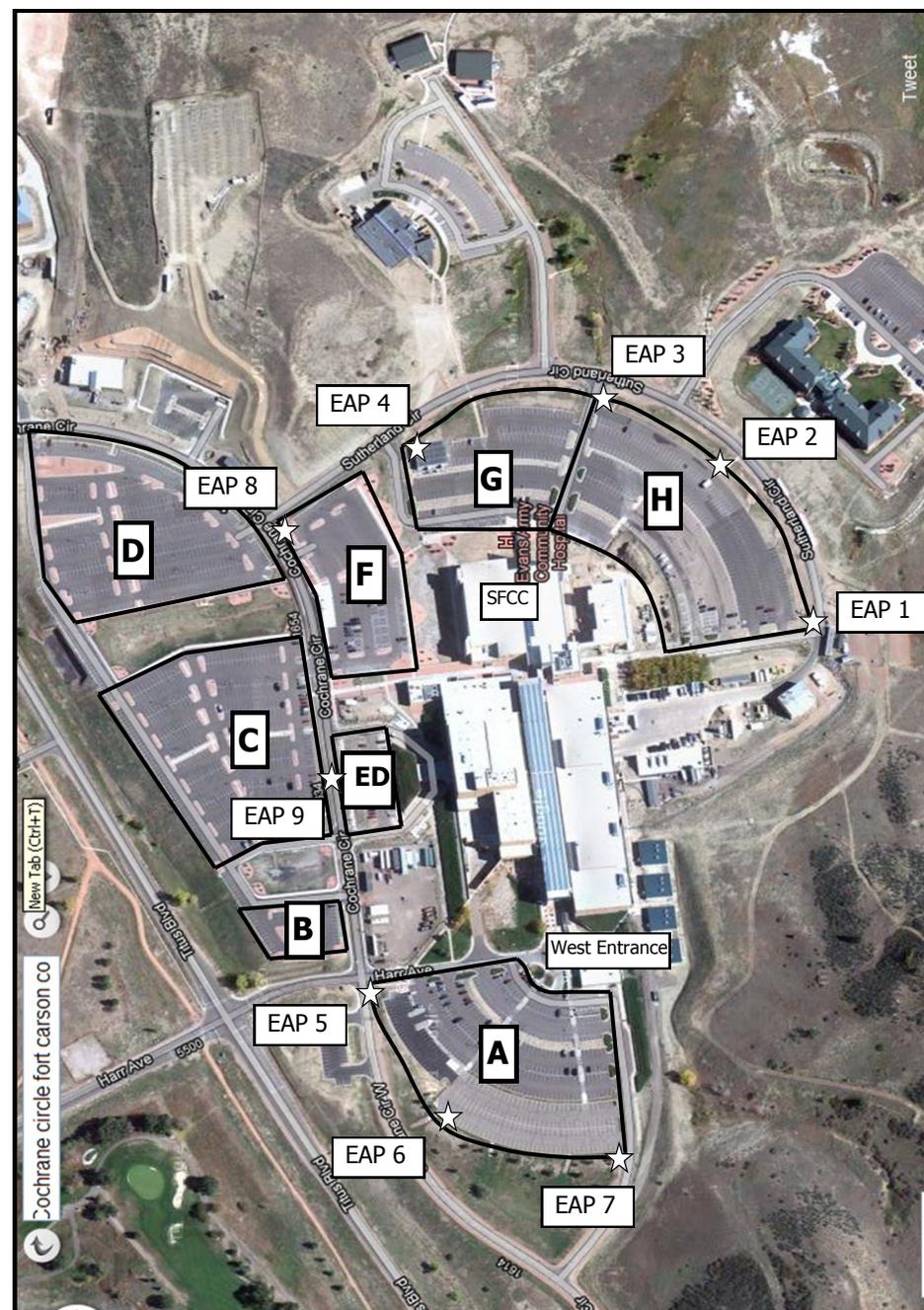


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Parking:

Patients may park in lot A at the West Entrance of the Main Hospital, lot F on the Northeast side, and lot G located at the east entrance.

Staff members may park in the General Parking Lots (B, C, D, and H). Staff members should not park in Patient Parking Lots (A, F, and G).

Emergency Assembly Points:

Each department is assigned to a specific Emergency Assembly Point (EAP) outside of the facility. Know where you are within the hospital, and where your EAP is located in case evacuation is required.

- **EAP #1:** Logistics, Pharmacy Supply, IMD, Command Suite, RMD, HR, DON, CMS, Safety
- **EAP #2:** DoPC (SFCC), QSD, Internal Audit, Treasury, PTMS, DSC
- **EAP #3:** PAD (SFCC), Department of Medicine (SFCC), Pediatrics, Orthopedics, Iron Horse Medicine Clinic
- **EAP #4:** Physical Therapy, Occupational Therapy, Pediatric Immunizations (SFCC), Pharmacy (SFCC), CAFAC, DENTAC
- **EAP #5:** Tertiary Care, Neurology Clinic, Family Care Ward, 4th Floor, NCD, Classroom 1018
- **EAP #6:** TRICARE, DOS, Patient Advocacy, Clinical Ops, Patient- and Family-Centered Care, Library, GI Clinic, Medical Specialties (Allergy, Dermatology, Immunizations, Cardio/Pulmonary, Internal Medicine), General Surgery
- **EAP #7:** Pharmacy (7500), DMPC (Chaplain), OB/GYN Clinic, ENT/Audiology, Urology Clinic, Eye Clinic, Pain Clinic, Disease Management, Buildings 7520-7526, Warrior Medicine Clinic
- **EAP #8:** Cochrane Hall, Chiropractic/Acupuncture Clinic, Radiology, Healthcare Informatics Division, PCMH Transformation Cell
- **EAP #9:** Emergency Department, Mountain Post Birthing Center, PAD (7500), Red Cross, CCC, ICU, OR, PACU, SDS, PADM



ARMY MEDICINE

Serving To Heal...Honored To Serve

Evans Army Community Hospital

Who We Are:

Evans Army Community Hospital was named in honor of Specialist Four Donald W. Evans, Jr., a member of Company A, 2nd Battalion, 12th Infantry, 4th Infantry Division. Specialist Evans was awarded the Medal of Honor for action at Tri Tam, Republic of Vietnam, where he gave his life while administering medical aid to his fellow soldiers.

Our Mission:

Evans Army Community Hospital supports our community with a trusted, integrated system for health, wellness, and readiness—responsive and accountable to those entrusted to our care—distinguished by compassion, quality, and safety.

Our Vision:

Lead the way in multi-service, collaborative care, dedicated to the health of our community.

Code of Conduct:

Evans Army Community Hospital is committed to fostering a work environment in which all individuals are treated courteously, respectfully and with dignity. All staff must conduct themselves in a professional and cooperative manner at all times. Each employee will attest to the fact that he/she will abide by this Code of Conduct and understands the implications of not complying with it. A copy of the signed Code of Conduct will be maintained in all competency assessment folders. Acceptable behaviors as well as behaviors that undermine the culture of safety are defined in the Code of Conduct found on the Command Publications page of our website.

Professional Appearance: EACH Policy 26(military) and Policy 72(civilian)

As health care professionals, it is imperative that we make a positive first impression. Military personnel are governed by Army Regulation 670-1 and by EACH Policy 26. Civilian employees are guided by EACH Policy 72 and are expected to exercise good judgment and taste in the appearance they present to patients and other staff members. Review these policies to learn what defines appropriate and inappropriate attire.

Unlawful Discrimination: Equal Opportunity (MEDDAC Policy 2), Equal Opportunity Complaint Process (MEDDAC Policy 3), Prevention of Sexual Harassment Policy (MEDDAC Policy 4) EACH's **Zero Tolerance policy** is applicable to all personnel for discrimination based upon color, national origin, race, ethnic group, religion, sex, employees, age, disability (mental/physical), retaliation and pregnancy. Violation could result in disciplinary action, up to and including termination/discharge of personnel.

