STUDENT AFFILIATION HANDBOOK 2008
Tampa General Hospital  
Center For Education, Development and Research

Program: Contractor/Student Orientation

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Effective Date: May 1998

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Purpose: To provide guidelines for student having a contractor/clinical experience at TGH per TGH Student Affiliation policy.

INTRODUCTION

The staff at Tampa General Hospital welcomes you to our facility. This packet contains information about your Contracting/Clinical experience. We request that you review this information prior to your starting contract date and or student clinical rotation. Our goal is to acquaint you with Tampa General Hospital and the different departments. We hope that your experience in our facility will help you promote your professional growth.

The following is a list of TGH phone numbers that you may use at TGH.

<table>
<thead>
<tr>
<th>TGH Security Office</th>
<th>844-7363</th>
<th>Safety</th>
<th>844-7349</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEDAR</td>
<td>844-7456</td>
<td>Risk Management</td>
<td>844-7666</td>
</tr>
<tr>
<td>Parking Management</td>
<td>844-7479</td>
<td>Infection Control</td>
<td>844-7670</td>
</tr>
<tr>
<td>Information Management</td>
<td>844-7490</td>
<td>Main Pharmacy</td>
<td>844-7839</td>
</tr>
<tr>
<td>KIDCare</td>
<td>844-7192</td>
<td>Education Coordinator</td>
<td>844-7310</td>
</tr>
</tbody>
</table>

If you need other numbers, please refer to TGH Telephone Directory (available in all TGH Departments)

KIDCARE

KIDCare is a daytime care center for children who must stay home because they are too sick to attend school or day care. KIDCare is open to TGH staff as well as the community.
TGH MISSION STATEMENT

TGH is committed to providing the residents of West Central Florida with excellent and compassionate health care ranging from the simplest to the most complex medical services. As a teaching facility, TGH partners with academic and community institutions to support both their teaching and research missions. As the region's leading safety-net hospital, we reaffirm our commitment to providing high quality health services to all residents.

VISION

TGH will be recognized as a leading medical center in Florida and one of the best in the nation. We will be at the forefront of clinical services, medical research and education. With our physician and university partners we will create, teach and deliver tomorrow's breakthroughs in medical science.

GUIDING PRINCIPLES

The guiding principles of any organization include its vision and mission. Everything is built around or flows from these concepts. To realize our mission and vision, there are guiding principles that we must keep in mind and must become part of our daily lives. They are based on the tree, its leaves and roots.

- **T** - Treat others with kindness, respect and dignity. This is just another way of saying – treat others as you would like to be treated.

- **R** - Responsive to requests. No one likes to be kept waiting. Try to respond quickly, pleasantly and accurately to requests.

- **E** - Environment of healing and safety. Remember that patients are dependent on you to create an environment where they feel understood, secure, and confident in the care they receive.

- **E** - Educate and explain. An integral part of our patient care mission is to educate our patients and their families, explaining a multitude of things such as their medications, limitations, disease process, nutrition, and many other important aspects of their care.

The second acronym is **LEAF**. At Tampa General, it means keeping our patients, visitors, and physicians satisfied all the time. If we all apply these principles, we may be able to avoid dissatisfied customers and make a positive impression.

- **L** - Listen and make sure you understand the problem.

- **E** – Empathize show you understand the facts, and respect the customer.
• **A - Act** quickly and have a sense of urgency to get the job done.

• **F - Follow-up** by asking the customer personally whether the situation was addressed to his/her satisfaction and if there is anything else you can do.

The final acronym is **ROOT** and its focus is on how we, the TGH staff, treat each other.

• **R - Respect** everyone because everyone deserves respect. We all have a dramatic impact on the hospital’s daily operation.

• **O - Offer to help** when you can.

• **O - Organizational pride** by setting an example for your co-workers and increase customer satisfaction.

• **T - Teamwork** because there is no “I” in team.

*These principles are nothing more than a philosophy of doing things; the way we would want them done if we were the customer!*

**GUIDELINES FOR GUEST SERVICES AT TGH**

No matter what your role is, we couldn’t function without you. You touch the lives of people every day and make our patients and visitors very happy. Our dedication and hard work make TGH the best hospital on the planet. Remember, we are all public relations representatives and can make our jobs more gratifying by following a few special guidelines:

• Make eye contact, smile and acknowledge the guest

• Greet and Welcome Every Patient and Family member

• Seek out Patient and Family Contact

• Promote a Safe and Clean Environment

• Provide Immediate Service Recovery

• Display Appropriate Body Language at all Times

• Preserve the Motto, “Providing Healthcare with Kindness and Respect”

• Listen to and Respect the Privacy of Each Patient and Family Member
ABOUT TGH

Tampa General serves a 12-county region with a population in excess of 4 million, in West Central Florida. Tampa General serves as the primary teaching hospital for the University of South Florida (USF) College of Medicine. Ranked among the nations top 100 research universities, USF and Tampa General are committed to developing advances in medicine through both clinical practice and research.

