



Alternative Orientation Handbook

A handbook for student job shadows



The Alternative Orientation Handbook is provided by the Organizational Development Department to facilitate orientation of new employees, students, contract workers, vendors and other non-categorized workers who are not able to partake in the preferred face-to-face orientation process. This handbook provides a general, standardized introduction of core materials based upon requirements of regulatory bodies including, but not limited to: a) The Joint Commission (TJC), b) Occupational Safety and Health Administration (OSHA), c) Centers for Medicare and Medicaid Services (CMS), d) National Patient Safety Goals (NPSG), etc. Department-specific systems may have additional training requirements which will occur within the scheduled department.

**** Disclaimer:** The goal of the Alternative Orientation Handbook is to provide an overview of core content related to the on-boarding of the new employee/worker/personnel/student/etc. Some topics in this overview may not necessarily pertain to the readers' direct job duties while other job duties will have a direct correlation. Information included in this handbook is therefore recognized as not all-inclusive. Whenever additional information is needed for greater understanding, the participant is directed to a specific policy/procedure to assist with understanding. It is the direct responsibility of the participant/reader to pursue additional information as directed. Directions for accessing BRMH's policies and procedures have been included.



- Black River Memorial Hospital (BRMH) is located in Black River Falls, Wisconsin, a rural community located in Jackson County.
- **BRMH is:**
 - A community-owned, independent hospital.
 - Represented by a Board of Directors made up by community members – leaders of businesses, other healthcare facilities or agencies, governmental agencies, and city or county representatives.
 - A critical access hospital with a wide-range of exceptional services.
- **BRMH provides:**
 - Acute care and outpatient ancillary services
 - A community healthcare hub by operating a home-health agency, hospice, and durable medical equipment covering a 35-mile radius
- **BRMH patient populations:**
 - Elderly with multiple chronic diseases
 - Incomes below poverty level
 - Medicare and Medicaid are the top payer sources for reimbursement - currently equal to 50.6% of the total payer mix revenue (not including homecare, hospice or DME)

• **BRMH Patient Service Departments include:**

Emergency Department & Urgent Care	Obstetrics	Medical-Surgical
Surgical Services (inpatient and outpatient surgery; orthopedics, ENT, podiatry, ophthalmology, urology)	Physical Medicine and Rehabilitation (physical, occupational, and speech therapy; occupational health; athletic training; pulmonary rehab; cardiac screening)	Diagnostic Imaging (MRI, CT, ultrasound, X-Ray)
Laboratory	Respiratory Therapy (Including a Sleep Center)	Care At Home and DME
Pharmacy	Nutrition Services (including a certified dietitian)	Patient & Family Services (social worker team)
Family Medicine Clinic	Infusions Services	Wound Care Center

Performance Expectations

The priority performance expectation for each and every hospital employee, regardless of job description or assigned department is: [providing exceptional customer service according to the standards set forth in BRMH's Mission, Vision and Values](#)



Employees are responsible for:

- Participating in departmental and hospital-wide performance activities
- Identifying and suggesting issues for review and consideration
- Assisting in the implementation and evaluation phases of current projects
- Providing input for new or established improvement activities
- Collaborating with the other hospital staff to ensure the success of each activity

Customer Service

A.I.D.E.T. framework to apply Key Words at Key Times

The expectation is staff uses these five simple steps to make a “positive first impression” and to ensure continuous, positive interaction throughout our customers’ and patients’ experience.

A.I.D.E.T. is the acronym representing the following:

- **Acknowledge:** the first step in forming a relationship. Be attentive; greet with a smile; be positive and friendly
- **Introduce** Upon introduction, give your name and the purpose for the encounter
- **Duration:** manage expectations by education about the length of time a particular procedure or request will take.
- **Explanation:** Make sure the customer/patient is knowledgeable & involved in the conversation and their treatments. Use easily understood terms when providing information. Ask if there are any questions
- **Thank You:** "Thank you for waiting...providing information... choosing Black River Memorial Hospital

The advantages of using A.I.D.E.T. include decreasing anxiety, increasing compliance, improving clinical outcomes, and increasing patient and physician satisfaction.

