

**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Abbreviations

POLICY # 100.01

PAGE 1 of 13

EFFECTIVE DATE: July 28, 2016

SUPERSEDES: Policy Same Title; 04/14; 11/13; 03/13; 02/13; 01/13; 01/12; 06/11; 09/08; 01/07; 07/06; 08/04; 02/04; 05/03; 04/03; 02/03; 01/03; 08/01

REFERENCE: The Joint Commission CAMH Manual

ATTACHMENTS: None

AUTHORED BY: Director, Health Information Management; Pharmacy and Therapeutics Committee

Policy:

The following abbreviations, acronyms, symbols and dose designations have been identified as dangerous by the Gordon Hospital Safe Medication Practice Committee and **are not** to be used in the patient's medical records. This applies to all orders and all medication-related documentation that is handwritten or entered as free text into a computer.

DO NOT USE THESE DANGEROUS ABBREVIATIONS, ACRONYMS, SYMBOLS OR DOSE DESIGNATIONS

Abbreviation/Dose Expression	Intended Meaning	Misinterpretation	Acceptable
"U" "u"	Unit	The u can be read as a zero, four or as "cc" – all of which can be catastrophic.	Use unit.
"Q.D." "q.d." "QD" "qd" "Q.O.D." "q.o.d." "QOD" "qod"	Latin abbreviation for once daily and every other day.	Mistaken for each other. The period after the Q can be mistaken for an "I" and the "O" can be mistaken for "I".	Write "daily" and "every other day" q other day, q 48 hrs.
"MS" "MSO4" "MgSO4"	Morphine Morphine Sulfate Magnesium Sulfate	Confused for one another. Can mean morphine sulfate or Magnesium sulfate.	Write "morphine", "morphine sulfate" or "magnesium sulfate".
"IU"	IU for international units.	Can be read as IV.	International Units
"0"	Trailing zero (X.0 mg), Lack of leading zero (.X mg)	If the decimal point is missed example 5.0 easily becomes 50.	Never write a zero by itself after a decimal point (X mg), and always use a zero before a decimal point (0.X mg)
(.)	A naked decimal point (.) i.e. .5mg of Versed IV.	If the decimal point is missed, the order for Versed is read as 5mg.	Always precede a decimal point with a "0", if called for.

When reading a physician's order, if it is not completely clear as to the physician's intent, contact him/her for clarification.

Note: A trailing zero may be used when required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report the size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication-related documentation.

Following is the list of **approved** abbreviations:

	A		
@	at	AMI	acute myocardial infarction
ā	before	amp	ampule
A1C	Glycosylated Hemoglobin	amt	amount
A&O x 3	alert & oriented X 3	ANA Titer	anti-nuclear antibody titer
aa	of each	ANGIO	Angiography
AAA	abdominal aortic aneurysm	ant MI	anterior MI
AAS	acute abdominal series	AOA	American Osteopathic Association
Ab	antibodies	APIE	assess plan implement evaluate
AB	abortion	Appt/appt	appointment
ABI	Ankle Brachial Indices	ARDS	acute respiratory distress syndrome
abd	abdomen/abdominal	AROM	artificial rupture of membranes
ABI	ankle brachial indices	ASA	aspirin
abx	antibiotics	ASAP	as soon as possible
ABG	arterial blood gas	As tol	As tolerated
AC	acromioclavicular	AST	Aspartate Aminotransferase
A/C	assist control mode	ATC	around the clock
a.c.	before meals	Auth	Authorization
ACS	Acute Coronary Syndrome		
ADA	American Diabetic Association		B
Ad lib	as much as desired		
ADL	activities of daily living	B&O	belladonna & opium
Adm	admission/admit	BBB	bundle branch block
Aero/aero	aerosol	BBFA	both bone fracture of forearm
AF/Afib	atrial fibrillation	BIL	bilateral
AFB	acid-fast bacillus	BiPAP	Bi-level positive airway pressure
AFI	amniotic fluid index	BM/bm	bowel movement
AGA	appropriate for gestational age	BMP	basic metabolic profile
A/G	albumin globulin	BMT	bilateral myringotomy and tube
AICD	automatic internal cardiac defibrillator	BNH	bladder neck hypertrophy
AIDS	acquired immune deficiency syndrome	BNO	bladder neck obstruction
AKA	above knee amputation	BNP	B naturetic peptide
ALT	Alanine Aminotransferase	BOW	bag of water
am	morning	BP	blood pressure
AMA	against medical advice	BPH	benign prostatic hypertrophy
amb	ambulatory	BPM/bpm	beats per minute
		BR	bedrest
		BRP	bathroom privileges

+BS	positive bowel sounds	cm	centimeter
BSCD	bilateral sequential compression devices	CM	costal margin
BSD	bedside drain/drainage	CMD	cystoid macular degeneration
BSN	Bachelor of Science Nursing	CMP	comprehensive metabolic profile
BSO	bilateral salpingo-oophorectomy	CMS	central supply
BSW	Bachelor of Social Work	CMV	control mechanical ventilation
BTL	bilateral tubal ligation	C.N.M.	certified nurse midwife
BUN	blood urea nitrogen	CNA	Certified Nursing Assistant
BUS	Bartholin urethral Skene's gland	CNS	central nervous system
BX/bx	biopsy	c/o	complain of
		CO ₂	carbon dioxide
		COF	chain of four
	C	comp	compound
		cont	continue/continuous
		COPD	chronic obstructive pulmonary disease
Δ	change	C.O.T.A.	certified occupational therapy assistant
$\frac{c}{c}$	Centigrade	CPAP	continuous positive airway pressure
$\frac{c}{c}$	with		
C	confirm	CPD	cephalopelvic disproportion
C. Difficile	Clostridium Difficile	CPK/CPK-MB	creatinine phosphokinase/MB
CA	carcinoma, cancer	CPR	cardiopulmonary resuscitation
Ca/Ca+	calcium	CPT	chest physiotherapy
CABG	coronary artery bypass graft	CQI	continuous quality improvement
CAD	coronary artery disease	C-RP/CRP	C-reactive protein
CAHD	coronary artery heart disease	CRU	cardiac rehabilitation unit
cal	caloric	CRVD	central retinal vein occlusion
cap	capsule	C/S or	
CAT/CT	computerized axial tomography scan	C-section	Cesarean section
cath	catheter/catheterized	C&S	culture and sensitivity
CBC	complete blood count	CSF	cerebrospinal fluid
CBI	continuous bladder irrigation	CSME	clinically significant macular edema
CC	chief complaint		
CCK	Cholecystokinin	C-spine	cervical spine
CCMS	clean catch midstream	CSR	central serous retinopathy
CCU	critical care unit	CTA	clear to auscultation
CDU	clinical decision unit	CWOCN	Certified Wound Ostomy and Continence Nurse
CEA	Carcinoembryonic Antigen		
CERV	cervical	CV	cardiovascular
CFM	corometric fetal monitor	CVA	cerebrovascular accident
cg/CG	caregiver	CVAT	costovertebral angle tenderness
CHB	complete heart block	CVP	central venous pressure
CHD	congenital heart defect	cx	cervix
CHF	congestive heart failure	CXR	chest x-ray
Chlam	Chlamydia		
CK/CK-MB	Cretonne Kinas/MB		
Cl/Cl-	Chloride		
CLIA	Clinical Laboratory Improvement Amendments		

D	
DAS	Daily Activity Sheet
db	decibels
D/C – D/C'd	discontinuc/d
d/c – d/c'd	discharge/d
D&C	dilatation & curettage
DCR	dacryocystorhinostomy
DDD	degenerative disk disease
DDS	doctor of dental surgery
dec/↓	decrease
defib	defibrillate/defibrillation
dep	dependent
DHR	Department of Human Resources
DIAG	diagonal artery
diff	differential
dil	dilute
DIP	distal interphalangeal
DJD	degenerative joint disease
DKA	diabetic ketoacidosis
dl	deciliter
DM	diabetes mellitus
DNA	Deoxyribonucleic acid
DNI	do not intubate
DNKA	did not keep appointment
DNR	do not resuscitate
DOA	dead on arrival
DOE	dyspnea on exertion
DPI	dry power inhaler
DPT	diphtheria pertusis tetanus
Dr/Dr.	doctor
DRAIN	drainage
DRE	digital rectal exam
Dsg/Drsg/ dsg/drsg	dressng
DSG	dry sterile gauze
Dt	pediatric diphtheria tetanus
DT's	delirium tremens
DU	duodenal ulcer
DUB	dysfunctional uterine bleeding
Dx/dx/diag	diagnosis
DVT	deep vein thrombosis
dz	disease

E

EAC external auditory canal

EBL	estimated blood loss
ECCE	extracapsular cataract extraction
Echo	echocardiogram
ED	emergency department
EDC	expected date of confinement
EDD	expected date of delivery
EDH	epidural hematoma
EEG	electroencephalogram
EF	ejection fraction
EGA	estimated gestational age
EGD	esophagogastroduodenoscopy
EIA	Enzyme Immunoassay test
EIC	epidermoid inclusion cyst
EKC	epidemic keratoconjunctivitis
EKG/ECG	electrocardiogram
elix	elixir
EMR	Electronic Medical Record
EMS	emergency medical services
enc	encourage
ENT	ear, nose & throat
EOA	esophageal obturator airway
EOM	extraocular movement
EOMI	extraocular muscles intact
EPAP	expiratory positive airway pressure
ER	emergency room
ERCP	endoscopic retrograde cholangiopancreatopgraphy
ERM	epiretinal membrane
ESR	eosinophil sedimentation rate
ESRD	end stage renal disease
EST	exercise stress test
est	estimated
ESWL	extracorporal shock wave lithotripsy
E.T.	Enterostomal Therapist
ETA	endotracheal airway
ETT	endotracheal tube
ET	estropia
ETOH	alcohol
EUA	examination under anesthesia
Exp/exp	expired
exp lap	exploratory laparotomy
EXT	extremith

F

F Fahrenheit

FB foreign body
 FBB fingerbreadth below
 FBS fasting blood sugar
 fc/F/C, FC foley catheter
 FFP fresh frozen plasma
 FH fundal height
 FHR fetal heart rate
 FHT fetal heart tone
 Fib/fib fibrillation
 FiO₂ oxygen percentage
 fl oz fluid ounce
 FOB foot of bed
 FPD fetal pelvic disproportion
 FSBS finger stick blood sugar
 FSE fetal scalp electrode
 FSH follicle stimulating hormone
 FU/fu/F/U/f/u follow up
 FUO fever of unknown origin
 FVC forced vital capacity
 FWB full weight bearing
 Fx/fx fracture

G

gal gallon
 G / _ Grade I – VI murmur
 GB gall bladder
 GC Nisseria Gonnorrhea
 GCA giant cell arteritis
 GERD Gastroesophageal Reflux Disease
 GHA Georgia Hospital Association
 GAHHA Georgia Association for Home Health Agencies
 GI gastrointestinal
 Gm, gm gram
 GMCF Georgia Medical Care Foundation
 GP general practitioner
 GPC giant papillary conjunctivitis
 gr grains
 Grav gravida
 GSW gunshot wound
 GT/G tube gastric tube
 gtt drop/drip
 GU genitourinary
 GXT graded exercise stress test
 GYN gynecology