MEDICAL STAFF

Approximately 1,200 private and university-affiliated attending physicians and more than 200 resident physicians from the University of South Florida College of Medicine residency program provides various community medical services.

GOVERNANCE

Tampa General Hospital, a private not-for-profit corporation, is governed by a 15-member volunteer Board of Directors (The Florida Health Sciences Center).

ACCREDITATIONS

TGH is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and Commission on Accreditation of Rehabilitation Facilities (CARF).

ADMINISTRATOR

Ron Hytoff: President and Chief Executive Officer

MEDICAL SCHOOL

TGH is affiliated with the USF College of Medicine and serves as the primary teaching hospital.

STUDENT AFFILIATION PROGRAMS

TGH serves as a clinical site for associate, baccalaureate and graduate programs from around the country.

MEDICAL SERVICES AT TGH

Tampa General is one of the most comprehensive medical facilities in West Central Florida. It is a truly valuable medical and educational resource center for the hundreds of patients, physicians and medical professionals who come through its doors every day from the region and around the world.
SERVICES AT TGH

The TGH Trauma Center is the only Level I trauma center in Central Florida, providing emergency treatment to adults and children. This Level I rating means that a designated trauma team is in the hospital 24 hours a day, ready to respond to the most serious injuries. A dedicated trauma and operating room are available 24 hours a day.

The Pediatric Center realizes that children are not miniature adults and provides different kinds of equipment needed to treat these special patients. The waiting room is designed with kids in mind.

The Chest Pain Center is dedicated exclusively for the treatment of chest pain and makes checking out chest pain fast, convenient, and private. The Chest Pain Center does not have a waiting room, because the first rule in treating chest pain is: NO WAITING.

Our new Minor Emergency Center has a separate waiting room and separate facilities to provide quicker care for minor problems from physicians and nurses with less waiting time.

REGIONAL AEROMEDICAL TRANSPORT PROGRAM

TGH has aeromedical helicopters. The helicopters have the most advanced life support equipment and can transports critically ill or injured patients to TGH.

TAMPA BAY REGIONAL BURN CENTER

TGH Burn center is one (1) of four burn treatment centers in the state. The dedicated staff is specifically trained to treat critically burned patients from initial emergency admission through reconstructive surgery and follow-up care.

Emergency Services at TGH

The TGH Trauma Center is the only Level I trauma center in Central Florida, providing emergency treatment to adults and children. This Level I rating means that a designated trauma team is in the hospital 24 hours a day, ready to respond to the most serious injuries.

The Pediatric Center realizes that children are not miniature adults and has different kinds of equipment needed to treat these special patients. The waiting room is designed with kids in mind to help put them at ease.

The Chest Pain Center and Stroke Center is dedicated exclusively for the treatment of chest pain, which makes checking out chest pain fast, convenient, and private. The Chest Pain Center does not have a waiting room, because the first rule in treating chest pain is: NO WAITING.

The Minor Emergency Center has a separate waiting room and separate facilities to provide quicker care for minor problems with less waiting time.

Tampa Bay Regional Burn Center
The TGH Burn Center is one (1) of four burn treatment centers in the state. The dedicated staff is specifically trained to treat critically burned patients from initial emergency admission through reconstructive surgery and follow-up care.

**Center for Bloodless Medicine & Surgery**
This program is designed to provide state-of-the-art medical care for patients who choose not to accept blood transfusions or blood products. Bloodless care can be applied to nearly every medical and surgical specialty.

**Transplantation Program**
TGH is one of the busiest organ transplantation centers in the nation and the only hospital in West Central Florida performing adult heart, lung, kidney, liver and pancreas transplants. In addition, pediatric kidney transplant are also performed at TGH.

TGH is one of 12 centers in the nation to have performed more than 500 heart transplants and in 1985 performed the first successful heart transplant in Florida.