“Ten-Five (10-5) Rule”

- When within 10 feet of another person (staff, visitor, customer, etc.) staff acknowledges others with
 - eye contact
 - a smile and/or
 - nodding of the head
- When within 5 feet of another person
 - staff provide a verbal greeting to another.

Standards of Behavior

Black River Memorial Hospital's Standards of Conduct define customers as patients, families, visitors, staff, physicians, students and volunteers. **BRMH's standards are represented within our five values.**



COLLABORATION

To be an active collaborator and contributor to the communities we serve



RESPECT

To recognize the inherent worth and dignity of all people



COMPASSION

To take care of our patients and visitors as if they were our own family



INTEGRITY

To do the right thing even when it's hard



GROWTH

To continually enhance our services and expertise to best serve our patients and communities now and into the future

Dress Code Guidelines

- Dress in a manner that enhances the hospital's public image as a responsible healthcare worker and presents a professional image.
- Hospital issued name badge must be displayed above the waist at all times.
- Clothing must be neat, wrinkle free, clean, in good condition, and properly fitting. Pants should not be tight or dragging on the floor. Pants should cover any undergarments (no underwear showing).
- No blue jean denim – except on Fridays – in good condition.
- Clothing cannot have holes or rips in them.
- Wear your BRMH logoed shirt and dress pants with nice shoes.
- Open toe shoes are prohibited in patient care areas,
- Hair/facial hair must be clean, neat and trimmed. Natural shades or subtle undertones are preferred; trendy hair color is acceptable as long as it is subtle and does not cover the entire head.
- Must be free from the smell of smoke.
- No perfumes, after shave colognes or lotion fragrances should be worn.
- Nails should be clean, neat, and not have chipped nail polish.
- Visible body/facial piercings (other than in the ears or small nose stud) are prohibited. Gauges are acceptable as long as they are no bigger than a dime.
- Visible tattoos are acceptable as long as they are not offensive to anyone.

Personal Device Guidelines

- At no time should these devices be used in patient areas.
- Use of these devices should only be used during break times and outside the view of the patients and visitors.
- All devices need to be silenced (ringer and vibrations) when in the hospital.
- At no time will personal devices be used to transfer protected health information.
- Photo, video, livestreaming or audio recording, with personal devices in any hospital-owned or leased facility patient area is strictly prohibited by patients, families, visitors, students, and volunteers.
- Photo, video, or audio recording, with personal devices in any hospital-owned or leased facility patient area is strictly prohibited by employees, unless required normal job functions and then take care not capture patient or visitor images.

Confidentiality, HIPAA Privacy & Information Security

- The standard of practice referred to in this section is required for compliance with both federal mandates (Health Insurance Portability & Accountability Act or HIPAA) and state statutes regarding confidentiality and privacy practices in the healthcare industry. Failure to follow these mandates may result in termination of your time at BRMH.
- Important terms to help understand the privacy rule.
 - **Protected Health Information (PHI)**- any information that applies to a health condition now, in the past or in the future.
 - **Disclosure**-means to give out PHI

- **Minimum Necessary Information**– is the least amount of information you need to do your job. Remember to:
 1. Access only the information you need
 2. Use this information only to do your job
 3. Limit the information you share with another person to what they need to know to do their job
 - **Reasonable Safe Guards**– the steps you and the hospital take to make sure PHI remains private
- Communication of patient information whether it is verbal conversation, handwritten notes, computer, pager, FAX, or phone...YOU are responsible for protecting that information.
 - As a healthcare worker you are obligated both ethically and legally to protect the privacy of ANY and ALL personal information you SEE or HEAR while on the job as it relates to the patient. Any aspect of a patient's private medical record must not be the subject of casual conversation or unprotected correspondence within or outside the hospital.
 - A breach of confidentiality or privacy could mean a lawsuit to the facility. Additionally, when patient confidentiality is breached, our patients lose trust in our ability to care for their health needs and may be hesitant to seek care or may not offer information about them that is needed to provide proper care.
 - Conversations can be overheard; private conversations should be held in private places.
 - The only time a patient's medical record is accessed is during direct involvement in the patient's care **and** when there is "need-to-know" specific patient information to deliver the care required for the patient's needs and your assigned job role. Only the specific information needed is accessed and/or shared (not necessarily the entire patient chart/record) – this is referred to as the "minimum necessary" standard.
 - Put yourself in the patient's place. Would you come here if you knew anyone could or would know all of the details regarding your Protected Health Information (PHI)?
 - When asked about a patient, just say "That information is confidential and is used or disclosed only on a need-to-know basis" as allowed by law or authorized by the patient.
 - When accessing patient information, be aware of your surrounding and who can see the computer screen. Lock the computer whenever it is out of your line of vision to ensure no one can access patient information in your absence while using your name. You are responsible for what happens when you are logged-in.

