leave any information on a computer screen unattended
- ☺ I will remember that privacy and confidentiality extend beyond the wall of Riverside facilities
- ☺ I will remember to always ask myself, “Do I need to know the customer’s personal health information to do my job?” If I don’t, I should not be seeking the information

“T” TEAMWORK-

I am part of the TEAM at RIVERSIDE.

I will reflect a spirit of joy and positive behaviors in all of my daily words and deeds. Together Everyone Achieves More...my customers deserve the best and together with my team

- ☺ I will strive to serve my customers and my team members
- ☺ I will respect my customers and my team members.
- ☺ I will trust my customers and my team members.
- ☺ I will promote positive communication: Through Verbal, Nonverbal/ Body Language messages with my customers and team members
- ☺ I will recognize positive achievements in my customers and my team members.
- ☺ I will eliminate harmful gossip around my customers and team members
I will be an active listener with my customers and team members.
- ☺ I will use courteous behavior, saying “Please” & “Thank-You” to my customers and team members
- ☺ I will assist each customer and team member to be successful

I WILL PRACTICE **“SMILE”** WITH EVERY CUSTOMER I MEET:

- ☺ S – SMILE at all times to all customers I meet.
- ☺ M – Make eye contact with all customers I meet.
- ☺ I – Introduce myself & greet all patients/customers I meet.
- ☺ L – let my customers know what I’m doing and answer all questions or find someone who can.
- ☺ E – end every encounter with, “I have the time, is there anything you need?”

Failure to demonstrate behaviors and standards outlined within this policy may result in disciplinary action up to and including termination.



► **Policy Information**

Corporation:	Riverside HealthCare	Department:	Administration
Section:	All	Audience:	01



Subject:
Unusual Occurrence Reporting

Policy:

A) Definition:

An unusual occurrence is an event that represents an actual or potential risks of harm to a patient, visitor or to the healthcare system itself. Most unusual occurrences result from process-related issues and are not the result of individual error or fault.

The definition is to be broadly interpreted to include such situations as an accident or near miss; variance from established policies, omission of routine procedures, and omission or unintended commission during treatment. It includes any event not consistent with accepted practices of quality patient care. These unusual occurrences may represent opportunities for improvement in the delivery of care to patients, improvement in the safety of the Riverside Healthcare environment or ways of reducing other risks for the patients, visitors, employees and others utilizing the Riverside HealthCare System. Unusual occurrences should be reported to the Quality Improvement Committee designee via the Unusual Occurrence Report form. This form is available via the Affinity software and in paper.

The Director of Patient Safety/Employee Health or designee is authorized, on behalf of the Quality Improvement Committee to gather, analyze, investigate and report findings from Unusual Occurrence Reports to the Quality Improvement Committee.

B) Recognition

Each employee is to be alert to recognizing reportable occurrences and follow the reporting procedures. If there is any doubt about reporting an occurrence, a report is to be completed the Director of Patient Safety/Employee Health contacted, or the Nursing House Supervisor on duty consulted.

C) Reporting

Employees are encouraged to complete an Unusual Occurrence Report forward it to the Patient Safety/Employee Health Department whenever an event within the above definition occurs. These events include but are not limited to the following:

1) Visitor Occurrence--whenever a visitor sustains actual or possible injury at any point on healthcare system property, escort the injured visitor to the emergency department for evaluation and initial treatment without cost, also, notify Security of the accident location and report the occurrence according to paragraph 2, below.

2) Patient Occurrences--whenever actual or suspected events occur in any healthcare system department. Medication related occurrences are reported as described in the Patient Care Services Policy & Procedure: Medication Occurrence / Reaction Reporting, Policy # **RHC-PCS600-01-0231**

a) The employee who witnesses, or is first aware of an occurrence should initiate the Unusual Occurrence Report and contact the immediate supervisor. Supervisors and department heads are responsible for insuring that reports are completed

and forwarded as specified below.

b) If an event involves a serious injury to a patient or visitor (i.e. requires more than minor first aid), the supervisor should contact the Director of Patient Safety/Employee Health immediately to report the event.

c) Completed Unusual Occurrence Reports should be forwarded to Patient Safety/Employee Health by the end of the shift. This may be delayed pending medical evaluation and follow up, but not for more than 8 hours.

d) Physicians are educated as to the purpose of the unusual occurrence reporting system and are encouraged to utilize the system by initiating reports themselves

e) Employees are encouraged to make reports of a general nature concerning shortcomings or needed improvements in healthcare system routines or procedures. These reports may be made at any time.

D) Charting The facts surrounding patient occurrences should be reported as recorded on the patient's chart when appropriate. The Unusual Occurrence Report is not to be placed in the patient's medical record or chart. No reference should be made in the chart to the fact that an Unusual Occurrence Report has been completed

E) Investigation - After the immediate actions are taken as described below, it is the responsibility of the department director or designee to complete any investigation in a prompt manner. When possible, the investigation should be completed within one week of the report being received.

1) The charge person on the unit/department begins immediate follow-up and corrective action if indicated, where the incident occurred.

a) Patient Occurrences--

- Notified immediate supervisor concerning occurrence, patient observations and subsequent care
- Notified physician of occurrence, this may be done by the charge nurse or nurse assigned to the patient
- If the occurrence results in an injury, and it is the patient's wishes notify patient's family/significant other(s).
- Inpatient occurrences that take place away from the nursing unit are reported by the department in which they occur.
- The person in charge of the department notifies the patient's Charge Nurse immediately and coordinates immediate follow-up as required.
- The ancillary charge person insures that an Unusual Occurrence Report is completed.
- Send the completed report to Patient Safety/Employee Health.

b) Outpatient/Visitor Occurrences--Visitors are to be escorted to the Emergency Room for examination and initial treatment at no charge. Refusal of care should be documented as such on the Unusual Occurrence Report.

2) Confidentiality and Purpose

a) Individual reports are handled with confidentiality. Anyone who wishes to do so may substitute a telephone call, or a visit to Patient Safety/Employee Health or the immediate supervisor, in place of a written report. Supervisors who receive such notification must advise Patient Safety/Employee Health.

b) The Medication and Unusual Occurrence reporting system exists solely for the purpose of maintaining and improving the quality of care

within the healthcare system. These reports are not used as a punitive measure against an employee, nor are copies kept in the employee's file.

