# UPMC Horizon Orientation Manual

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ORGANIZATIONAL OVERVIEW

MISSION & GOALS
UPMC Horizon strives to deliver high quality, patient-centered health care to the communities we serve.

Goals of particular importance to the workforce include the following:

- **Growth and Development** related to hospital programs, services and renovation projects.
- **Financial and Operating Performance** related to pre-operative testing and patient flow for surgical and invasive procedures.
- **Market Responsiveness** to identified service needs of community and hospital.
- **Clinical Quality, Safety and Satisfaction** for our patients specifically in the areas of new technology, liberalized diet programs and preparation for unannounced JCAHO and HFAP surveys.
- **Academic Excellence** by promoting employee interest in on-site University of Pittsburgh RN options program and extending evidence-based Nursing Practice initiatives in collaboration with University of Pittsburgh School of Nursing.
- **Community Citizenship** focusing on continued efforts in bioterrorism and disaster planning and education.
- **Workforce** support through education and emphasis on policies related to sexual harassment and preventing a hostile work environment.

HOSPITAL-WIDE POLICY AWARENESS
Employees and volunteers should be aware of, and comply with all UPMC policies, such as those that concern Attendance/Absenteeism, Drug-Free Workplace, Corrective Action/Discharge, Harassment, etc.

To locate policies on Infonet:

- Go to the Infonet home page, place your cursor on the ‘policies’ tab to view business units.
- Select a business unit.
- You will then be presented with a list of policy manual sections to choose from; click on the section of interest.
- A list of policies available under the selected section will be displayed; click on the policy you would like to review.
- Review and/or print the policy of interest.
HUMAN RESOURCES
UPMC's people demonstrate excellence in thought and service delivery each day. It is the mission, therefore, of the Human Resources Department to recruit, develop and engage a diverse and talented workforce, inspiring them to achieve the organization's goals.

We support UPMC's mission to create a new economic future for western Pennsylvania - a future built on new ways of thinking about health care and sparked by leveraging the uniqueness of the integrated health enterprise.

UPMC Horizon’s HR office can be reached at:
(724) 589-6322(Greenville) or (724) 983-6352 (Shenango)

HARASSMENT IN THE WORKPLACE
UPMC Horizon expects that our work environment is free from sexual harassment or harassment based on race, color, religion, sexual orientation, national origin, age or disability.

Harassment is verbal or physical conduct that demeans or shows hostility or hatred toward an individual. Some examples would include:

- Nicknames, labels, slurs.
- Threatening, intimidating or hostile acts.
- Written or graphic material that demeans or shows hostility or hatred to an individual or group.

Sexual harassment is any unwelcome sexual advance, request for a sexual favor, and other verbal or physical conduct of a sexual nature. This would also include sexist jokes and/or remarks.

Respect each other; watch your language; don’t tell lewd jokes. Remember, your personal life is your OWN business.

*for more information on Policies, visit Infonet*
**FITNESS FOR DUTY**

When drug and/or alcohol abuse is suspected in a physician, medical associate or hospital staff member, action must be taken as soon as possible to provide intervention and treatment. It is the policy of UPMC Horizon to aid medical staff, medical associates and employees who are impaired in retaining or regaining optimal professional functioning. This is done in a confidential manner and may include providing education about health issues, addressing the prevention of physical, psychiatric or emotional illness and providing diagnosis, treatment and rehabilitation.

*Impairment Defined:*

Impairment describes a practitioner or employee who is unable to practice medicine or do their job with reasonable skill and safety because of a physical or mental illness including excessive use or abuse of drugs or alcohol.

*Signs & Symptoms:*

- A noticeable change in behavior from previous familiar patterns.
- Irritability, angry outbursts.
- Deterioration in grooming, hygiene.
- Withdrawal from family, community & professional activities.
- Lateness, unexplained absences, missed appointments.
- Unavailability, “Locked-Door Syndrome”.
- Loss of compassion, empathy.
- Multiple physical complaints & illnesses.
- Poor charting, delinquent medial records, increased illegibility of handwriting.

The appearance of one of the signs above does not necessarily indicate impairment but a persistent combination of signs may signify a problem.

*Reporting Structure:* If there are concerns that a practitioner or employee may be impaired in any way that could affect his/her practice the following reporting structure should be used.

For physicians and medical associates:

- provide an oral or preferably written report to your supervisor.
- include only the facts – a description of the incident(s) leading to the concern
- the supervisor will immediately give the report to any one of the following individuals:
  - the Chief of Staff
  - the President/Chief Executive Officer
  - the Vice-President of Medical Affairs (at the relevant campus) or
  - the appropriate Department Chairperson
Suspected impairment of ancillary staff: Report concerns to their immediate supervisor, the Nursing Supervisor or the Program Director of Human Resources.

**BACK INJURY PREVENTION**

Back injury is the number one injury to employees in all types of industries, including healthcare. It is important that you protect yourself from injuring your back. Here are some things to consider in helping to protect yourself:

- Keep your back straight at all times when lifting objects.
- Don’t lift heavy objects by yourself – ask for help.
- When lifting, keep the object close to your body.
- Bend your knees when lifting to reduce strain on your back.
- Push rather than pull objects.
ENVIRONMENT OF CARE: EMPLOYEE RESPONSIBILITIES

SAFETY MANAGEMENT
In the health care environment, lives depend on your safety awareness and compliance. Employees and volunteers are expected to follow all policies and procedures put in place for their protection and safety and that of patients and visitors.

Smoking Policy: Because of the safety and health risks associated with smoking, UPMC Horizon has a no smoking policy throughout its buildings and at all building entrances and exit areas.

All potentially hazardous or unsafe conditions or acts must be reported to the Safety Officer, Lu Ann King. Please report any accidents or injuries to your immediate supervisor. If, after reporting these concerns, you believe they have not been addressed, you may contact the Joint Commission’s Office of Quality Monitoring at 1-800-994-6610 or e-mail complaint@jcaho.org.