H

H/h/hr/° hour
 H/A/h/a headache
 H&H Hemoglobin & Hematocrit
 HASHD hypertensive arteriosclerotic heart disease
 HBP high blood pressure
 HCG Human Chorionic Gonadatropin (Pregnancy Test)
 HCM hypertrophic cardiomyopathy
 Hct hematocrit
 HCTZ hydrochlorothiazide
 HCVD hypertensive cardiovascular Disease
 HDL High Density Lipoprotein
 HEENT head, eyes, ears, nose & throat drain
 Hemovac heparin lock
 Hep Lock heparin lock
 HH hiatus hernia
 HHA home health aide
 Hgb hemoglobin
 HIDA hydroxy iminodiacetic acid
 HIHQ Health Insurance Query for Home Health
 HIV human immunodeficiency virus
 HJR hepatojugular reflex
 H₂O water
 H₂O₂ hydrogen peroxide
 H&P history & physical
 HNP herniated nucleus pulposus
 HOB head of bed
 HOH hard of hearing
 HPI history of present illness
 HS/hs bedtime
 HSM hepatosplenomegaly
 HSV herpes simplex virus
 HT/Ht/ht height
 HTN hypertension
 HX/hx/Hx history
 Hyst hysterectomy
 HZV herpes zoster virus

I

IAC internal auditory canal
 IBI intermittent bladder irrigation
 IBS irritable bowel syndrome

ICS intercostal space
 ICU intensive care unit
 I&D incision & drainage
 IDDM insulin dependent diabetes mellitus
 IHSS idiopathic hypertrophic subaortic stenosis
 IM intramuscular
 Incont incontinence/incontinent
 inc/↑ increase
 indep independent
 inf inferior
 inf MI inferior MI
 Infect infection
 infil infiltrated/infiltration
 INJ injection
 INR International Normalized Ratio
 int internal
 INT intermittent needle therapy/hep-lock/saline lock
 invol involuntary
 I&O intake & output
 IOL intraocular lens
 IOP intraocular pressure
 IP interphalangeal
 IPAP inspiratory positive airway pressure
 IPPB intermittent positive pressure breathing
 IR Interventional Radiology
 Irreg/irreg irregular
 IRRG/irrg irrigate
 IS incentive spirometry
 ISE internal scalp electrode
 IUD intrauterine device
 IUGR intrauterine growth retardation
 IUP intrauterine pressure
 IUPC intrauterine pressure catheter
 IV intravenous
 IVC inferior vena cava
 IVP intravenous pyelogram

J

JP drain Jackson Pratt drain
 J tube jejunostomy tube
 Juve/juve juvenile
 JVD jugular venous distention

Kg
 KPI
 KCI
 KUB
 L
 L /lt/Lt
 L/ltr
 Lab
 LAD
 lap chole
 LAT
 lat
 LAVH
 lb
 LBBB
 LC/c IOC
 LD
 L&D
 LDH
 LDL
 LE
 LFA
 LG
 LGA
 LH
 LIMA
 liq
 LLE
 LLL
 LLQ
 L/min/lpm
 LML
 LMP
 LN
 LOC
 LOS
 LP
 LPN
 LR
 L-S/LS/L/S
 LSLP

K
 Kilogram
 key process indicators
 Kinetic Concepts Incorporated
 kidneys, ureters & bladder
L
 left
 liter
 laboratory
 left anterior descending artery
 laparoscopic cholecystectomy
 left anterior thigh
 lateral
 laparoscopic assisted vaginal hysterectomy
 pound
 left bundle branch block
 Lap Chole with intra-op Cholangiogram
 left deltoid
 labor & delivery
 lactate dehydrogenase
 Low Density Lipoprotein
 lower extremity
 low friction anthroplasty
 left gluteus
 large for gestational age
 left hand
 left internal mammary artery
 liquid
 left lower extremity
 left lower lobe
 left lower quadrant
 liters per minute
 left medial lateral
 last menstrual period
 lymph node
 loss of consciousness
 length of stay
 lumbar puncture
 Licensed Practical Nurse
 Lactated Ringers
 lumbosacral
 Licensed Speech Language

	Pathologist	MRA	magnetic resonance angiography
LTAC	long-term acute care	MRCP	Magnetic Resonance Cholangiopancreatography
LTB	laryngotracheal bronchitis		
LTC	long term care	MRG	murmurs, rubs, gallops
LTD	Limited	MRGC	murmurs, rubs, gallops, clicks
LUA	left upper arm	MRI	magnetic resonance imaging
LUE	left upper extremity	MRSA	methicillin resistant staph aureus
LUL	left upper lobe	MS	mitral stenosis
LUMB	lumbar	MSOF	multi-system organ failure
LUQ	left upper quadrant	MSW	Medical Social Worker
LVG	left ventrogluteal	MT	metatarsal
LVH	left ventricular hypertrophy	MT&T	myringotomy & tube
	M	MUGA	Multi Gated Acquisition Scan
		MV	mitral valve
max	maximum	MVA	motor vehicle accident
MB/Spect	Whole Body Single-Photon Emission Computer Tomography	MVP	mitral valve prolapse
		MVU	Montevideo units
MC	metacarpal		N
mcg	microgram	NA	nasal airway
MCH	mean corpuscular hemoglobin	N.A.	nursing assistant
MCHC	mean corpuscular hemoglobin concentrate	Na/Na ⁺	sodium
MCV	mean corpuscular volume	N/A, n/a	not applicable
MD	Medical Doctor	NABS	normal abdominal bowel sounds
MDI	metered dose inhaler	NAD	no acute distress
Mec/mec	meconium	NAHC	National Home Care Association
Med/med	medication		
mEq	milliequivalent	NC	nasal canula
mg	milligram	ND	no distension
Mg/Mg ⁺	magnesium	Nd:YAG	Neodymium-doped Yttrium Aluminum Garnet
MHCA	Master of Health Care Administration	NEC	not elsewhere classified
MI	myocardial infarction	nec	necessary
min/'	minute	neg/-/ -	negative
ml	milliliter	Neuro	neurology/neurologic
mm	millimeter	NG/NGT	nasogastric tube
mm/Hg,		NIF	negative inspiratory force
mmHg	millimeters of mercury	nil	nothing
MN	midnight	∅	none, zero
Mod	moderate, moderation	NKA	no known allergies
MODS	multiple organ dysfunction syndrome	NKDA	no known drug allergies
MOM	milk of magnesia	NIDDM	non-insulin dependent diabetes mellitus
MP	metacarpal/metatarsal phalangeal	NMN	no middle name
MR/mr	may repeat	NMI	no middle initial
		noc	night
		non-OB	non-obstetric

NPC	non-productive cough	O2	oxygen
NPO/npo	nothing by mouth	O2 sat/ O2 Sat	oxygen saturation
NQWMI	non-Q wave myocardial infarction	ØSO1	no signs of infection
NRB	non-rebreather mask	o/w	otherwise
NS/N/S	normal saline	oz	ounce
NSD	normal spontaneous delivery		P
NSR	normal sinus rhythm		
NSTEMI	Non-ST elevation myocardial infarction	p	pulse
NSVD	normal spontaneous vaginal delivery	\overline{p}	after
NT	non-tender	PA	posterior anterior
Ntg/NTG	nitroglycerine	P.A.	physician assistant
#	number	PAC	premature atrial contraction
N&V/N/V	nausea & vomiting	PACU	post anesthesia care unit
NV&D/N/V/D	nausea, vomiting & diarrhea	PaCO ₂	partial pressure of carbon dioxide
NWB	non-weight bearing	PaO ₂	partial pressure of oxygen
	O	P&A	percussion and auscultation
OA	occiput anterior	PAR	post anesthesia recovery
OB	obstetric/s	PAT	premature/paroxysmal atrial contraction
OBQI	outcome based quality improvement	PC	pressure control
OBQM	outcome based quality management	p.c.	after meals
OBS	organic brain syndrome	PCA	Patient Controlled Analgesia
obs	observation	PCI	percutaneous coronary intervention
occ	occasionally	PCD	pneumatic compression device
OD	overdose	PCN	penicillin
oint	ointment	PCP	primary care physician
OM	otitis media	P.C.T.	patient care tech
OOB	out of bed	PCU	progressive care unit
OP	occiput posterior	PCWP	pulmonary capillary wedge Pressure
OPA	oropharyngeal airway	PDA	Posterior descending artery
OPS	outpatient surgery	PDCA	Plan Do Check Act
OR	operating room	PDR	proliferative diabetic retinopathy
oriented x 3	oriented to person, place & time	PE	pulmonary embolism
ORIF	open reduction & internal fixation	Ped/s	pediatric/s
ortho	orthopedic	PEEP	positive end expiratory pressure
osm	osmoles	PEG	percutaneous endoscopic gastrostomy
osml	osmolality/osmolarity	PEP	positive expiratory pressure
OT	occiput transverse	PERF	perfusion
O.T.	occupational therapy	PERRLA	pupils equal, round, reactive to light and accommodation
OTC	over the counter	PF	peak flow
out pt	outpatient	PFT	pulmonary function test
		pH	hydrogen ion concentration

	(acid/base)	P.T.A.	physical therapy assistant
PH	past history	PTCA	percutaneous transluminal
Pharm	pharmacy		coronary arteriogram
Phos/phos	phosphorus	PTH	Parathyroid Hormone
PI	performance improvement	PTT	partial thromboplastin time
PICC	peripherally inserted central catheter	PUD	peptic ulcer disease
		pulm	pulmonary
PID	pelvic inflammatory disease	pulse ox	pulse oximetry
PIP	proximal interphalangeal joint	PVD	peripheral vascular disease
PKU	phenylketonuria	PVP	Photo-selective vaporization
PLT	platelets	PWB	partial weight bearing
pm	afternoon	pwd	password
PMH	past medical history	Px/px	pressure
PMI	point of maximal impulse		
Pn/Pneu	pneumonia		Q
PND	paroxysmal nocturnal dyspnea		
PNC	premature nodal contraction	q/Q	every
PO/po	by mouth	q1h	every hour
POAG	primary open-angle glaucoma	q2h	every 2 hours
POC	plan of care	QI	quality improvement
port	port-a-cath	qid/QID	four times daily
POT	plan of treatment	qs	quantity sufficient
pos/+ / +	positive	qt	quart
poss	possible	Qual	Qualitative
post-op	postoperative	Quant	Quantification
pot	potential	QuaNT	Quantitative
P ox/P Ox	pulse oximetry		
PP/pp	post-partum		R
PPD	purified protein derivative		
PPN	peripheral parenteral nutrition	(R) /rt	right
P&P	policy & procedure	RA	rheumatoid arthritis
pr/PR	per rectum	RAV/RBAV	read-back & verified
PRBC	packed red blood cells	RAT	right anterior thigh
preg	pregnancy	RBBB	right bundle branch block
pre-op	preoperative	RBC	red blood cells
prep	preparation	(R) delt/rt delt	right deltoid
prn/PRN	as needed	RCA	right coronary artery
prod	productive	RD	retinal detachment
PROM	premature rupture of membranes	RDS	respiratory distress syndrome
PS	pressure support	Recert	recertification
PSA	Prostate Specific Antigen	Ref	referral
PSH	past surgical history	Reg/reg	regular
PSVT	paroxysmal supraventricular tachycardia	Resp/resp	respiratory
		RF	rheumatic fever
Pt/pt	patient	RFA	right forearm
P.T.	physical therapy	RG	right gluteus
PT	prothrombin time	Rh	rhesus blood factor
PTA	prior to admission		

