Welcome to DeKalb Medical!

General Orientation Handbook

Version 12.0

Important Notice:
This is a living document. Revisions to this document may occur. To make changes/updates, please contact: Organization Development & Learning, ext. 1-5016.

Rev 6/12
Letter from the President

Welcome New Partner,

It is my privilege to extend a personal welcome to you as a new partner of the DeKalb Medical team! I use the word *privilege* intentionally, because I have the opportunity to be the first person to impart to you what makes DeKalb Medical so special.

You and I have that privilege of knowing that we will have a direct impact upon peoples’ lives when they need us the most. If we remind ourselves of this fact, it fills our daily work with meaning and purpose. DeKalb Medical exists to promote health and wellness across every stage and spectrum of life, and the people in our community come to DeKalb Medical because of our excellent service.

Partnership with our DeKalb Medical physician partners is essential to our mission. You and I must relate to our physicians as both partners and customers, making every effort to make DeKalb Medical the easiest, most efficient and best quality hospital in which to practice. As a result, our physicians will be able to partner with us to design new and better ways to deliver excellent care.

You can be proud of the work you do here at DeKalb Medical as we work together to improve lives through the delivery of excellent health and wellness services in partnership with our physicians. We value you as a new partner and it is indeed a privilege to welcome you to the DeKalb Medical team.

Sincerely,

John A. Shelton
President & CEO
# Table of Contents

Letter from the President .................................................................................................................. 3  
Employee Badge Processing .......................................................................................................... 5  
General Orientation Goals & Objectives ....................................................................................... 6  
General Orientation Schedule ....................................................................................................... 7  
Clinical Orientation Schedule ...................................................................................................... 8  
Location Specific Orientation Schedule ....................................................................................... 9  
Parking and Security ..................................................................................................................... 10  
Autograph Hounds ......................................................................................................................... 11  
Mission, Vision and Values ......................................................................................................... 12  
DeKalb Medical Emergency Codes .............................................................................................. 14  
Patient Rights and Responsibilities ............................................................................................. 15  
Diversity and Cultural Competence ............................................................................................ 17  
Corporate Compliance and Privacy .............................................................................................. 23  
Executive Welcome ...................................................................................................................... 25  
Quality in Healthcare .................................................................................................................... 28  
Patient Safety ............................................................................................................................... 31  
Benefits Information ..................................................................................................................... 32  
Annual Updates/Online Learning at DeKalb Medical ................................................................. 33  
KRONOS: Time and Attendance System ...................................................................................... 35  
North Decatur Campus Map ......................................................................................................... 37  
Hillandale Campus Map ................................................................................................................ 38  
Downtown Decatur Campus Map .................................................................................................. 39  
DeKalb Medical Code of Conduct ............................................................................................ 40  
DeKalb Medical Dress Code ......................................................................................................... 45  
Language Line Information ......................................................................................................... 49  
Additional Handouts .................................................................................................................... 49  
   Interactive Directory Pocket Card  
   Welcome Fair Checklist  
   New Partner Orientation Record  
   General Orientation Evaluation Form
Employee Badge Processing

As a New Partner, you will be assigned an employee number and given an employee badge. Photos are taken at the start of General Orientation and your badge will be distributed to you at the end of the day. Below is additional information about the employee badge process.

**Where Are Employee Badges Processed after General Orientation?**
Employee Badges are processed in the Employee Badge Processing Department (ext. 1-5339), located on the ground floor next to Occupational Health.

<table>
<thead>
<tr>
<th>Weekday</th>
<th>Time</th>
<th>Who can participate?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday-Friday</td>
<td>1:00-2:00 am</td>
<td>Any employee (call ext. 1-5339)</td>
</tr>
<tr>
<td>Monday-Friday</td>
<td>8:00-10:00 am</td>
<td>Any employee (call ext. 1-5339)</td>
</tr>
<tr>
<td>Tuesday-Friday</td>
<td>4:00-5:00 pm</td>
<td>Any employee (call ext. 1-5339)</td>
</tr>
</tbody>
</table>

If these hours are not convenient, New Partners may contact Employee Badge Processing at Ext. 1-5339 to schedule an appointment.

**Employee Identification**

**How To Wear Your Badge**
Partners will wear their badges at all times while on duty so that they may be clearly identified. Identification badges should be clearly visible, worn on an outer garment or uniform at the upper torso level (NOT attached to the waist) so that the name, title, and the department can be easily read.

**Lost, Damaged, and Replacement Badges**
Employee badges are the health system’s property. Employee Badges are coded with a chip that contains special information about you and your work area. Lost or damaged badges must be reported to the Human Resources Office located in the 2675 Professional Office Building. Employees are charged a $15 fee for replacement badges. Upon termination of employment, identification badges must be returned to Human Resources or paid for prior to receipt of final paycheck.
General Orientation Goals & Objectives

At the end of General Orientation, you will:

- Be familiar with DeKalb Medical key facts and expectations for employees
- Have a basic understanding of the DeKalb Medical organizational structure
- Understand the basic Service Excellence expectations for all employees at DeKalb Medical
- Have completed the basic required safety training so that you can work safely and protect yourself and others
- Be better prepared to work with diverse patients, visitors and teammates throughout DeKalb Medical
- Understand and be prepared to follow DeKalb corporate compliance, confidentiality and ethics standards
- Have learned key information about technology resources at DeKalb Medical and will have used NetLearning, the online learning system to complete some basic required training
- Have a basic understanding of the benefits provided by DeKalb Medical

Joint Commission Components

- The hospital educates its staff and medical staff that any employee, physician, or other individual who provides care, treatment or services who has concerns about the safety or quality of care provided in the organization may report these concerns to the Joint Commission.

- Staff participates in education and training that includes information about the need to report unanticipated adverse events and how to report these events. Staff participation is documented
Today’s Orientation Schedule

General Orientation
All new employees attend General Orientation

<table>
<thead>
<tr>
<th>TOPIC</th>
<th>FACILITATOR / PRESENTER</th>
<th>START TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td>Human Resources</td>
<td>7:30 am</td>
</tr>
<tr>
<td>Welcome and Autograph Hounds</td>
<td>Emoy Reid, Organization Development</td>
<td>8:00 am</td>
</tr>
<tr>
<td>“Be Nice” Class</td>
<td>Melanie Rosdahl, Service Excellence</td>
<td>8:30 am</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>9:20 am</td>
</tr>
<tr>
<td>Security Services</td>
<td>Darryl Harris, Security Manager</td>
<td>9:30 am</td>
</tr>
<tr>
<td>Diversity &amp; Sensitivity</td>
<td>Chaplain McClellon Cox</td>
<td>9:50 am</td>
</tr>
<tr>
<td>Break</td>
<td></td>
<td>10:40 am</td>
</tr>
<tr>
<td>Compliance &amp; Privacy</td>
<td>Joel Schuessler</td>
<td>10:50 am</td>
</tr>
<tr>
<td>Executive Welcome</td>
<td>John Shelton, President and CEO</td>
<td>11:30 am</td>
</tr>
<tr>
<td>Lunch Break</td>
<td></td>
<td>12:00 pm</td>
</tr>
<tr>
<td>Foundation (PEACH)</td>
<td>Elisabeth Nark, Manager</td>
<td>12:50 pm</td>
</tr>
<tr>
<td>Quality</td>
<td>Paula Eissner, Quality Institute</td>
<td>1:15 pm</td>
</tr>
<tr>
<td>Benefits Overview</td>
<td>Alecia Williams-Pierre, Benefits Manager</td>
<td>1:30 pm</td>
</tr>
<tr>
<td>Computer Based Learning (Room 2800B)</td>
<td>Organization Development</td>
<td>2:50 pm</td>
</tr>
<tr>
<td>Welcome Fair</td>
<td>Organization Development</td>
<td>3:00 pm</td>
</tr>
<tr>
<td>Dismissal</td>
<td>Organization Development</td>
<td>4:15 pm</td>
</tr>
</tbody>
</table>

Additional Orientation Requirements:
- **Clinical Orientation:** Clinical staff will attend Clinical Orientation starting at **8:00 a.m.** on Tuesday (See the Clinical Orientation Schedule on page 8.)
- **Location Specific Orientation:** Hillandale and Downtown Decatur staff —must attend Site Specific Orientation as described on page 9.
- **Department Specific Orientation:** All employees must complete a department specific and job specific orientation. Meet with your supervisor to schedule this training.
# Clinical Orientation Schedules – By Job Title

*Find your job title in the chart below to determine your Clinical Orientation schedule.