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**The Joint Commission on Accreditation of Healthcare Organizations (JCAHO)**
The Joint Commission was formed in 1951. Over the last 30 years, they have continually increased the strength of their standards. Their mission has remained the same, to improve the quality of care provided to the public.

**When the surveyors from JCAHO visit, remember these points:**

- Know how to look up policies and procedures through the employee portal located on desktops throughout the hospital.

- Keep in mind; it is not an inspection, but a survey. If you are not sure about something, tell them you can find out (notify your supervisor).

- Don't volunteer information. Answer the questions in a pleasant upbeat manner.

- Show enthusiasm; it's contagious. Always remember that you are here for the patient. Be proud of the quality work you provide each and every day.
2008 National Patient Safety Goals
Hospital Care & Disease-Specific Care (DSC)

Goal 1

Improve the accuracy of patient identification.

REQUIREMENTS
Use at least 2 patient identifiers (neither to be the patient's room number) whenever:
- Administering medications or blood products
- Drawing blood samples and other specimens for clinical testing
- Providing any other treatments or invasive procedures

Goal 2

Improve the effectiveness of communication among caregivers.

REQUIREMENTS
1. For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information write down and read back the complete order or test result.
2. Standardize a list of abbreviations, acronyms, and symbols and dose designations that are not to be used throughout the organization.
3. Measure, assess and, if appropriate, take action to improve the timeliness of reporting and the timeliness of receipt by the responsible licensed caregiver, or critical test results and values.
4. Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

Goal 3

Improve the safety of using medications.

REQUIREMENTS (FOR HOSPITAL CARE ONLY)
1. Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
2. Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.
3. Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.

Goal 4

Reduce the risk of health care-associated infections.

REQUIREMENTS
1. (New) Comply with current World Health Organization (WHO) hand hygiene guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
2. Manage all sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection.

Goal 5

Accurately and completely reconcile medications across the continuum of care.

REQUIREMENTS
1. There is a process for comparing the patient's current medications (at admission/entry) with those ordered for the patient while under the care of the organization.
2. A complete list of the patient's medications is communicated to the next provider of service when a patient is transferred or transferred to another setting, service, practitioner, or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

Goal 6

Reduce the risk of patient harm resulting from falls.

REQUIREMENTS
Implement a fall reduction program and evaluate the effectiveness of the program.

Goal 7

Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.

REQUIREMENTS (For DSC Only)
1. Develop and implement a protocol for administration and documentation of the influenza vaccine.
2. Develop and implement a protocol for administration and documentation of the pneumococcal vaccine.

Goal 8

Encourage the active involvement of patients and their families in the patient's care as a patient safety strategy.

REQUIREMENTS
Define and communicate the means for patients to report concerns about safety and encourage them to do so.

Goal 9

The organization identifies safety risk inherent in its patient population.

REQUIREMENTS (FOR HOSPITAL CARE ONLY)
1. The organization identifies patients at risk for suicide. (Applies to primary diagnosis or presenting complaint of an emotional or behavioral disorder, including substance abuse).
2. The organization selects a method for identifying patients at risk for suicide (e.g., suicide risk assessment, screening for suicide risk). The organization selects a method for identifying patients at risk for suicide (e.g., suicide risk assessment, screening for suicide risk).
Goal: Improve the accuracy of patient identification

- Use at least 2 patient identifiers when providing care, treatment, or services.

Goal: Improve the effectiveness of communication among caregivers

- For verbal or telephone orders or for telephonic reporting of critical test results (VORB/TORB), verify the complete order or test result by having the person receiving the info record and “read-back” the complete order or test result.

- Standardize a list of abbreviations, acronyms, symbols and dose designations that are NOT to be used throughout the organization.

- Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.

- Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions.

Goal: Improve the safety of using medications

- Standardize and limit the number of drug concentrations used by the organization.

- (NOT for DSC) Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization and take action to prevent errors involving the interchange of these drugs.

- (NOT for DSC) Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.

Goal: Reduce the Risk of Health Care-Associated Infections

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

- Manage as sentinel events all identified cases of unanticipated death or major permanent loss
of function associated with health-care associated infection.

**Goal: Accurately & completely reconcile medications across the Continuum of Care.**

- There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.

- A complete list of the patient’s medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

**Goal: Reduce the risk of patient harm resulting from falls.**

- Implement a fall reduction program and evaluate the effectiveness of the program.

**Goal: Reduce the risk of patient harm resulting from falls.**

- Implement a fall reduction program including an evaluation of the effectiveness of the program.