Workplace Violence: MEDDAC Policy 74

EACH has a Zero Tolerance policy for intimidation, acts of violence and/or threat of violence in the workplace. No employee shall be allowed to harass any other employee or member of the general public by exhibiting behavior such as verbal threats, profane language, derogatory comments, physical assaults, possession of firearm or weapons. The Zero Tolerance policy is applicable to all personnel (military, civilians and contractors) including students, volunteers, patients and/or customers. Violation could result in disciplinary action, up to and including termination/discharge of personnel.

If you are a victim or witness such actions, notify your supervisor immediately or call *46 to report a Code Green.

Competency Assessment Program: MEDDAC Reg 600-8-1

A Competency Assessment Folder (CAF) will be maintained by all staff members as their individual professional portfolio that documents the current and ongoing status of their current job/duty description, prime source verification (if needed), qualifications, orientation, current competency validation and unit-unique training. AMEDD Personnel Education Quality System (APEQS) is the WRMC system used to track training.

POC: HPE: 526-7510. APEQS Training Administrator: 526-6288.

Training and Education:

Additional training and education (Occasionally CE) sites include but are not limited to: AKO Skillport through Army eLearning, Military Health System Learning Portal (MHS Learn), Mosby's Nursing Skills, Swank HealthCare, Growing up with Us for Population Specific articles at EACH Hospital Education.

MSTC: Medical Simulation Center for EMTs hands-on training and updating clinical skills to ensure the proficiency essential for safe and successful health care delivery.

Population: What are population specific competencies?

Population specific competencies means focusing on the specific needs of a particular population and the influence of these needs on the care, treatment, and services provided. It describes how care is modified to meet the needs of a person in a specific population. Finally, it means considering the populations served by the hospital and individual departments when assessing and validating the knowledge, skills, and abilities of the staff members to fulfill their duties. Below is some basic information on the primary populations we serve at EACH. Remember that each person is unique. We want to avoid stereotyping any patient and consider all the factors that may affect his/her individual needs. EACH takes in consideration: Primary diagnosis; Spirituality and Religion; Cultural competency; Care of patients with physical disabilities; communication barriers.

L
 Laboratory 526-7900
 Legal Assistance 526-5572/5573
 Library 526-7286/7285
 Logistics 526-7710
 Lost & Found 526-7951

M
 Mail Room 526-7216
 Maintenance Contractor (J&J) 526-7699
 Medical Maintenance 526-7201/7202
 MEPRS 526-7313

O
 Occupational Health 526-2939
 Ombudsman (Bldg 7494) 526-2199

P
 Patient Advocate 526-7225
 Patient- and Family-Centered Care Resource Center 526-7733
 Payroll 526-7258
 Pharmacy Services 526-7410
 Preventive Medicine 526-2939
 PTMS 526-7509
 Public Affairs MEDDAC 526-7473
 Publications 526-7217

R
 Release of Information 526-7322
 Resiliency Coordinator (Room 2506) 526-7815.
 Risk Management 526-7215

S
 Safety 526-6852
 Security 526-7655/7951
 Security Guard 524-0943/896-6292/6276(cell)
 Sexual Assault Hotline 338-9654
 SHARP 526-8669

T
 Translation Services 526-7000, ask for Translation
 Treasurer 526-7769

U
 Union (AFGE) 526-2102

W
 Warrior Transition Unit 526-1536
 Wellness Center (Bldg 1843) 526-3887

IMPORTANT TELEPHONE NUMBERS

- A complete phone listing can be found on the Evans SharePoint site: <http://amedapeach054/default.aspx>. Then under Admin Links, click on Phone Listing.
- To call a Code, dial *46
- To call the Hospital Operator: 526-7000
- To call outside the base, dial 99– then the number.

A	
AOD	526-7001
APEQS Administrator	526-6288
Admissions & Dispositions	526-7287
American Red Cross Volunteer Services	526-7144
Appointments	526-2273 or 524-2273
ASAP (Bldg 6236)	526-2862
B	
Bed Manager	520-8018
Behavioral Health (bldg 1830)	526-7155
C	
Chaplain’s Office	526-7386 or 526-7412
Contract Support	526-7628
Correspondence Release of Med Info	503-7012 or 526-7322
Credentials—Provider	526-7174
Credentials—Nursing	526-7649
D	
DMHRSi	524-1156
E	
Education	526-7510
EEO	5264413/3385
Emergency Department	526-6300
Environmental Health (HW/RMW)	524-0730/526-7922
Ethics Pager	526-0797
F	
Family Care Ward	526-7040
H	
HIPAA Coordinator	526-7046
Housekeeping	526-7413
Human Resources	526-7822
I	
ID Card Office— DEERS	524-3704
Infection Prevention & Control	526-7821/1144
Intensive Care Unit	526-7020
J	
Joint Commission Sustainment	526-7923

Population / Age Specifics:

Goals: Demonstrates knowledge for age-specific factors necessary to the safe and effective performance of duties:

- Evaluates for age-appropriate behavior motor skills and physiological norms of identified patients
- Distinguishes between expected age related psychosocial and developmental task and changes indicative of illness or disease of above identified patients
- Recognizes potential lifestyle changes resulting from illness that interfere with the discharge plan and develops plan accordingly

	Developmental Stage	Impact of Hospitalization	Interventions
INFANT: Birth - 1 yr	<ul style="list-style-type: none"> • Establishment of trust • Stranger anxiety (6-10 months) 	<ul style="list-style-type: none"> • Alteration in normal patterns • May be loss of primary care giver 	<ul style="list-style-type: none"> • Alleviate distress • Regularity of care • Allow patients to assist in care as much as possible
TODDLER: 1 to 3.5 yr	<ul style="list-style-type: none"> • Autonomy vs. shame & doubt • Separation anxiety • Eager to please • Learns through doing & not language • Trust parents most 	<ul style="list-style-type: none"> • Disruption of new sense of identity and independence may lead to regression • Resentment of disruption of normal rituals and routine which are necessary for their sense of security 	<ul style="list-style-type: none"> • Explain procedures using simple terms • Allow toddler to touch equipment when appropriate (i.e. stethoscope, B/P Cuff) • Assess home routines and bedtime rituals • Consistent care giver • Ask parents to inform the child when they are leaving and when they will return • Security blanket / stuffed animal from home
Pre-SCHOOL: 3.5 to 6 yr	<ul style="list-style-type: none"> • Initiative vs. guilt • Magical thinking • Separation Anxiety 	<ul style="list-style-type: none"> • Fears of punishment may lead to fears of bodily harm. • Frequent misinterpretations of procedures • Preoccupation with guilt and blame • Loss of control 	<ul style="list-style-type: none"> • Frequent reassurance that no one is to blame for his or her diagnosis and hospitalization • Parental participation in child’s care • When explaining procedures, show pictures or diagrams of bodily parts involved. • Regular parental visitation pattern • Security objects / pictures from home.
SCHOOL AGE: 6 to 12 yr	<ul style="list-style-type: none"> • Industry vs. inferiority • Separation anxiety 	<ul style="list-style-type: none"> • Concern for privacy, modes and fears disgrace • Fear of pain • Loss of control • Fear of bodily injury 	<ul style="list-style-type: none"> • Have parents bring in favorite toys, articles, pictures • Give simple explanations of procedures using pictures, dolls and other visual aids to help patient understand • Praise during and after procedure • Allow privacy
ADOLESCENCE: 12 to 19 yr	<ul style="list-style-type: none"> • Identity vs. role diffusion 	<ul style="list-style-type: none"> • Concern of body image • Concern for privacy • Independence from family 	<ul style="list-style-type: none"> • Include adolescent in all discussions concerning him/her • Explain procedures clearly using pictures to show area on body • Allow privacy
ELDERLY:	<ul style="list-style-type: none"> • Integrity vs. despair 	<ul style="list-style-type: none"> • Less tolerant of temperature change • Skin is more fragile • Takes longer to process info • Decline in physical abilities 	<ul style="list-style-type: none"> • Encourage person to express feeling, thoughts, avoid despair • Prevent injury, ensure safe environment • Provide support for coping with impairments • Give adequate time for processing and answering

Quality Support Division (QSD):

The Quality Support Division is comprised of Performance Improvement, Patient Safety, Risk Management, Joint Commission Sustainment, Credentials Management, Patient- and Family-Centered Care and Infection Prevention and Control Programs. The purpose of QSD is to keep the MEDDAC within regulation and committed to quality care through the maintenance of good clinical practices, and the establishment and sustainment of trusted processes. This is accomplished in collaboration with internal and external staff, regulated methodologies, organized meetings, and continuous education. The QSD is devoted to providing the best customer service to our beneficiaries and staff.