SECURITY MANAGEMENT
Proper Identification is essential to our security program.
- All employees and volunteers are required to wear a picture identification name badge at all times while on duty,
- Patients are required to wear identification wrist bands.
- Visitors who must remain in the facility after the scheduled visiting hours are also required to obtain specific badges from the nursing staff.

To improve patient safety and building security, The Joint Commission (TJC) recommends that the same immunization and credentialing requirements and standards for healthcare employees be extended to include contract staff service employees and vendors.

Vendor Stat is a web-based solution that enables approved vendors (sales representatives, pharmaceutical representatives, contractors, etc.) to register with ProTech Compliance as a UPMC Supply Chain vendor. Representatives from a registered vendor can document orientation and credentials. Hospital departments can schedule appointments with the representatives. When a representative arrives at the hospital for their scheduled appointment, they are directed to Human Resources where their visit can be confirmed and an access badge generated for their visit.

All employees and volunteers have the responsibility to check on fellow employees, company reps, contract staff, etc. for the presence of a name badge. If you see
someone without a name badge, stop him or her, and question their business in the facility. Instruct them on how to obtain the appropriate identification badge.

**Security coverage:**
The Security Management Plan applies to all employees and all areas of the hospital grounds, and other sites owned by UPMC Horizon. The Security staff includes security guards and the Maintenance staff who have been trained in security procedure. The security force is unarmed and will not engage in any type of policy actions. In the event that such police actions are needed, assistance will be sought from local law enforcement agencies.

**Sensitive Areas include:**
- Emergency Room
- Pharmacy
- Operating Room Suite
- Medical Records
- Nursery
- Pediatrics

**LIFE SAFETY MANAGEMENT**
Knowing what to do in the case of a fire is extremely important in the hospital environment. The Life Safety Management Program has been prepared to acquaint all Hospital personnel with their individual responsibilities in the event of a fire.

**What to do if there is a fire:**
- Report **ALL** fires and locations, no matter how minor.
- Keep calm, do not panic or shout.
- Be familiar with the location of fire alarm boxes, fire extinguishers and oxygen shut-off valves.
- Know the Hospital fire code: **CODE RED**.
- Do not use elevators, use the stairs.

UPMC Horizon uses the acronym **R.A.C.E.** to assist staff in remembering the fire policy procedures.
- **R** - Rescue people in immediate danger.
- **A** - Pull Alarm (call operator and confirm location).
  - **Call 5555 for Greenville or 5511 for Shenango.**
- **C** - Contain fire and smoke by closing all doors and windows.
- **E** - Extinguish and evacuate (use good judgment).

**Use of a fire extinguisher**
- Before you decide to fight a fire make sure the fire is confined to a small area and that it is not spreading beyond the immediate area.
- **Always** make sure that you have an unobstructed escape route between you and the fire.
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- Make sure that you have read the instructions and know how to use the extinguisher. It is reckless to fight a fire under any other circumstances. Instead, leave immediately and close off the area.
- Be sure that you have the right type of extinguisher for the fire.

**Classes of Fires and Extinguishers:**

**Class A Extinguishers (GREEN LABEL):** will put out fires in ordinary combustibles, such as wood and paper. The numerical rating for this class of fire extinguisher refers to the amount of water the fire extinguisher holds and the amount of fire it will extinguish.

**Class B Extinguishers (RED LABEL):** should be used on fires involving flammable liquids, such as grease, gasoline, oil, etc. The numerical rating for this class of fire extinguisher states the approximate number of square feet of a flammable liquid fire that a non-expert person can expect to extinguish.

**Class C Extinguishers (BLUE LABEL):** are suitable for use on electrically energized fires. This class of fire extinguishers does not have a numerical rating. The presence of the letter “C” indicates that the extinguishing agent is non-conductive.

**Class D Extinguishers (YELLOW LABEL):** are designed for use on flammable metals and are often specific for the type of metal in question. There is no picture designator for Class D extinguishers. These extinguishers generally have no rating nor are they given a multi-purpose rating for use on other types of fires.

**To use a fire extinguisher, remember P.A.S.S. All staff is required to know how to use fire extinguishers.**

- **P** - Pull the pin between the two handles.
- **A** - Aim at the base of the fire. If you spray the agent directly into the fire, the pressure may spread the burning materials.
- **S** - Squeeze the handles together.
- **S** - Sweep from side to side. Evenly coat the entire area of the fire.

**Use and function of the fire alarm system:**

Alarm pull stations are located on the walls near the exits in every area of the hospital.

- All fire alarm response systems will be activated. Fire and some doors will close to contain fire or smoke.
- The alarm will sound and the bell pattern will indicated the location of the fire.
- The switchboard operator will announce “**CODE RED**” and the location of the alarm.
- Local fire companies will be alerted via 911.
- All smoke and fire doors will close automatically.
- All personnel will initiate the appropriate fire procedures.
**Fire Drills**
Fire drills will be conducted at each campus at least once per shift per quarter. All personnel are asked to cooperate and conduct themselves as though an actual fire exists.

**MEDICAL EQUIPMENT MANAGEMENT**
The equipment management program has been developed in compliance with JC standards and has the objective of ensuring the safe and operating effectiveness of patient-related medical instrumentation and equipment.
- Medical equipment used in UPMC facilities are part of ongoing inspection and maintenance programs.
- This equipment is inspected, maintained, and tagged by the Clinical Engineering Department.

The [Safe Medical Device Act](#) has been implemented to ensure patient safety.
- This Act requires that anyone who witnesses, discovers, or otherwise becomes aware of information that a piece of medical equipment has, may cause, or contributes to the injury or death of a patient is responsible for immediately assessing the equipment.
  - In addition, you must:
    - Report the incident to your supervisor.
    - Remove the equipment from service and RED TAG the equipment.
    - Fill out the tag with the date, time, and reason for removal.
    - Complete an incident report.
    - Maintain the settings on the equipment or document the original settings.
    - Contact Clinical Engineering Department as soon as possible to assess the equipment.