**Goal: (DSC) Reduce Risk of Influenza & Pneumococal Disease in Older Adults.**

- (DSC ONLY) Develop & implement a protocol for administration and documentation of the flu vaccine.
- (DSC ONLY) Develop & implement a protocol for administration and documentation of the pneumococcus vaccine.
- (DSC ONLY) Develop & implement a protocol to identify new cases of influenza and to manage an outbreak.

**Goal: Encourage Patients’ Active Involvement in Own Care**

- Define & communicate the means for patients and their families to report concerns about safety and encourage them to do so.

**Goal: (NOT for DSC) Identify Safety Risks in Patient Population**

- (NOT for DSC) The organization identifies patients at risk for suicide (applicable to patients being treated for emotional or behavioral disorders.)
Ethics at Tampa General Hospital

TGH Ethics Committee consists of multi-disciplinary team of healthcare professionals, clergy, and lay-persons, addressing the ethical dilemmas that may occur surrounding the provision of care to patients.

Patients have the right to be informed of available resources for resolving disputes, grievances and conflicts, such as Risk Management and/or Nursing Administration, Ethics Committee or other mechanisms within the institution:

Risk Management  844-7666
Nursing Administration  844-7135

Advance Directive
Patients have the right to an advance directive for medical treatment and to designate a surrogate decision-maker with the expectation that Tampa General Hospital will honor the intent of the directive to the extent permitted by law and hospital policy.

TGH will advise patients of their rights under Florida law and hospital policy to make informed medical choices, ask patients if they have an advance directive or a Florida Do Not Resuscitate Order (DNRO), and include that information on the medical record. The patients have the rights to timely information about hospital policy that may limit the hospital’s ability to fully implement a legally valid advance directive.

Participation in Treatment
Patients have the right to make decisions about their plan of care prior to and during the course of treatment and to refuse treatment to the extent permitted by law and hospital policy and to be informed of the medical consequences of this action. In the case of refusal of treatment, patients are entitled to other appropriate care and services that the hospital provides. The hospital will notify patients of any policy that might affect their choice within the institution. For more information please refer to policy RI-18 and RI-5.

The Department of Pastoral Care

Tampa General Hospital is fortunate to have a team of chaplains who provide for the spiritual needs of the patients and their families when they come to TGH for care. These chaplains are considered a part of the healthcare team and they are called upon quite frequently to assist patients and their families. It is a requirement that all TGH chaplains minister to patients without regard to religious affiliation. Also, at least one chaplain is present in the hospital 24 hours/day, seven days/week. The chaplains at TGH have a variety of responsibilities:
**Trauma Duty**
When a trauma patient comes into the AECC, it is the chaplains’ duty to identify the patient. The chaplain also notifies next of kin on behalf of the patient. Additionally, the chaplain provides support and comfort to the patient and especially to the families of the patient once they arrive at TGH.

**CODE BLUE**
Chaplains respond to all Code Blues in the hospital. In this situation, the chaplain on duty comforts the family of the patient. Often times it is the chaplain who assists the family members in anxious and uncertain times in the lives of their loved one.

**Bereavement and Coping**
Chaplains are called to all deaths in the hospital. The chaplain will sit beside a grieving family and provide emotional and spiritual support during this difficult time. The chaplain will also assist the medical staff with their grief over a patient’s death.

Since many patients at TGH are facing serious illnesses, some request a chaplain for counsel and spiritual support. Nurses are usually the ones who call the chaplain in such circumstances.

At TGH we recognized death as a part of life and grief as a normal healthy response to loss through death. That’s why a dedicated group of people developed the Bereavement Care Program at TGH. The program provides patient’s families with a dignified and respectful way to deal with the end of life for their loved ones. For more information contact the Department of Pastoral Care.

**Advance Directives/Living Wills**
The chaplains at TGH help patients fill out their Living Wills. The chaplain on duty explains the advanced directive to the patient and serves as a witness to the patient’s signature on the document.

**Chapel Services**
Each Tuesday and Thursday from 12:00-12:15 p.m. a chaplain leads an interfaith service of meditation and prayer. Everyone is invited to attend. Since the chapel is open 24 hours/day, many patients and staff use it for their private meditation and prayers throughout the day and night.