RIND	reversible ischemic neurological deficit	SG cath	Swan-Ganz catheter
RLE	right lower extremity	SGA	small for gestational age
RLL	right lower lobe	SGL	single
RLQ	right lower quadrant	SGOT	serum glutamic oxaloacetic
RLT	right lateral thigh	SGPT	serum glutamic pyruvic transaminase
RML	right middle lobe	SIADH	syndrome of inappropriate anti-diuretic hormone
RN	registered nurse	SIDS	sudden infant death syndrome
R/O, r/o,		Sig/sig	given as follows
RO, ro	rule out	SIMV	synchronous intermittent mandatory ventilation
ROA	right occiput anterior	SL/sl	sublingual
ROC	Resumption of Care	SLP	Speech Language Pathologist
ROM	range of motion	sm	small
ROS	review of systems	SMI	sustained maximal inspiration
ROT	right occiput transverse	SN	skilled nurse
RP	retrograde pyelogram	SNF	skilled nursing facility
RPR	reiter protein reagent	SO/sig other	significant other
RRR	regular rate & rhythm	SOB	shortness of breath
RSI	Rapid Sequence Intubation	SOC	Start of Care
RSR	regular sinus rhythm	SOAP	subjective, objective, assessment, plan
RSV	Respiratory Syncytial Virus	sol	solution
R.T.	respiratory therapy	SP	spinal puncture
RTO	return to office	S/P, s/p	status post
RUA	right upper arm	Spec	specimen
RUE	right upper extremity	SPN	student practical nurse
RUL	right upper lobe	SpO2	Saturation of Peripheral Oxygen
RUQ	right upper quadrant	spont	spontaneous
RVG	right ventrogluteal	SRN	student registered nurse
RVH	right ventricular hypertrophy	SROM	spontaneous rupture of membranes
RVR	rapid ventricular response/rate	ss	one half
Rx/RX/rx	prescription/take	SSE	soapsuds enema
	S	SSI	Sliding Scale Insulin
—		SST	short self tst
s	without	Staph	staphylococcus
S&O	salpingo-oophorectomy	ST	Speech Therapy
SAH	subarachnoid hemorrhage	STAT	immediately
SA node	sinoatrial node	STD	sexually transmitted disease
sat/s	saturation	STEMI	ST elevation myocardial infarction
SBE	subacute bacterial endocarditis	Strep	streptococcus
SC/sub q	subcutaneous	Sub Q/Sub Cut	subcutaneous
SCD	sequential compression device	supp	suppository
SDH	subdural hematoma	Sup	Supervisory
sec/”	second	susp	suspension
sed rate	sedimentation rate		
SEMI	subendocardial myocardial infarction		
SG/Spec grav	specific gravity		

SV	Supervisory Visit	Turb/turb	turbinate
SVG	saphenous vein graft	TURB	transurethral resection of
SVT	supraventricular tachycardia	bladder	
sx/sxn	suction	TURP	transurethral resection of
		prostate	
	T	TWB	total weight bearing
T4	Tyroxine	TWE	tap water enema
T/Tbs/Tblsp	tablespoon	Tx/tx	treatment
TA	threatened abortion	TXCM	type and crossmatch
T&A	tonsillectomy & adenoidectomy		
TAB	therapeutic abortion		U
tab	tablet	UA, U/A	urinalysis
tach/Tach	tachycardia	UCD	usual childhood diseases
TAH	total abdominal hysterectomy	UE	upper extremity
TAVR	Transcatheter Aortic Valve Replacement	UGI	Upper Gastrointestinal Tract
		UOQ	upper outer quadrant
TB	tuberculosis	URI	upper respiratory infection
TC	tube compensation	US/U/S/us	ultrasound
TCDB/T/C/DB	turn, cough & deep breathe	UTI	urinary tract infection
TDWB	touch down weight bearing		
T/temp	temperature		V
TENS	transelectrical nerve stimulator	VA	visual acuity
Tet Tox	tetanus toxoid	Vag/vag	vaginal
TF	tube feeding	VC+	volume control plus
THOR	thoracic	VCN	vocal cord nodule
T _i	inspiratory time	VCUG	voiding cystourethrogram
TIA	transient ischemic attack	VD	venereal disease
TIB	tibia		
TID/tid	three times daily	VDRL	venereal disease research laboratory test
TIG	tetanus immune globulin	VF/V fib	ventricular fibrillation
tinct	tincture	Vit/vit	vitamin
TJC	The Joint Commission	VM	ventimask
TKO	to keep open	V _M	minute volume
TLC	triple lumen catheter	VO/vo	verbal order
TM	tympanic membranes	vol	volume
TNC	type and cross	VP	venipuncture
TNS	type and screen	V&P	vagotomy & phloroplasty
TO/to	telephone order	VQ	ventilation and quantification
TOF	train of four	VRE	vancomycin resistant enterococcus
TPA	tissue plasminogen activator		
TPN	total parenteral nutrition	VS	vital signs
TPR	temperature, pulse respirations	VSS	vital signs stable
trach	tracheostomy	V _T	tidal volume
troch	troche, lozenge		
TSH	thyroid stimulating hormone		
t/tsp/Tsp	teaspoon		
TTN	transient tachypnea of newborn		

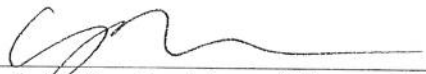
	W		WPW	Wolff-Parkinson-White syndrome
w/	with		WSR	Westegren sedimentation rate
W/A, w/a	while awake		WT/Wt/wt	weight
WB	weight bearing		Wound Vac/	
WB as tol	weight bearing as tolerated		Wound VAC	Wound Vacuum Assisted Closure
WBC	white blood cell		-----	
Wdwn	well developed, well nourished		<	Less than or equal to
_w/o	without		>	Greater than or equal to
WOCN	Wound Ostomy and Continence Nurse			

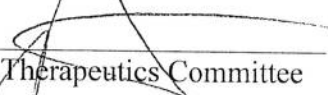
Anesthesia Related Abbreviations:


^	inflation	E.S.	epidural space
^ & v plate	upper and lower denture plates	EBBS	equal bilateral breath sounds
+	positive	EES	endoscopic ethmoid surgery
A & O	alert and oriented	Epid.	Epidural
AAOI	apparent atraumatic oral intubation	Epid. Cath.	Epidural catheter
AC	antecubital	ES/ET	esophageal stethoscope-esophageal temperature probe
A-line	arterial line	ETCO2	end-tidal CO2
Anesth. or Anes.	Anesthesia	ETTI	endotracheal tube intact
Ant.	anterior	Ex. Tol.	exercise tolerance
APS	Anesthesia Pain Service	Extub.	Extubation
ARC	anesthesia related complications	Eyes T.	
Ax.	Axillary	Closed OU	both eyes taped closed
B	Black	EZ	easy
Blk.	Block	FB	finger breadth
BPC	blood pressure cuff	FEM. N. Cath.	femoral nerve catheter
C	Caucasian	FROM	full range of motion
C.	controlled respirations	G	gallops
cath.	Catheter	Ga. / ga.	gauge
CESI	cervical epidural steroid injection	Gen. Anesth.	
cm.	centimeter	or GA	general anesthesia
CESI	cervical epidural steroid injection	H	Hispanic
cm.	centimeter	Heme	blood
Δ	change	Id.	identification
CSE	combined spinal and epidural	Inj.	injection
CTA	clear to auscultation	Intub.	intubation
CTR	carpal tunnel release	IOL	intra-ocular lens
CTS	carpal tunnel syndrome	IS Blk.	interscalene block
CVL	central venous line	IVP	IV push
Cxs	complications	IVPB	IV piggyback
DVVC	direct visualization of vocal cords	L	Lumbar
		Lat.	lateral
		Ibbh	lower body BAIRHUGGER

LESI	lumbar epidural steroid injection	PreO2	pre-oxygenation
LLD	left lateral decubitus	Pt.	Patient
LOR or LORT	loss of resistance technique	R	rubs
M	murmur	RCR	rotator cuff repair
M/O	month old	RCT	rotator cuff tear
MAC	monitored anesthesia care	Reg. Anesth.	Regional anesthesia
MAC 0 thru 4	MacIntosh laryngoscope blade	RLD	right lateral ducubitus
mach.	machine	Roc.	Rocuronium
mAMPS	milli-amperage	R-T-berg	reverse trendelenburg position
Marc.	Marcaine, Bupivacaine, Sensorcaine	S.	spontaneous respirations
MH	malignant hyperthermia	S/P	status post
mh	mandible to hyoid	SA	spontaneous assisted respirations
Mil. 0 thru 4	Miller laryngoscope blade	SAB	subarachnoid block/injection
Miv.	Mivacurium	SAD	subacromial decompression
MMW or MMA	middle meatal window or antrostomy	SI	sacro-iliac
MN	midnight	Sm. IV induct.	Smooth IV induction of anesthesia
MO	mouth opening	SR	sinus rhythm
MP class 1-4	mallampati airway classification	STP	sodium thiopentathal
NAD	no apparent distress	Surg.	Surgery
NTN	needle through needle	T	Thoracic
OAW	oral airway	T.	tourniquet
OC to OR/		T-berg	trendelenburg position
OCTOR	on-call to operating room	tech.	technique
OP	outpatient or Oropharyngeal	TESI	Thoracic epidural steroid injection
OPS	outpatient surgery	TMJ	temporal-mandibular joint
P & D	prepped and draped	TOL	trial of labor
POx	pulse oximetry	Tx.	treated or treatment
PACU	post-anesthesia care unit	UBBH	upper body BAIRHUGGER
PDPHA	postdural puncture headache	v	deflation
PEEP	positive and expiratory pressure	viz.	visualization
PIP	peak inspiratory pressure	Vt.	tidal volume
POPM	post-op pain management	WNL	within normal limits
Post.	posterior	x 1	one attempt
		Y/O	year old

Approved by:


 Associate Vice President of Finance


 Chairman, Pharmacy and Therapeutics Committee


 Chief of Staff

**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Code of Conduct

POLICY # 116

PAGE 1 OF 2

EFFECTIVE DATE: January 10, 2018

SUPERSEDES: Policy Same Title; 02/15;
02/12; 02/09; 03/07; 01/05; 06/03; 03/03;
03/01; 03/00; 10/90; 01/90

REFERENCE: The Joint Commission CAMH Manual

ATTACHMENTS: None

AUTHORED BY: Administration

Purpose:

To set forth basic principles and guidelines for the employees of Gordon Hospital.

Policy:

All employees, medical staff members, contractors and agents are expected to be guided by the basic principles of honesty and fairness in the conduct of Gordon Hospital affairs and to comply with all applicable Federal, State, and Local laws. All employees should perform their job responsibilities in accordance with the organizations obligations as a healthcare provider.

Method of Implementation:

All Gordon Hospital employees will review the Code of Conduct and agree to abide by the principles outlined in it. The Gordon Hospital Code of Conduct is as follows:

Gordon Hospital is committed to compliance with all applicable Federal, State, and Local laws and regulations. All employees and agents are expected to be guided by the basic principles of honesty and fairness in the conduct of the organization's affairs. Employees will be knowledgeable about and ensure compliance with the laws and regulations as outlined in the Gordon Hospital Compliance Plan and Gordon Hospital's expectations that they comply with the plan.

Gordon Hospital is committed to delivering medically necessary health care to its patients in a compassionate, respectful, and ethical manner without regard to race, creed, color, religion, national origin, gender or disability. Patients will be treated with dignity and respect at all times. Gordon Hospital will provide each patient with information regarding his/her rights and responsibilities and will endeavor to protect those rights throughout their care and treatment. Admissions, transfers, and discharges are made in accordance with clinical need and with applicable laws and regulations.

Gordon Hospital is dedicated to the maintenance of accurate and reliable patient and corporate records. Records of the organization shall be prepared honestly and in accordance with

established policies and procedures. Gordon Hospital will maintain appropriate confidentiality of records and information, which prevent unauthorized release of information.

Gordon Hospital maintains contacts with governmental officials and other government personnel in a professional manner. Such contacts will affirm the high integrity of the organization.

Gordon Hospital provides patients with understandable explanations of services rendered and holds responsible parties financially accountable only for care rendered. Gordon Hospital seeks to resolve business conflicts in a fair and equitable manner.

Public and commercial communications are used to advance organizational objectives and are carried out in a manner consistent with the Gordon Hospital mission. Gordon Hospital marketing and advertising will be accurate and sensitive to community culture without false or misleading statements.