How can you protect PHI?

- Use a private space to discuss patient information and any other PHI
- Don't share PHI with people who don't need to know
- Don't share PHI you aren't authorized to disclose
- Speak quietly when talking with patients
- Remember:
 - a) do not access information you do not need to do your job
 - b) do not share information unless another person needs it to do their job
 - c) if unsure, do not disclose information until you have talked to the department supervisor.

- HIPAA questions and concerns can be referred to BRMH's Privacy Officer: Brett Stafford at extension 3614.

Patient Rights and Ethics

- Black River Memorial Hospital strives to ensure that patients who select our hospital for health care have their expectations met.
- Patient care is designed to meet the basic rights of: nondiscrimination, respect, privacy, information, safety and participation in care.
- Patients may voice grievance and recommend changes in policies and services to hospital staff and/or outside representatives of their choice and be free from restraint, interference, coercion, discrimination of reprisal or unreasonable interruption of care.
- When patients have an immediate problem or concern they may:
 - Notify any staff member of a grievance or complaint
 - Notify Patient & Family Services to assist with the grievance
 - Ask to speak to a department manager
 - Ask to speak to Vice President of Patient Care Services
 - Billing complaints should be referred to Patient Financial Counselors
 - Contact The Joint Commission, Metastar, or the Bureau of Quality Assurance
- Patient Ethics
 - based around choices specific to the patient regarding their care
 - may be medical care decisions or personal care decisions
 - Simplest definition: a set of moral principles, beliefs, and values that guide us in making choices about medical care
 - At the core of health care ethics is our sense of right and wrong and our beliefs about rights we possess and duties we owe others.
 - Thinking carefully about the ethical aspects of health care decisions helps us make choices that are right, good, fair and just.
 - Ethical responsibilities in a given situation depend in part on the nature of the decision and in part on the roles we play. For example, a patient and his or her family play different roles and owe different ethical obligations to each other than a patient and his or her physician. In the US, four main principles define the ethical duties that health care professionals owe to patients. They are:
 - Autonomy**: to honor the patient's right to make their own decision
 - Beneficence**: to help the patient advance his/her own good
 - Non-maleficence**: to do no harm
 - Justice**: to be fair and treat like cases alike
 - All four principles are considered to be in effect at all times. In theory, each is of equal weight or importance. In practice, however, at least in the US, respect for patient autonomy often takes priority over the others.

Harassment –Includes Sexual Harassment

- BRMH is an equal opportunity employer committed to maintaining a workplace free from discrimination.
- BRMH will not tolerate harassment of any of its employees, including sexual harassment.

- Harassment is defined as a pattern of abusive and degrading conduct directed against a person's protected class. It interferes with work and results in an offensive and hostile environment.
 - Protected classes include: race, color, national origin, ancestry, sex, religion, creed, age, disability, marital status, sexual orientation, veteran's status, conviction or arrest record.
- Sexual harassment is defined as unwelcome verbal or physical conduct of a sexual nature.
- Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature constitute sexual harassment when any of these exist:
 - Submission to such conduct is made, either explicitly or implicitly, a condition of employment
 - Submission to, or rejection, of such conduct is the basis for employment decisions
 - Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance.
- Any employee/worker/volunteer who believes that he/she has been the subject of unlawful harassment should immediately report the matter to their Department Director or the Director of Human Resources.
- BRMH forbids retaliation against anyone for reporting harassment or otherwise assisting in the investigation of a harassment complaint.