- 3) Equipment malfunction and/or errors
 - a) include the following in reporting equipment malfunction and/or errors
description of equipment: equipment control number (RMC tag #) and the nature of problem
 - b) notify the House Supervisor and/or Director and Biomed
 - c) tag the equipment with a "Do Not Use" tag
 - d) remove the equipment from use and take to Biomed or after hours notify House Supervisor to lock up equipment in the Patient Care Services office

be sure to save all parts of equipment that are involved in a malfunction and/or error eg. IV tubing, disposable parts - secure these with the equipment

Procedure:

Reportable occurrences may include, but are not limited to, the following events and situations:

- I) Hospital-Incurred Trauma, Injury, or Potential Injury
 - A) Fall or reported fall
 - B) Patient discovered on floor
 - C) Burn
 - D) Injury from equipment, hospital furnishings
 - E) Injury during transfers
 - F) Fractures
 - G) Loss or damage to prostheses, e.g., teeth, glasses
 - H) Lacerations, contusions
 - I) Hospital-acquired pressure ulcers

- II) Patient/Family Related Problems
 - A) Patient/Family complaints of improper care
 - B) Significant disagreements with staff/physicians
 - C) Threats of possible lawsuit
 - D) Refusal to accept treatments/procedures
 - E) AMA discharge
 - F) Refusal to pay hospital bill because of alleged improper care or treatment
 - G) Patient-caused injury, including self-inflicted injury/attempted suicide

- III) Treatment/Procedure Results Not Anticipated
 - A) Unplanned return to surgery
 - B) Sudden, unanticipated or unexplained death
 - C) Discharge with neurological deficit not present on admission
 - D) Post operative complications, example: fistula development, post-op hemorrhage, wound infection in clean cases
 - E) Major discrepancies between pre-op and post-op diagnosis
 - F) Unanticipated results from a treatment/procedure, which causes actual or potential increased patient disability
 - G) Repeat ER visit for same or related problems within 48 hours
 - H) Indication of treatment-related complications

- IV) Judgment/Procedural Lapses
 - A) For medical or non-clinical reasons: canceled, repeated or missed procedures, treatment or therapy causing extended LOS or affecting patient outcome.
 - B) Physicians' untimely or questionable responses to nursing staff calls
 - C) Indication of missed diagnosis
 - D) Ancillary personnel questionable or untimely response to calls
 - E) Incorrect or disputed lab/x-ray/EKG, etc. readings
 - F) Performances of surgery or diagnostic procedures without proper consent
 - G) Medication error
 - H) Treatment/procedural lapse not affecting specific patient outcome, but requiring follow-

up to prevent re-occurrence

I) Release of medical information without proper consent

J) Unanticipated neonatal/birth outcomes



► **Policy Information**

Corporation:	Riverside HealthCare	Department:	Administration
Section:	All	Audience:	01



Subject:
Employee Parking

Policy:

It is Riversides policy to provide close and accessible parking for all our patients and visitors. Employees are assigned designated parking according to their shift.

Procedure:

Employee parking is available in the Pavilion Parking Structure and the West Lot. All employees are expected to follow this policy regardless of what type of vehicle they drive (i.e. cars, trucks, and motorcycles). All employees are required to abide by the following regulations in order to improve patient access to the facility.

Employee Parking

Employee parking is available in the Pavilion Parking Garage on first come, first serve basis, and the West Pavilion Lot West of Row C. Rows A and B are designated for patient/visitor parking only. Employees may only park in spaces that are NOT designated for Patient/Visitor or Physicians.

Parking Capacity (Pavilion Garage)

When employee parking becomes full, employees will exit and relocate to the West Parking Lot (west of Row C). Rows A and B are designated for patient/visitor parking only.

Midnight Shift Access

Employee's arriving after 11:00pm will require card access to gain entry through the Pavilion.

Off Site Buildings

Westwood Medical Arts Building

Employees at this building are required to park in the west section of the lot.

Atrium Building

Employees at this building are required to park in perimeter spaces only.

Other Buildings

Employees at other Riverside facilities must abide by the parking rules established for their building.

Registration of Vehicles

All employees will register their vehicles with the Security Department. If an employee's license plate number and or name changes, the employee is required to re-register his/her vehicle. The registration of vehicles may enable Security to notify employees' of the following: lights on, flat tires, vehicle damage, vehicular theft, hit and run, or other related problems.

Parking for the Disabled

Employees who are in possession of a parking permit issued by the State of Illinois and or require close parking due to a medical condition will be accommodated under the Americans with Disabilities Act provisions. These employees will contact Security to receive a designated parking area along with a Riverside Security Waiver.

Compliance

Employees (non-physician) found to be in violation of physician parking areas will receive vehicle immobilization without warning, otherwise employees failing to comply with this policy will receive a Parking Violation Notice with the following implemented:

- 1st notice, Warning
- 2nd notice, Vice President notified.
- 3rd notice, and with each notice thereafter, will lead to vehicle immobilization (Wheel Boot Device), which carries a \$50.00 removal fee.

Employee Violation List

The Riverside Security Department maintains a list of parking violators. This list includes license plate number, employee name and department, date, and number of violations.

Vehicle Immobilization (Wheel Boot)

Notice of the application of a wheel boot will be posted on the lower part of the driver's side window with instructions concerning boot removal. Wheel boots may only be removed by officials of Riverside Medical Center Security Department. The owner of the vehicle shall be responsible for all charges incurred by immobilization.

Riverside Medical Center assumes no liability for loss or damage to a vehicle if an attempt is made to operate the vehicle while the immobilization device is attached. Serious damage to the vehicle may result by attempting to operate the vehicle while the immobilization device is attached.

Removal Fee (\$50.00)

The owner of a booted vehicle is responsible for the booting fee. The fee can be paid by cash, check, or payroll deduction. The wheel boot will not be removed until payment is rendered. Booted vehicles which remain on Riverside property for more than 3 business days will be penalized a fee of \$100.00. After a total of 14 days the vehicle will be towed and stored at the owners expense. All proceeds go to the Partners in Caring Fund. Checks are to be made out to this fund. A receipt for payment will be issued.