TJC Whistle Blower:

Every EACH staff member is a member of the Healthcare Team and is empowered to report safety and quality of care concerns. You are highly encouraged to use the Chain of Command first; however, The Joint Commission Office of Quality Monitoring can be reached at: 800-994-6610 or complaint@jointcommission.org

HIPAA: MEDDAC PAM 6025

The Notice of Privacy Practices (NOPP) is provided to patients and staff as a requirement of the Health Insurance Portability and Accountability Act (HIPAA). It describes how EACH will use or disclose your Protected Health Information (PHI), with whom that information may be shared, and the safeguards we have in place to protect it. This notice also describes the patient and staff's rights to access and amend their PHI. The patient/staff has the right to request an approval or refusal to the release of specific PHI outside of our system except when the release is required or authorized by law or regulation.

Key Points:

- Know the difference between your rights to request PHI as a patient and your job role privileges, which allows you to review a medical record for official use only. You as the "patient" are not authorized to review your own or another patient's charts/records for personal reasons.
- Use your assigned clinic to make any request for your own or your family member's medical information.
- Your job role privileges allow you to access patient records for official use only.
- Checking your own, family member, or friend's record is not an official use of that PHI.
- Do not discuss patient or staff PHI in a public space (i.e. elevators, restrooms, or dining facilities).
- Ensure you remove your CAC card from the reader when you leave, this maintains network integrity and security.
- Do not leave PHI within public view/reach, this includes fax machine, cell phone, desk/work area counters, vehicle or at home Know and comply with all HIPAA guidelines.

HIPAA NOPP and guidance are available at:

http://www.evans.amedd.army.mil/HIPAA/hipaa_links.htm and each waiting room associated with the hospital \\amedapeach010\dataroot1\Web\Command_Publications\index.htm

Notes:

Release of Information:

A patient can obtain a copy of their medical records by completing a DD 2870 at the Release of Information Department in the SFCC bldg, room 1500. The hours of operation are M-F, 0730-1700, except for Thursdays when the office closes at 1230 to process requests already received. For more information, please call (719) 526-7223 or fax your request to (719) 526-7007. Also, providers may release patient information by following MEDDAC Policy 93. It states the patient can complete a DD 2870 in the provider office and the provider prints what is necessary and the DD2870 is sent to Release of Information for accountability and filing.

Staff Resilience Programs:

Care Provider Support Program (AMEDD CPSP)

The AMEDD Care Provider Support Program goal is to improve the resilience and diminish or alleviate *Provider Fatigue* and **Burnout** of MTF Care Providers, administrative staff, and ancillary staff. Resilience is not only the ability to bounce back from adversity – but also to GROW and THRIVE from those challenging experiences. We can enhance our resilience, effectiveness, and well being by using skills that build competence and contribute to positive well being. Resilience increases your ability to bounce back from adversity by incorporating physical, social, emotional, and spiritual resilience-building opportunities. Classes are available to educate staff on resilience, a massage chair is available to staff, and resilience literature is available in the Medical library. Tai Chi classes are offered as well to help alleviate stress.

CSF2/Master Resilience

The Army established Comprehensive Soldier and Family Fitness as a holistic Commander's training program designed to give all members of the Army community the knowledge, thinking skills, and behaviors that will optimize their ability to successfully cope with "life's" challenges during adverse circumstances. MRT instructors will be embedded in each Brigade, Battalion, and eventually Company organizations and conduct resilience training focusing on competencies and skills necessary to increase optimism, mental agility, self-regulation, self-awareness, self efficacy and connection to Soldiers assigned to MEDDAC Evans Army Community Hospital. The 12 skills include, *Hunt the Good Stuff, Real Time Resilience, Problem solving, Put it in Perspective, Avoid Thinking Traps, Detect Icebergs, ATC (Activating events-thoughts-consequences), Mental Games, Identify Strengths, Strengths in Challenges, Active constructive Responding/effective praise, and, Assertive Communication.*

For more information, please contact the Care Provider Support Program Coordinator at (719)526-7815. More information is provided on the CPSP SharePoint: <http://each-portal.amedd.army.mil/dcas/s2s3/hpe/resiliency/default.aspx>



Volunteer Services: Red Cross Volunteer Guidelines

Fort Carson American Red Cross volunteers are available to support you in augmenting your paid staff. Currently more than 150 volunteers serve at EACH. Volunteers can provide patient transport, assist with general administrative/clerical tasks, serve as medical support assistants in outpatient areas, or in the case of professional volunteers, provide services to the full extent of their licenses/credentials. POC: 526-7144

GS Council:

The GS Council facilitates communication regarding compliments, suggestions and concerns between civilian employees and hospital command, while establishing a workplace environment of camaraderie and pride. Lunch meetings are every third Wednesday of the month at 1130 in the Aspen Room (Dining Facility Conference Room).

What does the GS Council do?

- Organizes and sponsors the EACH Cog Railway Trip annually (September)
- Organizes the Bataan Death March annually (March)
- Employee of the Quarter / Employee of the Year
- Fundraising Events
- Quarterly Meet and Greet Luncheons

For more information email CivilianCounsel.EACH@amedd.army.mil

General Security: MEDDAC Security Plan

All EACH personnel are identified with a badge that is required to be worn at all times.

- Wearing the ID badge appropriately is a condition of employment
- Badges will NOT be shared or loaned
- After hours, all outpatients and visitors at EACH will display their military/civilian photo ID with the ID holder provided at the west entrance
- All inpatients will wear an ID wristband

Hospital Security Officers can be contacted at 524-0943 or 896-6292/6276.

Code Green: Only the Incident Response Team responds during duty hours.

Lost & Found: located in room 240, bldg 7505. Phone: 526-7951.

Command Publications:

The Command Publication site on our SharePoint intranet houses over 200 MEDDAC policies and regulations. It also includes access to Sentinel Event Alerts, Key Forms, the Code of Conduct, Fort Carson Publications, MEB information as well as the patient handbook and the Joint Commission survey readiness handbook. It is a valuable site and should be tabbed as one of your "favorites."

Federal Employee Compensation Act (FECA): FECA provides monetary compensation, medical care and assistance, vocational rehabilitation, and OPM retention rights to Federal employees who sustain injuries, including occupational diseases, as a result of their employment with the Federal Government. The Fort Carson point of contact can be reached at (719) 526-3004.

NO SMOKING Policy: MEDDAC Reg 420-90

Smoking is prohibited within and around all healthcare facilities except in those areas specifically designated as an authorized smoking area. The EACH employee smoking area is in the rear of the main building and can be reached by exiting the hospital through the service level entrance near the loading dock. There is also a smoking area for visitor use near the West Entrance of the hospital.

Staff should be aware: Perfumes and colognes are generally prohibited in hospital and clinical areas as many people are sensitive to the smells or they can cause allergic reactions, difficulty breathing or induce asthma attacks. Please be considerate of others and avoid perfumes at work; however, good personal hygiene practices are expected.