*If your title is not listed, you do not attend Clinical Orientation.*

<table>
<thead>
<tr>
<th>☐</th>
<th>ALL NURSES AND RN RESIDENTS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday</strong></td>
<td>8:00a – 4:00p</td>
<td>Tower Auditorium</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Clinical Orientation Computer Acute Care 5.5 Navigation &amp; ADT Acute Care Basics &amp; Orders</td>
<td>8:00a – 12:00n 12:45p – 4:00p</td>
<td>Tower Auditorium 2800B</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>Clinical Documentation, eMAR, &amp; CBLs (except ED) CPR if required. Speak with Instructor if you need CPR</td>
<td>8:00a – 4:00p</td>
<td>2800B</td>
</tr>
</tbody>
</table>

* RNs who need CPR, speak with Instructor

<table>
<thead>
<tr>
<th>☐</th>
<th>PCTS, CNAS, TECHS, INTERNS, AND EXTERNS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday</strong></td>
<td>8:00a – 4:00p</td>
<td>Tower Auditorium</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Acute Care 5.5 Navigation Acute Care Ancillary, CBLs (except ED Staff)</td>
<td>8:00a – 12:00n</td>
<td>2800B</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>CPR if required</td>
<td>12:00n-4:00p</td>
<td>North Decatur Auditorium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐</th>
<th>OPERATIONS SUPPORT ASSOCIATES (OSAS)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday</strong></td>
<td>8:00a – 4:00p</td>
<td>Tower Auditorium</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Acute Care 5.5 Navigation ADT &amp; Bed Rec, CBLs</td>
<td>8:00a-12:00n</td>
<td>2800B</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐</th>
<th>COUNSELORS, REHAB, CARE MANAGERS, MSW, IMAGERS, PHARMACY, AND RESPIRATORY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday</strong></td>
<td>8:00a – 4:00p</td>
<td>Tower Auditorium</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Acute Care 5.5 Navigation, Acute Care Ancillary ADT (Care Managers, MSW), CBLs</td>
<td>8:00a – 12:00n</td>
<td>2800B</td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>CPR if required</td>
<td>12:00p-4:00p</td>
<td>North Decatur Auditorium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐</th>
<th>SECURITY, ATTENDANTS AND TRANSPORTERS</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday</strong></td>
<td>8:00a – 4:00p</td>
<td>Tower Auditorium</td>
<td></td>
</tr>
<tr>
<td><strong>Thursday</strong></td>
<td>CPR if required</td>
<td>12:00n-4:00p</td>
<td>North Decatur Auditorium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>☐</th>
<th>LAB</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tuesday</strong> (report to lab)</td>
<td>8:00a – 4:00p</td>
<td>Lab</td>
<td></td>
</tr>
<tr>
<td><strong>Wednesday</strong></td>
<td>Acute Care 5.5 Navigation Acute Care Ancillary</td>
<td>8:00a – 12:00n 12:45p – 3:00p</td>
<td>2800B Lab</td>
</tr>
</tbody>
</table>
## Location Specific Orientation*

### HILLANDALE

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non- General Orientation Monday</td>
<td>8:00 am – 11:00 am Lunch Meet Managers</td>
<td>Community Room Then Department</td>
</tr>
<tr>
<td>Hillandale Orientation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### DOWNTOWN DECATUR

<table>
<thead>
<tr>
<th>Event</th>
<th>Time</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friday of Orientation week</td>
<td>8:00 am – 4:00 pm</td>
<td>Room 217</td>
</tr>
</tbody>
</table>
Security
DeKalb Medical security operates, 24 hours a day, 7 days a week. With the exception of the on-duty supervisor, phones will be answered by a security dispatcher.

<table>
<thead>
<tr>
<th>Campus</th>
<th>Non-Emergency</th>
<th>Emergency</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Decatur</td>
<td>1-5339</td>
<td>1-1911</td>
</tr>
<tr>
<td>Hillandale</td>
<td>1-8162</td>
<td>1-8911</td>
</tr>
<tr>
<td>Downtown Decatur LTAC</td>
<td>1-6443</td>
<td>1-1911</td>
</tr>
</tbody>
</table>

Orientation Week Parking at North Decatur
- Parking hang tags are valid the week of Orientation only (See the dates specified on the parking hang tags).
- Place the top portion of the hang tag on the rear view mirror. The hang tag must be on display at all times while on DeKalb Medical property.
- Park on the 4th level of the Patient/Visitor’s Parking Deck. You must park on level 4. Lower levels are for patients and visitors only.
- You will pull a ticket upon entry to the deck. Please write the hang tag number on this ticket. When you leave, give the ticket to the cashier.
- You need to show the hang tag to the cashier for verification.
- Do not lose your hang tag. If for any reason you do not have it, you will be responsible for paying the parking fees for that day.
- Hang tags cannot be shared. Your hang tag is for your vehicle only.

Employee Parking at DeKalb Medical - North Decatur
Blue Lot: DeKalb Medical day shift employees. One entrance is across from the Emergency Room ramp, and the other is located at the rear of lot off Sycamore Dr.
Yellow Lot: DeKalb Medical day shift employees. This lot is behind the hospital, off Winn Way. Either the blue or yellow lot may be used by hospital staff.
PLEASE NOTE: Card access to blue and yellow lots does not include access to the surface lots near the Professional Building.
Red Lot (Deck): 2665 and 2675 Office Building employees. The entrance to this deck is at the back of the visitor deck, off Sycamore across from Kauffman Tire. Night shift workers may also be assigned here.
Physician Lot: ground level of the Red Lot (Deck). Keycard access and entrance is on the corner furthest from the Emergency Room ramp. This is also the entrance for bicycle, scooter, and motorcycle parking.

If for any reason your badge does not activate the gate, park in the visitor side of the deck. You must park on level 4. Contact the Lanier Parking office located on campus at extension 1-2983.

Employee Parking at DeKalb Medical - Hillandale
Employees are asked to use the open Parking lots on the DeKalb Medical-Hillandale campus. Please remember that the parking closest to the building is for patients and visitors.

Employee Parking at DeKalb Medical - Downtown Decatur
Employees are asked to use the Methodist Church Parking lot across from DeKalb Medical-Downtown Decatur hospital. To obtain a parking permit, see the receptionist on the 2nd floor.
**Instructions:**

1. Begin by signing **one** space on your own autograph card as a “free space.”
2. Introduce yourself to the others in the classroom. Find a person who matches the characteristic in **one** of the squares below. Have him/her autograph that square.
3. Each signer may autograph only **one** space on another person’s card.
4. The winner is the person who has collected the most autographs when time is called!

**Have Fun!**

<table>
<thead>
<tr>
<th>New to Atlanta! Just moved here from out of state</th>
<th>Plays a musical instrument</th>
<th>Has a parent who was born outside the United States</th>
<th>Has a child who was born at DeKalb Medical</th>
<th>Likes to cook</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speaks a language other than English</td>
<td>Sings in a choir or group</td>
<td>Has a family member who also works in healthcare</td>
<td>Is currently taking classes in school</td>
<td>Has eaten a banana today</td>
</tr>
<tr>
<td>Changed careers in the last 3 years</td>
<td>Exercises at least 3 times per week</td>
<td>Works at Hillandale</td>
<td>Was born at this hospital</td>
<td>Drives a red car</td>
</tr>
<tr>
<td>Works the 7pm to 7am shift</td>
<td>Likes to go fishing</td>
<td>Worked here in the past</td>
<td>Has a vegetable garden</td>
<td>Has run the Peachtree Road Race</td>
</tr>
<tr>
<td>Has vacationed outside the USA</td>
<td>Volunteers in the community</td>
<td>Works at DeKalb Medical’s Downtown Decatur LTAC</td>
<td>Native of Atlanta or Decatur</td>
<td>Has never seen snow</td>
</tr>
</tbody>
</table>
DeKalb Medical Vision:
In partnership with the best physicians, employees and volunteers, DeKalb Medical will be the healthcare provider of choice by delivering a superior patient experience every time.

DeKalb Medical Mission:
To earn our patients’ trust every day through our uncompromising commitment to quality.

DeKalb Medical Values: I REACH!

Integrity: I am honest, ethical, trustworthy and committed.
- I tell the truth, acknowledge mistakes, apologize for errors and delays, and follow through to correct them.
- I handle patient files and medical records confidentially.
- I hold patient-related discussions in appropriate, private settings.
- I prioritize my work and use my time wisely to provide prompt service.
- I do not borrow hospital property for personal use, and I ask before using something that belongs to a colleague.

Respect: I acknowledge and appreciate diversity and show my consideration for all.
- I treat everyone with dignity and courtesy, and seek to understand cultural differences.
- I verify patient identity and ask their permission before discussing medical information in front of others, including visitors and family.
- I am on time for all scheduled commitments, including meetings and classes.
- I respond to difficult requests by seeking the best possible solution or compromise.
- I never leave patients unattended in hallways.
- I respond to all work emails requesting information or assistance within 48 hours.
- I respond to all phone calls requesting information or assistance within 24 hours.
- I do not ignore or talk over patients on stretchers and in wheelchairs.
- I address people by their preferred name and avoid using such terms as “honey”, “dear”, “young man”, “sweetie”, etc.

Excellence: I deliver high quality care with great service, taking pride in all I do.
- I make eye contact and smile when approaching others in hallways, patient rooms and offices.
- I follow the dress code, including wearing my name badge at shoulder level, to create a neat, clean and professional appearance.
- I offer to help individuals who look lost by escorting them to their destinations.
- I review requests and give a time frame for resolution before leaving a patient or customer.
- I introduce myself to everyone I interact with, providing my name and role/department.
- I answer the phone with a smile, stating my name and department and asking “How may I help you?”
- I update waiting patients or customers at least every 20 minutes.
• I maintain a clean work environment by picking up trash and removing clutter.
• I do not use phones/communication devices in public areas, unless it’s a work-related matter.

**Accountability:** I hold myself responsible for achieving the goals DeKalb Medical defines and measures. I take responsibility for my actions.
• I demonstrate a sense of urgency and ownership in the work I do.
• I follow through on issues until they are resolved.
• I check the patient’s armband before every test, procedure, activity or health conversation.
• I report violations and potential problems to the appropriate person or group.
• I practice good hand hygiene, including sanitizing hands before leaving the restroom, and sanitizing hands in the patient room before and after every patient encounter.
• I correct or report any spill or other safety hazard I see.
• I use appropriate personal protective equipment (PPE) when entering patient rooms, removing it before entering public areas.
• I adhere to and enforce the no-smoking policy.

**Compassion:** I remember that those who come to us for help need us to care about them as much as I would my own family.
• I treat every patient and customer as I would treat a loved member of my family.
• I show I care through my words, actions, body language, and tone of voice.
• I ask patients or customers if there are any other needs before leaving them.
• I seek to understand concerns and needs by listening and asking questions.
• I sit during patient interactions when possible, to encourage eye contact and direct conversation.