Patient Access

Employees are asked to comply with this policy. The need to enforce these parking rules is based on the need to have convenient parking for our patients and their families. Our goal is to provide our patients and their family members with easy access parking.

Policy effective Date: 03/01/2004

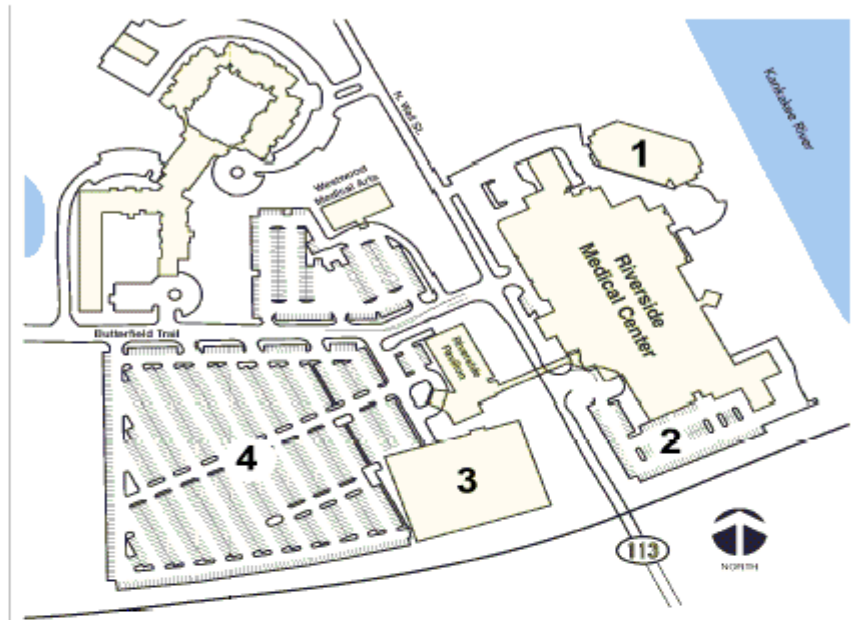
If you have any questions
please contact Riverside
Security at:

Phone: Ext: 4990

PARKING POLICY UPDATE



RIVERSIDE
HealthCare



As a commitment to our customers, Riverside Healthcare employees will follow the parking guidelines outlined in the Riverside Parking Policy. Below is a brief parking policy summary:

Lot designations:

1. North Garage:

- Patients & Visitors
- Physicians
- Physician Office Managers (Lower Level Only)

2. South Lot

- Physician Parking
- ED Patient Parking
- Senior Advantage

3. Pavilion Garage

- Patients & Visitors
- Physician
- **Employee**

4. Pavilion Lot

- Patient & Visitors (Rows A & B)
- **Employee (Rows C and back)**

Please Note:

- Employees may only park in the Pavilion Garage and Pavilion Lot spaces that are **NOT** designated for Patient/Visitors or Physicians.
- Violators will be given up to 2 warning citations
- The 3rd citation will result in vehicle immobilization (the boot)
- A \$50 donation to the Christmas Basket Fund will be required for boot removal



SECURITY GUIDELINES

In order to provide maximum security for your department, patients, and visitors, we ask your cooperation with the following:

Subject:

Security Guidelines for Riverside Medical Center

Policy:

To provide a safe and secure environment for our patients, visitors, and staff.

Procedure:

In order to provide maximum security for your department, patients, and visitors, we ask your cooperation in conducting the following:

NOTIFY SECURITY

- Report weapon violations immediately (Firearms, knives, or any device that could cause harm)
- Notice any loiterers, strangers, or suspicious persons.
- Actions observed that may be unlawful.
- Receive any threatening phone calls.
- Arguments or altercations developing
- Observe any unsafe acts or conditions.
- Property becomes damaged or missing.
- Patients missing.
- Discovery of a suspicious package.
- Observe any unauthorized visitors.
- Find any property, or lose any property (for "lost and found").
- See unauthorized salespersons or solicitors in the building, or distributing sales information on RMC property.

SAFETY

- Avoid approaching or visiting with suspicious or unauthorized persons especially in parking related areas.
- If approached by a suspicious person immediately seek safety and notify security.
- Utilize the security department escort service when leaving the building alone.
- Safeguard all personal property by locking it up.
- Lock all desks, cabinets, and doors at the end of the day.
- Designate a person in the department to make a final check each night.
- Report all lost keys to your manager.
- Do not allow anyone else to use your I.D. badge, access codes, and or issued RMC keys.

DEPARTMENT SECURITY MANAGEMENT

Lock and unlock department doors as necessary to provide appropriate access during normal working and high patient/visitor traffic flow times. Lock or limit access as needed to provide security for personnel and property during nights, weekends, low traffic periods, and when the area is closed. Normally, work areas should be locked to unauthorized access when all employees are out, even if temporarily.

Be aware of patients, visitors, contractors, others, etc., who are present in unit and department areas, and the reason for their presence. Advise all persons of any hospital rules, visitor guidelines, etc., which may apply to them or their activities. Notify Security immediately when anyone fails to cooperate.

EMERGENCY CALL STATIONS

These stations are located in the North Parking Structure, Pavilion Parking Structure, and West Parking lot (rows D and E). When activated the Emergency Call Stations enunciate directly to the Riverside Switchboard who will dispatch Security and or the City Police.

NOTIFICATION

Emergency Dial "55"
Security 933-1671

Riverside HealthCare's Corporate Compliance: Walking the Straight Integrity Line Begins with You!

An Overview of how all of us at Riverside HealthCare work to provide an Ethical, Honest Workplace that Maintains the Highest Level of Excellence!

Introduction: What is Compliance?



Compliance can be thought of as “meeting or cooperating with official requirements,” such as complying with Riverside policies and procedures. Our policies and procedures are based upon federal and state laws, and regulatory agency standards (like the *Joint Commission and the Illinois Dept. of Public Health, OSHA, C.A.R.F., etc.*). Compliance is expected from our patients/residents, visitors, and vendors. Compliance is required from our physicians and staff.