Cultural Diversity / Human Relations / Equal Opportunity: Army Reg 690-600

EACH serves a diverse community. Diversity is a reality in today's work environment and crucial to the success of the organization. We are each unique because of these factors: race, religious beliefs, age, gender, geographic origin, income or social status, physical characteristics, language, physical and mental abilities, sexual orientation, and educational background. The challenge for supervisors is to take proactive steps in creating and sustaining a supportive work environment where all personnel contribute their full potential, and an environment that emphasizes commitment to appreciate our differences and treat all individuals (patients, families, personnel) with dignity, trust, care, respect, and compassion to promote the best possible outcomes for their health and well-being. EO: 526-7682, EEO: 526-4413/9673/5818/9672

DMHRSi: Defense Medical Human Resources System-internet

The Defense Medical Human Resources System-internet (DMHRSi) is a web-based Tri-Service decision support system that enables the Military Health System (MHS) to manage medical human resources across the enterprise. All Active Duty, Reserves, National Guard, Civil Service, Contractors, Volunteers and Borrowed Military Manpower (BMM) personnel that serve within the Fort Carson Medical Treatment Facility (MTF) are required to enter their man hours into DMHRSi every two weeks. Refer to the Commander's Policy Letter #95, dtd 21 May 2013 for further operating guidance.

Ergonomics Program: EACH Policy 17

We have a proactive Ergonomics program that is designed to anticipate, identify, evaluate, and control work-related musculoskeletal disorders (WMSDs) associated with routine exposure in the USAMEDDAC Fort Carson work environment. There are several risk factors that cause WMSDs, including (but not limited to) repetitious or strenuous activities, awkward posture, excessive force, and computer set-up and office/desktop layout. Following ergonomic principles and practices help reduce induced stress and eliminate many potential injuries and disorders associated with overuse of muscles, bad posture, and repeated tasks. If you are experiencing any of the risk factors mentioned above or have moved or will be changing your work environment and are interested in an ergonomic assessment, please contact the Ergonomics Program Manager at 524-5586.

Informed Consent: MEDDAC Reg 40-3-127

Informed consent is the agreement or permission given by a patient or their authorized guardian for a surgical procedure or medical treatment. This involves a process between the physician or provider and the patient or the patient's authorized guardian that apprises the patient or guardian of the nature of the proposed care or procedure, its potential benefits, risks, its likelihood of success and alternatives to the procedure. This regulation defines three levels of risk for procedures or treatment. These three different levels of risk require different levels of documentation of informed consent. The physician or provider may always elect to use a higher level of documentation. Our three defined levels include:

1. Procedures incurring more than minimal risk – formal written, signed and witnessed consent required.
2. Procedure incurring minimal risk – verbal consent may be given. This verbal consent must be documented.
3. Procedures incurring less than minimal risk – no documentation of consent required. The regulation has a list of procedures with their corresponding risk level. Please review this list to ensure that the appropriate informed consent is used.

Advanced Medical Directives/Do Not Resuscitate Orders: MEDDAC Reg 40-3-20

Advanced Medical Directives (AMD) inform patients and health care providers as to their rights regarding self-determination of healthcare and improve the documentation of such decisions by means of a Directive to Physicians, a Medical Power of Attorney, and/or Do Not Resuscitate (DNR) Order. A patient's wishes concerning a DNR order may be indicated by explicit directions made by him/her either prior to hospitalization or after his/her admission. If indicated, a DNR order must be written by the physician and documentation placed in patient's chart. A patient may revoke AMD/DNR at any time.

End of Life Issues: MEDDAC Reg 40-3-20

Death is an uncomfortable topic for many, and you may not have all the answers, but you can be an unbiased listener who can refer patients or family to the appropriate person. Hospital Chaplain's Office 526-7386, Patient Advocacy 526-7225, or page AOD 526-7001.



Organ & Tissue Recovery Program: MEDDAC Reg 40-31-1

EACH provides the option of organ and tissue donation to families of deceased patients. EACH will refer all deaths and those meeting the clinical triggers for imminent and/or brain death, ideally within 60 minutes of meeting those triggers to the Donor Information Line. Families of patients determined to be medically suitable for organ and/or tissue donation will routinely be afforded the opportunity to consent to donation when approached by members of the organ tissue and eye agencies. Donor Alliance: (800)-448-4644

Patient Restraints: EACH Policy 56

Restraints are used to control a patient's behavior that is at risk of harm to themselves or others. Restraints are only used when clinically indicated and justified when less restrictive alternative means are not effective. Restraints are only allowed in the Emergency Department, Intensive Care Unit, Family Care Ward, and Inpatient Behavioral Health. Devices that restrain movement but are used for safety rather than to control behavior are not considered restraints. These include safety straps on a gurney or side rails on a bed.

Falls Prevention Program: MEDDAC Pam 40-41

Our comprehensive Falls Prevention Program applies to all staff, visitors and patients who work in and or utilize any of our healthcare facilities. All MEDDAC personnel strive to maintain a safe patient care environment that prevents falls. MEDDAC staff are expected to report unsafe conditions that may put a patient at risk for falls utilizing our Patient Safety Reporting System. Supervisors of civilian and contract employees who fall will complete the following forms: CA-1, CA16, and CA17 in addition to the PSR. All civilian and contract employees who fall are to follow-up with Occupational Health for evaluation. If an actual fall occurs, initiate immediate steps to ensure patient, visitor, and staff safety. Occupational Health: 526-2939.

Nutritional Care: MEDDAC Reg 30-2

NCD offers standard meal service for inpatients. Patients will be provided a daily menu to annotate their desired breakfast/lunch/dinner choices, maintaining physician's orders for desired diet. Meal trays will be delivered during pre-established hours: 0700, 1130, 1630 respectively. Patients with Hospital privileges may show their ID wristband to Dining Facility staff in lieu of payment. Military in Student status and Reservists will present orders along with their military ID card (CAC) and authorized WTs or Service Members will show meal card and their CAC in lieu of payment. Hours daily (subject to change for holidays, training, etc.)

Dining Hall (Weekdays): Breakfast 0600-0900 (Grab-n-go from 0900-1000);
Lunch 1100-1400, (Note: Deli and grill will close at 1330);
Dinner 1600-1730 Dining Hall (Weekends is currently grab-n-go only):
Breakfast 0630-0830; Lunch 1100-1300; Dinner 1600-1730

Pain Management: MEDDAC Reg 40-21

This regulation is applicable to all personnel in clinical settings at EACH and departments and services that order, dispense, administer or monitor medication. Pain Management is a primary goal of patient care. EACH is committed to the assessment, prevention, and treatment of pain. Personnel are responsible to evaluate, intervene and report progress on the appropriate use of medications and non-pharmacological strategies to relieve pain. The following pain severity scales are available for use at this institution: the 0-10 scale, the Wong-Baker faces scale, Neonatal Infant Pain Scale (NIPS), Face Legs Activity Cry Consolability Scale (FLACC).

Performance Improvement (PI): MEDDAC Reg 10-5

EACH's Performance Improvement (PI) Program is based on the philosophy that a healthcare system's goal is to provide a safe environment, and improve health outcomes and the quality of life for its beneficiaries. Performance Improvement is a major pillar of every quality program in our organization and is instrumental in building the foundation of recognizing and improving components that lead to a more efficient and effective patient care system. It is data driven, process focused, and evidence based. In keeping with our obligation to ensure a healthy military community and ready adaptive force, the PI program integrates health care practices and methodology with information to ensure a systematic, coordinated, and continuous data approach that advances better performance of processes.

Patient Safety: MEDDAC Reg 40-41

The EACH Patient Safety Program focuses on the system and process design rather than the individual involved in a given patient safety related event. In the patient safety conscious culture, when an error occurs the response is not to ask "who," but rather "why." It's everyone's business to avoid patient harm and improve patient safety and the quality of health care. It is **EVERYONE's** responsibility to report patient safety events, near misses, variances/occurrences, and harm to a patient. Patient safety, Performance Improvement, Risk Management, organizational staff and leaders work together to identify, manage, and learn from actual and potential risks to improve the process and prevent similar incidents.