**Four methods to request service from Biomedical Engineering are:**
1. Call the Biomedical Office at extension 6820 for routine calls. A Biomedical Technician is at the hospital from 8:00 AM to 3:30 PM during weekdays.
2. Page the Biomedical Technician at Greenville Campus, 589-1131 or Shenango Campus, 646-7106.
3. E-mail or call the Bio-medical Department. Do not use this method for immediate needs.
4. Call hospital telephone operator by dialing “O” after 3:30 PM weekdays and all day on weekends and holidays to contact the biomedical technician on call.

A few final tips:
- Never use medical equipment that has been Red-tagged.
- Never use medical equipment that you have not been trained to use.
- Carefully inspect equipment before use.
- Never try to repair equipment yourself.
UTILITY SYSTEMS MANAGEMENT
All utility failures should be reported to the Maintenance Department as soon as possible. It is essential to know the utility system failure plan for your specific department:

*Electrical*, emergency power source; *Water*, procedure for obtaining drinking water or sewage needs; *Medical Gases*, location of shut off valves; *Communication*, procedures related to phone, computer, etc.

ELECTRICAL SAFETY
Know what to do in an electrical failure before one occurs. Emergency power is provided by motor/generator sets. The following procedures should be supplemented within your department with department specific procedures:

- Use clinical intervention as appropriate for patient care.
- Emergency power is available at all RED wall receptacles. Please use these for equipment necessary for patient care. (e.g., ventilators, I.V. pumps).
- Report all failures to maintenance immediately following securing patient care.
- Emergency power should be provided in approximately 3-8 seconds after normal loss of power.
- Lighting is provided in all corridors and all emergency/critical care areas.

RADIATION SAFETY
- The Radiation Officer for UPMC Horizon is Scott Pickering, MD.
- All radioactive materials are stored in lead containers and are used primarily for diagnostic procedures.
- Monitoring devices are located in the Nuclear Medicine Hot Lab to assure that there is no radioactivity detected from spillage or improper handling. They are also located in various areas throughout Imaging Services to determine radiation exposure to the general public.
- The Nuclear Regulatory Commission and the PA DEP regulate use of radioactive materials.
- Packages containing radioactive material can only be accepted in the Nuclear Medicine Department and Radiology if the Nuclear Medicine Department is closed.
- All radioactive waste is stored and decayed to background (no detectable radiation) levels prior to disposal.
- A “Caution Radioactive Area” sign is posted where radioactive material is stored and used.
- MRI (magnetic resonance imaging) utilizes a very strong magnet. Only non-ferrous objects are allowed in the MRI area. Ferrous material in a magnetic field can be extremely dangerous. The magnetic field will pull the ferrous material to the center of the magnet. The larger the ferrous metal, the greater the danger. For example, a wheelchair could pin someone against the magnet.
EMERGENCY MANAGEMENT
UPMC Horizon developed a plan to manage the consequences of natural disasters or other emergencies through a set of emergency “Codes” and “Conditions” with specific responses to specific types of emergencies. Each “Code” will activate an appropriate response to the emergency as needed.

“Condition A” – Cardiac/Respiratory Arrest
- This condition is used to initiate a team to respond to a life-threatening condition. If you have an individual responsibility to respond to “Condition A”, you will be told during your departmental orientation.

“Condition C” – Medical Emergency
- “Condition C” may be initiated when a patient’s condition changes significantly for the worse and additional staff is needed urgently to help manage the care of the patient. The “Condition C” Team will respond within building confines and all immediate entrances.

“Condition Help”
- Condition Help is a safety resource that allows patients and families to call for help. A call to the “Condition Help” extension will initiate dispatch of a “rapid response team.” “Condition Help” was created to address the needs of the patient in case of an emergency or when the patient is unable to get the attention of a healthcare provider.

“Condition L” – Patient Elopement
- “Condition L” is a rapid response to locate a missing patient who may have wandered away. The nurse from the unit which the patient is missing will contact the hospital operator and request a “Condition L” be called. The “Condition L” will mobilize security and staff from across the facility to systematically search for the patient.

“Code D” – Disaster
- The purpose of “Code D” is to enable hospital personnel to care for large volumes of casualties resulting from a disaster situation such as a severe flood, tornado, or accident such as a plane crash, explosion, etc. The Emergency Physician will assume control of the situation and upon receiving any information will notify administration. Disaster situations identified in the plan will be set up to handle the victims and each department will carry out their unit specific instructions. Should a “Code D” be announced while you are working within our hospital, immediately report to your hospital supervisor.
“Code Pink” - Abduction

“Code Pink” is announced over the overhead paging system when unauthorized personnel have abducted an infant, child or adult from its present environment. The crime scene should be protected. An immediate search of the entire area must be performed. Family must be moved to a private area. If the abduction occurs at the change of shift, all personnel should be held in the area until excused by law enforcement officials. Each department in the facility has specific job assignments to perform in the event of a “Code Pink”. Be sure to ask your supervisor what department-specific responsibilities you have in the event of a “Code Pink”.

“Code Gray” - Severe Weather

“Code Gray” is announced over the paging system when UPMC Horizon receives notification of a “tornado watch” from the National Weather Service. You are to stay within your respective department or area. Each department will then implement that portion of the tornado instruction that pertains to their particular location on campus. Be sure to ask your supervisor what department-specific responsibilities you have in the event of a “Code Gray”.

“Code Urgent” - Non-Life Threatening Emergency

“Code Urgent” is used to request departmental response to any non-life threatening internal incidents (i.e., Maintenance, URGENT, Kitchen”). In this example, the Maintenance personnel would be summoned to the kitchen for urgent repairs.

“Code Purple” - Workplace Violence

“Code Purple” is a plan that provides direction to volunteers, employees and medical staff in violent situations which compromise the safety and well being of employees, medical staff, visitors or patients. UPMC Horizon is committed to ensuring that all employees, including supervisors and managers, comply with work practices that are designed to make the workplace more secure, and do not engage in threats or physical actions that create a security hazard for others in the workplace.