**Helping Hands:** I am part of a team. We work together, and I help my colleagues when I see a need, not just when I am asked to help.
• I offer assistance to team members before being asked.
• I encourage my co-workers and celebrate their successes.
• I do not embarrass or criticize my co-workers in front of others.
• I talk to colleagues in a professional and direct manner to resolve differences and make work requests, only going to a supervisor when unable to resolve issues on my own.
# DeKalb Medical Emergency Codes

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiologist</td>
<td>Anesthesiologist needed in a patient care area</td>
</tr>
<tr>
<td>STAT</td>
<td></td>
</tr>
<tr>
<td>Code 1 and 2</td>
<td>A patient is experiencing a cardiac or respiratory arrest in a critical care room</td>
</tr>
<tr>
<td>Code 250</td>
<td>Medical illness or injury to a patient, staff or visitor on the hospital campus</td>
</tr>
<tr>
<td>Code Blue</td>
<td>A patient is experiencing cardiac arrest or respiratory failure</td>
</tr>
<tr>
<td>Code Blue Junior</td>
<td>A child patient under 14 is experiencing cardiac or respiratory arrest</td>
</tr>
<tr>
<td>Code Cincinnati</td>
<td>A medical emergency for a patient experiencing a stroke</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Security needed for an unarmed combative person</td>
</tr>
<tr>
<td>Code Help</td>
<td>Patient care area needs immediate staffing assistance</td>
</tr>
<tr>
<td>Code M</td>
<td>Non-security manpower needed for patient emergency</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Hazardous spill with possibly contaminated patients</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant abduction with perpetrator possibly still on campus</td>
</tr>
<tr>
<td>Code Red</td>
<td>Fire on campus</td>
</tr>
<tr>
<td>Code Silver</td>
<td>Person with a weapon and/or active shooter; hostage situation</td>
</tr>
<tr>
<td>Code STEMI</td>
<td>A patient is experiencing a heart attack involving sudden blockage of one of the main arteries that supply blood to the heart</td>
</tr>
<tr>
<td>Code Triage Standby</td>
<td>Major event in the area could impact hospital operations</td>
</tr>
<tr>
<td>Code Triage</td>
<td>Disaster in the area with patients on the way to our hospital</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Bomb threat</td>
</tr>
<tr>
<td>Code Visit</td>
<td>The Joint Commission is on site for a surprise visit</td>
</tr>
<tr>
<td>Code White</td>
<td>A utility failure has occurred – electrical, water, telephone, HVAC, medical air or information systems are not in operation</td>
</tr>
<tr>
<td>Dr. PIT</td>
<td>Distressed patient in need of immediate medical attention</td>
</tr>
<tr>
<td>Severe Weather</td>
<td>An alert intended to inform of severe weather conditions that may require sheltering or evacuation, or impedes daily operations</td>
</tr>
</tbody>
</table>

*Call the Information Hotline for specific instructions: 404-501-5550*
Patient Rights and Responsibilities

All DeKalb Medical patients receive a copy of these rights and responsibilities. As employees, we need to be familiar with them and assist patients in understanding them when needed.

As a patient receiving services from a DRHS facility or agency, you have the right to (in accordance with law and regulation, as applicable):

- Healthcare services which are equally accessible to all persons without bias related to age, race, ethnicity, religion, culture, cultural beliefs and personal values, language, physical or mental disability, socioeconomic status, gender, sexual orientation, gender identity or expression or payment source.
- Respectful, considerate and courteous care which preserves patient dignity and right to personal privacy.
- Be shown respect for cultural, religious and spiritual preferences, personal values and beliefs and social needs.
- Effective communication from the staff and physicians, using the language or the method in which the patient prefers to receive information, is tailored to your age, ability to understand, and meets your needs.
- A clear understanding of your health status, diagnosis, and progress and of all recommended tests and procedures.
- Give or withhold informed consent, including the risks, benefits and alternatives of any recommended procedure, and the risks and benefits and side effects, if any, to both, and the risks related to not receiving the proposed care, treatment or service.
- Participate in decisions, development and implementation regarding your plan of care.
- Designate an individual to act as your representative who will also have the right to participate in the development and implementation of the patient’s plan of care. The representative may be anyone of the your choosing but if no one is specified by the patient, the family will be involved in decisions regarding care, treatment or services to the extent permitted by the patient.
- Be informed by the licensed independent practitioner responsible for managing your care about the effectiveness of care and any unanticipated outcomes of care and/or treatment.
- Choose whether you receive any experimental treatments or procedures. You must be able to understand and consent to participation in experimental therapies or research.
- Refuse care, treatments or services. You have the right to receive a clear explanation of the consequences of refusal of treatment.
- Emotional support by a family member, friend or other individual of your choice through the course of your visit (unless the presence of the individual infringes on others’ rights, safety, or is medically or therapeutically contraindicated).
- Confidentiality regarding your medical care. Protected health information will not be released without the patient’s permission.
- Complete an Advance Directive and to have hospital staff and practitioners who provide care comply with these directives.
- Appropriate assessment and management of pain.
- A statement of charges for healthcare services and available payment options.
- Know the identity of each member of your healthcare team.
- Reasonable continuity of care and coordination of patient care services when discharging home or transferring to another facility or agency.
• Access, request amendment to, and receive an accounting of disclosures regarding your own health information as permitted under applicable law.
• Be free from seclusion and restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by the staff.
• Participate in discussions about ethical issues arising from your plan of care. You may contact the Ethics Committee by dialing (404) 501-2739.
• Access protective and advocacy services.
• Voice safety or quality of care concerns to the patient care management staff or have those concerns addressed by a DRHS representative by calling the Director of Patient Relations at 404-501-5810. Concerns may also be voiced to the Georgia State regulatory agency, Office of Regulatory Service, Healthcare Section, 2 Peachtree St. NE, 33rd floor, Atlanta, GA 30303 at 404-657-5726/5728 and/or the Joint Commission Office of Quality Monitoring by calling 800-994-6610 or e-mailing the complaint to “complaint@jointcommission.org”.

As a patient receiving services from a DRHS facility, you have the responsibility to:
• Give complete, correct information about your medical complaints, past illnesses and hospitalizations, medications and treatments, lifestyle habits and other matters that relate to health.
• Inform the staff of pain so that it can be appropriately assessed and treated.
• Follow the hospital rules that are established to ensure patient safety, privacy and comfort.
• Provide a copy of your written Advance Directive if you have one.
• Inform your healthcare providers about any changes in your condition and inform them if you do not understand your treatment or instructions given to you or if you anticipate problems in following prescribed treatment after discharge.
• Inform your healthcare providers of any perceived safety or quality concerns regarding your care.
• Follow the plan of care agreed upon by you and your medical providers, including follow-up appointments after discharge from inpatient care.
• Accept the consequences if treatment is refused or medical instructions are not followed. These consequences may include being directed to find another physician or healthcare facility.
• Treat the property of others and the healthcare system respectfully.
• Respect the rights of other patients and healthcare personnel. Show consideration for others by controlling noise; limiting the number of visitors at any one time; not smoking anywhere on campus; and refraining from other behaviors that negatively impact others.
• Arrange payment for all fees for healthcare services rendered by the healthcare system, including providing accurate information about insurance coverage. You are ultimately responsible for all fees for services provided.

December 2011
Diversity and Cultural Competence

Introduction

Village of 100

- The key question: If we shrink the Earth’s population to a village of precisely 100 people, with all existing human ratios remaining the same, what would it look like?
- The program accents the importance of diversity and the need for a culturally competent work environment and world.

Overview of Diversity and Cultural Competence

At DeKalb Medical our goal is to...

- Respect, protect and promote patient rights by demonstrating cultural competence.
- Increase awareness, understanding, and acceptance of diversity issues in the workplace.
- Develop strategies, techniques, and behavioral skills to interact more effectively with co-workers and customers.
- Increase productivity in a more global market.
- Develop synergy through valuing difference and inclusion.

Objective

At the end of the group activity you will be able to:

- Define Cultural Competence
- Define diversity
- Identify what makes people different.
- Recognize that “Different is normal.”
- Define 3 ways to manage diversity
- Identify ways in which to support an inclusive and diverse workplace.
- Qualities of a culturally competent provider
Cultural Competence

What is Cultural Competence?
It is the ability of healthcare providers and organizations to understand and respond effectively to the cultural and language needs brought by the patient to the healthcare encounter. Organizations and their personnel must value diversity, assess themselves, manage the dynamic difference; acquire and institutionalize cultural knowledge; and adapt to the diversity and cultural contexts of individuals and communities served.¹

Another Definition
Cultural competence is a set of congruent behaviors, knowledge, attitudes and policies that come together in a system, organization or among professionals that enables effective work in cross-cultural situations.

- Culture refers to the pattern of human behavior which includes, but is not limited to language, thought actions, customs, beliefs and institutions of racial, ethnic, social or religious groups.
- Competency implies having the capacity to function effectively as an individual or an organization with the context of culture beliefs, practices and needs presented by patients and their communities.²

Diversity: A Definition Exercise – Family Crest Activity

Instructions

1. See the next page for the Family Crest Diagram.
2. Among your table group members, complete the Family Crest Activity.
3. In each square, include the name of the team member and one(1) unique difference for each team member
4. Identify two similarities you have as a team. Write the similarities in the center of the square.
5. Note: You will have 3 minutes to complete this activity
6. Choose a team leader that will introduce your crest.

Family Crest

<table>
<thead>
<tr>
<th>Name</th>
<th>Unique Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Differences**

**Similarities**

1. 
2. 

<table>
<thead>
<tr>
<th>Name</th>
<th>Unique Quality</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Differences**

**I am DEKALB MEDICAL**
Cultural Diversity—A Definition

*Diversity* = *Difference or Variety*

Diversity is the collective mixture of differences and similarities. “Diversity is the sum total of the resources (i.e., values, habits, knowledge, customs, etc.) that can be found in a multi-cultural group. Diversity gives a group of people more possibilities and opportunities if they learn how to recognize and constructively use their diversity.”

Diversity involves every aspect of our lives and should be defined in the broadest possible way.