Patient Safety Reporting System can be found at <http://each-portal.amedd.army.mil/default.aspx> (Evans Army Community Hospital Intranet) - Clinical Quick Links- Patient Safety Reporting system (PSR).

Risk Management: MEDDAC Reg 40-68 (Chapter 3)

Risk Management involves a variety of activities designed to prevent the loss of human, materiel, or financial resources and to limit the negative consequences of adverse or unanticipated events that occur in a healthcare setting. Comprehensive processes to effectively identify and reduce the occurrence of potentially compensable events (PCEs) and to manage malpractice claims against the U.S. Government are critical to an organization's risk management activities. Risk Management collaborates closely with Patient Safety, Hospital Safety and Occupational Health as well as Performance Improvement. The Risk Manager can be contacted at 526-7215.

Partnership for Patients (PfP):

PfP is an initiative spearheaded by the Department of Health and Human Services which is focused on improving quality, safety, and affordability of healthcare by preventing hospital acquired harm and readmissions. The PfP has two primary goals with a targeted completion date set for the end of 2013. These goals are a 40% reduction in preventable hospital-acquired conditions and a 20% reduction in preventable 30-day readmissions. The MHS strategic initiative includes implementation of evidence-based practices, sharing of lessons learned and successes through a monthly Community of Practice meeting, and resource sharing to assist in improvement. Many of the process measures are currently in place at our Command.

Safety: MEDDAC Reg 350-10

Bloodborne pathogen (BBP) exposures and injuries that threaten loss of life, limb, or eyesight should seek treatment and evaluation immediately. Report all accidents, both fatal and nonfatal, resulting in occupational illness to military and civilian personnel; injury to on-duty civilian personnel; injury to military personnel, whether on- or off-duty; damage to government property, and damage to public or private property; and/or injury or illness of non-government personnel caused by military operations to the next level in the chain of command immediately.

All accidents will be reported to the Evans Army Community Hospital Safety Office immediately in person (building 7500 room 2303), telephonically 526-7783, or via e-mail at usarmy.carson.medcom-each.list.safety@mail.mil. EACH homepage contains the link with instructions and documents for reporting. All reporting is digital.

Report all alleged unsafe or unhealthful working conditions to the Safety Office immediately. Safety is the responsibility of all MEDDAC personnel and all duties shall be conducted with the intent to safeguard and preserve Army resources worldwide (to include Soldiers, Army civilians, and Army property) against accidental loss. EACH homepage contains the link with instructions and documents for reporting. All reporting is digital.

Fire Safety: MEDDAC Reg 420-90

Prevention is the key to fire safety. Know the location of the fire extinguisher, pull stations fire door, rally point(s), and evacuation plan. Defend in place is the overarching principle.

- P. A. S. S. PULL – the pin
 AIM – at the base of the fire
 SQUEEZE – handles to activate
 SWEEP – move extinguisher in a sweeping motion.

- R. A. C. E. RESCUE – patients and staff in immediate danger.
 ANNOUNCE – the fire—pull the nearest pull station and call 911.
 CONFINE – the area by closing all doors.
 EXTINGUISH/EVACUATE – extinguish the fire if it is small, you know how, and it is safe to do so – evacuate immediate area.

Be familiar with fire zone in the area in which you work and the rallying point for assigned personnel (Unit Orientation). Report fire, state “CODE RED,” give name, phone number, and location of fire (section/clinic/fire zone).

Electrical Safety:

- Never pull plugs by the cord
- Report any equipment defects to the NCOIC and remove from service
- Never use defective or questionable equipment
- No daisy chains (plugging extension cords into other ext. cords/power strips)
- Electrical items labeled “HOUSEHOLD USE ONLY” may not be utilized in the facility

Blood and Blood Product Transfusion: MEDDAC Reg 40-31-5

Informed consent must be obtained **BEFORE** a transfusion is initiated; if the patient is unconscious and no family members are present **OR** if it is an unexpected emergency transfusion, a note must be placed in the patient's record explaining the reason informed consent was not obtained. A purple top tube labeled with a TYPENEX band which has the patient's full first and last name, FMP/SSN, date & time drawn and initials of collector, along with 2 SF-518s (or as many SF 518s as products requested) must be submitted to the laboratory. Incorrect labeling may require a re-draw of blood. All identifying donor unit and patient information must be checked at the patient's bedside with a witness prior to transfusion and documented on SF-518. If the patient is conscious, he or she should be asked to spell their name for positive identification. Appropriate filter will be used with Y-tubing to 0.9% Normal Saline and no medications will be administered through this line. Patient and Vital Signs will be monitored by RN for 1st 15 minutes and as required by policy and MEDDAC Regulation. Transfusion must be completed within four hours of claiming unit from Blood Bank. **Adverse reaction:** Stop transfusion immediately but keep saline IV running, contact physician; if directed by the physician, complete the Transfusion Reaction form and return it and the remaining blood with tubing attached to lab.

Patient Visitation:

Recommended visiting hours are 11 a.m. to 8 p.m. everyday; however, as a Patient and Family Centered Care facility we accommodate 24 hour visitation. To respect other patients, visitors may be limited to two people in the patient's room. Hospital allows for the presence of a support individual of the patient's choice unless the individual's presence infringes on others' rights, safety, or is medically or therapeutically contraindicated. The individual may or may not be the patient's surrogate decision-maker or legally authorized representative.

Moderate Sedation: MEDDAC Reg 40-16-1

Moderate sedation may be used in the care and supervision of patients undergoing procedures requiring sedation to ensure safety and welfare, minimize physical discomfort or pain and negative psychological responses to treatment, to control behavior for successful completion of procedures. Moderate sedation: level of sedation where consciousness is minimally depressed. The patient maintains a purposeful response, spontaneous ventilation is adequate, and cardiovascular function is usually maintained. Competency involves **APEQS & clinical practicum**. Both parts must be completed prior to engaging in moderate sedation. See Department of Operative & Anesthesia Services. POC Pager 513-0113 to schedule clinical practicum.

Anticoagulation Therapy: MEDDAC Reg 40-67-389

“To provide safety measures that reduce the risk for adverse drug related events associated with anticoagulants considered high alert medications by National Patient Safety Goal 03.05.01.” The regulation discusses therapeutic regimens, monitoring guidelines, infusion protocols, and other pertinent data. (Anticoagulation Monitoring Services (AMS), APEQS & Patient Safety)

Clinical Requirements: MEDDAC Reg 40-9

Providers and students must show **ALL** required current certifications, licensures, and required proof of current immunizations before seeing patients. Caregivers will use Essentris to chart on in-patients. A basic class shortly after arrival will give a brief look into the system; however, each clinical area will teach required charting for their specific location. Provider Credentialing: 526-7174; Nurse Credentialing: 526-7649.

An **INITIAL ASSESSMENT** will be completed within 24 hours of admission and will include, at a minimum, an evaluation of the physical parameters, psychological status, social status, pain status, functional status, nutritional status, and discharge planning needs. The Essentris Nursing Admission Note provides criteria for screening patients for nutritional, functional, behavioral health and discharge needs. Patients are assessed for safety concerns such as falls risk and skin breakdown potential, and care is planned to ensure a safe patient environment.

Medical Residents and Medical Students: MEDDAC Policy 27

All medical residents and medical students must coordinate their rotation at EACH through Health Professions Education (HPE) Resident and Student Rotation and receive hospital and unit orientations. They must wear proper identification at all times. They are supervised in accordance with MEDDAC Policy 27 - Clinical Supervision of Residents and Students. Program Coordinator: 526-7649.

Sole Prescriber Program: MEDDAC Reg 40-3

The Sole Prescriber Program is a process for limiting the prescribing of controlled substances to a single provider or their designated alternate (when the primary is unavailable). Typically this is done for high risk patients (those with a chronic pain or behavioral health diagnosis) receiving opioids, benzodiazepines, or psychotropic medication(s). Enrollment is encouraged for any patient believed to be abusing or misusing controlled substances or at risk to do so. Patients enrolled in this program may receive restricted medication(s) from their sole prescriber or designated alternate only. Limited amounts of the restricted medication may be prescribed in certain situations such as after an acute injury or post-operatively. See the regulation for details.