**TGH NURSING DEPARTMENT**
TGH is the only Level One Trauma Center in Central Florida, providing emergency treatment to adults and children with critical injuries and acute illnesses. This Level One rating means that a designated trauma team is in the hospital 24 hours a day, ready to respond to the most serious injuries. An ER trauma room and a dedicated trauma operating room are available 24 hours a day. In addition, TGH has a Regional Aeromedical Transport Program, Regional Burn Center, Chest Pain and Stroke Center, Transplantation Program, Neuroscience Center, Florida Joint Center, Children’s Medical Center, Childbirth Center, Primary Care Unit, Regional Center for Digestive Disorders, and the Cardiac Institute of Florida.
SOFTWARE

Do not bring software programs from home. You should always run a virus check on your diskettes before using them in any TGH computer.

HELP DESK

Call the Help Desk for assistance with computer related problems. It is available 24 hours a day. After the appropriate information is gathered, a technician will be assigned to your problem based on a formulated priority scale. The Help Desk number is 844-7490.

CONFIDENTIALITY

Every employee/student/volunteer must wear or display an identification badge while at TGH. Be sure to verify anyone you are giving information to. Never disclose information to any unauthorized third party.

KEY POINTS TO REMEMBER:

1. Give information to authorized persons only.
2. Get the information right the first time, verify everything.
3. Never copy TGH software for your personal use.
4. Do not hack into any system you are not authorized in.
5. Never damage computer equipment.

Any questions please call the Help Desk at ext. 7490.

GENERAL ORIENTATION:

Each orientation is coordinated by area supervisor using this booklet. The following information will be also be addressed during orientation.

- Parking
- Hospital Tour to include Patient Care units, Cafeteria, Library, CEDAR, etc.
- Introduction to resource people: Education Coordinator, Staff, etc.
- Hospital communication system: Telephone, beeper, fax lines, etc.
- TGH Emergency Codes and the student's responsibilities during a Code.
- Read and understand Contractor/Student Orientation Booklet.

UNIT ORIENTATION includes the following and is performed by the clinical instructor:

- Tour nursing station, medication room, bathrooms, clean/dirty utility room
- Locate policy and procedure manuals on-line, identify patient rooms, staff conference room and lounge
- Introduce yourself to the unit manager.
CLINICAL/PRACTICE EXPERIENCE:
The following learning experience is available to the student depending on the individual student's needs and learning objectives. Learning can be achieved by observation, participation, and/or performance under the direct supervision of the assigned preceptor or the clinical instructor. Check with TGH policy and/or clinical instructor before performing any procedures.

The following are TGH Emergency Codes and these extension numbers:
Code line: 7777
Security: 7363
Safety: 7349, 7699 & 7724

To call a Code, dial 7777, specify the code #, the type of code, location and your name.

<table>
<thead>
<tr>
<th>TGH Codes</th>
<th>Emergency</th>
<th>Staff Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code White</td>
<td>Utilities Outage</td>
<td>Dial 7777, notify the Operator of or about the utility problem and follow TGH Code 10 policy.</td>
</tr>
<tr>
<td>Code Orange</td>
<td>Chemical Spill</td>
<td>Dial 7777, notify the Operator and follow TGH Hazardous Materials policy.</td>
</tr>
<tr>
<td>Code Blue</td>
<td>Unresponsive Person (Cardio-pulmonary Arrest)</td>
<td>Call for help, dial 7777, notify the Operator adult or pediatric Code 19, start CPR and follow TGH Code 19 policy.</td>
</tr>
<tr>
<td>Code Gray</td>
<td>Assistance Needed (Unruly patient, visitor, staff)</td>
<td>Dial 7777, notify the Operator, wait for help, prevent injury and follow TGH Code 44 policy.</td>
</tr>
<tr>
<td>Code Black</td>
<td>Bomb Threat</td>
<td>Dial 7777, notify the Operator and follow TGH Bomb Threat Plan.</td>
</tr>
<tr>
<td>Code Purple</td>
<td>Employee/Visitor Injury (Medical Emergency)</td>
<td>Dial 7777, notify the Operator of or about the nature of injury and follow TGH Code 50 policy.</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>Missing Patient</td>
<td>Dial 7777, notify the Operator and follow TGH Code Yellow Policy.</td>
</tr>
<tr>
<td>Code Green</td>
<td>Disaster</td>
<td>TGH Administrator on duty will initiate Code. Refer to the departmental Disaster plan for your role.</td>
</tr>
<tr>
<td>Code Navy</td>
<td>ER Full</td>
<td>Dial 7777, notify the Operator and follow TGH Code Navy Policy.</td>
</tr>
<tr>
<td>Code Gold</td>
<td>In-House Stroke Alert</td>
<td>Dial 7777, notify the Operator and follow TGH Code Gold Policy.</td>
</tr>
<tr>
<td>Code Pink</td>
<td>Infant Abduction</td>
<td>Dial 7777, notify the operator and follow TGH Code Pink policy.</td>
</tr>
</tbody>
</table>
EMPLOYEE HEALTH DEPARTMENT