“Code S” – Secure Lock-Down

This code is used when an event occurs which may jeopardize the safety of building occupants. During a “Code S”, all persons are to remain inside the building until the “All Clear” is given. Security personnel will lock all exterior doors.
“Condition O” – Obstetrical Crisis

This condition is called when a physician or nurse believes immediate evaluation is necessary to prevent fetal or maternal harm from occurring in an acute situation.

To initiate all internal Codes dial:
- Shenango Campus - “5511”
- Greenville Campus - “5555”

SAFETY LINK
Safety Link is comprised of nine basic actions that all UPMC employees are expected to take.

1. Always wear your ID badge.
2. Report suspicious activity to your supervisor.
3. Remain on the job; your co-workers and patients are counting on you.
4. Stay calm.
5. Seek out your supervisor for instructions and information.
6. Follow your disaster/emergency plan.
7. Protect yourself with the proper clothing and equipment.
8. Limit telephone calls to keep lines open.
9. Activate your family emergency plan (a course of action you will take in case of an emergency that prevents you from leaving work to take care of family duties).

HAZARDOUS MATERIALS MANAGEMENT
Hazardous materials are those materials that by their nature pose a potential threat to the health and safety of persons coming into contact with them. Material Safety Data Sheets (MSDS) give you all the critical information you need about how to use, transport, and store chemicals in order to protect yourself. They also contain information about what to do in case of emergencies and overexposure. Know where the MSDS manual is located in your department.

UPMC Horizon uses a web-based MSDS database. The MSDS sheets can be accessed from any hospital computer by clicking on the HAZ Soft icon on the desktop or by clicking on the HAZ Soft link on the hospital’s “Horizon Home” web page.

The major identification used at UPMC Horizon for hazardous waste is the color-coded bag system and labeling as specified in the Waste Management Program. Red bags are for biohazard wastes and yellow bags are for chemotherapy wastes. Storage of recyclable wastes should be in approved safety containers, or in their original shipping packages until used or transferred. Transportation of hazardous chemicals and waste should be in approved safety containers or in their original shipping packages. Materials should only be transported in amounts comparable to regulated daily or weekly limits.
The following basic steps should be taken in the event of a spill:

- Notify individuals in the area of the spill and move to a safe location, as appropriate.
- Secure the area as required to assure that others are not exposed to the chemical hazard.
- Attempt to contain the spill, provided that this may be done without risk of exposure to you or another individual.
  - Environmental Staff will clean all spills except blood and chemotherapy spills.
  - Departmental staff will clean blood spills and pharmacy or oncology staff will clean chemotherapy spills.
- Obtain the appropriate protective equipment if you are involved in the clean-up process. Clean up the spill and package the waste material for proper disposal. Information necessary for completing this task may be obtained from your supervisor and/or your departmental MSDS manual.
- Any individual experiencing a chemical exposure must report to Employee Health Services or the Emergency Department for evaluation per established procedure. All chemical spill incidents must be reported on an Initial Investigation Report, so that appropriate review of the incident may occur.

REPORTING PATIENT INCIDENTS

M-CARE: In March, 2002, Pennsylvania established Act 13, the Medical Care Availability and Reduction of Error Act (MCare). It was established to promote patient safety and reduce soaring malpractice rates.

The following are situations that must be reported immediately:

- Any unexpected event or patient outcome which caused harm or potentially could have caused harm to include but not limited to:
  - Medication Errors
  - Adverse Drug Reactions
  - Equipment/Supplies/Devices/Malfunctions
  - Errors related to procedures/treatments/tests
  - Complications of procedures/treatments/tests
  - Transfusion Reactions
  - Hospital Acquired Pressure Ulcers

Disclaimer: This list is not intended to be all inclusive but to provide a representative sampling of reportable events/occurrences/situations.

- All reports must be made within 24 hours of occurrence or discovery of event.
- All reports must be entered via Riskmaster.
HAND HYGIENE
HAND WASHING
Hand washing is the single most important measure for preventing the spread of infection. Washing hands as promptly and as thoroughly as possible before and after patient contacts and after contact with blood, body fluids, secretions, and articles of equipment contaminated by them is an important component of Infection Control and Isolation Precautions. Hands should be washed for at least 15 seconds. A waterless alcohol sanitizer is also available to enhance hand washing; however, it should not be used when hands are visibly soiled.

STANDARD & ISOLATION PRECAUTIONS

I. STANDARD - (formerly called Universal Precautions) which is treating all blood and body fluids as potentially infectious.

II. AIRBORNE - Transmission Based Precautions
   Used for serious illnesses transmitted by airborne droplet nuclei. Examples include: tuberculosis, measles, varicella (include disseminated zoster).

III. DROPLET - Transmission Based Precautions
   Used for serious illnesses transmitted by large particle droplets. Examples are: invasive Neisseria, Meningitis, Pertusis, and Pneumonic Plague.

IV. CONTACT - Transmission Based Precautions
   Used for serious illnesses easily transmitted by direct patient contact or by contact with items in the patient’s environment. Examples include: gastrointestinal, respiratory, skin, or wound infections.

NEUTROPENIC PRECAUTIONS
Used for patients who are immune suppressed and when the absolute neutrophil count is below 1000.

TUBERCULOSIS EXPOSURE CONTROL PLAN
The purpose of the TB Exposure Control Plan is to provide and maintain a safe working environment for employees, patients, and visitors at UPMC Horizon. The TB Exposure Control Plan is designed to reduce the risk of transmission of TB through the following interventions:

- Early identification and treatment of persons with TB infection and active TB.
- Annual tuberculin skin testing (TST) is mandatory for all volunteers, employees and physicians in the organization, usually in the spring.
- Negative pressure isolation (airborne) and the use of appropriate respiratory protection.
PAPR- Powered Air-Purifying Respirators

- Powered Air-Purifying Respirators (PAPR) utilize a hood and filter/fan system to provide HEPA filtered air to the wearer. PAPR’s do not require a fit test.
- Obtain PAPR cart from designated area when needed and return used cart for cleaning and storage:
  - Shenango Valley - Central Sterile Supply
  - Greenville - Purchasing (Materials Mgmt) Department

BLOODBORNE PATHOGENS/PPE

Bloodborne diseases which you could be exposed to on the job include: Hepatitis B virus (HBV), Hepatitis C virus (HCV) – including Non-A and Non-B Hepatitis, Delta Hepatitis, HIV, Syphilis, and Malaria. There are effective barriers that can minimize the risks of Bloodborne Diseases in the workplace.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Personal protective equipment (PPE) protects you from contact with blood or other potentially infectious materials, when worn properly.