Patient Flow and Bed Utilization:

The Bed Manager is responsible for all patient movement throughout the units/wards. All patient admissions and transfers will be coordinated with the Bed Manager. The Bed Manager will be notified of any bed capacity issues, staffing concerns, and patient code situations. If a unit must be placed in Divert status the Bed Manager will be notified immediately. The Bed Manager has the authority to shift nursing resources and patient placement to ensure timely and safe nursing care. The Bed Manager is the senior clinical resource for operations after duty hours. Please reach the Bed Manager by pager 520-8018.

Voluntary Protection Program/ Safety Management System:

Safety on the job should be everybody's concern. While organizations like the Occupational Safety and Health Administration (OSHA) sets laws, the preferred method of safety is by everybody taking proactive steps. The Voluntary Protection Program (VPP) aka Safety Management System (MS2), is a philosophy that all associates of an organization strive for, on a voluntary basis, to ensure a safe workplace. VPP has been refined into a science, and both OSHA and the United States Army concur on the four elements of VPP/SMS and the sub-elements

Management, Leadership and Employee Involvement

Management Commitment, VPP/SMS Commitment, Planning, Written Safety and Health Programs, Top Management Leadership, Authority and Resources, Line Accountability, Contract Workers, Employee Involvement, Safety and Health Program Evaluation

Worksite Analysis

Management Understanding, Industrial Hygiene, Pre-use Analysis, Hazard Analysis, Routine Inspections, Employee Hazard Reporting System, Accident/Incident Investigations, Trend Analysis

Training

Training is vital to a safe workplace (While the other three elements are just as important, it is all for naught if training is not instituted.) Program Description, Supervisors, Employees, Emergencies, PPE, Managers

Prevention

The old saying "an ounce of prevention is worth a pound of cure" is directly applicable. Analysis identifies the hazard, but only after it is present. For VPP to be effective, active prevention of hazards must take place. Certified Professional Resources, Hazard Elimination or mitigation, Process Safety Management, Preventive Maintenance, Hazard Correction Tracking, Occupational Healthcare, Disciplinary System, Emergency Procedures

Personal VPP

In your personal life, VPP should be practiced as well. Around the house, you should identify, for example, tripping hazards. If you like working on cars or cooking, use VPP to work safely. This would include using safety blocks when jacking a car up, or keeping a small fire extinguisher in the kitchen, rated for kitchen grease fires.

Emergency Codes:

- To call a code within the hospital, dial *46.
- Provide the type of code, description (if needed), and your location (including building, clinic, floor, and room number) to the operator.
- Stay on the line until you hear the code on the PA system.
- Assist in directing the RRT or Code Team as needed.

Code Colors:

	Code Red (Fire)		Code Black (Bomb Threat)
	Code Green (Combative Person)		Code Silver (Adult eloped/Lost)
	Code Pink (Infant/Child Abduction)		Code Yellow (Utility Failure)
	Code White (Armed Intruder/Shooter)		Code Grey (Disaster)
	Code Orange (HAZMAT)		Code Blue (Cardiac/Respiratory Arrest)

Rapid Response Team: MEDDAC Reg 40-40-1

- Inpatient only response team to help intervene with decompensating patients
- Goal: Prevent Code Blue or get patient to higher level of care
- This DOES NOT replace the call to the primary physician
- Criteria:
 - HR <40 or >130
 - RR <8 or >24
 - SPO₂ < 90% with supplemental oxygen
 - SBP < 90 mmHg
 - Acute changes in mental status
 - Staff and/or Family Concerns

** Parameters can be changed by Doctor's written order

Code Blue: MEDDAC Reg 40-40 **Inside EACH call *46, out of Hospital, dial 911**

If you find a patient unresponsive call a Code Blue, initiate Basic Life Support (BLS) measures and apply AED if indicated (and available) until the Code Team arrives. During unit orientation, locate the nearest Crash Cart on your unit. Maintain current BLS card as required for your work location and maintain a copy of your BLS card in your CAF. Nurses and credential providers must turn in a copy of the BLS card to the appropriate Credentialing office. **Hands on Mock Code Training is required annually.** Multi-disciplinary, scenario based training is given at Newcomers Orientation. Ongoing training should be on unit by the department Mock Code Trainer. BLS, ACLS, PALS, PEARS, and NRP are available at EACH. All military and GS employees can sign up online in APEQS. Books are available in the Medical Library.

Goal 1: Two Identifiers

- Improve the accuracy of patient identification. **Use the patient's full name and date of birth** when administering medications, blood or blood components, and when collecting blood samples or other specimens. Label all containers in the presence of the patient.
- Eliminate transfusion errors related to misidentification by using two verifiers at the bedside prior to administration. Only physicians, RNs, or oral surgeons may start a transfusion.

Goal 2: Improve the effectiveness of communication among caregivers

- All critical results are reported to a responsible provider within one hour of being verified as critical, including Lab and Radiology procedures.

Goal 3: Improve the safety of using medications

- Label all medications, medication containers (syringes, medicine cups, basins) or other solutions on and off the sterile field in perioperative and other procedural settings.
- Reduce the likelihood of patient harm associated with anticoagulation therapy by using approved protocols and individualized care.
- Maintain and communicate accurate patient medication information. Obtain a complete list of the patient's current medications (prescription medication, vitamins, supplements, OTC, and herbals) when the patient is seen and compare that list to any medication ordered. Provide a complete medication list to the patient when they leave. Tell the patient it is important to bring their up to date list of medicines every time they visit a doctor.

Goal 6: Improve the safety of clinical alarm systems

- Inventory alarms used in patient care setting, define critical settings based on patient's assessment and identify which alarms are most important to manage.

Goal 7: Reduce the risk of health care associated infections

- Comply with current CDC hand hygiene guidelines by always cleaning hands before and after patient care, either with alcohol based hand sanitizers or with soap and water.
- Implement evidence-based practices to prevent healthcare-associated infections due to multi-drug resistant organisms (MDROs).
- Implement practices to prevent central line-associated infections. C-line bundles are used per CDC guidelines.
- Implement best practices for prevention of surgical site infections.
- Implement evidence based practices to prevent indwelling catheter-associated urinary tract infections (CAUTI).
- Implement evidence based practices to prevent ventilator-associated pneumonia (VAP).

Goal 15: The organization identifies safety risks inherent in its patient population.

- Identify patients at risk for suicide and refer immediately if necessary.

Universal Protocol

- Verify the correct procedure, for the correct patient, at the correct site.
- Before procedure, mark the correct place on the patient's body where the surgery is to be done.
- **TIME OUT before every procedure!** Verify correct patient, correct site, and the procedure to be done.

National Patient ID Band Colors: OTSG/MEDCOM Policy Memo 13-052

Inpatient Patient ID	Allergy	DNR	Fall Risk	Latex Allergy	Limb Alert
Clear White	Red	Purple	Yellow	Green	Pink

TeamSTEPPS:

The TeamSTEPPS triangle logo is a visual model that represents some basic but critical concepts related to teamwork training as explained below. Individuals can learn four primary teamwork skills. These are:

1. Leadership.
2. Communication.
3. Situation monitoring.
4. Mutual support.

If a team has tools and strategies it can leverage to build a fundamental level of competency in each of those skills, research has shown that the team can enhance three types of teamwork outcomes:

1. Performance.
2. Knowledge.
3. Attitudes.

TeamSTEPPS is required training for all staff members.



SBAR - Patient Hand offs:

S-Situation: Identify yourself and your role/ job. Include patient’s name, identifiers, age, sex, and location. Current status/ circumstances, code status, identify uncertainties, differential diagnosis, recent status changes, and response to treatment.