In accordance with OSHA regulation 39CFR: 1919.1020, “Access to employee exposure and medical records,” all TGH employees or their designated representative will be provided with access to their Employee Health medical records upon receipt of written consent. Medical records for each employee will be maintained for the duration of employment plus thirty (30) years. Access will be provided within 15 working days, unless there is a delay in retrieving the record. If there is a delay, the employee or designated representative will be immediately notified. Initial requests for copies of a medical record will be provided without any charge to the employee. If you are stuck with a needle while at TGH, please notify your instructor and report to employee health immediately.

RISK MANAGEMENT

In the early 1980's, as the result of a malpractice crisis throughout the country, the State of Florida developed new laws requiring every healthcare facility licensed by the State of Florida must have a Risk Management program. The program requires the supervision of a licensed Healthcare Risk Manager, reporting of adverse occurrences to the Risk Manager, and tracking, trending and preventing of any adverse occurrences.

INCIDENT REPORTING

An incident is any occurrence, which represents a departure from the norm, an unexpected event, or an event with an unfavorable outcome. The format for reporting adverse occurrences is the Incident Report. As required by the State, all hospital personnel have a duty to report these events. The issue of fault or blame is not considered and it is necessary to report all events.

The employee is to complete the incident request within 24 hours. The supervisor or manager must review and sign the incident report and forward to Risk Management. Incidents that must be reported to the agency for healthcare Administration (AHCA) are listed under the Serious Incident section. Anytime a serious incident occurs an incident report must be completed. Incidents must be reported to Risk Management within three (3) days of occurrence or of discovery. The reports are CONFIDENTIAL and are not to be discussed outside of the risk management setting. The Incident Reports are not to be copied or given to any one including doctors, attorneys, private investigators or court representatives. This allows the employees to report adverse events without the fear of repercussions or punishment. Incident Reports are completed via the Merlin Computer system. The Incident Report is not to be mentioned (documented) in the patient's record.

SERIOUS INCIDENTS/SENTINEL EVENTS (CODE 15 REPORTS)

A SERIOUS INCIDENT/SENTINEL EVENT or CODE 15 is an event that results in an injury to a patient as a result of treatment or lack of treatment. These events must be reported to the State within 15 days of the occurrence, and the State can impose fines for late reporting. These events must be reported to Risk Management within 24 hours, but it is preferred that Risk Management be notified immediately. At TGH, a Risk Manager is on call for serious incidents 24 hours a day.
The following are examples of SERIOUS INCIDENTS/SENTINEL EVENTS:

1. Unexpected death
2. Wrong surgical procedure
3. Brain damage
4. Surgery to remove foreign object left from previous medical/surgical treatment
5. Surgical procedure on wrong patient
6. Surgery to repair injury resulting from a planned surgical procedure
7. Spinal damage
8. Surgery unrelated to the admission diagnosis

When a SERIOUS INCIDENT/SENTINEL EVENT occurs, the investigation begins immediately. A special committee meets to determine the opportunities for improvement and prevention in the future.

MANDATORY REPORTING-Reporting of the following incidents is mandatory:

- Annual Adverse Incident Report B—this is a summary sent to the State of all injuries which have resulted because of something we did or did not do.
- FDA Faulty Device Report B—any injury or illness resulting from the failure of a medical device.
- Florida State Elevator Bureau B—any injury which occur involving an elevator.
- JCAHO Sentinel Event Report B—reporting all of the code 15 events as well as suicide of a patient, rape of a patient, abduction of an infant, and death from the administration of the wrong blood.

Prompt reporting of these events is essential to prevent State and/or Federal fines or sanctions. In addition to all of the above, it is mandatory that any complaints or allegations of abuse of a patient be reported immediately to Risk Management. There are various State procedures that must be followed when abuse allegations are made.

MEDICAL LIABILITY/LEGAL RESOURCE

Medical liability (malpractice) issues are handled through the Risk Management department. If a patient or family member decides to file a claim against the hospital, the Risk Management department investigates the claim, and in some instances, settles the claim. The Risk Management department will also assist in preparing an employee to testify in a claim or malpractice action, and accompany the employee through the entire claim/malpractice process.