- PPE includes: gloves, masks, gowns, face shields, protective eyewear, mouthpieces, resuscitation bags, or other ventilation devices. PPE must be appropriate for the task you are performing. You should wear as much or as little as you anticipate you will need to keep blood and other infectious materials off of your skin, mucous membranes or clothing.

Procedure for Exposure to Blood/Body Fluid:

- If exposure is to the skin or percutaneous contact, wash the area with a disinfectant as soon as possible following the contact.
- If exposure is to mucous membranes (i.e., splash to eye, nose, or mouth), flush area as soon as possible for 15 minutes with water.
- Note source patient’s name before leaving work area.
- Report the exposure to your department supervisor at the time of the exposure. An incident report will be completed immediately.
- Note the manufacturer, type, and reorder number of the needle or device involved in the exposure to be recorded on the incident report.
PATIENT RIGHTS

Active participation in care decisions is a patient’s right. All hospital employees are responsible for ensuring that the patient, parent or guardians are involved in all aspects of care.

Patients must be involved in at least the following areas:

- Making care decisions, giving informed consent, resolving dilemmas about care decisions, formulating advance directives, withholding resuscitative services, forgoing or withdrawing life-sustaining treatment, management of pain and planning care at the end of life.

Standards also recommend that the family be allowed to participate in care decisions, while recognizing the patient’s right to exclude any or all family members.

Sometimes it is mandatory that people other than or in addition to the patients be involved in decision-making. This is especially true in the case of un-emancipated minors, when the family or guardian is legally responsible for approving care. Often a surrogate decision-maker must be identified in the event that the patient lacks the mental or physical capacity to make decisions or communicate them.

PATIENT PRIVACY AND CONFIDENTIALITY

HIPAA - Health Insurance Portability and Accountability Act

As an employee or volunteer, you have an ethical and legal responsibility to understand and abide by the appropriate access, use, and release of patient information.

- Patient information should only be provided on a need-to-know basis and only to individuals or organizations that use the information to provide treatment, obtain payment, or perform other related healthcare operations.

- Information, whether verbal, written or electronic, that is considered protected health information (PHI) includes:
  - General information – patient’s name, medical record number, social security number, address and date of birth.
  - Health information – diagnosis, medical history, medications

- To ensure confidentiality, be aware of your surroundings when discussing sensitive information and do not discuss sensitive information outside the workplace.

- To release patient information, the hospital must receive a properly signed and valid authorization from the patient or from his/her legal representative.

Refer to enclosed HIPAA handout and test.
MEDICAL ETHICS
Dealing appropriately with ethical issues and educating patients and their families about their rights are empowering practices. The hospital’s efforts in these areas foster patient’s dignity, autonomy, and positive self-regard. Through education and consideration of ethical issues, patients are made aware of resources, environmental demands, individual strengths and weaknesses, and what they can expect from their ongoing relationship with staff and the organization as a whole.

UPMC Horizon’s “Code of Ethical Behavior” policy states that no patient will be denied admission to the hospital based on his/her ability to pay; billing statements will be provided for the time frame of service, with any billing complaints addressed immediately; patient confidentiality will be maintained; there will be full disclosure of conflicts of interest for decision makers at all levels of the organization; marketing of UPMC Horizon services or educational programs will not mislead the customer; contractual arrangement with other healthcare providers, educational institutions and payers will define each party’s responsibility; respect for the patent and family in all areas of care will be maintained; patients will be transferred to other institutions which can provide appropriate care when UPMC Horizon cannot; and UPMC Horizon staff and physicians will report all cases of abuse or suspected abuse in accordance with the laws.

UPMC Horizon’s Ethics Committee is available to staff, patients, and their families when decisions about a patient’s care is made difficult due to ethical issues, disagreement among caregivers or disagreement between care givers and the patient and/or the family. Contact your manager, director of supervisor or contact the Chairperson of the Ethics Committee should you identify a need for council from this committee.

PATIENT SAFETY
At UPMC Horizon, Patient Safety is always our first priority.

- In order to promote patient safety, UPMC complies with The National Patient Safety Goals.
- Joint Commission introduced these goals and Sentinel Event Alert goals to promote specific improvements in patient safety.
- JC publishes SEA’s (Sentinel Event Alerts) which identifies the most frequently occurring sentinel events, describes the underlying causes, and suggests steps to prevent occurrence in the future.

To review the National Patient Safety Goals, please read the separate NPSG flyer.
PATIENT IDENTIFICATION

Patient Identification is a very important component of patient safety:

Staff must confirm two patient identifiers:

1. Prior to administration of medications or blood/blood products.
2. Whenever taking any specimen collections for clinical testing.
3. Whenever providing any treatments/procedures.
4. When placing patient identification labels on all chart forms or putting any patient chart forms into the medical record.

Staff must confirm two patient identifiers. They are:

- Name AND
- Either Date of Birth or Medical Record Number

- In addition, patient specimens must be labeled at the patient’s bedside with two identifiers (name AND either date of birth or medical record number).

- If any of the information on the patient’s identification band is inconsistent with the information on the requisition or patient demographic sheet, further clarification must be sought before providing any service.

Patient wristbands are not only used as a means of patient identification but also to identify any alerts associated with the patient’s condition.

Wristband Colors:

- White – Patient Identification
- Red- Allergy Alert
- Purple- DNR
- Yellow- Fall Injury Risk
- Pink- Do Not Use Extremity
- Green- Latex Allergy

PAIN MANAGEMENT

Pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage.