Gordon Hospital acknowledges that there is potential for conflicts of interest in any organization. We will continuously examine the organization's practices to identify, avoid or eliminate potential areas of conflict (Reference Policy # 132, titled Ethics, Statement of Conflict of Interest).

Gordon Hospital is committed to maintaining the privacy of patient protected health information. Only employees with a legitimate "need to know" may access, use, or disclose patient information for activities related to treatment, payment, and health care operations on behalf of Gordon Hospital. Each employee may only access, use, or disclose the minimum information necessary to perform his or her designated role regardless of the extent of access provided. Gordon Hospital will provide to each patient a notice of Privacy Practices that will inform them of their rights with respect to protected health information as well as Gordon Hospital's legal duties. Gordon Hospital will release information for purposes other than treatment, payment, and health care operations only with written authorization from the patient, except as required by applicable Federal, State, or local laws and regulations.

Gordon Hospital is dedicated to providing quality care for eligible patients regardless of how a facility compensates or shares financial risk with administration, clinical staff, and licensed fee basis practitioners. Patient care is based on health care needs, and the same standard of care is given to all patients who are treated at a facility. This includes all tests, treatments, and all other appropriate interventions. Patients receive treatment according to published eligibility regulations.

The general principles outlined above shall apply in the conduct of all Gordon Hospital's business activities.

Approved by:



Chief Financial Officer

**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Fall Risk Assessments and Interventions **POLICY #** 200.24 **PAGE** 1 of 3

EFFECTIVE DATE: March 20, 2018

SUPERSEDES: Policy Same Title; 03/17;
07/13; 06/11; 12/08; 09/08; 01/07; 06/06; 03/04;
05/02; 06/94

REFERENCE: Morse, J. Preventing Patient Falls; Miami Children’s Hospital Falls Task Force – Humpty Dumpty Falls Prevention Program; Adventist Health System, Office of Clinical Effectiveness. (12/11/2017). Patient Safety: Inpatient Fall Prevention. ASH CW OCE Standard

ATTACHMENTS: None

AUTHORED BY: Gordon Hospital Fall Team

Purpose:

1. To ensure a safe environment for patients.
2. To identify patients at risk for falls and provide a mechanism for communicating to all members of the healthcare team.
3. To provide strategies for reducing the risk of patient falls and to establish a process for the continuous monitoring of falls.

Definition:

A sudden, unintentional descent, with or without injury to the patient, that results in the patient coming to rest on the floor, on or against some other surface, on another person, or on an object. A fall is when a patient rolls off a low bed onto a mat or is found on a surface where you would not expect to find a patient. A fall is when any staff member who is with a patient attempts to minimize the impact of the fall by slowing the patient’s descent. If a patient who is attempting to stand or sit falls back onto a bed, chair, or commode, this is only counted as a fall if the patient is injured.

Policy:

Preventing patient falls is a high priority safety activity, requiring a planned, coordinated, and interdisciplinary effort.

Method of Implementation:

All patients are assessed for fall risk. The Morse Fall Risk Scale for adults or Humpty Dumpty Assessment for Pediatrics and Fall Risk Interventions are documented at the time of the RN admission assessment, re-assessed every shift, upon transfer to another unit, and as the patient’s condition warrants.

The Morse Fall Risk Assessment will be utilized for adults. The Humpty Dumpty Assessment will be utilized for the infant/child.

If a patient is identified as being high risk for a fall, fall risk interventions appropriate for the patient are implemented.

The Safety Agreement Form 150150 – 202 will be reviewed with patients and/or family members.

The patient and/or family are educated on general safety tips. This education is documented in the medical record.

Fall Risk Interventions:

The patient's high-risk fall status is communicated at shift report and upon transfer to another department or unit. Assistive devices and lift equipment should be used for transfers and/or ambulation as appropriate. Fall Risk Interventions should be individualized for patient's needs and risk of fall. Examples of frequently utilized interventions are listed below.

Fall Risk Interventions Environment:

- Beds are maintained in low position.
- Locked positions on chairs and beds are maintained at all times.
- Cribs will be utilized for the applicable pediatric population.
- If parent refuses to utilize crib, obtain and complete Consent for Pediatric Crib Release of Responsibility, Form # 150150-197.
- Toileting aids are within the patient's reach.
- Call light is within the patient's reach.
- The under-bed light or accent lighting will be used if applicable.
- Pathways in room are clear of obstacles.
- Phone and personal items are within patient reach.
- Hourly rounding is being performed to address the patient's environment for fall safety interventions as appropriate.

Fall Risk Interventions Care Practice:

- Hourly rounding is being performed to address fall care practice interventions including diversional activities, toileting needs and comfort measures as appropriate.

Fall Risk Interventions Assessments:

- Hourly rounding is being performed to address fall risk assessments including I&O, lab results, medications, and vital signs as appropriate.

Fall Risk Interventions Safety:

- Hospital staff will be alerted to the patient's "high fall risk" status by placing a yellow High Fall Risk sticker on the patient's armband and a Fall Risk sign.
- Non-skid footwear will be encouraged for use when out of bed, unless contraindicated by assessment, e.g., patient has foot drop, pitting edema, etc.
- A minimum of the top two bedrails will be kept up at all times. Use of a third bedrail will be based upon nursing assessment. The use of four bedrails is required at times on ICU beds and on some specialty beds as per manufacturer guidelines and is not considered a restraint.

- Bed alarms and/or chair alarms will be utilized for at risk patients. Bed alarm signage will be placed on the door of the room as appropriate.
- Hourly rounding is being performed to address fall risk safety as appropriate utilizing the measures listed in this section as appropriate.

Fall Risk Interventions Outcome:

- Document as appropriate for the patient.

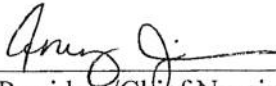
Post Fall Charting and Assessment:

If a fall event does occur, a Risk Master will be completed. **NO REFERENCE** to documentation in Risk Master should be recorded in Cerner. Documentation will be placed within the Electronic Medical Record in the Falls Documentation in the Assessment Band. The patient should have a new Fall Risk Assessment completed and new interventions implemented if appropriate. Fall debrief form to be completed post fall and turned in to unit manager.

Downtime Process:

During Downtime, a paper form will be used. The form “AHS Special Charting Notes” is available on AHS ARC → Employee Resources → EMR Forms → DT Folder → Hospital Wide Folder → Morse Fall Risk Assessment OR Humpty Dumpty Fall Risk Assessment

Approved by:



Vice President/Chief Nursing Officer

**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Fingernail Standards

POLICY # 907.1

PAGE 1 of 1

EFFECTIVE DATE: August 4, 2017

SUPERSEDES: Policy Same Title; 09/14;
09/11; 09/08; 01/07

REFERENCE: CDC Guideline for Hand Hygiene in Health-Care Settings, Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, October 2002

ATTACHMENTS: None

AUTHORED BY: Infection Preventionist

Purpose:

To reduce the incidence of healthcare associated infection.

Policy:

No artificial nails are allowed for any healthcare worker who works in a direct patient care area, prepares and/or provides items for patient care use.

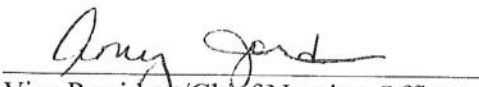
Method of Implementation:

1. Artificial nails are defined as any material applied to the nail for purposes of lengthening the nail. This includes terms such as, but not limited to inlays, overlays, wraps, fillers, acrylics, gels, tips, extenders, tapes, nail appliques, nail decoration, press on nails, and nail piercing jewelry or any bonding material.
2. Natural nails should be no longer than ¼ inch long. Nail polish may be worn, but must be in good repair without any chips or cracks.

Approved by:



Chair, Infection Control Committee



Vice President/Chief Nursing Officer

**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Hand Hygiene

POLICY # 908.0

PAGE 1 of 2

EFFECTIVE DATE: August 4, 2017

SUPERSEDES: Policy Same Title; 09/14; 09/11;
09/08; 10/06; 09/06; 05/04; 04/04; 04/03; 02/00;
04/96; 03/95; 03/94; 03/93; 11/91; 02/84

REFERENCE: CDC Guidelines for Hand Hygiene in Health-Care settings. Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force, October 2002

ATTACHMENTS: None

AUTHORED BY: Infection Control Coordinator

Purpose:

To establish effective standards for hand hygiene practices to reduce the transmission of pathogenic microorganisms to our patients and personnel.

Policy:

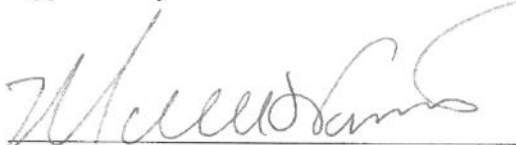
All healthcare workers will follow the hand hygiene standards outlined in this policy.

Method of Implementation:


1. Indications for handwashing and hand antisepsis:
 - A. When hands are visibly dirty or contaminated with proteinaceous material or are visibly soiled with blood or other body fluids, wash hands with either soap and water or antimicrobial soap and water.
 - B. If hands are not visibly soiled, use alcohol-based hand rub for routinely decontaminating hands in clinical situations or alternately wash hands with soap and water or antimicrobial soap and water.
 - C. Decontaminate hands before having direct contact with patients.
 - D. Decontaminate hands before donning sterile gloves when inserting a central intravascular catheter.
 - E. Decontaminate hands before inserting indwelling urinary catheters, peripheral vascular catheters or other invasive devices that do not require a surgical procedure.
 - F. Decontaminate hands after contact with a patient's intact skin (i.e., when taking a pulse or a blood pressure or lifting a patient).
 - G. Decontaminate hands after contact with body fluids or excretions, mucous membranes, non-intact skin and wound dressings if hands are not visibly soiled.
 - H. Decontaminate hands if moving from a contaminated body site to a clean body site during patient care.
 - I. Decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient.

- J. Decontaminate hands after removing gloves.
 - K. Before eating and after using a restroom, wash hands with soap and water or antimicrobial soap and water.
 - L. Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with soap and water. Because they are not as effective as alcohol based rubs or antimicrobial soap they are not a substitute for their use.
 - M. Wash hands with soap and water or antimicrobial soap and water if exposure to Bacillus or Clostridium is suspected or proven.
2. Hand Hygiene Technique:
- A. When decontaminating hands with an alcohol based hand rub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Follow manufacturer's recommendations regarding the volume of product to use.
 - B. When washing hands with soap and water, wet hands first with water, apply an amount of product recommended by the manufacturer to hands, and rub hands together vigorously for at least fifteen seconds, covering all surfaces of the hands and fingers. Rinse hands with water and dry thoroughly with a disposable towel. Use a clean, dry towel to turn off the faucet. Avoid using hot water, because it can increase the risk of dermatitis.
 - C. Liquid, bar or powdered forms of soap are acceptable when washing hands with non-antimicrobial soap and water. When bar soap is used, soap racks that facilitate drainage and small bars of soap should be used.
3. Artificial Nails, Natural Nails - See Organizational Policy Fingernail Standards # 907.1.
4. Surgical Hand Antisepsis:
- A. Remove rings, watches, and bracelets before beginning the surgical hand scrub.
 - B. When performing surgical hand antisepsis using an antimicrobial soap, scrub hands and forearms for the length of time recommended by the manufacturer.
 - C. When using an alcohol-based surgical hand-scrub product with persistent activity, follow the manufacturer's instructions. Before applying the alcohol solution; pre-wash hands and forearms with a non-antimicrobial soap and dry hands and forearms completely. After application of the alcohol-based product allow hands and forearms to dry thoroughly before donning sterile gloves.