Risk Management serves as the liaison between employees and the hospital attorney. If you have a question concerning a legal issue, a specific regulation/law, or are contacted by an attorney, private investigator or insurance investigator, please notify Risk Management immediately. If you should receive a subpoena potentially involving hospital business, bring it to Risk Management immediately.
GENERAL LIABILITY

TGH has General Liability insurance. It is very similar to homeowner's insurance. Both Risk Management and Security investigate and manage General Liability claims. Examples of general liability issues are lost teeth, lost hearing aids, lost eyeglasses and slip/fall accidents. If any such incident occurs, notify the Security department to investigate. **Do not tell the patient or family that TGH will pay for the lost belongings.** The decision is made after the investigation is complete. If TGH was not responsible for the loss, no reimbursement will be made.

PATIENT/FAMILY CONCERNS AND COMPLAINTS

The State and JCAHO require that patient/family complaints be reviewed, tracked, and trended for the purpose of identifying opportunities for improving patient care. The patient or family must be able to express their concerns without the fear or perception of repercussion. Every staff member is responsible for problem resolution. If you can fix the problem, do so. If you cannot, direct it to the manager of the involved department. Complaints received by telephone or letter after the patient is discharged are directed to Risk Management. Remember that the Patient Guest Relations Representative is also available to help with problems. It is the responsibility of every TGH employee to prevent unnecessary losses (claims, suits, etc.) from events over which we have control. Many studies have been done on why patients sue the hospital or the doctor. Rudeness, curt responses and flippant attitudes were the primary reasons given by patients for initiating a lawsuit. It still holds true that patients and families are less likely to sue hospitals or doctors when they perceive that they are treated with respect, care and compassion. **TREAT THE PATIENT AND FAMILY AS YOU WOULD LIKE TO BE TREATED.** Practice of this philosophy will prevent unnecessary claims and law suits.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

HIPAA (Health Insurance Portability and Accountability Act) is a relatively new Federal Law that was enacted in 1996. This law specifies standards for privacy and security policy and practices. One part of the law is called Administrative Simplification. Administrative Simplification includes three main areas:

- Standardized Data Set Transmission
- Privacy
- Security

TGH has begun, and will continue, to take steps to become compliant with all three parts of Administrative Simplification. The changes will affect all persons working in or doing business with TGH.

As an employee or volunteer, you will be affected by changes that will need to occur. Education will be ongoing as these changes come into effect. These regulations involve all medical information to
include patient and employee health information.

**CORPORATE COMPLIANCE PROGRAM**

TGH believes in values such as respect, dignity, trust, excellence and responsibility. Because of our commitment to these values, the corporate compliance program was created. This program allows employees, physicians and contractors working at TGH to report suspected unethical, unlawful or undesired activities. Also, the program provides a means for identifying, reporting and taking corrective action once a potential problem has been identified.

**Some of the high-risk compliance concerns in hospitals are:**

- billing and coding
- incomplete or incorrect documentation to support billing
- research activities
- EMTALA (patient transfer issues)
- patient confidentiality.
- falsification of information
- harassment
- discrimination
- drug free work place issues
- thefts, bribes and kickbacks
- entertainment, gifts and gratuities
- internal accounting controls
- patient rights issues
- non compliance with health and safety laws
- improper lobbying and political contributions
- conflicts of interest
- improper use of computer information
- software piracy
- vendor improprieties.

**The benefits of a Compliance Program include:**

- Shows TGH has a commitment to compliance
- Improves employee morale
- Improves patient care
- Improves internal communication between employees and customers
- Helps to maintain the image and quality of the TGH

*If you are aware of any suspected violations, you are responsible for reporting the issue for investigation. Your first option is to report the activity or concern to your supervisor or another member of management.* If you are uncomfortable with this approach or this approach has not worked, contact the **TGH Compliance Line at 1-800-352-6875 to report the concern or activity.**
When calling the Compliance line, you are not required to identify yourself. At the end of the phone call, you will receive a code number that you can use during any follow-up calls you make.