Diversity includes differences in: age, race, gender, physical ability, sexual orientation, socioeconomic class, education, region of origin, language...

Diversity also includes differences in: life experiences, position in the family, personality, job function, rank within a hierarchy, and other such characteristics which go into forming an individual’s perspective.

The following are examples of how we are different:

**Gender:** Female; Male

**Family:** Customs and rituals peculiar to the family group of which you are a part

**Age:** Experience of people your age

**Race:** Racial characteristics due to genetic traits, e.g. color of skin, grade of hair, color of eyes, etc.

**Nationality:** Group into which one is born, citizenship in a particular country

**Geographic Region:** Region where one comes from or where one lives

**Organizations to which one belongs:** Characteristics we take on because of our allegiance to a particular group

**Beliefs, Faith, Religion:** Christian (Catholic, Protestant), Muslim, Hindu, Buddhist, Traditionalist, Jewish, Taoist, Baha’i, others

**Sexual Orientation:** Heterosexual, Homosexual, Bisexual

These represent a few of the broad categories in which we are different. The list is inexhaustible. “So when it comes to people, different is normal.”

---


5 Simon and Zuckerman.
BUT WHAT MAKES PEOPLE SO DIFFERENT?
Two main categories make us different:

**BIOLOGY:** our biology makes us different, that is, our gender, body type, and other physical characteristics.

**CULTURE:** I would venture to say that most of our real dilemmas regarding diversity arise over differences in cultural viewpoints.

WHY SHOULD WE VALUE DIVERSITY?
The truth of the matter is that diversity has rarely been valued until a problem has arisen. In the past the push had been for those who are different to conform to the “norm,” to the culture of the dominant group. When the issue of valuing difference has been advanced, the following reasons have been stated:
- To reverse past wrongs
- To assuage guilt
- To act affirmatively, ensuring equal opportunity because it is “fair”

The problem with these reasons is that they do nothing to cause a change of mind—heart–soul of the person. Under these circumstances, resentments and confusion may occur. All of this may reduce employee productivity in a business. If we would really value diversity, we would begin with ourselves, value ourselves, and know who we are in an authentic manner. If we know ourselves, it becomes easier to want to know others in recognition of our differences. *We are connected to each other.*

WHY IS VALUING DIVERSITY IMPORTANT?
Valuing diversity is the “right” thing to do and it makes good business sense. Why?

- Intense competition in a global market
- Changing makeup of the workforce
- Individuals are much less willing to compromise their uniqueness in order to fit in.

It used to be that the workplace sought homogeneity. Everyone had to fit in. But as the years have progressed, more diverse groups have emerged. They have begun to challenge this notion to “fit in.”

REQUISITES FOR MANAGING DIVERSITY IN A CULTURAL COMPETENT ENVIRONMENT

**MANAGING YOUR MIND**
- How am I different
- The role of language how we talk to yourselves
- Prejudice
- Managing cultural discomfort by expanding your comfort zone

**MANAGING YOUR WORDS**
- Name calling
- Appropriate use of humor
- Bridging the language barrier
- Cultural double binds
MANAGING THE UNSPOKEN
Gestures and body language
Time: Marking time and sense of time
Understanding of space
Ways to touch

SUPPORTING A DIVERSE AND INCLUSIVE ENVIRONMENT
BE AWARE: Broaden your general knowledge of groups and cultures. Diverse Atlanta communities hold festivals throughout the year. Attend a cultural festival to discover how different people celebrate themselves.

INCLUDE OTHERS: Have a variety of people involved in all groups and activities.

NEVER ASSUME: Ask questions
LISTEN carefully
CHECK for understanding

BE RESPECTFUL/KIND: Treat all people fairly, with honesty and positive regard.

COMMUNICATE OPENLY: Share information and expectations with everyone.

FOUR INGREDIENTS OF A CULTURALLY COMPETENT PROVIDER
Self Awareness: this is the knowledge of self and an understanding of how this may influence your professional practice.

Basic knowledge/understanding of human behavior: how do people generally feel in healthcare situations, and how might they behave, based on those feelings?

Knowledge of the diverse cultural beliefs and practices: it is important to understand cultural differences that come into play in our interactions and how they might impact relationships. This is related to issues of proximity, eye contact, and touching.

Adaptation and modification: it refers to need to be sensitive to diverse cultures as we respond to their customs and beliefs.

REFERENCES
1 Simon and Zuckerman.
Corporate Compliance and Privacy

- Compliance means obeying all laws, regulations, policies, and standards that are applicable to healthcare. Compliance programs are required for healthcare providers and help us to interpret and apply the rules in our day-to-day work.

- Joel Schuessler, JD, is the Chief Compliance Officer and VP of Legal Services.

- The DRHS Code of Conduct and policies and procedures are available on the intranet. Employees have a duty to familiarize themselves with all applicable policies and procedures.

- Compliance education and training is required at least annually and additional training is provided as needed or required.

- The Compliance Department promotes an “open door” policy. A hotline is available whereby a caller can remain anonymous (678-842-7890).

- Everyone has a legal and ethical duty to report a potential compliance issue or concern. There is never retaliation for reporting an issue in good faith.

- Patient privacy is a priority at DRHS. To protect our patients’ privacy:
  - When you need to speak to a patient and visitors or family are present, ALWAYS ask the patient if you may discuss their care in their presence or if they would prefer the visitors to step outside the room.
  - Before responding to an inquiry about a patient from outside the hospital, check to see if the patient is listed as a “no information” patient.
  - Use shred bins instead of regular trash when disposing of anything containing patient information
  - Access only that information for which you have a job-related reason.
  - All requests for medical records should be referred to the Health Information Management (medical records) Department.
  - Never send sensitive information via email. Protect emails that must be sent containing confidential information by typing !encrypt! in the subject line.
Hospitals are legally required to tell you about the False Claims Act. This law prohibits a claim for services to be presented to the government (Medicare, Medicaid, or Tricare/CHAMPUS) that contains any false or fraudulent information in order that we are paid for those services. Examples of a false claim may include:

- Services that were not medically necessary
- No physician order for the service provided
- Documentation in the medical record does not support what we billed
- Services were coded at a higher level to get a higher reimbursement

Issues or concerns regarding false claims may be reported to your supervisor or any member of the Executive team, the Compliance Department (ext 1-5196), the Hotline (678-842-7890), or directly to the government. Fines and penalties for filing false claims to the government can be severe and DRHS is committed to avoiding false claims.

Real or perceived conflicts of interest can damage our reputation. Therefore, it is never allowable to accept cash or cash equivalents from a vendor, supplier, or patient/customer. Cash equivalents include checks, money orders and vouchers.

The Emergency Medical Treatment and Active Labor Act requires us to (at least) screen any individual presenting with a real or perceived medical emergency or who is a woman in active labor. We all have a duty, therefore, to assist or seek assistance for, anyone we encounter on our campus who may be in distress.

You can help protect DRHS property by questioning anyone removing supplies, equipment, furniture, etc. from the premises, or by reporting to security, your supervisor, or the Compliance Office any suspicious activity.

The Compliance Office is a resource for you. We invite you to ask questions, seek clarification, and report any concerns.

**Corporate Compliance and Privacy Team**

Your Compliance Team welcomes you to DeKalb Medical:

- Joel Schuessler, JD, Chief Compliance Officer and VP of Legal Services (ext. 1-3473)
- TBA, Director of Corporate Compliance and Privacy Officer (ext. 1-5196)
- Kevin Stever, Director of Information Security (ext. 1-1852)
Executive Welcome

Who We Are

- 2 Acute Care Hospitals
- 1 Long Term Acute Care (LTAC) Hospital
- The Wellness Center
  - 16,000 sq ft fitness center, Olympic pool, cardiac rehab, community outreach
- DeKalb Medical Physicians Group
- DeKalb Medical Foundation

What You May Not Know

DeKalb Medical is a not-for-profit hospital system that receives no tax support from local, state or federal governments.

Overview: Locations

- DeKalb Medical at North DeKalb
- DeKalb Medical at Hillandale
- DeKalb Medical at Downtown Decatur (Long Term Acute Care – LTAC)

Overview

- DeKalb Medical named among AJC Top Work Places (2011)
- 33 DeKalb Medical physician cited in Atlanta magazine’s Top Doctors list (2011)
- DeKalb Medical oncology nurses voted 2010 Best Nursing Team by ADVANCE for Nurses

Joint Solutions Center

- *Hurt To Walk* campaign – billboards on
- Dedicated orthopedics center helps patients regain their active lifestyles
- Total joint replacements
  - Hip
  - Knee
- Received Marshall|Steele award for customer satisfaction (92% of patients rated JSC as “Excellent”)
- Patients walking same day post-surgery
Heart & Vascular Institute

- 5 star rated by
  - Treatment of Heart Failure (2012)
  - Peripheral Vascular Bypass Surgery (2012)
- Highly trained and board-certified physicians and staff provide:
  - Preventive screenings
  - Cardiac and vascular catheterization
  - Non-invasive cardiac and vascular testing
  - Cardiac and vascular surgery
  - Cardiac and vascular nursing care
  - Cardiac rehabilitation
- Two (2) cardiac cath labs and fifteen (15) patient bays that provide cardiac emergency coverage
- Angioplasty and Coronary Intervention (PCI)
  - Helps patients in cardiac emergency get life-saving treatment faster
  - Moves patients from the Emergency Room door to the cardiac catheterization lab 68 minutes, 25% faster than the national 90-minute average
  - Quicker treatment helps patients recover sooner

Cancer Center

Comprehensive treatment & support services
- Accredited by Commission on Cancer
- Targeted Therapies: MammoSite, RapidArc, DaVinci Robotic
- Clinical Trials
- Genetic Testing
- Chemo Allergy Desensitization
  - Allows patients allergic to their chemo to continue to receive the optimal drug for their diagnosis
  - Only cancer center in the Southeast offering this treatment; Just one of 5 centers in the U.S