- Acute pain- temporary and subsides as healing takes place.
- Chronic pain- persists a month or more beyond the usual course of acute disease, or is associated with a chronic pathological process

- Take all reports of pain seriously
- Document patient’s numerical report of pain
- Accept and act on patient’s report of pain
- Proceed with appropriate assessment and treatment
All patients have the right to appropriate assessment and management of pain. Ask your patient to rate their pain on a scale to help assess and re-assess their discomfort.

**This pain scale uses numbers to assess and re-assess a patient’s pain level:**

![Pain Scale Diagram]

**ABUSE AND NEGLECT**

Abuse is the willful infliction of injury, unreasonable confinement, intimidation or punishment resulting in physical harm, pain or mental anguish.

**Types of Abuse:**
- Verbal
- Physical
- Sexual
- Involuntary Seclusion
- Mental
- Neglect
- Exploitation
- Misappropriation of resident property

**Categories of Abuse:**
- Domestic Violence
- Child Abuse/Neglect
- Abuse within Healthcare Facilities (Resident Abuse)
- Abuse of the Older Adult

Violence within the home is a problem that has afflicted families for ages. Men and women, husbands and wives, rich and poor, and members of every race and religion perpetrate it. When parents or other partners physically or mentally abuse one another, it has disastrous effects on the family.

It is important to recognize the signs of abuse and to report it. Some signs include:
- Multiple injuries at various stages of healing.
- Patterns left by whatever was used to inflict injury (teeth, ropes, hands, utensils).
- Burns (those shaped like a cigarette or curling iron).
- Injuries on unusual parts of the body (face, neck, throat, chest, abdomen).
- Fractures that require significant force or that rarely occur by accident.

If you suspect abuse it is important to report it. Contact the hospital’s Social Services department immediately for acute care patients or the Nursing Home Administrator for residents of the Transitional Care Centers.
FALL PREVENTION
In the acute care setting, falls are one of the most common adverse events reported. Based on current literature and national expert opinion, the new thinking with falls is to identify patients at highest risk of injury or harm from a fall. We now accept that ALL patients are at risk to fall, and require basic preventions known as Universal Fall interventions.

Consequences of Falls
- Increased Mortality
  Falls are the leading cause of death for persons > 65 years of age
- Increased Morbidity
  Physical injury (15% of all falls)
  - fractures
  - hematomas
  - joint dislocation
  - muscle spasm
  - head injuries
  Immobility with progressive organ system consequences (skin breakdown, pneumonia, deep vein thrombosis)
  Psychosocial implications
  - increased length of stay
  - social isolation
- Institutional Effects
  Increased costs - labor, nursing, medical equipment

For specific instructions on using fall prevention in your position, contact your supervisor.
Corporate Compliance refers to compliance with federal, state, and local laws that combat fraud, abuse, and waste in health care.

The Office of Inspector General (OIG) of the Department Health and Human Services published the Compliance Program Guidelines for Hospitals in February 1998. These documents identify the minimum elements of a compliance program that will help hospitals in filing accurate claims for services. They can also help organizations to:

- Demonstrate honesty and responsible conduct.
- Provide methods to report potential problems.
- Initiate immediate and appropriate corrective action.
- Minimize an organization’s exposure to penalties through early detection and reporting of errors.

UPMC Horizon has established a voluntary corporate compliance program that emphasizes our ongoing commitment to comply with federal and state regulations and promote ethical conduct throughout the hospital system.

UPMC Horizon’s goals are to:

- Assist UPMC Horizon leadership to communicate standards of conduct to our employees.
- Train our employees/volunteers to recognize their ethical and legal responsibilities.
- Provide a confidential means for employees to ask about ethical work issues.
- Report instances of suspected misconduct.

Components of a Compliance program can include:

- In-service training.
- Fair hiring practices.
- Internal reviews and external audits.
- Departmental compliance program. (Areas such as billing, medical records, clinical laboratory, and home care have specific risks related to fraud and abuse and will have further information provided to them at the department level).

Compliance is the responsibility of every volunteer, employee, contract staff, student and medical staff member. When in doubt about any issue, you should always STOP, THINK, and CLARIFY to ensure compliance with laws and regulations.

Chris Cannone, Program Director, Information Services, appointed by the Board of Directors as UPMC Horizon’s Corporate Compliance Officer, is responsible for developing and overseeing the program as well as being a resource to staff concerning compliance issues.

Reporting Compliance Concerns:
UPMC Horizon Orientation Manual

UPMC Horizon encourages reporting of any statue, regulation or policies and procedures without fear of retaliation or retribution. All matters reported which suggest violations of compliance policies, regulations, or laws will be handled in the following manner:

- reports will be documented and investigated immediately to determine their validity and need for further review;
- legal counsel will be used by the Corporate Compliance Officer when deemed appropriate;
- a log will be maintained by the Compliance Officer to include subject matter, investigation findings, and results;
- reports will be provided to the Board of Directors;
- an internal review will be conducted on all matters determined appropriate and providing an opportunity for taking corrective action

A variety of reporting processes has been established to encourage communications from staff. They include:

A. Supervisor, Department Manager/Director – should be considered first
B. Compliance Help Line – available 24 hours a day, seven days a week. **Toll free at 1-877-908ETHIC (3-8442)**; established through UPMC Health System Compliance Program. A way to report confidentially and anonymously any potential violations related to the law, medical billing/coding and reimbursement regulations, employment-related regulations and health, safety and environment laws (OSHA).
C. Drop Box - Located in the cafeterias and labeled “Suggestion/Reporting Box”. Place reports about compliance issues in a sealed envelope marked, “Confidential Compliance Officer”. The box will be emptied regularly and properly marked envelopes forwarded to the Compliance Officer.
D. E-mail sent to the Compliance Officer
E. Telephone – the Compliance Officer’s number can be found in the phone directory.
F. If, after reporting these concerns, you believe they have not been addressed, you may contact the Joint Commission’s Office of Quality Monitoring at 1-800-994-6610 or e-mail complaint@jcaho.org.

These processes may be used anonymously, although anonymity cannot be guaranteed. Strict confidentiality will be maintained should the identity of the staff be obvious.