B-Background: Co-morbidities, previous episodes, current medications, family history, socioeconomic factors.

A-Assessment: Chief complaints, vital signs/ symptoms, diagnosis, critical lab values/ reports, allergies, alerts (falls, isolation, etc).

R-Recommendation: What actions are required/ recommended (the Plan).

If actions are required, briefly explain why needed, level of urgency, explicit timing, and prioritization of actions, what is the PLAN, Contingency plan, and Next steps.

Patient CaringTouch System (PCTS):

PCTS promotes patient advocacy, staff satisfaction and morale, and is part of the Army Healthcare mission to improve the Culture of Trust and provide Patient and Family Centered Care. PCTS is designed for nurses to enhance communication with our coworkers, provide practice innovations and change within the organization at the bedside level, as well as the opportunity for peer feedback. All areas work

together to provide quality care. If you have any questions please contact PCTS at EACHPCTS@amedd.army.mil. Information can be found on the EACH SharePoint Site: DCHS > DOCN > Patient CaringTouch System.



Emergency Management/ Disaster Preparedness:

EACH Emergency Operations Plan (EOP)

Disasters can be internal or external to the facility, disrupting operations. The EOP provides guidance for operational continuity, assigns responsibility, and establishes procedures intended to ensure maximum effectiveness during internal or external emergency/disaster situations. The EOP is premised on a scalable incident command structure capable of responding in an “all hazards” environment. The EOP is an excellent resource of information and covers emergencies such as:

- Mass Casualty Management
- CBRNE / Weapons of Mass Destruction Incidents
- Natural, Human, HAZMAT and Technological Disasters
- Disruption of power or utilities (complete or partial)
- Severe weather planning and contingency operations
- Civil disturbances or domestic terrorism
- Pandemics illnesses and Public Health emergencies
- Emergency Evacuation / Shelter in Place
- Incident Command and health service support to the EACH Health Service Area (HSA)

Department Chiefs and NCOICs will ensure all assigned personnel are trained and tested on the hospital's EOP through active participation in planned exercises. Newly assigned personnel are required to be briefed on their respective section’s responsibilities and actions in support of the EOP within two weeks of being assigned to a specific section of the MTF. Initial EOP training must also be completed in APEQS by all newly assigned staff member and annually thereafter.

Hazardous Materials: POC: 526-7922

Every work area has a Material Safety Data Sheet (MSDS/SDS) book. During unit orientation locate the MSDS/SDS book. MSDS/SDS book includes:

- ◊ List of chemicals with first-aid information
- ◊ Actions in the event of a spill (call for help and remove personnel)

Spill Kits are available in all work areas where chemicals are kept

- ◊ Locate spill kit during unit orientation

Environmental Health:

All employees will institute initiatives to prevent pollution and minimize the creation of waste, especially hazardous waste, through efficient use of materials, effective inventory management, and careful planning. To dispose of all waste through approved, safe, and responsible methods, please ensure proper segregation and handling of all wastes. Newly assigned or attached personnel will receive basic awareness training on Hazardous Waste disposal including Regulated Medical Waste during hospital orientation and are required to complete the training in the AMEDD Personnel Education and Quality System. Afterwards, this training is required annually. Training for departments is available by contacting Environmental Health at 526-7922 or 524-0730.

Hazardous Waste (HW): MEDDAC Reg 40-5-6

Hazardous waste items are determined by characteristics and Colorado State Law. Hazardous waste items do not go into general trash, RMW, Sharps, or any other container not designated for HW. Satellite Accumulation Points are located in Logistics, Laboratory, and Pharmacy to collect HW items. Not all hazardous materials are classified as hazardous waste items. Pharmaceuticals are highlighted by Pharmacy with labels on the product to return the product because of the classification. Ensure staff knows the items within their section which are hazardous waste. Any item determined to be hazardous waste **MUST be turned in by end of the shift** it was generated.

Regulated Waste Management (RMW): MEDDAC Reg 40-5-5

RMW (Red bag) waste and sharps containers cost additional to process and should be used correctly. Do not use red containers for regular trash. Blood precautions do not apply to feces, nasal secretions, sputum, sweat, tears, urine, or vomit which may be flushed or placed in trash. Free-flowing material or items saturated to the point of dripping liquids containing visible blood or blood components will be handled as bulk blood and bulk blood components.

Universal Waste (UW): MEDDAC REG 40-5-6

Universal Waste includes batteries, aerosol cans, and light bulbs. Batteries are turned into Medical Maintenance, aerosol cans are turned into logistics warehouse, and light bulb to facilities. These items must be turned into the appropriate areas within 24 hours of determination the item is spent or no longer needed.

What goes in RMW (red) Bins?

- Items saturated or dripping with bloods or fluids which contain blood.
- Blood bags and blood tubing.
- Closed drainage systems with blood.
- CDC isolations risk Group IV (Ebola, Marburg Virus)
- Thoraclex, Pleuevac.
- Plastic specimen tubes.
- Plastic pipettes used in microbiology .
- Plastic pipettes used elsewhere without blood or body fluids can go in the trash.

What goes in Sharps Containers?

- Used and unused needles.
- Syringes (only if needle is still attached).
- Blood and other specimen tubes.
- Microscope slides used in microbiology.
- Used glass pipettes.
- Scalpels, Trocars, and other pipettes.
- Live virus vaccine vials (ONLY LIVE VIRUS).
- Blood/fluid filled glass vacuum bottles (empty, unbroken glass bottles CAN be placed in trash).

For all questions regarding Hazardous Waste disposal or Regulated Medical Waste disposal, please contact Environmental Health at 526-7922 or 524-0730.

Patient's Rights and Responsibilities: MEDDAC Reg 40-72

We at Evans Army Community Hospital hold the welfare and safety of the patient as our highest priority. Our goal is to provide our patients with the best medical care available. Patients have the right to make their own medical decisions, and know their human rights will be preserved and respected. The following is a list of patient's rights and responsibilities.

As a patient and/or surrogate decision maker, you have the right to:

- Be informed of the right to care that is respectful, recognizes dignity and is private to the greatest extent possible.
- Receive considerate and respectful care based on your cultural, psychosocial, spiritual, personal values, beliefs, and preferences.
- Privacy and confidentiality.
- Receive care in a clean and safe environment.
- Be well informed about your health and care, and participate in your care plan.
- Consent to or decline treatment and/or participation in research studies.
- Information in the language you understand or have information interpreted.
- Know the names and experience level of those providing your care.
- Have the Family involved in making informed decisions based on information provided regarding risk, benefits, and alternatives, with the patient or the surrogate decision maker's permission.
- File a complaint without being subject to recrimination, reprisal, coercion, or unreasonable interpretation of care, treatment, or services. If the above concerns are not addressed, you may contact the Patient Advocate or The Joint Commission.
 - ⇒ Patient Advocate Office (719) 526-7225
 - ⇒ The Joint Commission 1(800) 994-6610 complaint@jointcommission.org
- Appropriate assessment and management of pain.
- Pastoral and other spiritual services.
- Have medical records maintained in confidence. Access information in your medical records, and ask for an accounting disclosure if your information has been released.
- Contact the Patient Advocate by directly calling (719) 526-7225 or calling the hospital front desk/AOD at (719) 526-7001 or hospital operator at (719) 526-7000.
- Be informed prior to the initiation of billing procedures.

As a patient in our hospital, your responsibilities include:

- Provide information about your health, including past illnesses, hospital stays and use of medicine.
- Inform staff when translation is required.
- Ask questions when you do not understand information or instructions regarding care or services.
- Tell your physician if you believe you cannot follow through with your plan of care or course of services, and accept consequences for outcomes when choosing not to follow plan, care or services.
- Be considerate of other patients, staff and the hospital personnel.

Medication Management: MEDDAC Reg 40-2-114

Medications are an essential component of patient care. Medication Management is a collaborative effort that results in the safe, optimal use of medications. Medication management involves the following six critical medication-related processes: selection and procurement, storage, ordering and transcribing, preparing and dispensing, administration, and monitoring.