Comprehensive treatment & support services
- Nurse Navigator guiding patients from Day 1
- Nutrition Counseling
- Exercise & Holistic/Alternative Classes @ 16,000 sq. ft. Wellness Center
- Support Groups for patients & their families
  - N. DeKalb and Hillandale
  - Men’s
- Children of parents diagnosed with cancer

Maternity Services

Generations of metro Atlantans choose DeKalb Medical for childbirth
- IBLCLC Award (Lactation support)
- National Cord Blood Program site
- Birthing Suites in 163,000 sq ft Women’s and Surgery Tower
Bariatric Services
We are a National Center of Excellence

Cure for the Common Hospital

Economic Impact
2008
• Total Output/Income Generated:
  o $957 million
• Total Household Earnings Generated:
  o $290.1 million
• Georgia Full Time Jobs Created
  o 5,658
    • Number of hospital jobs: 2,835
    • Georgia employment multiplier: 1.9957
source: Georgia Hospital Association

Community Benefit
2008
• Provided 29.7 million Uncompensated Health Care services to our community
  o Uncompensated indigent care: $8.1 million
  o Uncompensated charity care: $1.2 million
  o Uncompensated bad debt: $20.3 million
source: Georgia Hospital Association

Stay Connected
Weekly employee newsletter: eDigestDekalbMedical.org
Quality in Healthcare

What is Quality in Healthcare?
- The US Agency for Healthcare Research and Quality (AHRQ) defines quality healthcare as “doing the right thing, at the right time, in the right way, for the right person—and having the best possible results.”
- The Institute of Medicine:
  - “Healthcare Quality is the extent to which health services provided to individuals and patient populations improve desired health outcome.”
- Basically:
  - Provide good care and
  - Do No Harm

Quality
- The Institute of Medicine (IOM) released a report in 1999 entitled “To Err is Human: Building a Safer Health System”.
- The report stated that medical errors cause between 44,000 and 98,000 deaths every year in American hospitals, and over one million injuries.
What Happened Next?
- Huge Focus from the Government and Accreditation and Regulatory Agencies
- Joint Commission – National Patient Safety Goals
- Health Care Reform
- Mandatory reporting of data to state and federal agencies
- Publically reported data (required by the government)
- Pay for Performance

Who Sets the Bar on Quality?
- Center for Medicare & Medicaid Services (CMS)
- Joint Commission (JC)
- National Quality Forum (NQF) Voluntary Consensus Standards for Hospital Care
- Agency for Healthcare Research & Quality (AHRQ) Inpatient Quality and Patient Safety Indicators
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

What is Currently Publicly Reported?
- Core Measures:
  - Acute Myocardial Infarction (Heart Attack) – 7 measures
  - Pneumonia – 6 measures
  - Heart Failure – 4 measures
  - Surgical Care Improvement Project – 9 measures
- Outcome Measures:
  - Readmissions to the hospital within 30 days
  - Mortalities within 30 days post discharge
- Outpatient Imaging Measures – 4 total
- Patient Satisfaction
- Patient Safety Indicators

Hospital-Acquired Conditions
1. Foreign object retained after surgery
2. Air embolism
3. Blood incompatibility
4. Stage III and IV pressure ulcers
5. Falls and trauma
6. Vascular catheter-associated infection
7. Catheter-associated urinary tract infection
8. Manifestations of poor glycemic control

How Do We Implement Quality?
- F = Find a problem
- O = Organize a team
- C = Clarify the problem
- U = Understand a problem
- S = Select an intervention
- P = Plan
- D = Do
- S = Study
- A = Act

**Quality / Performance Improvement**
- Series of steps / processes
- Good steps / processes should all be meaningful
- Want to eliminate unnecessary steps; with still getting a good outcome / desired outcome
- The more steps in a process, the more room there is for an error / mistake to happen
- Work-arounds - not good quality of care
  - Inconsistent
  - Depends on who’s working, day, time of day
  - Does not lead to good outcomes
  - Think about recipes

**QI in a Healthcare Setting**
- One of the main methods of solving problems or difficulties within the system is with self-reporting.
- You are important
- It can be something small
- It can be something big
- It can be something that almost happened but didn’t; called “Near Miss” – Most important of them all

**What is QI?**
A formal approach to the analysis of performance and systematic efforts to improve it. Many different models are used.
- In industry, quality efforts focus on topics like product failures or work-related injuries.
- In administration, one can think of increasing efficiency or reducing re-work.
- In medical practice, the focus is on reducing medical errors and needless morbidity and mortality.
- All of them mean the same thing and have the same goal: Improvement; Better; Faster; Cheaper.
- Quality is an ongoing effort to make things better.
- Never stops

“Doing the right things right the first time.”

**Who You Gonna Call?**
DeKalb Quality Institute

Denise Murray  x13299  Sarah Kalaf  x15372
Paula Eissner  x15982  Gay Newton  x11862
Patient Safety

What is Risk Management?
Our department seeks to minimize the hospital’s financial loss associated with accidents and untoward events. We strive to maintain a safe, secure and properly insured health services environment and reduce loss due to litigation. We investigate patient and visitor incidents and occurrences on our campuses. Our Patient Safety Committee meets every month to discuss safety concerns in the hospital.

Most medical errors and near misses are due to problems with systems or processes, not people. We ensure Patient Safety by evaluating those systems to improve them and hopefully prevent the error from happening again.

When to call Risk Management?
- Potential compensable event important enough to initiate a lawsuit (e.g.: a fall with injury)
- Sentinel event: any unexpected event involving death or serious injury to a patient
- Threat of a lawsuit from a patient or family member
- If you receive a calls from an attorney, legal authorities, or regulatory agency seeking information
- If you are served a subpoena
- Any urgent concerns or “gut” feelings

Incident Reports
- Are legal documents used to track and trend incidents in the hospital and for Risk Management to determine areas that need improvement in regards to patient safety.- NEVER PHOTOCOPY AN INCIDENT REPORT
- Don’t be afraid to fill them out; you are NEVER penalized for completing an Incident Report
- It is everyone’s responsibility to complete the Incident Report in the event of an incident
- Be objective when completing an Incident Report
- Do NOT refer to Incident Report in the patient’s medical records
- Do NOT place the Incident Report in the patient’s medical record. Give it to your manager who will send it to Risk Management

Confidentiality
- Risk Management Motto: “What you see here, what you hear here, let it stay here when you leave here.”
- Communicate patient information only to those involved in the care of that patient.
- Discussions should take place only in non-public areas.
- Let’s all help each other remember the importance of confidentiality

THE RISK LINE
Dial ext. 1-7475
(This is a confidential line)

The Risk Line is a confidential line that you can call to report safety issues or any “gut” feelings that you have that we need to know about. You can be anonymous when leaving the message. We do not punish callers. Our organization promotes a non-punitive culture where we held staff accountable, but do not blame and point fingers at individuals.
Benefits Information

Health, Dental, Vision, and Life Insurance
To enroll in Health Insurance, Life Insurance, and Dental and/or Vision Benefits, complete all forms and Submit to the Benefits office by the SUBMISSION DEADLINE.

403B Retirement Accounts
The 403B Retirement Program is a voluntary program that you may enroll in at any time. You may enroll in the Retirement program immediately (from date of hire). Matching begins immediately! Remember: There is no deadline to enroll!

VALIC Financial Advisor On-Site Visits
The VALIC Financial Advisors will be on site at the following locations and times:

<table>
<thead>
<tr>
<th>Day</th>
<th>Times</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuesdays</td>
<td>8:00 am-2:00pm</td>
<td>Room 2752 Ext.1-2752</td>
</tr>
<tr>
<td>Wednesdays</td>
<td>8:00 am-2:00pm</td>
<td>Room 2752 Ext.1-2752</td>
</tr>
<tr>
<td>Payday Thursdays</td>
<td>8:00 am-2:00pm</td>
<td>Room 2752 Ext.1-2752</td>
</tr>
<tr>
<td>Hillandale Campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-payday Thursdays</td>
<td>10:00 am-2:00pm</td>
<td>Admin Conference Room on the Admin Hallway</td>
</tr>
<tr>
<td>Downtown Decatur Campus</td>
<td></td>
<td></td>
</tr>
<tr>
<td>First Wednesday of each</td>
<td>10:00 am-1:00pm</td>
<td>Second Floor</td>
</tr>
<tr>
<td>month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Personal Appointment
Note: If these times are NOT convenient for you, you may request an appointment by calling our VALIC representatives:

Suzanne Komisar          678-524-4504
Kate Olsson              404-314-1334
Annual Updates/Online Learning at DeKalb Medical

With the advent of computer technology, it is now possible to deliver timely, effective online training via the web 24 hours a day, 7 days a week, 365 days a year. While some of your training will continue to be traditional, instructor-led training courses, we now offer courses via the web that you can access at your convenience.

Many system-wide, mandatory courses such as Environment of Care, Body Mechanics and Infection Control are currently delivered via our online learning system - NetLearning. You may find that you also have department specific training that is provided through CBL (computer based learning) modules.

Required Courses
During General Orientation all partners are required to complete the following annual updates online modules:

- 2014 Annual Update - Standards of Behavior
- 2014 Annual Update - Infection Prevention
- 2014 Annual Update - Environment of Care & Hazardous Materials

All partners are required to complete the following annual updates online modules within the first two weeks of their start date with DeKalb Medical:

- Emergency Codes
- 2014 Annual Update - Body Mechanics
- 2014 Annual Update - HIPAA
- 2014 Annual Update - Compliance
- 2014 Annual Update - Diversity & Sensitivity
- 2014 Annual Update - Patient Safety & Teamwork
- Computer Basics New Hires
- Influenza / Flu
- Smoke-Free Policy

Note: All employees must complete the Annual Update CBLs once a year. Look for an announcement listing the new modules each January.