Workplace Violence

- **What Causes Violence?**
 Anger is the leading cause of violence. People become angry when they are:
 - Waiting for extended periods of time
 - Restrained or isolated
 - Disoriented due to stress, drugs, alcohol, psychiatric illness
 - Faced with highly emotional situations.
- **Are You At Risk?**
 - Work place violence is on the rise.
 - Two- thirds of all work place violence episodes involve health care workers and social service workers.
 - If you work directly or indirectly with patients in the health care setting, you may be at risk.
- **Stay Safe**
 - Recognize the warning signs of violence
 - Familiarize yourself with the hospital's policies and procedures concerning work place violence
 - Learn ways to handle volatile situations and hostile people
 - Report any incidents or "near misses" to your supervisor.
- **Recognize The Warning Signs**
 - Violent behavior can't always be predicted, but there are some warning signs.
 - Look for these characteristics:
 - Disorientation (such as individuals under the influence of drugs, alcohol, stress, or with a history of psychiatric illness)
 - Confrontational or defensive behavior
 - Obsessive behavior
 - Angry outbursts

- Impulsive behavior
- Verbal threats or abusive language
- **Beware Of These Situations In Which Violence Is More Like To Occur:**
 - Availability of money or drugs
 - Long waits or delays
 - Working alone or in remote areas
 - Conflict with a supervisor or coworker
 - Employee or coworker who has received disciplinary action, negative performance review, demotion or had employment terminated
 - Low staffing levels at times of increased activity
 - Leaving the building alone or late at night
 - Poor lighting in parking areas

How You Can Reduce Violence In The Workplace

DO's	DON'Ts
Take all threats seriously	Get angry or raise your voice
Remain calm and courteous	Respond to threats with threats
Actively seek solutions and ways to ease tension	Do anything that increases anger or tension
Treat everyone respectfully	Stay in an area where you feel unsafe
Empathize with the angry or violent individual	
Seek help	
Report all threats or violent acts	

Infection Prevention

Hand Hygiene

Proper hand hygiene is the **single most important measure in the prevention and transmission of infection(s)**. Failure to wash hands correctly **and** in a timely manner is an infection control hazard!

Hospital personnel shall wash their hands to prevent the spread of infections as follows:

1. When coming on duty and at completion of their shift.
2. Before applying and after removing gloves.
3. When the hands are obviously soiled.
4. Before and after contact with patients.
5. Before contact about the face and mouth of patients.
6. Before and after personal use of the toilet.
7. After sneezing, coughing, blowing or wiping the nose or mouth.
8. Before entering and after leaving isolation areas and/or after handling articles from an isolation area.
9. After handling used sputum containers, soiled urinals, catheters, bedpans, etc.
10. Before and after eating.
11. Before and after contact with patients wounds.
12. Before preparing or administering medications.
13. Before handling sterile packages or clean equipment.

Procedure:

A. Handwashing Station:

1. Stand at the sink and avoid contaminating clothing on external sink surface. Note: sinks breed Gram negative organisms which are the most common cause of healthcare-acquired infections!
2. Turn on water to comfortable temperature.
3. Wet hands up the wrists.
4. Keeping hands lower than elbows, apply soap, then work into a lather and wash all surfaces of the hands and fingers for at least 20 seconds.
5. Rinse well, keeping hands pointing down. Complete removal of soap helps to prevent excoriation of the hands.
6. Dry hands well with paper towels and then use the paper towel to turn off faucet.
7. Dispose of paper towels properly.
8. Apply hand lotion if desired to protect the integrity of the skin. Note: dry cracking skin may cause organism growth and/or transmission, and should be avoided!

B. Alcohol-based Hand Rubs:

1. Apply solution to the palm of one hand and rub hands together to cover all surfaces of the hands and fingers. Rub together until dry – about 20-30 seconds. (If hands dry in 3-5 seconds, you need to apply more solution!).
2. Contraindications:
 - If hands are visibly soiled.
 - You suspect Anthrax, clostridium difficile or any other spore-related organism.
 - Before and after personal use of the toilet.
 - Before and after eating.
 - Persons taking disulfiram (Antabuse).
 - If hands start to "bead up" after using hand rub solution.
3. If access to a soap and water is not accessible, an alcohol-based hand rub will be used.
4. Consider removing the alcohol-based hand rub from rooms for patients that may have a potential risk for ingestion of this product.