How Does Compliance Affect Me?

We are all expected to perform our jobs honestly—with *Integrity*. We act ethically and legally with each person we come in contact with: patients, families, visitors, physicians, volunteers and other employees. This is our promise to serve that we've made to our patients and to our communities—and it's required under federal and state laws. Remember: our community reputation rests upon each of us—both as a healthcare team and as individuals!

Why this Focus on Compliance?



Our federal government has made healthcare compliance for preventing healthcare fraud and abuse in billing a high priority—second *only* to illegal drugs. Why? *Just one example* is that the federal government estimates that *\$7.5 billion in the United States has been lost to claims for medically unnecessary services and items*. Taxpayers have heard of these mistakes and don't want to pay for such mistakes anymore. In fact, the government is penalizing individuals and organizations for **not** complying with these compliance laws through: hefty fines, loss of Medicare/Medicaid reimbursements, and even jail time.

In the remaining sections of this flyer, you'll be introduced to these key tips: preventing healthcare fraud and abuse; record keeping; communication; and what to do if you have questions or concerns about compliance.

Compliance: Preventing HealthCare Fraud and Abuse

Healthcare fraud and abuse takes many different forms. For example, filing false claims, intentionally or carelessly using incorrect billing codes, providing unnecessary services, or paying for patient referrals could be considered fraudulent or abusive. This is **NOT** just a billing issue—but impacts all staff who assist in providing and documenting patient care. Employees **must** avoid activities like those mentioned above. Be sure that all services received are properly documented/charted and that billings and coding are accurate. During the next year, all of us will receive training on this important topic. Many of you in those areas heavily impacted by these laws will be receiving additional training. For some of you, this training is already underway!

.....*Read the back side of this sheet for some more tips on this key issue.*

More Compliance Tips to Remember: Walking the Integrity Line!



Record Keeping

A healthcare system like ours has many kinds of records. Because it's impossible to list all the different rules, you should learn those rules that apply to the documents you work with. Remember:

- We do not falsify facts or make false records
- We give records only to people who have a legal "need to know"
- We keep records for as long as the law requires—and dispose of them in accordance with policies
- We preserve patient confidentiality

Open and Honest Communication Helps Us Walk That Integrity Line!

You need to support other employees and be honest in your work with them. We try to create a workplace where employees feel free to discuss concerns about any issue. We deal honestly and fairly with patients, community members, vendors, competitors, payers, and outside contractors.

Where can I go if I have Questions/Concerns about Compliance?

You must comply with laws and rules affecting your job, not just the ones mentioned here. When in doubt, ask your Supervisor/Department Head, Administrative Representative, or Riverside HealthCare's Chief Compliance Officer, Patt Vilt.

If any federal or state law enforcement official requests information from you, please have them contact our Chief Compliance Officer. If these officials are on Riverside grounds requesting information, please contact your Supervisor and the Chief Compliance Officer *immediately*.

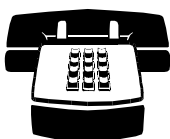
If you know of conduct that may possibly be illegal or unethical, you should report it to your supervisor or the Chief Compliance Officer, or call the Riverside HealthCare ComplianceLine, a free 24 hour-a-day anonymous phone line. Because a separate company runs this phone line, you don't have to give your name and no one will record your voice.

**To call Riverside HealthCare's ComplianceLine, dial toll-free,
1-800-290-1946**

Just One More Thought....



As Riverside HealthCare employees, we are all expected to obey the law, to carry out our duties in an ethical and honest manner, and to follow established policies and procedures. We are also expected to report any known or perceived violations or any employee misconduct. These are NOT new expectations. Violations are serious matters. Corrective action as outlined in human resources policies, as well as possible legal actions, *can* result. **Remember: Walking the Integrity Line Begins with YOU!**



**Riverside HealthCare's ComplianceLine:
1-800-290-1946!**



AGE SPECIFIC CONSIDERATIONS

Every patient/family/visitor to RHC has communication, comfort, and safety needs. How these needs are met depends on the age of the person, and the person’s stage of life. Every person is entitled to have these minimal needs met in keeping with our mission and values. Please follow these considerations when interacting with patients/families/visitors to RHC.

AGE RANGE	GROWTH & DEVELOPMENT	COMMUNICATION	COMFORT	SAFETY
Neonate (0-1 Month)	<ul style="list-style-type: none"> • Rapid physical growth rate. • Learns through senses by exploring, playing. • Communicates by crying and babbling. • Seeks to build trust in others. • Beginning to develop a sense of self. 	<ul style="list-style-type: none"> • Introduce yourself to the child’s caregiver. • Explain procedures and tasks to caregiver. • Talk slowly and calmly to infant. • Try to initiate eye contact with infant, but do not force. 	<ul style="list-style-type: none"> • Provide a warm and comfortable environment. • Do not keep patient/family/visitor continuously under bright lights. • Provide for privacy. Knock before entering rooms where patients/families/visitors are present. • Allow infant to keep security/comfort objects (pacifier, toys, etc.) close by. • Allow familiar caregiver to remain close by. • Do not separate from caregiver unless absolutely necessary. 	<ul style="list-style-type: none"> • Ensure a safe environment for exploring, playing, and sleeping. • Keep side rails up. • Provide nonflammable toys only. • Avoid leaving small objects within reach, including toys which could cause choking. • Provide proper support when holding infant. • Transport in size-appropriate means (bassinet, crib, wagon, etc.).
Infant (1 - 12 Months)	<ul style="list-style-type: none"> • Rapid physical growth rate. • Learns through senses by exploring, playing. • Communicates by crying and babbling. • Seeks to build trust in others. • Beginning to develop a sense of self. 	<ul style="list-style-type: none"> • Introduce yourself to the child’s caregiver. • Explain procedures and tasks to caregiver. • Talk slowly and calmly to infant. • Try to initiate eye contact with infant, but do not force. 	<ul style="list-style-type: none"> • Provide a warm and comfortable environment. • Do not keep patient/family/visitor continuously under bright lights. • Provide for privacy. Knock before entering rooms where patients/families/visitors are present. • Allow infant to keep security/comfort objects (pacifier, toys, etc.) close by. • Allow familiar caregiver to remain close by. • Do not separate from caregiver unless absolutely necessary. 	<ul style="list-style-type: none"> • Ensure a safe environment for exploring, playing, and sleeping. • Keep side rails up. • Provide nonflammable toys only. • Avoid leaving small objects within reach, including toys which could cause choking. • Provide proper support when holding infant. • Transport in size-appropriate means (bassinet, crib, wagon, etc.).
Pre-schooler (3 - 5 Years)	<ul style="list-style-type: none"> • Grows at a slower rate. • Improving motor skills (dresses self, toilet-trained). • Beginning to use symbols. • Vivid imagination and fears. • Likes stories. • Becomes more independent. • Able to recognize danger and obey 	<ul style="list-style-type: none"> • Introduce self. • Talk to child in simple language. • Give praise, rewards, and clear rules. • Since child has imagination, use familiar characters in conversation and explanation (i.e., Sesame Street characters, Disney, Barney). • Allow child to talk and verbalize fears. • Include parent in 	<ul style="list-style-type: none"> • Provide a warm and comfortable environment. • Provide for privacy. Knock before entering rooms where patients/families/visitors are present. • Allow familiar things or faces nearby. Can tolerate some separation from parent/caregiver. 	<ul style="list-style-type: none"> • Needs close supervision. • Keep side rails up. • Transport in size-appropriate means (bassinet, crib, wagon, etc.). • Provide nonflammable toys only.