Approved by:



Chair, Infection Control Committee



Vice President/Chief Nursing Officer

**ADVENTIST HEALTH SYSTEM GEORGIA, INC.
ORGANIZATIONAL POLICY**

TITLE: Patient Rights and Responsibilities

POLICY # 147

PAGE 1 of 6

EFFECTIVE DATE: December 14, 2017

SUPERSEDES: Policy Same Title; 02/17;
01/16; 01/15; 07/14; 01/14; 01/13; 01/12;
01/11; 01/10; 11/08; 10/08; 02/08; 03/07;
01/05; 04/03; 03/02; 07/01; 05/00; 08/91

REFERENCE: The Joint Commission Hospital Accreditation Standards, Healthcare Facilities Accreditation Program Accreditation Requirements for Acute Care Hospitals

ATTACHMENTS: None

AUTHORED BY: Nursing Administration

The Board of Directors of Adventist Health System Georgia, Inc. adopts the following policy and procedures for Gordon Hospital and Murray Medical Center. The term, "Hospital" as used in this Policy shall refer to each of Gordon Hospital and Murray Medical Center. The "SUPERSEDES" Dates, prior to 12/14/2017, are for Gordon Hospital.

Purpose:

The hospital will provide each patient with written information regarding his or her rights and responsibilities and will endeavor to protect those rights throughout their care and treatment.

Policy:

The Hospital is committed to delivering medically necessary healthcare to its patients in a compassionate, respectful and ethical manner without regard to race, creed, color, religion, national origin, gender or physical ability. The hospital will follow standards of care based on the needs of the patient. Patients will be treated with dignity and respect at all times. The patient's rights and responsibilities will be outlined in the patient information booklet and given to each patient at the time of admission.

Method of Implementation:

Patient Rights

- The right to medical or obstetrical screening examinations to determine if an emergency medical condition exists. The patient has the right to treatment for any emergency medical condition that may deteriorate for failure to provide such treatment. Additional care or treatment shall be provided to stabilize the emergency medical or obstetrical condition, within the capabilities of the staff and hospital.

- The patient has the right to participate in the development and implementation of the plan of care and make decisions regarding his or her care. The patient has the right to a prompt and reasonable response to his or her questions.
- When the patient is either incompetent, incapacitated or a minor, the patient's rights shall be exercised by his or her legally authorized person as the law allows. The patient/legally authorized person has the right to exclude any or all family members from participating in the healthcare decisions.
- The patient has the right to be involved and participate in all aspects of his or her care including, but not limited to:
 - Giving informed consent
 - Making healthcare decisions
 - Making ethical decisions
 - Resolving dilemmas about care decisions
 - Initiating conflict resolution
 - Formulating advance directives
 - Withholding resuscitative services
 - Forgoing or withdrawing life sustaining treatment
 - Determining care at the end of life
 - Receiving information about the outcomes of care including anticipated outcomes.
- The patient has the right to formulate an Advance Directive (Living Will/Durable Power of Attorney for Healthcare) indicating his/her choices regarding healthcare decisions involving life prolonging procedures and/or designating someone to make healthcare decisions in the event of later incompetency or incapacity. The patient shall receive the same quality medical care regardless of the completion of an Advance Directive. The patient's advance directive shall be honored within the limits of the law, and the Hospital's mission, philosophy and capabilities.
- The patient has the right to discuss the use of resuscitative measures with the practitioner.
- The patient has the right to have life prolonging procedures withheld or withdrawn and the right to comfort and dignity at the end of life.
- The patient has the right to interpretive services.
- The patient has the right to utilize communication aids and services that are reasonably available according to the Americans with Disabilities Act and applicable state/federal law to facilitate or enhance communication.
- The patient has the right to expect access to communications. Communication may be restricted for therapeutic reasons. Any restrictions will be explained to the patient.
- The patient has the right to have a family member or representative of his or her choice and his or her own physician notified promptly of their admission to the hospital.

- The patient has the right to know what rules and regulations apply to patient conduct.
- The patient has the right to personal privacy.
- The patient has the right to confidentiality of information. Patient information shall be disclosed only to healthcare professionals with the “need to know”. Case discussion, consultation, examination and treatment shall be conducted discretely with those involved in the care. These interactions will be held in surroundings that provide reasonable accommodation to visual and auditory privacy.
- The patient has the right to have privacy respected without regard to economic status or payment source.
- The patient has the right to receive care in a safe setting.
- The patient has the right to impartial access to medical care, treatment or accommodations that are available and medically indicated, regardless of race, creed, color, gender, national origin, religion, physical ability, sexual orientation, ethnicity, age or handicap. Patients will receive care and treatment without coercion, discrimination or retaliation.
- The patient has the right to be free from all forms of abuse or harassment.
- The patient has the right to access protective services (for example, the state Department of Children and Family Services).
- The patient has the right to know what patient support services are available (case management, chaplain, patient representative).
- The patient has the right to the confidentiality of his or her clinical records.
- The patient has the right to access information contained in his or her clinical record within a reasonable timeframe and to obtain a copy of the clinical record in accordance with state statutes.
- The patient has the right to be free from restraints of any form that are not medically necessary or are used as a means of coercion, discipline, convenience or retaliation by staff.
- The patient has the right to receive the following information from his or her practitioner:
 - Diagnosis
 - Planned course of treatment
 - Benefits and risks of treatment
 - Significant alternatives, including non treatment
 - Prognosis.

- The patient has the right to retain and use personal clothing and/or possessions unless contraindicated due to medical or safety reasons.
- The patient has the right to care that is considerate and respectful with recognition of his or her personal individual dignity, values and beliefs.
- The patient has the right to express spiritual beliefs and cultural practices as long as these do not harm others or interfere with treatment or the agreed upon plan of care.
- The patient has the right to request and be provided with Pastoral Care Services.
- The patient has the right to refuse any treatment except as otherwise provided by law. The patient/legally authorized person is responsible for his or her actions if he or she refuses treatment or does not follow the practitioner's instructions. When refusal of treatment by the patient or legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship with the patient may be terminated upon reasonable notice.
- The patient has the right to be fully informed of and to consent or refuse to participate in any unusual, experimental or research project without compromising his or her access to services.
- The patient has the right to know the name, function, professional status and qualifications of any person providing his or her care or services.
- The patient has the right to know the reasons for any proposed change in the professional staff responsible for his or her care.
- The patient has the right to request a consult with a specialist at his or her own expense.
- The patient has the right to know the reasons for his or her transfer either within or outside the hospital.
- The patient has the right to know the relationship of the hospital to other persons or organizations participating in the provision of his or her care.
- The patient has the right of access to the cost, itemized when possible, of services rendered within a reasonable period of time.
- The patient has the right to request an explanation of charges as may be required by applicable state law.
- The patient has the right to request a reasonable estimate of charges for services to be provided. Such reasonable estimate shall not preclude the entity from exceeding the estimate or making additional charges based on changes in the patient's condition, treatment needs or other factors beyond the entity's control.

- The patient has the right to be informed of the source of the hospital's reimbursement for his or her services, and of any limitations which may be placed upon his or her care.
- The patient has the right to request, in advance of treatment, the disclosure of who is eligible for Medicare and whether the hospital accepts assignment under Medicare reimbursement as payment in full for medical services and treatment rendered in the hospital.
- The patient has the right to request information and counseling on the availability of known financial resources.
- The patient has the right to have pain assessed and treated as effectively as possible.
- The patient has the right to choose who may visit during the hospital stay and when visitors are present, subject to certain clinical restrictions or limitations on such rights, and his or her right to deny or withdraw such consent at any time. The patient has the right to have impartial access to care, treatment, services and visitation privileges, regardless of race, religion, sex, sexual orientation, ethnicity, age, handicap or ability to pay.
- The patient has the right of informed consent for donation of organs and tissues.

Patient Responsibilities

In the absence of federal or state law mandating specific provisions relative to patient responsibilities, Adventist Health System Georgia, Inc. entities will expect:


- The patient is responsible to provide, to the best of his/her knowledge, accurate and complete information about present medical complaints, past illness, prior hospitalizations, medications, and other matters relating to his/her health.
- The patient is responsible for reporting to his/her physician whether he/she comprehends a contemplated course of action and what is expected of him/her.
- The patient is responsible for reporting to the physician and/or the nurse, unexpected changes in his/her condition.
- The patient is responsible for following the treatment plan recommended by the physician. The patient is responsible for informing his/her physician and other healthcare professionals when he/she anticipates a problem in following the agreed upon treatment plan.
- The patient is responsible for his/her actions if he/she refuses treatment or does not follow the physician's instructions.
- The patient is responsible to respect the physician(s) and healthcare facility's right to expect behavior from the patient which, considering the nature of his or her illness, is reasonable and responsible.

- The patient and visitors are responsible for following the healthcare facilities rules and regulations affecting patient care and conduct.
- The patient and visitors are responsible for being respectful and considerate of the rights and needs of other patients and healthcare workers. This includes being sensitive to noise level, number of visitors and the smoke free environment. The patient is responsible to be respectful of the property of others.
- If the patient has completed an advance directive; the patient is responsible for providing a copy of the most current and completed Advance Directives to the hospital.
- The patient is responsible for keeping appointments and when unable to do so, for notifying the physician or healthcare facility.
- The patient is responsible for assuring that the financial obligations of his/her healthcare are fulfilled.

Approved by:



Vice President/Chief Nursing Officer



Chief of Staff

**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Patient Safety Plan

POLICY # 147.01

PAGE 1 of 3

EFFECTIVE DATE: January 25, 2018

SUPERSEDES: Policy Same Title; 1/16, 1/15; 1/14;
1/13; 1/12; 1/11; 1/10; 1/09; 1/08; 1/07; 6/06; 2/06; 4/03;
2/03; 10/01

REFERENCE: The Joint Commission CAMH Manual; Strategies for Creating, Sustaining, and improving a Culture of Safety in Health Care, 2nd Edition

ATTACHMENTS: None

AUTHORED BY: Administration

Purpose:

The purpose of the Patient Safety Plan at Gordon Hospital is to improve patient safety and reduce risk to patients through an environment that encourages:

- Recognition and acknowledgment of risks to patient safety and medical/healthcare events;
- Initiation of actions to reduce these risks;
- Internal reporting of what has been found and the actions taken;
- Minimization of individual blame or retribution for involvement in a medical/healthcare adverse event enhancing the safety culture;
- Organizational learning about medical/healthcare events;
- Support of the sharing of that knowledge to effect behavioral changes

Policy:

The Patient Safety Plan at Gordon Hospital provides an organization-wide, systematic, integrated, coordinated and continuous approach to the maintenance and improvement of patient safety through the establishment of mechanisms that support:

- Analyze and implement effective responses to actual events;
- On-going proactive reduction in potential system failures;
- Encourage the reporting of adverse events and near misses;
- Integration of patient safety activities into the new design and redesign of all relevant organization processes, functions and services.

As patient care, and therefore the maintenance and improvement of patient safety, is a coordinated and collaborative effort, the approach to optimal patient safety involves multiple departments and disciplines in establishing the plans, processes and mechanisms that comprise the patient safety activities at Gordon Hospital.

Gordon Hospital participates with a Patient Safety Organization (PSO) with this being further outlined within the Patient Safety Organization Policy # 376. Occurrence reports and analyses are a component of the Gordon Hospital Patient Safety Organization (PSO) with this process being further outlined within the Patient Safety Evaluation System Policy # 378.