Emergency Response Protocols

EMERGENCY CONDITIONS & BASIC STAFF RESPONSE

(See individual emergency response protocols for additional details via laminated brochures in each department)

ALERT: Full emergency response drills can and will occur at any time during a 24-hour period. All drills will be held at random and follow the same protocols whether they are held during the daytime or nighttime for all work shifts. BRMH expects all staff to respond whether an actual event or a drill is occurring.

PROBLEM	DESCRIPTION	INITIAL RESPONSE	SECONDARY RESPONSE	FOLLOW UP
Fire Alarm	Fire/smoke danger -or smell of something burning	R escue those in immediate danger-if safe to do so. A ctivate the alarm system (pull manual alarm) C ontain the fire (close doors in areas of fire/smoke) E xtinguish fire if small/confined	Use extinguisher from 6-10 ft. from fire: P ull the pin. A im the hose. S queeze the handle to activate the spray. S weep from side to side to	Following "all clear" announcement & staff debriefing, complete report to Event Reporting Program.

		(trash can size) or <u>Evacuate</u> to safe zones for larger fires.	smother fire.	
Medical Emergency	Emergent/life-threatening medical conditions requiring response by the designated multi-disciplinary team.	Dial 80 to announce the medical emergency: specify adult, child or infant and location.	Assess for signs of life (breaths regularly, responds to stimulation, has pulse) while waiting for responder team.	Responder team completes Medical Emergency report & evaluation forms, then submit to E.D. clinical manager.
Evacuation of Hospital	Leave hospital due to unsafe environment within the building per Incident Commander.	Begin evacuation out of dept. & hospital via closest "safe" exit route, assisting others as needed; assign 1 employee to exit last, assuring doors are closed (to indicate that evacuation has been completed).	<ul style="list-style-type: none"> • Proceed to the far side of East or West parking lot (whichever is closest to exit); • Conduct a roll call of various dept. staff, patients, volunteers, known visitors, etc. • Report missing persons to Incident Command • Triage & prep patients for transport to alternate care site(s). 	Following "all clear" announcement & staff debriefing, complete report to Event Reporting Program.
Assistance Needed- Disruptive Behavior	Disruptive/acting out person , jeopardizing the safety and security of hospital operations.	Use P-A system (dial 80) - announce "Security Alert – Disruptive Behavior; all available staff report to (identify location)."	Notify law enforcement if needed for assistance with calming and controlling disruptive behaviors.	Following "all clear" & staff debriefing, submit report to Event Reporting Program.
Avoid or Evacuate the area of Violent Behavior	An incident of violent behavior involving intimidation, threats, verbal abuse, physical assault or stalking – with or without a hostage &/or weapon	<ul style="list-style-type: none"> • Clear the area to avoid becoming a hostage. • Dial 8, 0 to announce "SECURITY ALERT: VIOLENT BEHAVIOR AT _____ (state specific location). PLEASE EVACUATE THIS AREA IF IT IS SAFE FOR YOU TO DO SO" Or • "SECURITY ALERT: VIOLENT BEHAVIOR AT _____ (state specific location). PLEASE AVOID THIS AREA. 	Follow Security Alert: Violent Behavior protocol until law enforcement officers arrive and coordinate responses with Incident Command. <ul style="list-style-type: none"> • Immediately contact Senior Leaders &/or Quality/Risk Manager and maintain a safe perimeter around the involved area (deny entry). 	Submit report to Event Reporting after "all clear" announcement & staff debriefing.
Missing Person	Adult, child or infant is missing - possibly abducted.	<ul style="list-style-type: none"> • Dial 8, 0 to announce the missing person alert: specify gender, age, color/type of clothing, hair, eyes, etc., and location with phone extension #. • Instruct all patients/visitors to stay in the hospital. • Switchboard operator (0700-2300) or night shift HUC notifies police & requests officer assistance. 	<ul style="list-style-type: none"> • Monitor exits – document and report any suspicious activity related to the missing person announcement. • Await arrival of law enforcement personnel to coordinate response activities with Incident Command. 	Following "all clear" announcement & staff debriefing, submit report to Event Reporting Program.
Severe Weather Warning	Severe Weather Warning for Wind Emergencies (tornado or high velocity winds)	• Upon receipt of warning via emergency weather radio, Emergency Dept. Nurse announces "Severe Weather Warning for tornado (or wind	Switchboard operator turns system over to "night bells" and the Med/Surg HUC takes all incoming calls.	Following "all clear" announcement & staff debriefing, submit report to Event Reporting Program.