	simple commands (in most cases).	explanations.		
School- age Child (5 - 12 Years)	<ul style="list-style-type: none"> • Grows slowly until a spurt at puberty. • Eager learners. • Understands cause and effect. • Can read, write, and do math. • Greater sense of self. Negotiates for greater independence. • Eager to please. Focuses on “fitting in” with peers. • Coordination greatly improved. 	<ul style="list-style-type: none"> • Introduce self. • Talk to child directly. • Include school activities in topics of discussion. • Help child to feel competent and useful. Permit child some input on decisions. • Use calm, unrushed approach. • Allow time for repeated questions. 	<ul style="list-style-type: none"> • Provide a warm and comfortable environment. • Provide for privacy. Knock before entering rooms where patients/families/visitors are present. 	



**Riverside HealthCare
Kankakee, Illinois
Policy & Procedure**

Current Status: Issued
Date Last Modified: 04/19/2011
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Next Review Date: 04/19/2014

Document Number:
RHC-PCS600-01-0455-V01

▶ **Policy Information**

▼
Subject:
Minimal Lift

Policy:

Employees will follow established protocols for the lifting, transferring and repositioning of patients and/or objects, ensuring consistency and safety for patients and reducing or preventing work related injuries for caregivers.

- Riverside HealthCare uses mechanical lifts that allow staff to lift or transfer any patient who is not able to bear weight or who can only partially bear weight on their legs.
- All patients are assessed on admission and throughout hospitalization to ensure that the safest lift or transfer is used.
- The back care program is based on the “train the trainer” concept to ensure the basic training provided for employees is put into practice on the job.
- Adhering to the policy will reduce the risk of injury to the caregiver and promote comfort, safety and quality of care for the patient.
- There will be appropriate reinforcement and consequences for employees in adhering to the Minimal Lift Program.

Consequences - Failure to Comply

The first infraction by an employee of Minimal Lift policy/procedure will require that the individual participate in an educational retraining program. Any subsequent violations of the “Minimal Lift” policy will result in the employee’s movement into the corrective action process. The employee will be placed in the first step of the process. Continued violations of the Minimal Lift policy/procedure will result in further disciplinary action, up to and including discharge.

Procedure:

Risk Assessments

1. Perform a risk assessment in all critical areas before, during, and after each moving task.

A. Perform a self-assessment of:

- a. Body Mechanics - proper posture and positions when performing tasks
- b. Body Feedback – the signals your body is giving you when performing certain tasks. These signals could be indicators of future injuries.
- c. Cold Muscles – warm the body via cardio exercise or stretching to prevent injuries.

B. Assess the environment/surroundings, including equipment

- a. Do a quick visual check for any potential risks for injury before, during and after the task, and make changes to the environment in advance to eliminate risks
- b. Assess for fallen objects obstructing your task, re-arranged furniture, clothes on the floor, and proper positioning of equipment, and proper functioning of equipment such as brakes on wheelchairs.

C. Assess Patient

- a. See Patient Assessment below

2. During the assessment, follow these guidelines:

- Risk assessment is an ongoing and continuous process by which a worker identifies and eliminates or manages risks when moving a patient/object.
 - A risk is any factor that has the potential to jeopardize the safety of the worker(s) and/or patient.
 - The three assessment areas are interrelated; therefore the results from each area of assessment can affect the others.
 - Certain risk factors can vary each time a patient/object is moved.
 - The order in which the three assessment areas are presented is not necessarily the order in which they will always be conducted. In the beginning, use a step-by-step approach to assessment, beginning with a self-assessment and then assessing the patient/object and environment in order.
- As skills and experience in assessment develop, the nature of the moving task will determine the order in which each assessment is done. Some assessments may be done simultaneously.

Patient Assessments

1. An RN will assess every patient for transfer needs upon admission and throughout hospitalization

to determine the safest transfer/lift equipment and techniques for each patient.

2. An RN will document the transfer/lift information in the electronic medical record and place the appropriate card/logo in patient room.

3. Nursing staff, Rehabilitation Services staff, or a transporter may identify a need to review the admission transfer/lift equipment/technique recommended for the patient and will notify the nurse assigned to the patient.

A. The RN or other staff member will place a STOP/RE-ASSESS logo at the head of the patient's bed.



B. The RN and staff requesting the transfer/lift review will assess the patient lift/transfer needs and update plan of care accordingly.