Medication Reconciliation will be completed on admission, at time of transfer or discharge of a patient, or prior to each outpatient encounter.

Evans Pharmacy Hours:
Evans Main Out-Patient Pharmacy:
0800-1800 M-Th; 0800-1700 Fri;
0800-1600 Sat; Closed on Sun

Woods SFCC Pharmacy: 0800-1700 M-Fri

In-Patient Pharmacy: located in the Service Level (basement) of EACH.
Open 24/7 for after-hour and Emergency Room prescriptions.

Report a medication error: Patient Safety Reporting System (located on the EACH Homepage/Clinical Quick Links tab)

View what medications are on Formulary: E-formulary is located on the EACH Homepage/Clinical Quick Links tab

Look up a medication’s side effects, proper dosage, indication or other drug information: Lexi-Comp is located on the EACH Homepage/Clinical Quick Links tab

Six Rights:
Patient
Medication
Dosage
Time
Route
Documentation



Abuse, Neglect, & Exploitation: MEDDAC Policy 7

Child/ Elder Abuse: Colorado State Law mandates the reporting of any situation where it is suspected that there is a child/elder who lacks the capacity to protect him/herself and is in imminent risk of abuse, neglect, exploitation or abandonment. Abuse may involve physical abuse, neglect, and/or abandonment and fiduciary abuse for elders.

Elder abuse can be reported to Colorado Department of Human Services 719-444-5700 and if it is an active duty military with dependents it should be reported to Family Advocacy at (719) 526-5050. Colorado law does not mandate the report of elder abuse but everyone is encouraged to do so.

Signs/Symptoms of Physical Abuse:

Physical indicators of abuse occur more commonly in clusters of symptoms than as a single symptom. Assess for the presence of two or more of the following:

- Multiple injuries in various stages of healing
- Injuries inconsistent with explanation
- Injuries during pregnancy
- Signs of over-medication
- Dehydration
- Malnutrition

Fort Carson Family Advocacy	(719) 526-4585
Sexual Assault Line (National Hotline)	(800) 656-4673
SHARP Hotline	(719) 338-9654
Military One Source	(800) 342-9647
Colorado Dept of Family & Protective Services	(719) 444-5700

Family Advocacy: Army Reg AR 608-18

All licensed professionals are mandated to report abuse, neglect and exploitation of children. Adult intimate partner abuse is also subject to mandatory reporting. Some adult victims may be offered a restricted report. The Family Advocacy Program (FAP) is a DOD mandated source of supportive intervention and counseling to any family or individual facing issues related to intimate partner abuse, child abuse, and/or sexual abuse.

Outpatient Clinical Social Workers conduct thorough biopsychosocial assessments and recommend treatment based on familial needs assessment. FAP offers resources and referral coordination to medication management, prevention or other support services. FAP is located at the Mountain Post Behavioral Clinic – 6541 Specker Rd. Bldg 1830, FT Carson, CO 80913

Army Substance Abuse Program (ASAP) AR 600-85; POC: 719-526-1200
Alcohol, Drug Abuse, Prevention & Treatment (ADAPT) AFI 44-221; POC: (719) 526-2181/2862.

Official “Do Not Use” List	Potential Problem	Use Instead Write out:
U, u (unit)	Mistaken for “0” (zero), number “4” (four) or “cc”	"unit"
IU (International Unit)	Mistaken for IV (intravenous) or number 10 (ten)	"International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod (every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	"daily" "every other day"
Trailing zero (X.0 mg)* Lack of leading zero (.X mg)	Decimal point is missed	X mg 0.X mg
MS MSO4 and MgSO4	Confused for one another—Can mean morphine sulfate or magnesium sulfate	"morphine sulfate" "magnesium sulfate"

Suicide Awareness:

TJC requires risk assessment for all patients. Know the signs and act if needed.

Risk Factors: Alcohol/ Drug Abuse, Broken relationships, Work-related problems, Financial difficulties, Pending UCMJ action, Transitions (ETS, PCS, Med Boards, Retirement).

ACE Intervention Technique:

Ask your buddy the question: “Are you thinking about killing yourself?”

Care for your buddy: Remove any means of self-injury, Control the situation, do NOT use force, Actively listen.

Escort your buddy: Never leave them alone. Escort them to chain of command, chaplain, BH, or primary care provider.

Impaired Health Care Personnel Program: MEDDAC Reg 40-8

EACH has an Impaired Health Care Personnel Committee that meets on a regular basis. Hospital leadership educates the staff regarding the health of health care personnel, addresses prevention of physical, psychiatric, or emotional illness, and facilitates confidential diagnosis, treatment, and rehabilitation of health care personnel who suffer from potentially impairing conditions. It is designed to provide support, assistance, and rehabilitation to those health care personnel who suffer from a condition that negatively influences, or has the potential to negatively influence, optimal performance and/or patient safety. The DCCS manages this committee and has the authority to call an ad hoc meeting as necessary.

Ethics: MEDDAC Reg 40-72

The Ethics Committee exists to support patients, families, and healthcare providers who are trying to make difficult healthcare decisions by providing a forum for discussion of concerns. Pager: (719) 279-0797

EACH Recycles:

EACH recycles paper, batteries, cans and bottles. Please be sure to place items in appropriate containers around facility and housekeeping will collect on scheduled days. Containers may be obtained by contacting Housekeeping: 526-7413.



Enterprise Service Desk (ESD):

For any computer issues, including hardware, software, programming, and connectivity issues, contact ESD to open a service ticket.

Telephone: 1-800-872-6482

Internet: <https://esd.amedd.army.mil>

Infection Prevention & Control: MEDDAC Pam 40-5

Infection Prevention & Control (IP&C) program focuses on identifying and reducing risks of acquiring and transmitting infections. Standard Precautions are used with every patient regardless of diagnosis or presumed infective status. This practice protects our patients and staff from risk of transmission of infection or disease.

- **HAND HYGIENE** - the most important thing you can do to stop the spread of infection.
 - ⇒ Wash hands with soap & water for at least 15 seconds. Wash before and after patient contact or wearing gloves. Wash before eating and after using restroom. Wash when visibly soiled or your patient had diarrheal disease. If in doubt — **WASH with soap and water!**
 - ⇒ Alcohol hand sanitizer is effective at cleaning your hands and may be used when hands are not visibly soiled.
- Healthcare Associated Infections (HAIs) are those acquired while in hospital or healthcare setting. Please contact IP&C staff if you suspect a patient has an HAI.
- The unit/clinic Infection Control Coordinator will provide your infection control orientation. The orientation documentation should be placed in your Competency Assessment Folder (CAF) upon completion.
- All sharps must be disposed of in a sharps container and contaminated waste (blood soaked dressings, etc) are disposed of in the red biohazard waste container immediately.

Isolation precautions for patients with specific diseases or organisms are identified in MEDDAC Pam 40-5, Appendix K. Isolation requires additional education/precautions for staff, patient and visitors. Educational materials are located at on SharePoint (DCHS > QSD > Infection Control) and on the inpatient medical units. Isolation precaution signs (Contact, Special Contact, Droplet or Airborne Precautions) must be placed on the patient room door to inform individuals prior to entering the room what precautions should be taken.

Bloodborne Pathogen Exposure Control Plan:

Immediately wash or irrigate the site and report exposure to supervisor, report to or call Occupational Health within one hour of incident (Emergency Department after normal duty hours). Complete a PSR as soon as possible.

Tuberculosis (TB) Prevention and Control:

Patients with suspected TB will be masked and taken immediately to an airborne infection isolation (AII) room. An N-95 respirator will be used by staff, which must be fit tested by Industrial Hygiene on hire and annually.

Refrigerators will be cleaned weekly. Drugs, specimens and patient food are kept separately and each has their own guideline and documentation. Microwaves will be cleaned immediately when spills occur. Environmental Services staff is not responsible for cleaning these appliances.