		emergency) in BRF until (expiration time).” • SEEK SHELTER in designated “SAFE ZONES” for everyone (patients, visitors and staff).		
Mass Casualty/ Disaster	Mass Casualty/ Disaster situation	<ul style="list-style-type: none"> •Determine current status of situation and use P-A system (dial 80) to announce <i>“Mass Casualty or Disaster Alert – identify Phase (1, 2 or 3)”</i> •Follow plan for your area/department. 	If this is a Phase 3 situation, after completing duty assignments in non-clinical departments, report to the “volunteer/runner center” to assist with other needs and requests.	Following event, conduct debriefing & submit report to EOC Committee in 72 hrs.
SHELTER-IN-PLACE	Chemical/hazardous material contaminating local atmosphere	Use P-A system (dial 80) and announce: <i>“Activate Shelter-in-Place”</i> when notified of the need to “shelter-in-place” by local Emergency Management authorities.	Report to designated area to assist with designated response activities per Shelter-in-Place plan.	Following “all clear” & staff debriefing, submit report to Event Reporting Program.
Bomb/ Bioterrorism Threat	Notification of a bomb or other dangerous product dispersing device on premises.	<ul style="list-style-type: none"> •<u>Obtain as much information as possible:</u> <ul style="list-style-type: none"> - where is the bomb/device/product? - when will it go off? - what does it look like? - why was it placed? •<u>Notify Leadership team via P-A system (dial 80):</u> <i>“Security Alert: All leadership personnel report to (identify a designated location) immediately.”</i> 	<ul style="list-style-type: none"> •Provide critical information to leadership team as noted on bomb threat report form. •Follow instructions received from Incident Command 	Following “all clear” & staff debriefing, submit report to Event Reporting Program.
Hazardous Materials Spill/ Release	<u>Incidental Spill</u> Small spill/release presenting NO hazard to trained employees or environment	Trained user cleans up spill with appropriate personal protective equipment, decontamination materials/spill kit after reviewing Safety Data Sheet for material(s) involved.	Appropriately dispose of materials.	Following event, immediately complete report to Event Reporting.
	<u>Emergency Spill</u> Any spill/release presenting a suspicious or immediate hazard to life &/or environment.	<ul style="list-style-type: none"> •Isolate the spill area (evacuate). Deny entry to others. Notify your Director or designee. •Assist any contaminated victims with “decon” processes as indicated IF you can do so safely. 	Seek/coordinate further medical treatment of victim(s) exposed to the hazardous materials.	Following “all clear” & staff debriefing, submit report to Event Reporting Program.

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Additional Emergency Responses

- **Mass Casualty/Disaster** – Phase 1, 2 or 3: Follow your department-specific protocol.
- **Active Shooter** – notification announcement will direct employees to proceed with the **Active Shooter Response Protocol** as posted on the “B-Net” home page under Emergency Plans. Call 9-911 if it is safe to do so – *if you cannot speak, leave the line open to allow the dispatcher to listen.*

Rapid Response

- The Rapid Response Team (RRT) is a team of health care providers who respond urgently at the request of nurses or physicians to intervene in the sudden or unexpected deterioration in a

patient's condition. The RRT members will be able to offer clinical expertise and manpower in an emergent, non-code situation.

- NOTE: When a Rapid Response Team is activated and the patient continues to deteriorate, the patient may require activation of a Medical Emergency Response prior to transfer to a higher level of care.
- The RRT is activated by calling the individual team members on their portable telephones (no overhead page).
- Criteria for Activation of the Rapid Response:
(examples include, but are not limited to)
 - Heart rate <40–45 per minute or >130–140 per minute.
 - Systolic Blood Pressure < 90mmHg.
 - Respiratory Rate <8–10 per minute or >28–35 per minute
 - Oxygen saturation <90% (despite the use of FiO₂ 50% or greater).
 - Change in mental status, level of consciousness or agitation (new onset or worsening of condition).
 - Urinary Output <50ml over 4 hours.
 - Hypothermia <95 F (except in PACU).
 - Underlying concern about the patient even if the above criteria are not met.