Method of Implementation:

1. The scope of the Patient Safety Program encompasses the patient population, visitors, volunteers, employees and medical staff. The program addresses maintenance and improvement in patient safety issues in every department and emphasizes priorities identified in the Performance Improvement Plan, which relate to patient safety.
2. An effective Patient Safety program cannot exist without optimal reporting by all employees of medical/healthcare adverse events/occurrences. Guidelines for completing an occurrence report are outlined in Organizational Policy #2406, Occurrence Reporting. It is the intent of Gordon Hospital to adopt a non-punitive approach in our management of errors and events/occurrences. All employees are required to report suspected and identified medical/healthcare adverse events, and should do so without the fear of reprisal in relationship to their employment. Gordon Hospital supports the concept that errors occur due to a breakdown in systems and processes and responsive efforts will focus on improvement, rather than disciplinary actions.
3. Use of intimidating or unprofessional behavior within the hospital are addressed by Leadership, so as not to inhibit reporting of safety concerns and undermine the culture of safety. These efforts are outlined within Organizational Policy #132.01, Gordon Hospital Citizenship.
4. Close calls will be reported through the Good Catch Program that is led by the Staff Nurse Advisory Committee. Collection and analysis of data will be reported to the Performance Improvement Committee.
5. The Director, Quality Management/Patient Safety Officer, will manage the Patient Safety Program. Patient safety occurrence information in the form of aggregate data will be reviewed, as appropriate, by the Environment of Care Committee and the Performance Improvement Committee. Internal reporting of information and aggregate data will be performed in accordance with the Performance Improvement Plan. Practitioner specific occurrence/information will be analyzed and reported through the Peer Review process.
6. In an effort to prevent adverse events/occurrences, Gordon Hospital will conduct proactive risk assessment activities (at a minimum, at least every eighteen months) and review internal data and external reports (including but not limited to Joint Commission Sentinel Event information, ORYX and CORE Measure data, Hospital Quality Initiatives data, Hospital Innovation Improvement Network and current literature).
7. Upon identification of a medical/healthcare adverse event the patient care provider follows steps outlined within the Risk Management Plan, Organizational Policy #2415.
8. Staff members involved in a Sentinel Event will receive support from their Director, the Director of Risk Management, and other staff as necessary in regard to the employee's professional and emotional reconciliation of the Sentinel Event. The employee's participation in the Root Cause Analysis and Action Plan will be encouraged. Additionally, any employee may request and receive supportive personal counseling from the Case Management Department, Chaplain, Human Resources and/or Administrative Staff.
9. Gordon Hospital will complete an annual Culture of Safety Survey. Results of the survey will be shared with staff along with the implementation of applicable action plans through a collaborative multi-disciplinary approach. Survey results along with applicable action plans will be reviewed by

the Performance Improvement Committee, Medical Executive Committee and the Governing Board. Action plans will be developed by the Department Director in correlation with their respective Administrator.

10. The Patient Safety Program includes a quarterly survey of patients'/families' opinions, needs and perceptions of risks to patients and by requesting suggestions for improving patient safety. This will be accomplished through the Press Ganey Program/HCAHPS for monitoring patient satisfaction for Gordon Hospital. Additionally, through the SHARE card system patient and families can provide suggestions about care. The Patient Advisory Committee is another avenue in which feedback about safe care is derived.
11. Staff will educate patients and their families about their role in helping to facilitate the safe delivery of care. A copy of the patient rights is provided to every patient. Individualized education regarding medication use, treatment, and medical equipment is conducted during hospitalization and at discharge as appropriate.
12. Patients and, when appropriate, their families are informed about the outcomes of care, including unanticipated outcomes, or when the outcomes differ significantly from the anticipated outcomes as outlined in the Disclosure of Unanticipated Outcomes, Policy #126.01.
13. Staff will receive education and training during their initial orientation process and on an on-going basis regarding job-related aspects of patient safety, including teamwork building tools such as huddles, debriefs, and SBAR.
14. Administration will perform weekly safety WalkRounds. Data obtained from interviews will be collected and evaluation at Ad-Council will occur. This information will be disseminated to Directors, Managers and front-line staff. Aggregate data will be reviewed by the Performance Improvement Committee

Approved by:



President and Chief Executive Officer



Chief of Staff



Chair Governing Board

**ADVENTIST HEALTH SYSTEM GEORGIA, INC.
ORGANIZATIONAL POLICY**

TITLE: Personal Appearance - Dress Code

POLICY # 1800.47

PAGE 1 of 6

EFFECTIVE DATE: December 7, 2018

SUPERSEDES: Policy Same Title; 08/18; 08/16;
06/14; 08/11; 08/09; 07/08; 05/07; 04/07; 08/02;
01/02; 09/01; 06/01; 03/00; 09/98; 07/94; 05/92;
06/85

REFERENCES: Fingernail Standards Policy #907.1

ATTACHMENTS: None

AUTHORED BY: Associate Vice President, Human Resources

The Board of Directors of Adventist Health System Georgia, Inc. adopts the following policy and procedure for Gordon Hospital and Murray Medical Center. The term, “Hospital” as used in this Policy shall refer to each of Gordon Hospital and Murray Medical Center. The “SUPERSEDES” Dates, prior to 9/12/17, are for Gordon Hospital.

Purpose:

The Hospital is a Christian-oriented healthcare facility that seeks to provide all of its services in a professional manner. It is, therefore, essential that all personnel employed by the Hospital dress in a manner that will project a professional image, promote a safe and practical work environment and uphold conservative standards of modesty, good taste and appropriateness in the workplace. It is expected that department leaders will ensure that these standards are maintained consistently in each of their areas.

The Human Resources Business Partner will have the authority to rule in matters pertaining to the interpretation of all aspects of this policy or for consideration of requests for exceptions because of unique job requirements.

Policy:

Every detail of appearance is important – the grooming of the hair, clean fingernails, care of the teeth, and the daily use of an effective deodorant. Careless personal hygiene can offset many other fine qualities. Hair should be clean, neatly combed and arranged in an attractive but conservative style. Fingernails should be clean, manicured and of an appropriate length for the workplace. Any tattoos must be kept reasonably covered and not visible.

Clothing should be clean, neat, free of wrinkles, not frayed or worn, modest and fit appropriately so undergarments are completely covered at all times in the process of doing one’s job. Jeans and jean-style fabrics are not appropriate, regardless of color or fabric. Stretch pants/leggings, or pants so tight that they appear to be leggings, are also inappropriate attire for the workplace. Scrub clothes are to be

worn only in approved areas and those issued by the hospital are to only be worn by Surgical Services staff or staff members who have obtained permission by their department supervisor or manager due to special circumstances, i.e., regular work clothes have become soiled or torn during shift. Shoes should be clean, polished and kept in good repair.

Employees working in departments designating specific uniforms must abide by their departmental policies for dress in coordination with this policy. Employees wearing scrubs must wear the Hospital embroidered scrubs in the pre-approved color for their discipline. All scrubs must be Cherokee or Cherokee Workwear Brand

Any insignia buttons or pins may not be worn while on duty, except for a U.S. flag pin, professional insignia, or ribbons or pins issued by AHS or the Hospital.

The name badge is one part of the uniform or clothing that identifies an employee of the Hospital. Name badges are to be worn whenever the employee is on duty, and must be worn above the waist. The badge must be worn with the picture and name visible. It is permissible to use a chain to display the badge.

There are occasions when the wearing of sports or casual attire is appropriate for activities outside the hospital, e.g., patient outings, employee recreation, etc. Upon return to duty in the hospital, employees are expected to change into appropriate professional attire.

Fridays will be considered casual day for all departments, except clinical areas. Employees should wear professional business casual or the Hospital polo shirts.

Method of Implementation:

1. Hair

MEN

A neat, conservative, natural haircut. Neatly groomed. If worn loose, it should not extend below the shirt collar. If worn longer, it should be tied back and should not extend below the shoulders. Extreme hair styling and unnatural colors are not permitted. Patient care employees must tie back long hair (mid back) and must wear head coverings as mandated for certain departments.

WOMEN

Should be neatly combed and arranged in an attractive, conservative style. Unnatural colors are not permitted. Excessive ornamentation is not permitted. Patient care employees must tie back long hair (mid back) and must wear head coverings as mandated for certain departments. Wide headbands should not be worn.

2. Beards/Mustaches

MEN

Must be neatly trimmed and conform to face.

WOMEN

Not applicable.

3. Fingernails

MEN

Should be neat and clean and may not extend beyond the tip of the finger. Only clear polish may be worn.

WOMEN

Should be clean, manicured and of appropriate length for the workplace. If polish is used, it should compliment attire, and be in professional good taste. Black or extremely dark colors are not to be worn. No decals or ornamentation may be added to the fingernails. No artificial Nails shall be worn in clinical departments. See Policy # 907.1 regarding artificial nails.

4. Cologne/Perfume

MEN

May not be worn in patient care areas or in areas with contact with other people. Only light scents in other areas.

WOMEN

May not be worn in patient care areas or in areas with contact with other people. Only light scents in other areas.

5. Cosmetics

MEN

Not Applicable

WOMEN

A natural conservative approach to the application of makeup is requested. Foundation/base, powder and blushes should be complimentary to each individual's skin coloring. Mascara, eye shadow, and lipsticks should be in professional, conservative colors and applied lightly. Dark and extreme colors are not acceptable.

6. Jewelry

MEN

A conservative, professional approach is to be used in the wearing of ornamental and functional jewelry. Earrings should be posts only. Patient care employees should ensure that rings are small, not have jagged points that could endanger patients or reduce the integrity of safety gloves. Only wedding bands should be worn. No long or dangling necklaces or bracelets are to be worn in patient care areas. All non-patient care employees are to wear no more than one ring (or wedding ring set) on each hand. Large dinner-type rings are not permitted. Rings or studs in any other body part that is visible (nose, tongue, lip, eyebrow, etc.) are not acceptable. One conservative necklace may be worn at a time and one bracelet (including a bracelet for medical purposes) may be worn. Wristwatches and hospital service pins are acceptable.

WOMEN

A conservative, professional approach is to be used in the wearing of ornamental and functional jewelry. Patient care employees should ensure that rings are small, not have jagged points that could endanger the integrity of safety gloves. No long or dangling necklaces, earrings or bracelets are to be worn in patient care areas. All non-patient care employees are to wear no more than one ring (or wedding ring set) on each hand. Large dinner-type rings are not permitted. Wedding sets are considered as one ring. Earrings may be worn in the earlobe only. One pair of earrings may be worn in the earlobe but must be posts/studs or hang no longer than ½ inch from the earlobe. Long dangling or ornate earrings are not to be worn. Rings or studs in any other body part that is visible (nose, tongue, lip, eyebrow, etc.) are not acceptable. One conservative necklace may be worn at a time and one bracelet (including a bracelet for medical purposes) may be worn. Wristwatches and hospital service pins are acceptable.

7. Accessories

MEN

Appropriate accessories, such as pins, ties, etc. may be worn as long as they are in good taste and appropriate for the clothing being worn. Decorative items such as, fur, sequins, rhinestones, etc., are not acceptable.

WOMEN

Appropriate accessories, such as pins, belts, scarves, etc. may be worn as long as they are in good taste and appropriate for the clothing being worn. Decorative items such as ruffles, fur, feathers, sequins, rhinestones, etc., are not acceptable.

8. Undergarments

MEN

The wearing of appropriate undergarments is expected. Colors and styles should be selected so as not to show through the clothing.

WOMEN

The wearing of appropriate undergarments is expected. Colors and styles should be selected so as not to show through the clothing.

9. Shirts, Blouses, Tops

MEN

Professional casual/dress shirts with collars are to be worn with appropriate lab or sport/dress coats. Shirts with tails are to be tucked in. Tank tops, tee shirts, and sweatshirts are not to be worn.

Clinical employees may wear plain, knit shirts under a scrub top or jacket in black, white, grey or the color of the scrub only.

WOMEN

Modest, professional dress blouses/shirts/tops, loose fitting turtlenecks and sweaters can be worn. Tank tops, halter tops, sleeveless shirts not coming to the end of the shoulder, cold shoulder tops, t-shirts or t-shirt material, sweatshirts, low cut necklines and tops that are of sheer or clingy material are not to be worn. Sleeves to the end of the shoulder, Capped sleeves or longer are acceptable and blouses must be modest and professional in style so undergarments are not revealed, shirts with tails are to be tucked in.