**Some other key points to remember about the compliance line:**

- Provides early identification of practices that need to be changed
- Allows employees to report issues in a non-threatening manner
- A simple risk free way to report possible violations that may be illegal, unethical, or just plain wrong
- Owned and operated by an independent company
- Available 24 hours a day, 7 days a week
- Completely Anonymous….no strings attached

**A very important part of the Compliance Program is the TGH Code of Conduct.** The Code of Conduct is the expectations that every employee will be held to and must maintain. If you are not familiar with the Code of Conduct, you should review and understand your responsibilities as an employee at TGH. If you have any questions, please call the office at 844-4812.

You are the key to the Compliance Program at TGH. Call the compliance line toll-free, 24-hours a day, seven days a week at: 1-800-352-6875

**EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT (EMTALA)**

EMTALA stands for the Emergency Medical Treatment and Active Labor Act. This law was enacted in 1986 and has had many revisions. It was put into effect to prevent patient “dumping” and assure that all patients who are in an Emergency Medical condition are evaluated and treated for that condition prior to the request or verification of insurance or payment and prior to transfer to any other facility or discharge.

All individuals who are in our buildings or within 250 yards of the main building must have access to emergency treatment. As a TGH employee, student or volunteer, if a person asks for medical assistance or help, or a person obviously requires medical assistance, it is your responsibility to:

1. Direct the person to the Emergency Department
2. Take (escort) the person to the Emergency Department
3. Call a Code Purple – for medical emergency or injury.

The Transfers In and Out of TGH policy and the Code Purple policy are in your policy manuals. **Check with supervisor for proper parking procedures.**
Students at Tampa General Hospital need to read and follow HR-13 policy below:

PURPOSE: To define the practice of affiliating student nurses and faculty.

1. Clinical experience for student nurses is based on a written affiliation agreement between the hospital and school of nursing.

2. The clinical instructor from the individual school of nursing will provide CEDAR with the student roster and rotation schedule. CEDAR will communicate this information to the appropriate nursing units.

3. Students and faculty are expected to adhere to hospital policy and procedure and work in cooperation with the hospital staff member co-assigned to the patient.

4. The responsibility for patient care remains with the unit Nurse Manager/designee who assists faculty members in coordinating unit orientation and assignments of students. The Nurse Manager/designee may deny assignment of a specific patient selected by the instructor.

5. The clinical instructor/preceptor must be available to assist the student with procedures and other matters as they relate to the clinical situation.

6. Medication administration:
   a. All RN & LPN student nurses may administer oral and rectal medications, subcutaneous and intramuscular injections under direction of the clinical instructor. All medications must be checked by the clinical instructor to ensure that the correct medications have been prepared.
   
   b. With direct supervision by the clinical instructor/preceptor, RN student nurses may administer intravenous infusions including small volume admixtures.
   
   c. Student nurses may not administer blood, blood components, chemotherapy or intravenous medications by direct push.
   
   d. Narcotic records must be cosigned by the clinical instructor. Students are not authorized to carry the narcotic keys.

7. The Nurse Manager/designee provides input to the faculty member in evaluating the student's skill and ability to provide patient care.

8. Students will report to the patient care area at scheduled report times to participate in change of shift report.

9. The student documents care given per hospital standards and gives verbal report to the charge nurse prior to leaving duty. Students are encouraged to document plan of care and communicate same to the charge nurse. Patient care documentation must be reviewed by team leader preceptor. Cosignature of documentation by instructor is required.

10. Student nurses will adhere to uniform dress policy each time the patient care area is entered. Laboratory
coats and street clothes are not permitted on patient care areas while reviewing patient assignments. Students will dress professionally and wear name tags at all times.

**STUDENT AFFILIATION POLICY**

TGH nursing staff is interested in helping you with your clinical experience to meet your program objectives. We ask that you complete the attached evaluation and return to your instructor at the end of your student rotation.

**Tampa General Hospital**

**Student Affiliation Program Evaluation**

<table>
<thead>
<tr>
<th>Based on your clinical experience at TGH please rate the following</th>
<th>Excellent</th>
<th>Good</th>
<th>Satisfactory</th>
<th>Poor</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Extent of clinical experience provided helped to meet your learning objectives.</td>
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<td>Adequacy of resources available.</td>
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<td>Quality of orientation provided.</td>
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<td>Appropriateness of clinical/practical rotation.</td>
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<td>Overall, how would you rate this program.</td>
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<td>Effectiveness of the preceptor in facilitating learning.</td>
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<td>Helpfulness of nursing staff.</td>
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<td>Helpfulness of other TGH staff members.</td>
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<td>Adequacy of TGH facility for student affiliation program.</td>
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Additional Comments/Suggestions (please write below):