C. The assessor will post the appropriate transfer illustration in the patient's room.

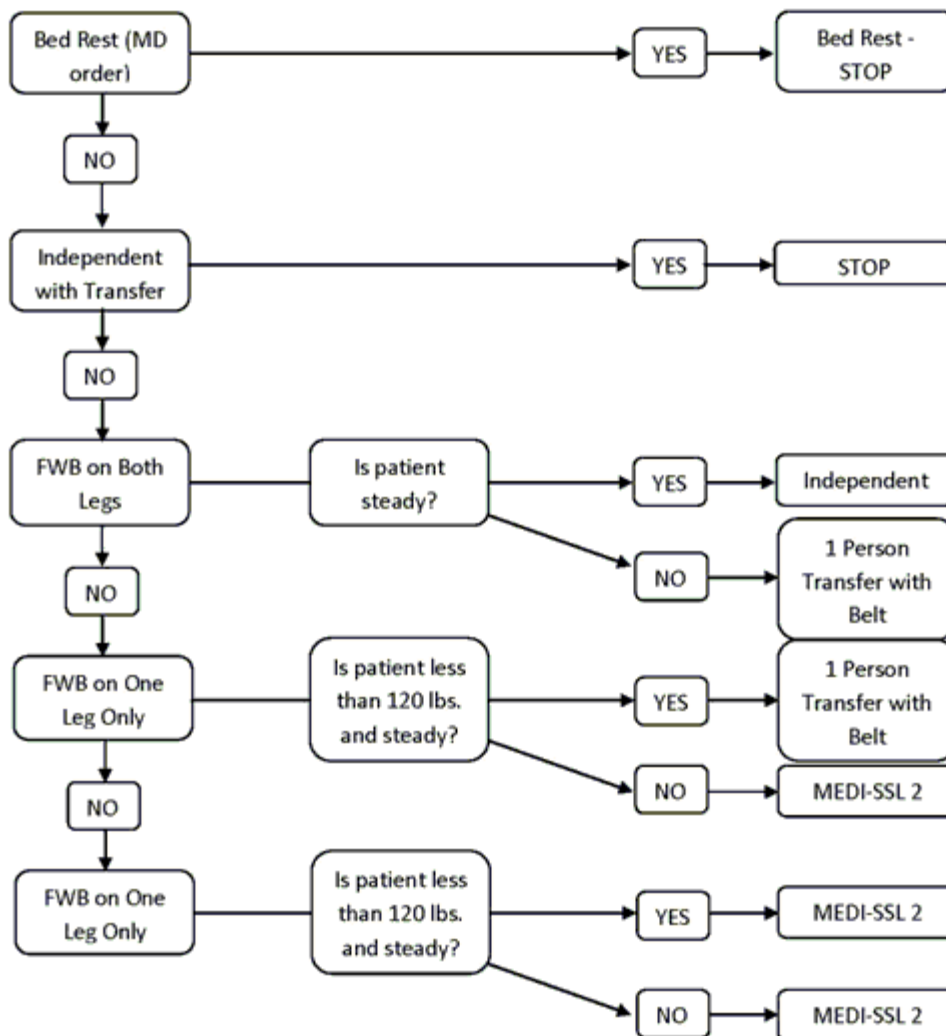
4. An RN will use algorithms/special instructions to determine the equipment and technique to be used for each patient to ensure the appropriate transfer/lift devices and protocols are followed.

Algorithm #1 – Determination of Proper Transfer Technique

To be done on admission and at significant change (including post-operatively and change in level of acuity).

Functional weight-bearing status: Full Weight-bearing (FWB) L. Leg ____ R. Leg ____
 Partial Weight-bearing (PWB) L. Leg ____ R. Leg ____
 Patient Weight ____ lbs.

****NOTE: If the patient is unable to bear weight, the Medi-Lifter 4 will be used. Do not continue with the decision tree. Assess for appropriate sling.****



Algorithm #2 – Sling/Harness Reference Chart

Harnesses for use with Medi-SSL 2 (Sit/Stand Lifter). Select appropriate sling. Post logo over patient's bed.

NG – CHEST HARNESES

Patient must be able to:

- Bear weight CONSISTENTLY
- Have good upper body and head control
- Follow simple commands/directions
- SWL 400 lbs.
- Precautions:
 - G-Tubes
 - Colostomy Bags
 - Abdominal Sutures
 - Abdominal Surgeries
- NG must have 3-4 inches of clearance between buckle and abdominal areas

TT – TOTAL TRANSFER

Use for patients with the following:

- Patient does not bear weight CONSISTENTLY
- Patient has limited weight bearing capabilities
- Unable to follow simple commands/directions
- SWL 400 lbs.
- Precautions:
 - G-Tubes
 - Colostomy Bags
 - Abdominal Sutures
 - Abdominal Surgeries