Additional CBL Modules
There are many other CBL modules available through the Student Interface on a variety of clinical, service, and business related topics. Log in to the system to see the current list.

Your Online Experience
When you log onto the Student Interface, there are three basic things you can do in the system.

1. Take online courses
2. Enroll in instructor-led classes
3. View and print your training transcript (includes instructor-led classes and CBLs)
## How to Log into the System (1st time user)

1. Click the **Internet Explorer** icon on your desktop.
2. If not displayed, open the DeKalb Medical homepage by typing [http://intranet3](http://intranet3) in the address field.
3. Scroll down and click on the NetLearning Link.
4. Type your Employee Identification number in the **Login ID** text field. Type **password** as your password.
5. Click the **Login** button.
6. On this screen, retype **password** as your existing password (first field), then create your own unique password and type it in the next two fields. Please make a note of your personal password, or commit it to memory.
7. You should now see the Student Interface **“To Do”** Screen. Modules you have been assigned or enrolled will appear on this screen.

## How to View your Transcript

1. Login to the system.
2. Click the + next to Reports link to expand the menu.
3. Click Transcript in the Navigation Pane.
4. Change the Filters as desired and click the **Update Results** button.
5. Click the **Print Friendly** button.
   A printer friendly version of your transcript will appear in a new window.
6. Click the **Print Transcript** button.

## How to Enroll in a Course (CBL)

1. Login to the system.
2. Click Enroll in CBL in the navigational frame on the left.
   Available Courses will appear on the right in the Course/Class frame.
3. Type the title of the Course in the search field titled **“Display Course list by word in Title”** in the course/class frame.
4. Click the **Update Results** button.
   The results will appear below.
5. Click the Enroll button next to the desired CBL title in the course/class frame.
6. Click the Launch Course button in the display pane to start reviewing the course material.

## How to Enroll/Un-enroll a Class (Instructor-Led)

1. Login to the system.
2. Click **Enroll in Class** in the navigational frame on the left.
3. Click on the desired class title to enroll in the Course/Class frame.
   *You will find the Class listed on the **“To Do”**, you can also click un-enroll from this screen as well*
KRONOS: Time and Attendance System
Kronos Workforce Central™ is the Time and Attendance System for DeKalb Medical at North Decatur, Downtown Decatur and Hillandale. **PLEASE REMEMBER TO CLOCK IN WHEN YOU HAVE COMPLETED ORIENTATION AND ARRIVE AT YOUR DEPARTMENT!**

Hourly/Non-Exempt Employees
It is important that you clock-in and clock-out appropriately so that you will be paid correctly. If you have questions or concerns regarding the Time and Attendance system or pay policies, please contact your Department/Unit Timekeeper, your supervisor/manager, or the Human Resources Department located in the 2675 Professional Office Building.

Steps for Clocking
1. Use the designated phone(s) in your department/unit only.
2. Dial the Time and Attendance telephone extension 11111.
3. Listen for the time message: “The time is...”
4. Following the pause, the system will ask, “Please enter your employee number.” Enter your six (6)-digit employee number.
5. The system will ask, “Please enter the clock code.” Enter the appropriate clock code. See Clock Codes listed below.
6. Listen for the confirmation message: “Thank you for using the System.” Please wait for this message before hanging up to confirm your clocking transaction was recorded.
7. Hang up the telephone - clocking is complete.

Clock Codes
- **1** Clock-in
- **2** Call Back Clock-in
- **3** Meal-out
- **4** Meal-in
- **5** Float (requires entering dept #)
- **9** Clock-out
- **0** Missed Meal Break
- **60** Orientation
- **62** Baylor RN Day (Weekend Only)
- **63** Meeting
- **65** Call Back Actual Clock-in
- **69** End of Special Clocking
- **87/88** Leave/Return to Premises
- **68** Baylor RN Night (Weekend Only)
- **80** Education

Non-Clocked Transactions and Errors
If you forget to clock-in or clock-out, it is your responsibility to complete a Time and Attendance Exception form. These forms are available in your department. You must submit these exceptions to your Department Timekeeper as soon as possible after the error occurs or is discovered.

If you need to verify your time for errors, please go to Kronos Timekeeper web page on the intranet (access instructions follow). If you find any errors, please complete an Exception form and give to your Department Timekeeper for corrections.

Several pay codes cannot be entered through Time and Attendance clocking. The following pay adjustments require the submission of a Time and Attendance Exception form:

- Paid Time Off
- Extended Sick Leave
- Jury Duty
- Worker’s Compensation
Bereavement

Hours Worked in an Area Other Than Home Department
Occasionally, employees may be assigned to work in an area other than their home department. When this occurs, the employee will need to use the clock code “5”, which is for “Float”. For complete instructions on the clocking process, you should contact your home department timekeeper or the timekeeper for the department where you have been assigned. They will provide you the float department number, which must be used for clocking this time.

The supervisor of the float department should complete the bottom portion of the Time and Attendance Exception form. This completed exception form should be submitted to the employee’s home department timekeeper.

Salaried/Exempt Employees
Salaried/Exempt Employees are not required to clock-in or clock-out. You will need to document paid time off, bereavement, jury duty, etc. with your timekeeper by submitting a Time and Attendance Exception form or by email message.

Note: If an exempt employee works less than half of a normal workday, they are expected to use Paid Time Off (PTO) for the entire day. If an exempt employee works half or more of their normal workday, they will be paid for the entire day. This should be a rare exception.

DeKalb Regional Health System Time and Attendance Policy
It is the policy of DRHS that fraudulent time clocking will result in disciplinary action, up to/and including termination. This includes, but is not limited to the following:

1. Clocking in/out for another employee or having another employee clock in/out for you.
2. Failure to properly report time transactions.
4. Clocking in/out from another department or facility where you are not authorized to work.

For a complete description of the Wage & Hour policy, see your supervisor, contact Human Resources, or go to DeKalb Medical’s intranet for Policies and Procedures.

DeKalb Time and Attendance Web Page
You can access your Paid Time Off and Sick Leave accruals by accessing the Kronos Time and Attendance via DeKalb’s intranet.

From DM’s intranet page, see the Kronos Timekeeper link. Click on this link to go to the Time and Attendance System.

Below the link on the Kronos Main Page, you will see “Kronos Quick Reference Guide for Employees.” You may select this option and the Employee Quick Reference Guide will appear. This guide contains all instructions for accessing your time and attendance information and accrual balances.
North Decatur Campus Map

You can also search the DeKalb Medical intranet for “North Decatur floor plans” for maps of individual buildings and floors
Hillandale Campus Map

You can also search the DeKalb Medical intranet for “Hillandale floor plans” for maps of individual buildings and floors.
You can also search the DeKalb Medical intranet for “Downtown Decatur floor plans” for maps of individual buildings and floors.
DeKalb Medical Employee Code of Conduct

DEKALB REGIONAL HEALTH SYSTEM
2701 North Decatur Road
Decatur, Georgia 30033

CODE OF CONDUCT: PROFESSIONAL AND ETHICAL BEHAVIOR

I. POLICY

DeKalb Regional Health System (DRHS) commits to serve as the leader in delivery of healthcare services to residents of DeKalb and surrounding counties. In an effort to achieve this goal, the organization and its staff conduct business and patient care practices in an honest and proper manner in all areas including, but not limited to marketing, admission, transfer, discharge, billing practices, and in relationships and interactions with other healthcare providers, educational institutions, payors and other organizations that interact with DRHS.

II. DEFINITIONS

A. Acceptable behavior: Behavior that is consistent with the DRHS core staff competencies as identified in the DRHS performance expectations and the DRHS Standards of Business and Professional Conduct.

B. Disruptive behavior: Behavior that is described as threatening (yelling, screaming or abusive toward staff) or others; any behavior that causes disruption of staff’s ability to care for patients; behavior as defined in PRB 5002 (Discrimination, Harassment and Workplace Violence).

C. Inappropriate behavior: Behavior as defined in PRB 5002 (Discrimination, Abuse, Harassment and Workplace Violence).

III. IMPLEMENTATION

A. To meet the needs of patients and their families, all DRHS staff will commit to:
   1. engage in interactions which reflect a spirit of trust, respect, integrity, compassion and a genuine commitment to listen and respond to their needs
   2. provide value to the receivers of healthcare services through prudent management of resources and documentation of quality care
   3. respect and honor the inherent dignity of each individual we serve
   4. remain sensitive to and appreciative of the ethnic, cultural and lifestyle diversity of patients, their families and of other staff members
   5. ascertain and honor the wishes, concerns, priorities and values of patients and their families
   6. support, affirm, and empower legally authorized individuals as caregivers when it is in the best interest of the patient
   7. provide an environment of healing by acknowledging and responding with sensitivity to the interruption of privacy that is necessitated by care
   8. respect and protect the confidentiality of patients and families
   9. provide quality services in a timely manner to all who qualify, regardless of third part coverage or ability to pay

B. The organization will act honestly, truthfully, and fairly to all concerned by:
   1. fully disclosing to patient and families information regarding rights and responsibilities, cost, services, admission, discharge, transfer, and complaint/grievance processes
   2. informing patients and families of the availability of the ethics committee as a resource for resolution of conflicts
   3. being truthful and accurate in public advertising and information dissemination
4. making and accepting referrals in the best interest of the patients
5. refraining from any activities giving rise to a conflict of interest including receiving inappropriate gifts of value or monetary compensation
6. making every effort to honor the intent of benefactors or donors
7. assuring that services are not compromised to an unacceptable quality for financial reasons

C. The organization will maintain the most appropriate level of skill and expertise of the staff and volunteers required to deliver quality care through:
   1. recruiting, selecting, orienting, educating, and evaluating each staff member and volunteer in the delivery of care
   2. remaining sensitive to and appreciative of the ethnic, cultural, religious, and life-style diversity of staff and volunteers
   3. supporting, affirming, and empowering the staff and volunteers in the delivery of care
   4. recognizing the stresses inherent in healthcare service and providing access to ongoing support mechanisms for all staff and volunteers

D. The organization will use the following process for managing conflict among staff or leadership groups:
   1. There will be a meeting with the involved parties as early as possible to identify the conflict.
   2. If the involved parties need assistance in meeting or resolving the issue, then they will request assistance using the organization’s chain of command as a guide; first involving immediate supervisors, then if not resolved going to the next level of leadership, up to and including the executive level if needed.
   3. Those who implement this process should be skilled in conflict management or involve others who are. Others to involve may include Human Resources leadership, Behavior Health leadership, Employee Assistance counselors, or others as approved by executive leadership.
   4. If the involved parties are all physicians and/or LPs, then the issue should be brought to Medical Staff leadership who will then follow established protocols as outlined in the medical staff bylaws, policies and/or procedures.
   5. If the conflict involves both physicians and employees, then any unresolved issue should be elevated to both Medical Staff and DRHS employee leadership.
   6. The individual(s) who are asked to assist and/or facilitate this process will gather information regarding the conflict.
   7. The individual asked to assist and/or facilitate will work with the parties to manage and, when possible, resolve the conflict
   8. Throughout the conflict and the resolution process all involved parties, including individuals assisting or facilitating the resolution, will take steps to protect the safety of patients and quality of care as well as the safety of employees, physicians or other people.