Clinical employees may wear plain, knit shirts under a scrub top or jacket in black, white, grey or the color of the scrub only.

10. Jackets, Vests

MEN

Jackets and vests are to be professional and appropriate for the workplace without excessive ornamentation or decoration.

Clinical employees are only to wear uniform jackets with scrubs.

WOMEN

Jackets and vests are to be professional and appropriate for the workplace without excessive ornamentation or decoration. No denim jackets should be worn.

Clinical employees are only to wear uniform jackets with scrubs.

11. Sweaters

MEN

Cardigan type or pullover over dress shirt. No bulky, extreme styles or ornate designs are to be worn.

Sweaters are not to be worn over scrubs.

WOMEN

Loose fitting cardigan with sleeves. Pullover sweater may be worn with dress slacks and be a sufficient length to cover midriff at all times.

Sweaters are not to be worn over scrubs.

12. Hats

MEN

Hats may be worn if required as part of a uniform, or for safety or protective reasons when working inside or outside the building.

WOMEN

Hats may be worn if required as part of a uniform, or for safety or protective reasons when working inside or outside the building.

13. Pants, Slacks, Dresses, Skirts

MEN

Dress or dress casual slacks/pants are to be worn. Blue jeans or blue jean style pants, sweatpants, pipe pants, pocket pants, fatigues or extreme styles are not to be worn. Shorts are not allowed.

WOMEN

Dresses and skirts are to be modest in length, no shorter than 3 inches above the knee, professional and conservative in style. Mini-skirts, extreme cuts, slits and tight/form fitting styles are not permitted. Dresses should have sleeves that come to the end of the shoulder, capped sleeves or longer and are to be conservative and professional in style and cut so that undergarments cannot be seen. Sundresses are not to be worn. Dress slacks or dressy khakis only may be worn. No jeans or jean style pants, or denim material may be worn. No lycra/spandex stretch pants, leggings or sweat pants may be worn. No cropped pants that are shorter than 4 inches above the ankle, Capri pants, pedal pushers or otherwise short, fitted pants may not be worn. Shorts are not allowed.

14. Shoes, Hosiery

MEN

Dress or dress casual shoes may be worn. In patient care areas, conservative/ professional clinical uniform/ athletic shoes and clogs may be worn. Canvas shoes or open toe shoes are not to be worn. Socks must be worn at all times.

WOMEN

Dress or professional heels or flats must always be worn. Beach and thong type sandals (such as flip flops) are not permitted in any area. In patient care areas, conservative/ professional clinical uniform/ athletic shoes and clogs (without holes in them) may be worn with socks.

Approved by:

Jeni Hasselbrack

Associate Vice President, Human Resources

Pete Weber

Secretary of Board of Directors
Adventist Health System Georgia, Inc.

**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Reporting Policy

POLICY # 157.03

PAGE 1 of 8

EFFECTIVE DATE: May 16, 2017

SUPERSEDES: Policy of Same Title
01/16; 07/15; 01/15; 04/13; 01/13; 11/11;
05/11; 11/10; 09/10; 04/10; 09/08; 04/07;
10/06; 05/06; 03/07

REFERENCE: The Joint Commission CAMH Manual; DHR Office Regulatory Services;
Healthcare Facilities Accreditation Program

ATTACHMENTS: A. Non-Reviewable The Joint Commission Sentinel Events
B. Reportable Event Timeline

AUTHORED BY: Director, Risk Management

Purpose:

Gordon Hospital will further its effort to create a culture of patient safety by participating in the voluntary reporting system for Sentinel Events, and other reportable events as instituted by The Joint Commission and the Healthcare Facilities Accreditation Program. Gordon Hospital will comply with the Department of Human Resources (DHR) Office of Regulatory Services (ORS) mandatory reporting criteria.

Definitions:

A **‘Sentinel Event**, is a patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following: Death, Permanent Harm or Severe Temporary Harm.

These events are called ‘sentinel’ because they signal the need for immediate investigation and response.

A **‘Patient Safety Event’** is an event, incident, or condition that could have resulted or did result in harm to a patient. A patient safety event can be, but is not necessarily, the result of a defective system or process design, a system breakdown, equipment failure, or human error. Patient safety events also include adverse events, no-harm events, close calls, and hazardous conditions, which are defined as follows:

An *adverse event* is a patient safety event that resulted in harm to a patient.

A *no-harm event* is a patient safety event that reaches the patient but does not cause harm.

A *close call* (or “near miss” or “good catch”) is a patient safety event that did not reach the patient.

A *hazardous* (or “unsafe”) condition(s) is a circumstance (other than the patient’s own disease process or condition) that increases the probability of an adverse event.

Method of Implementation:

Voluntary Reporting to The Joint Commission and the Healthcare Facilities Accreditation Program:

The Joint Commission and the Healthcare Facilities Accreditation Program collect data and consider the following events sentinel:

- A patient safety event (not primarily related to the natural course of the patient’s illness or underlying condition) that reaches a patient and results in any of the following:
 - Death
 - Permanent Harm
 - Severe Temporary Harm

Or

- The event is one of the following:
 - Suicide of any patient receiving care, treatment or services in a staffed around-the-clock care setting or within 72 hours of discharge, including from the hospital’s emergency department (ED)
 - Unanticipated death of a full-term infant
 - Discharge of an infant to the wrong family
 - Abduction of any patient receiving care, treatment and services
 - Any elopement (that is, unauthorized departure) of a patient from a staffed around-the-clock care setting (including the ED), leading to death, permanent harm, or severe temporary harm to the patient
 - Hemolytic transfusion reaction involving administration of blood or blood products having major blood group incompatibilities (ABO, Rh, other blood groups) ⁷
 - Rape, assault² (leading to death, permanent harm, or severe temporary harm), or homicide of any patient receiving care, treatment, and services while on site at the hospital
 - Rape, assault² (leading to death, permanent harm, or severe temporary harm), or homicide of a staff member, licensed independent practitioner, visitor, or vendor while on site at the health care organization
 - Invasive procedure, including surgery, on the wrong patient, at the wrong site, or that is the wrong (unintended) procedure³

- Unintended retention of a foreign object in a patient after an invasive procedure, including surgery⁴
- Severe neonatal hyperbilirubinemia (bilirubin > 30 milligrams/deciliter)
- Prolonged fluoroscopy with cumulative dose >1,500 rads to a single field, or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose
- Fire, flame, or unanticipated smoke, heat, or flashes occurring during an episode of patient care⁵
- Any intrapartum (related to the birth process) maternal death
- Severe maternal morbidity when it (not primarily related to the natural course of the patient's illness or underlying condition) reaches a patient and results in permanent harm or severe temporary harm⁶

¹ Severe Temporary Harm is critical, potentially life-threatening harm lasting for a limited time with no permanent residual, but requires transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery, procedure, or treatment to resolve the condition.

² Sexual abuse/assault (including rape), as a reviewable sentinel event, is defined as nonconsensual sexual contact involving a patient and another patient, staff member, or other perpetrator while being treated or on the premises of the hospital, including oral, vaginal or anal penetration or fondling of the patient's sex organ(s) by another individual's hand, sex organ or object. One or more of the following must be present to determine that it is a sentinel event:

- Any staff witnessed sexual contact as described above
- Admission by the perpetrator that sexual contact, as described above, occurred on the premises
- Sufficient clinical evidence obtained by the hospital to support allegations of unconsented sexual contact.

³ Invasive procedures, including surgery, on the wrong patient, or at the wrong site, or that is the wrong procedure are reviewable under the policy, regardless of the type of the procedure or the magnitude of the outcome.

⁴ "After surgery" is defined as any time after the completion of final skin closure, even if the patient is still in the procedural area or in the operating room under anesthesia. This definition is based on the premise that a failure to identify and correct an unintended retention of a foreign object prior to that point in the procedure represents as system failure, which requires analysis and redesign. It also places the patient at additional risk by extending the surgical procedure and time under anesthesia. If a foreign object (for example, a needle tip or screw) is left in the patient because of a clinical determination that the relative risk to the patient of searching for and removing the object exceeds the benefit of removal, this would not be considered a sentinel event to be reviewed. However, in such cases, the organization shall (1) disclose to the patient the

unintended retention, and (2) keep a record of the retentions to identify trends and patters (for example, by type of procedure, by type of retained item, by manufacturer, by practitioner) that may identify opportunities for improvement.

⁵ Fire is defined as a rapid oxidation process, which is a chemical reaction resulting in the evolution of light and heat in varying intensities. A combustion process that results in smoldering condition (no flame), is still classified as fire.

⁶ Severe maternal morbidity is defined, by the American College of Obstetrics and Gynecology, the US Centers for Disease Control and Prevention, and the Society of Maternal - Fetal Medicine, as a patient safety event that occurs from the intrapartum through the immediate postpartum period (24 hrs), requiring the transfusion of 4 or more units of packed red blood cells and/or admission to the intensive care unit (ICU). Admission to the ICU is defined as admission to a unit that provides 24-hour medical supervision and is able to provide mechanical ventilation or continuous vasoactive drug support.

⁷ For laboratories, as required by standard QC.5.116, a confirmed fatal transfusion reaction must be reported to the FDA Center for Biologics and The Joint Commission within seven days.

Employees should refer to and follow the Sentinel Event Policy (# 160) and the Disclosure of Unanticipated Outcomes Policy (# 126.01) if any of the above reviewable events occur.

Senior Management will be responsible for making the self report of the incident to The Joint Commission. The Director of Risk Management will also submit any Root Cause Analysis and Action Plan generated after the event to The Joint Commission within 45 calendar days following the known occurrence of the event utilizing the on-line RCA collection tool which remains accessible on The Joint Commission extranet home page. From the home page, select "Self Report Sentinel Event" from the "Continuous Compliance Tool" Section.

Senior Management will be responsible for making the self report of the incident to the Healthcare Facilities Accreditation Program (HFAP). These self reports will encompass the "Hospital-Acquired Conditions" and the National Quality Forum "Serious Reportable Events" as outlined within the Never Events Policy (# 300). The report will be communicated to the HFAP Accreditation Specialist for Quality and Patient Safety. The telephone number is listed within the HFAP extranet site under Important Contacts.

The Director of Risk Management will also submit any Root Cause Analysis and Action Plan generated after the event to the Healthcare Facilities Accreditation Program (HFAP). This information will be provided in the required format set forth by HFAP within the established timeframes.

See **Attachment A** for further information regarding patient safety events that do not meet the definition of a sentinel event.

Mandatory Reporting to the Department of Community Health (DCH) Healthcare Facilities Regulation Division (HFRD):

Georgia hospitals are required to report any of the following incidents involving hospital patients, or the hospital has reasonable cause to believe a reportable incident involving a hospital patient has occurred, to the HFRD:

- Any unanticipated patient death not related to the natural course of the patient's illness or underlying condition;
- Any rape which occurs in a hospital; and
- Any surgery on the wrong patient or wrong body part of the patient.

Senior Management will be responsible for making the self-report of the incident to the HFRD within 24 hours or by the next regular business day from when the hospital has reasonable cause to believe the incident occurred.

Reporting forms are available for download at

http://dch.georgia.gov/sites/dch.georgia.gov/files/imported/vgn/images/portal/cit_1210/24/4/157251033revHospitalSelfReportForm3-42010.pdf

An additional link to the reporting forms involves accessing the Department of Community Health home page (www.dch.georgia.gov), click on Divisions and Offices, Healthcare Facility Regulation and then search for Hospital Reportable Events.

The report shall include:

- The name of the hospital;
- The date of the incident and the date the hospital became aware that a reportable incident may have occurred;
- The medical record number of any affected patient(s);
- The type of reportable incident suspected, with a brief description of the incident; and
- Any immediate corrective or preventative action taken by the hospital to ensure against the replication of the incident prior to the completion of the hospital's investigation.