Sling for Use with Medi-Lifter 4

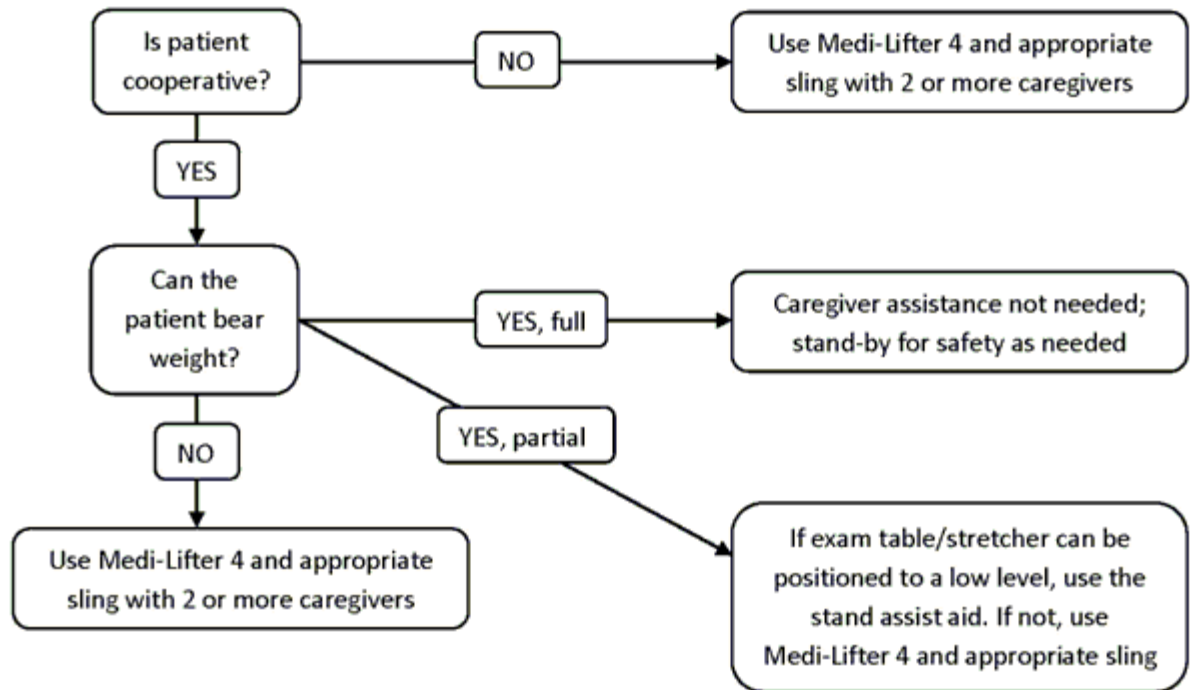
N-COMBY

- Designed for general lifting with built-in head support
- Provides full body support
- Use for bed, floor and seated transfers

H-HYGIENE

- Designed for toileting and hygiene
- Standard size
- Patient must have good upper body strength and head control
- Chest positioning belt
- SWL 400 lbs.
- Precautions:
 - G-Tubes
 - Colostomy Bags
 - Abdominal Sutures
 - Abdominal Surgeries

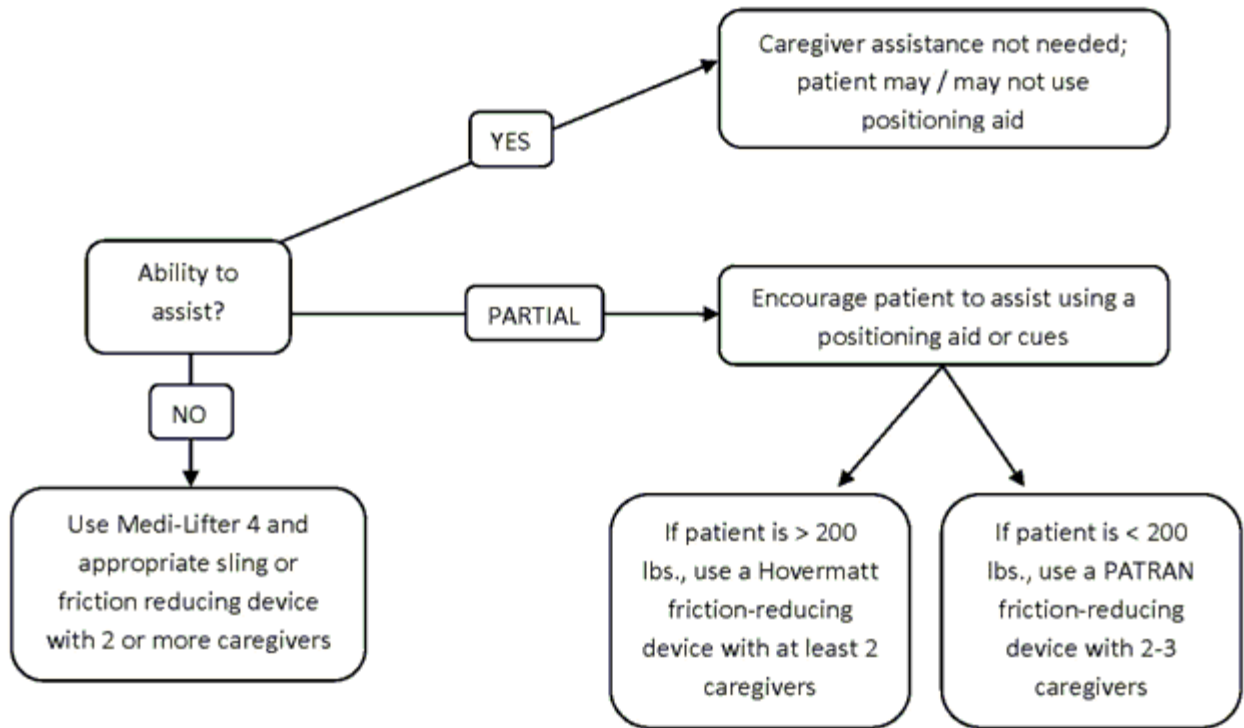
Algorithm #3 – Transfer to and from: Chair to Stretcher or Chair to Exam Table



Comments:

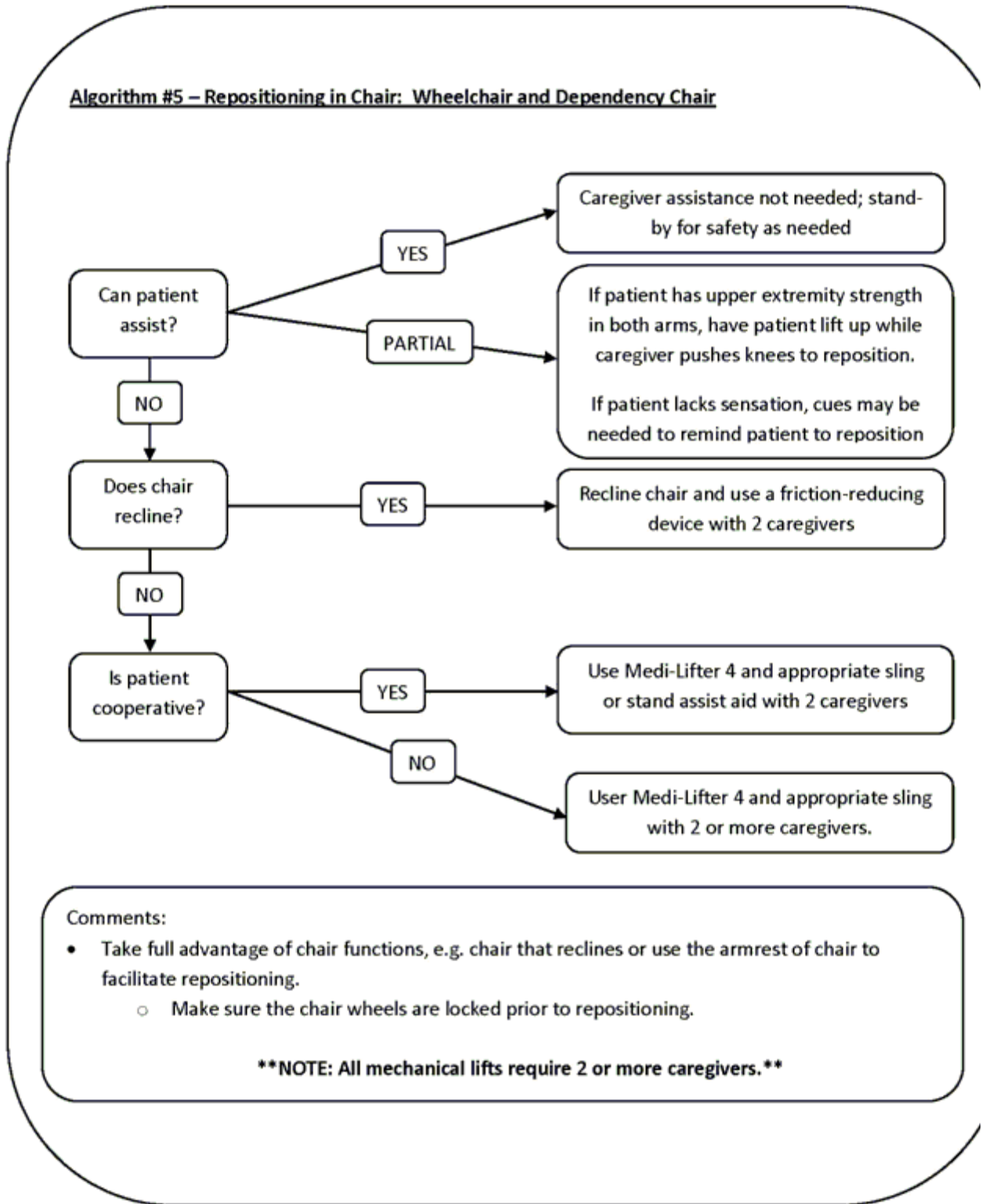
- High/Low exam tables and stretchers would be ideal.
- Surface should be even for all lateral patient moves.
- For patients with State III or Stage IV pressure ulcers, care must be taken to avoid shearing force.

Algorithm #4 – Repositioning in Bed: Side-to-Side / Up in Bed



Comments:

- When pulling a patient up in bed, the bed should be flat or Trendelenburg position to aid in gravity with the side rail down.
- For patient with Stage III or Stage IV pressure ulcers, care must be taken to avoid shearing force.
- The height of the bed should be appropriate for staff safety (at the elbows).
- If the patient can assist when repositioning “up in bed”, ask the patient to flex the knees and push on the count of three.



A. Minimal Lift Lying to Sitting Repositioning for patient who weigh less than 200 lbs.
 a. Use the friction-reducing device to slide the patient up in bed.

B. Instructions for Repositioning or any lateral transfer for patients who weigh more than 200 lbs.

a. Use a Hovermat

5. The RN will select the appropriate color code and LOGO (below) to be used for patient transfers/lifts.



A. Total Lift, PINK

- Any patient that has been assessed and identified via logo to be a Medi-Lifter candidate; all caregivers must use the Medi-Lifter 4 and proper sling (as indicated on the logo system). Two caregivers must be present when using a Total Lift mechanical device.



B. Sit/Stand Lift, BLUE

- Any patient that has been assessed and identified via the logo to be a Medi-SSL 2 candidate; all caregivers must use the SSL and proper harness (as indicated on the logo system). Two caregivers must be present when using a Sit/Stand mechanical device.



C. One Person Transfer, LIGHT GREEN

- Any patient that has been assessed and identified via the logo to be a

one-person assisted transfer candidate; the caregiver must follow this procedure.

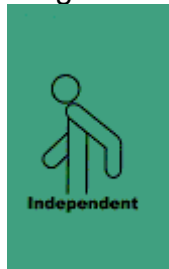
- Patient requires minimal assistance (25% staff effort 75% patient effort) in transfers or ambulation performed by 1 staff person.

Transfer belt required in all transfer/ambulation activities.



D. Independent – (GREEN CARD/STICKER)

- Patient ambulates/transfers by self.
- No staff contact required. An independent transfer is appropriate for the patient who:
 - a. Displays sound cognition
 - b. Can bear her/his body weight through part or parts of her/his body.
 - c. Is cooperative.
 - d. Is physically and mentally predictable and reliable in performance and behavior.
 - e. Can safely relocate her/himself.
 - f. Moves to a supervised transfer with verbal guidance.



E. Bedrest - (YELLOW CARD/STICKER)



6. Place the appropriate LOGO in the patient area. Each LOGO will illustrate the type of lift/transfer to be performed, the type of sling or harness to be used and if needed, special

logos for toileting.

7. Follow these guidelines for each situation below.

A. Repositioning in Bed – Any patient requiring a boost in bed must be performed by two caregivers. In addition, the friction-reducing device must be used to slide the patient. Patient's who weigh 200 lbs. or more will require a Hovermat for repositioning or any lateral transfer.

B. Repositioning in a Chair requires ergonomic belts, SSL and/or Medi-Lifter 4. Use of each assistive device must be based on the weight bearing capabilities of the patient.

C. Assisted/Guided Fall – If at any time a patient falls to the floor, the caregiver must follow the proper technique as outlined in this document.

D. Fires – In the event of a fire, the Minimal Lift policy is not in affect. The caregiver is to evacuate all patients from the building according to established evacuation plans.

8. Use of a gait/transfer belt in all transfer/ambulation activities is required.

▶ **Approval History**

▼ **Edit History**

Edit History*:

Brenda S Brower edited this document on 04/06/2011

Heather Johnson edited this document on 04/04/2011

* This list references the last person to edit the document prior to submission for each time this document has been submitted.

Only the past ten submission edits are shown.