IV. RESPONSIBILITIES

A. As part of their job duties, every employee of DeKalb Regional Health System has the following compliance responsibilities:
   1. Education and Training
      a) An employee’s education and training about the Compliance Program and his responsibility begins with the commencement of employment at DeKalb Regional Health System. During General Orientation, a new employee will receive information about the Compliance Program
      b) All other employees will receive an annual educational update about compliance. The compliance education requirement will become part of the mandatory annual education requirements for all employees and will also be incorporated into the annual employee performance evaluation.
      c) Upon receipt of the compliance information, every employee will sign an acknowledgment form confirming their receipt of information about compliance and DeKalb Regional Health System’s Standards of Professional and Business Conduct,
certifying that they understand their role in the organization’s compliance and business ethics programs, and stating that there have been no unreported incidents in violation of applicable laws of which they have knowledge.

2. Following Compliance Policies
Every employee must understand procedures of the Compliance Program, particularly those procedures, governmental laws, and organizational standards which relate to the employee’s functions within DeKalb Regional Health System.

3. Reporting Actual or Suspected Compliance Issues
   a) Every employee must report all reasonably suspected compliance issues. The issues or incidents are to be submitted either verbally to the Compliance Hotline or in writing. All communication will remain as confidential as possible.
   b) DeKalb Regional Health System forbids retaliation by management or other employees against any employee who makes an honest report of a suspected compliance issue. However, under no circumstance will the DRHS Audit and Compliance Committee tolerate the reporting of a knowingly false allegation of non-compliance. An employee reporting an issue which he knows to be false will be subjected to disciplinary action.

4. If an employee is unsure of his compliance obligations, he should seek clarification from his supervisor or directly from the Corporate Compliance Officer (CCO). An employee’s failure to fulfill his compliance obligations could result in termination or other disciplinary action. Claims of being unaware of the organization’s expectations will not be valid excuses to avoid disciplinary action. The Corporate Compliance Officer will collaborate with the Vice President of Human Resources, department managers, and senior management to ensure that disciplinary action is uniformly administered among all employees, without favoritism being shown towards any employee.

5. Conflict Management
   a) Whenever conflict develops employees are expected to take steps to resolve the issue. This is particularly important if a conflict arises that, if not managed, could adversely affect patient safety or quality of care.
   b) While trying to resolve the conflict employees are expected to do so in a professional and ethical manner.
   c) If the issue cannot be resolved, then the employee should contact their supervisor for assistance.
   d) At all times during the conflict and resolution process employees should take steps to maintain patient safety and quality of care as well as the safety of employees, physicians or other people.

B. From the Chief Executive Officer down, all levels of management at DeKalb Regional Health System have the primary responsibility of setting the standard for compliance behavior.
1. DeKalb Regional Health System expects all managers to formally communicate the importance of compliance, and adherence to the Compliance Program, to their department’s employees. Managers should strive to maintain an "open door" of communication between themselves and employees for discussion of questions, concerns, and suggestions voiced by employees.
2. Managers have the responsibility of ensuring that their employees are provided adequate opportunities to receive required compliance education.
3. Managers are expected and encouraged to contact the Corporate Compliance Officer if an answer is not immediately known -- or to refer the employee to the CCO.
4. Managers may be asked to participate as trainers or facilitators of educational courses which explain the Corporate Compliance Program and the employee’s role in compliance.
5. Following Compliance Policies
   a) All managers are responsible for knowing and abiding by mandates of the Compliance Program and for ensuring that their employees also follow these mandates.
   b) Managers are expected to fully understand the Compliance Program and the responsibilities of both the employee and the manager; therefore, managers are encouraged to ask any and
all questions necessary to clarify DeKalb Regional Health System's expectations.

6. Reporting Actual or Suspected Compliance Issues
   a) Every manager of DeKalb Regional Health System must report all actual or potential compliance issues to the next highest level of management or directly to the CCO.
   b) Managers will face equal disciplinary action as employees for non-compliance; claims of ignorance about these expectations will be deemed as invalid excuses.
   c) Additionally, managers are expected to be accessible to their supervised employees who wish to report a compliance issue.
   d) Managers are also responsible for ensuring that none of their department employees are retaliated against, or harassed in any way, for reporting a compliance issue in good faith.

7. Accountability
   a) DeKalb Regional Health System holds their managers to a higher standard of expectation than that of the employee. Managers are accountable for their own actions as well as those of their employees.
   b) All managers must certify on an annual basis that they have reviewed the Compliance Program, fully comprehend it, and have distributed copies of any compliance literature to all of their employees.
   c) Managers are encouraged to seek assistance from the Compliance Officer and/or DRHS Audit Compliance Committee as necessary.

8. Conflict Management
   a) People in leadership positions are expected take steps to resolve known conflict.
   b) Leadership is expected to implement and follow the process outlined in this policy whenever conflict arises that, if not managed, could adversely affect patient safety and/or quality of care as well as the safety of employees, physicians or other people in the area.
   c) Leaders are expected to ensure that throughout the conflict and resolution process that steps are taken to protect the safety of patients and quality of care as well as the safety of employees, physicians or other people.

C. Annual Certification
   1. On an annual basis, every employee is required to certify in writing that they understand and will uphold the principles established by DeKalb Regional Health System's Standards of Business and Professional Conduct.
   2. If the employee completes their compliance education requirement through independent study, they should provide their supervisor with written verification.
   3. The attestation portion of the DRHS annual education update contains a certification of compliance education and becomes a part of the employee education record.

V. REFERENCES / ADDITIONAL RESOURCES

The following documents operationalize the DRHS Code of Ethical Behavior:
- Directive on Marketing Ethics
- Advance Directives
- Conflict of Interest Directive
- Discrimination, Abuse, and Harassment Mechanism for Staff
- Rights Confidentiality of Patient Information
- Patient Rights and Responsibilities Consideration of Ethical Issues
- Informed Consent
- Eye, Organ and Tissue Donation
- Do Not Resuscitate (DNR) Orders
- Withdrawal of Life-Sustaining Treatment
- Transfer of Patients
- New Partner Orientation and Initial Competency Assessment
VI. DATES

Originally Approved by: Administration, February 2001
Medical Staff Executive Committee, February 2001
DeKalb Regional Health System Board of Directors March 2001

Reviewed by: Ethics Committee March 8, 2001

Approved: DRHS Audit and Compliance Committee July 7, 2004
DRHS Administrative Team August 9, 2004
DRHS Board of Directors, August 12, 2004

Reviewed/revised Vice President of Patient Relations and Compliance October 2004, May 2005
Administrative Team February 2010
DeKalb Medical Dress Code

DEKALB REGIONAL HEALTH SYSTEM
2701 North Decatur Road
Decatur, Georgia 30033

I. POLICY

DeKalb Medical (DM) wants to provide an environment that helps patients feel comfortable and at ease. To help meet this goal, employee of DeKalb Medical should dress with the intent of presenting what most people would consider as a traditional professional image to the public and patients.

Employee partners should not be focused on dressing in a way that draws excessive attention to their particular style of dress or fashion. If unsure, employees should check with their supervisors first and err on the side of presenting what most would describe as a traditional business image.

This policy applies to all employees regardless of the amount of public contact. At the discretion of Administration, it may be applied to others who serve DeKalb Medical and/or its patients, such as physicians, volunteers, vendors, company representatives and agency staff.

II. IMPLEMENTATION

The following is an outline of the health system dress code. Additional department-specific requirements may be established with a department specific addendum.

A. Guidelines for Employees who provide direct patient care

1. Fingernails – must be short as determined by management. Specific high risk areas prohibit artificial nails and polish. **See HAND HYGIENE IC 8010.**

2. Jewelry –
   a) Should not interfere with patient care or dangle in a way that may touch or hang in front of patients or cause a safety risk.
   b) The number of necklaces and bracelets that are allowed may be restricted by management.
   c) Earrings should be modest in size and length, the size of a quarter or smaller.

3. Shoes - shoes should have a closed toe as well as closed top.

4. Hair - hair that is long enough to touch the shoulders must be pulled back and secured in a pony tail.

5. RNs/LPNs may wear white or navy blue scrub jackets or lab coats. All other patient care employees should wear scrub jackets matching their scrub color (see below).

6. All patients care employees can wear solid white, solid navy blue or solid hunter green turtlenecks or long and short sleeve t-shirts without logos underneath their scrubs; socks should match the shoe or scrub color; all patient care employees wearing skirts should wear white hose.