Reports should contain the following information regardless of reporting method:

- Nature of alleged issue.
- Names of any individuals involved.
- Area in which activity is occurring.
- Dates and times.
- Whether or not the alleged issue has been reported to anyone.
• If previously reported, to whom and when.
• Copies of any relevant documents pertaining to the issue being reported.

Refer to the enclosed Corporate Compliance Certificate which requires your signature.

**EMTALA**

*Emergency Medical Treatment & Active Labor Act*

EMTALA requires a hospital to provide an appropriate medical examination to any person who comes to the hospital emergency department and requests treatment or an examination for a medical condition. If the examination reveals an emergency medical condition, the hospital must also provide either necessary stabilizing treatment or an appropriate transfer to another facility.

Requirements under the Law for Managed Care Organizations, Hospitals or Health Insurer:

• Must not delay a medical examination or delivery of necessary treatment for an identified medical emergency because of a required pre-authorization.
• May not permit a denial of payment or uncertainty about payment to interfere with its obligations under EMTALA.
• The issue of payment or authorization of payment must not influence the physician’s decision as to:
  1. whether an emergency medical condition exists or
  2. the nature or timing of the treatment needed
• May inquire into availability of medical insurance, however, examination or treatment must not be delayed to make the inquiry.
• Should not ask a patient to complete a financial responsibility form or an advanced beneficiary notification (ABN) form nor ask the patient to provide a co-payment for any services rendered, before performing an appropriate medical examination. (Such a practice could deter the patient from remaining at the hospital to receive care or delay appropriate care to which the patient is entitled and which the hospital is obligated to provide regardless of ability to pay.)

To promote proper coding, payment and reduce unnecessary appeals, all Admitting, Emergency Department (ED) and coding staff are urged to carefully record the patient’s reasons for the ED visit.

UPMC and UPMC Horizon are built on a foundation of honesty and integrity. Decisions we make and the actions we take impact our patients, our community and our industry.

**SUPPLEMENTARY TRAINING**
CUSTOMER SERVICE
Customer satisfaction is the ability to serve your customer in an appropriate and efficient manner. And it’s easy...just be as helpful as possible and remember to always consider how others may want to be treated in a particular circumstance. But first, you have to know who your customers are. They are: patients and their loved ones, physicians, co-workers, volunteers, and vendors.

Following are some guidelines on providing great customer service:
- Always greet your customers with a smile.
- Make eye contact and introduce yourself to patients and visitors.
- Let your customers know their patronage is appreciated – Thank them!
- Help people who look lost.
- Don’t treat your customers as though they are a bother or interruption in your day. They are the reason we are here.
- Don’t tell a customer “I don’t know”. If you cannot answer a question, take ownership and find someone who can.

At UPMC Horizon, a Service Standards acronym has been developed that outlines our attention to customer service. It is:
R - Responsiveness: Anticipate/recognize/validate needs, exceed expectations.
E – Empathy: Sensitivity to emotional and spiritual needs, compassion, accommodation.
S – Safety: Vigilance regarding facility maintenance, medication administration, infection control and service recovery.
P – Privacy: Recognition of personal and professional privacy concerns.
C – Communication: Active/reflective listening, seek understanding, education.
T – Technical Skill: Timely & professional, competent and consistent.

PERFORMANCE IMPROVEMENT
Performance Improvement is a philosophy that encourages every member of the organization to find new and better ways of doing things with the end goal of improving the quality of patient care.

The PI Model
A performance improvement model is a logical, systematic process that helps to identify what can be improved and how it can be improved.

Process Improvement Plan - FOCUS-PDCA Model
UPMC Horizon has a mechanism in place to assist their staff and volunteers in their endeavors to improve their work processes and services to their customers.
F: Find a process to improve
O: Organize a team that knows the process
C: Clarify current knowledge of the process
U: Understand sources of process variation
S: Select the process improvement

P: Plan a change aimed at improvement
D: Do the change
C: Check and study the results
A: Act by adopting the change or modify and run through the cycle again

What is Your Role in QI
- Participate in data collection
- Always be observant of ways to improve the quality of patient care and services.
- You are encouraged to observe and communicate your ideas to your immediate supervisor.
  - Department-specific
  - Multidisciplinary
    - Submit a PI Team Proposal

TEAM TRAINING

Teamwork: Customer Relationships
- Recognize your customers; our patients, physicians, volunteers, family members, co-workers, and vendors
- Anticipate needs by asking customers, "How may I help?"
- Communicate delays rather than waiting for patients/family to ask.
- When customers ask for directions, personally escort whenever possible.
- Be sensitive to customer's physical, social, and cultural needs.
- If unable to resolve customer's issue, refer to appropriate supervisor.

Teamwork: Accountability and Commitment to Co-Workers
- Be on time to your workstation and meetings
- Assist co-workers in completing assignments when help is needed.
- Refrain from unnecessary call-ins. Your co-workers deserve and expect your attendance when assigned to a shift.

Teamwork: Sense of Ownership
- Take care of your facility; do your part to maintain an exceptional workplace where you are proud to bring your loved one for care.
- Keep your work area and surrounding environment clean and safe; pick up litter and return equipment to its proper place.
- On and off the job, this is YOUR hospital; project a positive image.
Teamwork: General Considerations

- Completing your job affects patient care and others completing their job.
- Be committed to form a partnership with your co-workers.
- Display supportive, professional behaviors; demonstrate a willingness to achieve the overall goals of your unit, department, and hospital.
- Communicate necessary information in a timely manner.
- Welcome new employees - make them feel part of the team.
- Share your knowledge and skills with new co-workers.
- Be supportive, be encouraging, and compliment each other.
- Remember the Platinum Rule: “Do Unto Others as They Would Have Done Unto Them”.

CONFLICT RESOLUTION

The ability to resolve conflict successfully is probably one of the most important social skills anyone can master. Successfully resolving conflict can provide the following benefits:

- Stronger relationships
- Increased effectiveness
- Continued employee performance
- Reduced stress
- Improved morale
- Time and energy savings

Here at UPMC Horizon, we utilize a five-stage model for conflict resolution. However, it is important to remember that no approach is always right or always wrong. Sometimes, it is appropriate to try more than one approach over time, if the desired results are not immediate.