7. Inpatient Units/Emergency Department/DTC:
   a) **RNs and LPNs**
      (1) solid navy blue and/or white scrubs all in one color or in any combination of navy and white
      (2) white, navy blue or black shoes
   b) **Techs and Secretaries**
      (1) solid hunter green scrubs
      (2) white or black shoes
   c) **Operation Support Associates (OSA)**
(1) black pants or skirt
(2) any color top except black
(3) may not wear – multi-color scrubs with prints/designs or scrubs that other discipline wears, i.e. navy or royal blue, hunter green, wine, red.
(4) black or dark blue shoes
8. Surgery/PACU/SPD: All employees: solid royal blue scrubs with white or black shoes
9. OP Surgery/SAC:
   a) RNs and LPNs
      (1) Solid navy blue and/or white scrubs all in one color or in any combination of navy and white
      (2) White, navy blue or black shoes
   b) Techs and Secretaries
      (1) solid ceil blue scrubs
      (2) white or black shoes
   c) Operation Support Associates (OSA)
      (1) black pants or skirt
      (2) any color top except black
      (3) may not wear – multi-color scrubs with prints/designs or scrubs that other discipline wears, i.e. navy or royal blue, hunter green, wine, red.
      (4) black or dark blue shoes
10. Rehabilitation:
   a) Therapy employees
      (1) solid wine scrubs OR wine colored polo shirt with khaki pants
      (2) white or black shoes
   b) Techs and Secretaries
      (1) solid hunter green scrubs OR solid hunter green polo shirt with khaki pants
      (2) white or black shoes
   c) Operation Support Associates (OSA)
      (1) black pants or skirt
      (2) any color top except black
      (3) may not wear – multi-color scrubs with prints/designs or scrubs that other discipline wears, i.e. navy or royal blue, hunter green, wine, red.
      (4) black or dark blue shoes
d) RNs and LPNs
   (1) solid navy blue and/or white scrubs all in one color or in any combination of navy and white;
   (2) white, navy blue or black shoes
11. Cardio-Vascular Services:
   a) All Employees
      (1) solid red scrubs all in red or in any combination of red and black
      (2) nurses can add white, but always must include red in outfit
      (3) white or black shoes
   b) Therapy employees
      (1) solid wine scrubs OR wine colored polo shirt with khaki pants
      (2) white or black shoes
12. Imaging Services:
   a) All employees
      (1) solid royal blue scrubs
      (2) white or black shoes
13. Other departments: determined by the department manager

In addition to the patient care guidelines above, all employees must comply with the following:

B. Guidelines for All Employees
1. Jewelry
   a) Jewelry should not interfere with job performance or safety
   b) No more than two earrings may be worn in each ear at the same time; earrings should be modest in size and length
   c) No other body piercing jewelry should be visible (i.e. no nose rings, tongue rings, etc.)
   d) The number of bracelets and necklaces should not be excessive, as determined by management
   e) Only the following buttons/pins or stickers are approved for wear:
      (1) DM service pins
      (2) DM Foundation participation pins
      (3) school pins given as a result of graduating from a healthcare related program
      (4) pins awarded as a result of receiving advanced certification in a healthcare field
      (5) buttons/pins or stickers given by DM
      (6) healthcare-related pins or other items as approved by DM Administration

2. Fingernails
   a) Nails should be well manicured, clean, short or moderate in length (as determined by management) and should not interfere with job performance or safety.
   b) Nail color, polish and design should be neat, moderate in color and not draw excessive attention, as determined by management. Dangling nail jewelry is not allowed.
   c) Also see additional requirements for personnel providing direct patient care.

3. Tattoos must be concealed and the method of concealing must be inconspicuous; tattoos that cannot be concealed by clothing or make-up are not allowed, regardless of the department the employee works in. Covering tattoos with bandages, gauze, or other similar items is not acceptable.

4. Perfumes - no strong or offensive perfumes, colognes, after-shaves, oils or lotions should be worn. This is particularly important for those employees who interact with patients, visitors and co-workers as part of their job.

5. Hair (including facial hair) and head wear
   a) Hair (including braids, weaves, extensions, locks or similar styling) must be clean, neat well-groomed and professional in look and style. This means being combed or styled in an orderly, well organized and systematic way.
   b) Hair should not be (or have highlights that are) an extremely “loud” or unnatural-looking color as determined by management (ex. no bright, unusual or primary colors such as green, blue or red).
   c) Hair should not interfere with job performance or safety.
   d) Men with hair that is long enough to pull back into a pony tail must do so and keep it secured. This applies to all positions including those that do not directly serve patients or the public.
   e) Although in many cases long hair will be allowed, management has the option and authority to restrict or not allow unusually/extremely long or large hair styles (as determined by management to be less professional in look).
   f) Hats/head wear is restricted to:
      (1) coverings worn as a requirement for an established religion
      (2) protective equipment provided by DM
      (3) items used to hold hair back, such as in a pony tail. Decorative items such as beads and shells (or other similar items) are not allowed.

6. Body Odor - hygiene should be such to eliminate body odors.

7. ID Badge - must be clipped at shoulder level or chest level, with photo and name clearly visible; (wearing a badge around the neck or with a lanyard is not allowed due to safety issues; being attached at or dangling at the waist is also not acceptable).

8. Uniforms – Clothing
   a) Uniforms and clothing should be clean and in good condition
   b) No jeans/denim clothing is allowed.
   c) No T-shirts (without advance approval) are allowed.
   d) Any approved T-shirt should not have visible writing except that which is approved by
Administration.
e) No undergarments should be visible; T-shirts worn under scrubs should be “tucked in” so that the bottom of the T-shirt does not become visible or hang below the scrubs.
f) No transparent, excessively tight, formfitting or revealing garments, as determined by management, are allowed.
g) No low cut shirts or blouses, spaghetti straps, or exposed cleavage/midriff/waist are allowed.
h) Skirt lengths should be no shorter than the top of the knee.
i) Sweat pants, warm up suits or shorts are prohibited unless specified otherwise in depart-specific dress code.
j) The following are prohibited:
(1) spandex/form fitting pants
(2) leggings
(3) stirrup, midcalf or capri pants
9. Shoes/hosiery
a) Shoes should be clean, neat and an appropriate style as determined by each department management (ex. casual shoes such as flip flops are not allowed).
b) **Appropriate** hosiery, socks or stockings **will be determined by each department**

III. RESPONSIBILITY

A. The employee is expected to:
1. Present a professional and traditional appearance as previously described
2. Realize we have only one chance to make a first impression. Therefore, strive to make the best impression
3. Purchase and provide up-keep of uniforms/clothing
4. Adhere to all guidelines set forth in this policy as well as any department specific dress code requirements

B. The supervisor, manager and/or director is responsible for:
1. Enforcing the dress code policy and any department-specific guidelines in a consistent manner
2. Following a performance improvement/discipline process when dealing with issues of non-compliance
3. Implementing department-specific dress code requirements that support this policy
4. Establishing stricter department guidelines when the manager thinks there is a safety issue or business case to support the stricter guidelines.
5. Submitting for review/approval any department specific dress code requirements with safety or infection control implications to the following:
a) infection control issues – Infection Prevention and Management Committee
b) safety issues – Environment of Care Committee

C. All leaders:
1. Are expected to set a good example and be a positive role model for the image DeKalb Medical wants to provide. This includes wearing traditional professional business attire when interacting with the public. An exception may be made for leaders in a direct patient care area.

IV. DATES

<table>
<thead>
<tr>
<th>Originally formulated:</th>
<th>April, 1992</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved:</td>
<td>Administration, July 2008</td>
</tr>
</tbody>
</table>
Language Line Information

Language and Law: Title VI of the Civil Rights Act of 1964
- Title VI ensures that no program receiving federal financial assistance shall discriminate against individuals person regardless of race, color or national origin
- Recipients of federal funding (Medicaid and Medicare) are required to provide adequate language assistance to Limited English Proficient patients. Denial or delay of medical care because of language barriers constitutes as a form of discrimination
- All federal funded recipients are required to provide language services at no cost to the patient at all points of contact and in a timely manner

Facts
- Poor communication leads to poor care
- Communication breakdown accounts for 3,000 unexpected deaths, catastrophic and other sentinel events each year (The Joint commission)
- Healthcare organizations have a legal obligation to provide language services to limited-English proficient patients

Benefits of Language Services
- Improved quality of care
- Immediate communication in most languages
- Demonstrates compliance with our regulatory bodies: Federal and state regulations and The Joint Commission

When is it Imperative to use Language Services?
- Obtaining consents
- Admission profile
- Obtaining H & P
- Initial assessment
- Discharge education
- Discharge instruction
- New diagnosis education
- Admission process

Use of Family to Interpret
- Use of family members, particularly minors, to serve as an interpreter for medical encounters is highly discouraged
- Studies have shown that use of family members or other ad hoc interpreters are more likely to misinterpret information, omit and add information, or insert their own values or judgment
- Hospitals could find themselves at risk by relying on family members to interpret since there is no way to determine the language competency of the family member. Conflict of interest may exist.
**Need an Interpreter?**

1. Dial “0” for the Hospital Operator
2. When the operator answers, provide:
   a. Your name and your unit number (for tracking purposes only)
   b. The language you need
3. The operator will promptly connect you with an interpreter
   
   24 hours a day, 7 days a week
   Service provided by Cyra.com International

**Nurse’s Documentation**

- If a nurse documents “Unable to assess patient due language barrier,” it can be translated as the following:
  - You have NOT provided the same level of care to the Limited-English Proficient (LEP) patient that you have provided to those without language barrier
  - It is okay to deny the LEP patient basic nursing care due to language barrier
  - You have discriminated against a patient due to language barrier
  - You are not compliant with the requirement from the organization’s regulatory bodies

**Nurse’s Documentation MUST**

- Identify a Limited-English Proficient patient
- Include the use of language line for interpretations