Conflict Resolution Strategies:

Avoiding: The intent is to delay events or a decision. **It is always advisable to avoid conflict in front of our customers or when physical violence is likely.** When dealing with a conflict situation in the workplace, please take it to a private location away from the presence of our customers.

Accommodating: The intent is to comply with another’s wishes. **Accommodating is the process we use most often when doing our job.** Our intent is to meet our customers’ needs and to assist our co-workers in doing the same.

Competing: The goal is to win – so someone has to lose. **This approach is often referred to as a “Win-Lose Situation”**.
Compromising: The goal is to find the middle ground and to at least reach a partial resolution to the conflict.

Collaborating: The goal is to find a win/win solution to the conflict. In this strategy both parties recognize that the problem or conflict is a mutual issue. Each party is willing to learn and understand the needs of the other party to help in the process of finding a resolution.

SENSITIVITY TRAINING
POPULATION- SPECIFIC INFORMATION
Population-specific competencies are skills that enable volunteers and staff to help care for individuals at every stage of life. Volunteers and staff members should be sensitive to the needs of every patient.

- We all must remember that every patient has different physical impairments, learning abilities, cultural differences, emotional stress and language barriers.
  - For the hearing impaired, TTY devices will be made available.
  - For patients with language barriers, the Social Services Department has a list of community members who sign and speak different languages,

We all must remember that every patient has different physical impairments, learning abilities, cultural differences, emotional stress and language barriers.

Geriatrics – 66+ years old
Adult – 18 to 65 years old
Adolescent – 13 to 17 years old
School Age – 6 to 12 years old
Pre-School – 4 to 6 years old
Toddler – 2 to 4 years old
Infant – Birth to 1 year old

Examples of age-specific care include:
- Encouraging young children to communicate by smiling or talking softly
- Using toys or games to teach children or to reduce fear in young children
- Guiding teens in making positive lifestyle choices
- Providing support to patients with age-related impairments.

CULTURAL DIVERSITY
Cultural beliefs are as diversified as individual personalities. All patients/clients and their families, no matter what their cultural, ethnic, linguistic, and socioeconomic background, want to receive health care and wellness promotion advice from warm,
caring, competent professionals who are willing to listen to them and to reassure them, explaining in words that are readily understood.

**UPMC Horizon honors the rights of patients to receive holistic care including their psychosocial and spiritual needs. The system recognizes the rights of patients to exercise cultural beliefs and will provide optimum care for the dying patient.**

All of us have different ethnicity and bring to any situation a set of beliefs and behaviors that have evolved from family, ethnic, cultural and spiritual backgrounds. Practices, choices, perceptions, and even the definition of health and illness are often culturally established. Sensitivity to cultural and spiritual diversity will help decrease anxieties and allow effective communication. Knowledge of a person’s cultural beliefs will also help us understand behaviors that may seem negative, confusing, illogical or primitive and allow us to suggest a response that is more appropriate for the situation.

**Diversity includes the following:**

- Cultural/racial/ethnic identity
- Gender and age
- Language/communication ability
- Religious beliefs and practices
- Illness and wellness behaviors
- Health beliefs and practices
- How the family system functions and their values
- Typical nutritional behaviors or unusual dietary needs/habits

Staff should also be considerate of population specific issues when caring for patients. Consider:

- **Cultural and ethnic background**
  - The Amish are a unique group of people who live in Mercer County and surrounding areas.
  - Other historical ethnic groups include African-Americans, Italians, Germans, Slovenians, Croatians, Polish and Asian populations.

- **Socioeconomic status**
  - Mercer County has an aging population, many of whom live on limited incomes.
  - Manufacturing and steel industries are no longer the major employers in Mercer County. Service industries have now become the leading employers often providing lower wages and less benefits than the industries did in the past.

**Caring for the Amish:**

- The Amish usually do not have health insurance as it is a “worldly product” and may show lack of faith in God.
- The Amish need to have church permission to be hospitalized.
The Amish do not forbid the use of medical care. If deemed necessary, they can have surgical procedures, dental work, anesthesia and blood transfusions.

It is the Amish belief that all life is given and taken by God and their beliefs tell them to accept God’s will as it is.

The Amish prefer to give birth at home.

The Amish generally do not like to be seen by a healthcare provider who is in the “learning process.”

General Considerations:

• **Direct Eye Contact** –
  - Some cultures consider eye contact impolite, an invasion of privacy, hostile or aggressive. Other cultures interpret lack of eye contact as shiftiness or as a sign of dishonesty, rudeness and disrespect. Take your cue from your customer. If they avoid eye contact, then you should follow their behavior to show respect. Likewise, if they provide eye contact, you should also try to provide eye contact during conversations.

• **Body Language and Communication** –
  - Some cultures may or may not use or understand body language. Facial expressions can communicate different messages in different cultures and hand gestures may mean different things to people of different cultures. Be very cautious about using hand gestures around people of cultures that you are unfamiliar with.
  - Some cultures may value direct open communication while others do not.
  - Many cultures value titles, rituals and the importance of “saving face”. Refer to our customers using their full name and proper title (i.e., Mr., Mrs., Rev., etc.) until given permission to do otherwise.
  - Some cultures may or may not ask for help or information from people who they believe are authority figures, especially those who have lived under authoritative political structures.

• **Space and Time Considerations** –
  - All cultures permit varying degrees of physical distance during interaction with strangers and friends.
  - A need for space serves four functions: security, privacy, autonomy and self-identity.
  - Too much space can be considered an insult, while too little can challenge their identity.
  - Some cultures value punctuality while others take a more casual attitude about being on time for appointments, etc.

Cultural and spiritual diversity is a part of all of us. It determines how we think, what we value, how we behave and how we communicate with each other. As we interact with our patients, their families and visitors and with our co-workers, be aware and considerate of these issues.