The hospital shall conduct an investigation of any of the above listed incidents and complete and retain on site a written report of the results (Root Cause Analysis and Action Plan) within 45 days of the discovery of the incident. Employees should refer to the Sentinel Event Policy.

Georgia hospitals are also required to report to the HFRD any of the following events involving hospital operations to the extent the event is expected to cause or causes a significant disruption of patient care:

- A labor strike, walk-out or sick-out;
- An external disaster or other community emergency situation; and
- An interruption of services vital to the continued safe operation of the facility, such as telephone, electricity, gas or water services.

Senior Management shall make a report of the event within 24 hours or by the next regular business day from when the reportable event occurred or from when the hospital has reasonable cause to anticipate that the event is likely to occur.

Reporting forms are available for download at

http://dch.georgia.gov/sites/dch.georgia.gov/files/imported_vgn_images_portal_cit_12103451157251036HospitalSelfReportFormIncidentInfo.pdf

An additional link to the reporting forms involves accessing the Department of Community Health home page (www.dch.georgia.gov), click on Divisions and Offices, Healthcare Facility Regulation and then search for Hospital Reportable Events.

The report shall include:

- The name of the hospital;
- The date of the event, or the anticipated date of the event, and the anticipated duration, if known;
- The anticipated effect on patient care services, including any need for relocation of patients; and
- Any immediate plans the hospital had made regarding patient management during the event.

Within 45 days following the discovery of the event, the hospital shall complete an internal evaluation of the hospital's response to the event where opportunities for improvement relating to the Emergency Operations Plan were identified. The hospital shall make changes in the Emergency Operations Plan as appropriate. The complete report of the evaluation shall be available to the Department of Community Health for inspection at the facility.

The HFRD shall hold the self-report made through the hospital's peer review contact concerning a reportable patient incident in confidence as a peer review document or report and not release the self-report to the public. However, where the HFRD determines that a rule violation related to the reported patient incident has occurred, the HFRD will initiate a separate complaint investigation of the incident. The HFRD complaint investigation and report of any rule violation(s) arising either from the initial self-report received from the hospital or an independent source shall be public records.

The Director of Risk Management will analyze, aggregate and report data regarding any of the events described in this policy to Senior Management, Medical Staff, Governing Board and other committees as appropriate.

Approved by:



President & Chief Executive Officer

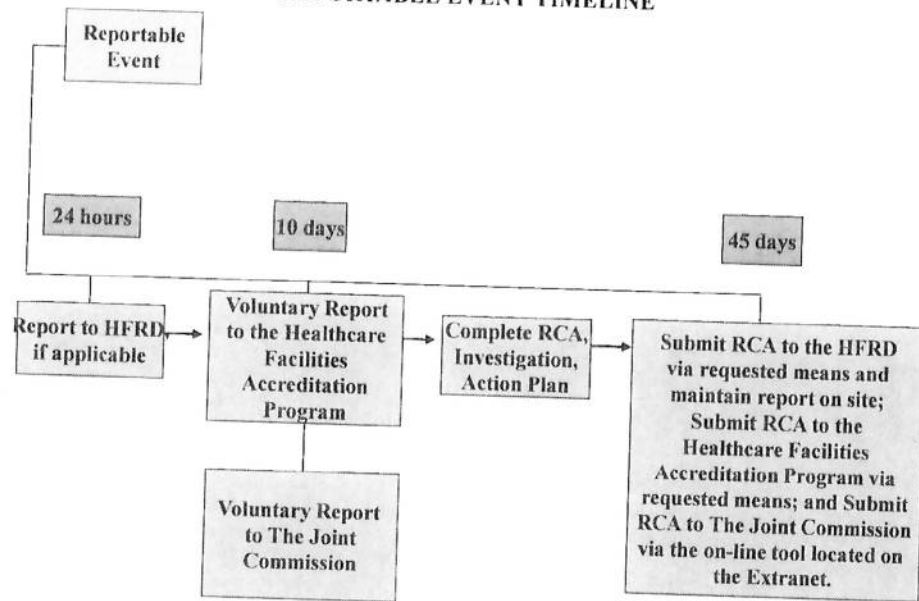
Attachment A

Patient Safety Events that do not meet the definition of a Sentinel Event:

- An adverse event is a patient safety event that resulted in harm to the patient (i.e. event that results in initial or prolonged hospitalization). An adverse event may or may not result from an error. The event will be reviewed along with an evaluation of applicable processes. Documentation will occur via the occurrence reporting process and will involve prompt notification of hospital leaders, investigation and corrective actions as applicable to the adverse event.
- Any close call (or “near miss” or “good catch”) is a patient safety event that did not reach the patient. The close call will be reviewed with applicable processes evaluated to promote patient safety.
- A hazardous or “unsafe” condition is a circumstance that increases the probability of an adverse event. The condition will be evaluated with appropriate changes being made.
- A no-harm event is a patient safety event that reaches the patient but does not cause harm. The no-harm events will be reviewed for trends and commonalities.

No-harm events, close calls, and hazardous conditions will be tracked and used as opportunities to prevent harm. The goal will involve entering these types of events into the occurrence reporting database, Risk Master. Follow up will occur at the departmental level along with utilization of a multi-disciplinary group as applicable to the no-harm event, close call and/or hazardous condition.

Attachment B
REPORTABLE EVENT TIMELINE



**GORDON HOSPITAL
ORGANIZATIONAL POLICY**

TITLE: Sentinel Events

POLICY # 160

PAGE 1 OF 4

EFFECTIVE DATE: May 16, 2017

SUPERSEDES: Policy Same Title; 01/16;
01/15;11/11; 11/10; 04/10; 09/08; 04/07;
10/06; 05/06; 12/05; 01/05; 03/04; 05/02;
03/99; 3/1/07

REFERENCE: The Joint Commission CAMH Manual

ATTACHMENTS: A. Root Cause Analysis Matrix (Not available on line)
B. Root Cause Analysis Form (Not available on line)
C. Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events

AUTHORED BY: Director, Risk Management

Purpose:

To provide a mechanism to identify and manage Sentinel Events. Accredited organizations are expected to identify and respond appropriately to all Sentinel Events occurring in the organization or associated with services provided by the organization. Associates should refer to the Reporting Policy for a description of criteria of Sentinel Events.

Definitions:

A **'Sentinel Event'**, is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following: Death, Permanent Harm or Severe Temporary Harm.

These events are called 'sentinel' because they signal the need for immediate investigation and response.

An **'Adverse Event'** is a patient safety event that resulted in harm to a patient.

A **'No-Harm Event'** is a patient safety event that reaches the patient but does not cause harm.

A **'Close Call'** (or "near miss" or "good catch") is a patient safety event that did not reach the patient.

A **'Hazardous (or "unsafe") Condition(s)'** is a circumstance (other than a patient's own disease process or condition) that increases the probability of an adverse event.

A **'Root Cause Analysis'** (RCA), also known as a comprehensive systematic analysis, should identify system vulnerabilities so that they can be eliminated or mitigated. The analysis should not focus on individual health care worker performance, but should seek out underlying

systems-level causations that were manifest in personnel-related performance issues. An RCA identifies and implements actions to eliminate or control systems hazards or vulnerabilities.

A '**Special Cause**' is a factor that intermittently and unpredictably induces variation over and above what is inherent in the system. It often appears as an extreme point (such as a point beyond the control limits on a control chart) or some specific, identifiable pattern in data.

A '**Common Cause**' is a factor that results from variation inherent in the process or system. The risk of a common cause can be reduced by redesigning the process or system.

An '**Action Plan**' is the product of the RCA, also known as a comprehensive systematic analysis. The Action Plan should attempt to identify actions that are likely to reduce the risk or prevent the event from recurring and if that is not possible reduce the severity or consequences if it should recur. The Action Plan identifies, in situations in which improvement actions are planned, who is responsible for implementation, when the action will be implemented, how the effectiveness of the actions will be evaluated, and how the actions will be sustained.

Policy:

If a sentinel event occurs, appropriate individuals at Gordon Hospital will become aware, investigate and understand the causes of the event and make changes in systems and processes to reduce the probability of such an event in the future. Such individuals will conduct a RCA.

The decision of whether to voluntarily report Sentinel Events that are subject to review by The Joint Commission and the Healthcare Facilities Accreditation Program will be made on a case-by-case basis. Mandatory reporting to the State of Georgia will be done in compliance with applicable regulation. Senior Management will be responsible for reporting as outlined in the Reporting Policy # 157.03.

Method of Implementation:

Should a sentinel event occur, the Department Director, Administration and the Director of Risk Management should be notified immediately. Appropriate hospital employees will participate with the physician in the disclosure process as outlined in the Unanticipated Outcome Disclosure Policy # 126.01.

Associates should secure any medical equipment suspected of being involved in a Sentinel Event or Near Miss and immediately report the event to the Department Manager/House Supervisor, Director of Risk Management, Administration, Clinical Engineering/BioMed and the Manufacturer. Events involving medical equipment must be reported to the Food and Drug Administration (FDA) under the Safe Medical Devices Act of 1990 within ten (10) working days of becoming aware of an occurrence. Clinical Engineering/BioMed in coordination with the Safety Officer/Director of Risk Management will complete the reporting of these occurrences (See Risk Management Policy # 2410, Product Failure).

Peer Review will be conducted by the applicable Peer Review Representative. An external peer review will be conducted when indicated/requested.

The Director of Risk Management will convene the employees caring for the patient when the Sentinel Event occurred (RCA Team) and the applicable Department Directors/Supervisors to initiate/schedule the first meeting of the RCA within 24 hours of the Event.

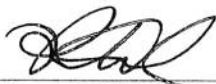
The RCA Team will conduct a RCA using the Root Cause Analysis Matrix (Attachment A – Not available on line) and will complete the Root Cause Analysis Form (Attachment B – Not available on line) within 30 days of the event.

Within 15 days of completion of the RCA, an Action Plan will be developed by the RCA Team that will identify process changes to be implemented to reduce risk, if any, the persons responsible for the implementation, the timetable for implementation and how the effectiveness of the planned actions will be evaluated.

The completed RCA Form and Action Plan will be submitted to the Director of Risk Management for review and modification as appropriate. The RCA Form and Action Plan will be forwarded to Senior Management for review; in the event that modifications are needed the Director of Risk Management will modify the document and submit to the applicable parties.

The Action Plan will be implemented by the responsible persons identified within the time period set forth and evaluated for effectiveness which will be based on The Joint Commission and the Healthcare Facilities Accreditation Program guidelines.

Approved by:



President & Chief Executive Officer

Attachment C

Minimum Scope of Root Cause Analysis for Specific Types of Sentinel Events

Detailed inquiry into these areas is expected when conducting a root cause analysis for the specified type of sentinel event. Inquiry into areas not checked (or listed) should be conducted as appropriate to the specific event under review.

Areas of Potential Root Causes	Types of Sentinel Events												
	Suicide (24-Hour Care)	Medication Error	Procedural Complication	Wrong-Site Surgery	Treatment Delay	Restraint Death	Elopement Death	Assault/Rape/Homicide	Transfusion Reaction	Patient Abduction	Unanticipated Death of Full-Term Infant	Unintended Retention of Foreign Body	Fall Related
Behavioral assessment process (1)	X					X	X	X					
Physical assessment process (2)	X	X	X	X	X	X	X				X		X
Individual identification process		X		X					X				
Individual observation procedures	X				X	X	X	X	X		X		X
Care planning process	X		X			X	X				X		X
Continuum of care	X	X			X	X							X
Staffing levels	X	X	X	X	X	X	X	X	X	X		X	X
Orientation and training of staff	X	X	X	X	X	X	X	X	X	X	X	X	X
Competency assessment/credentialing	X	X	X	X	X	X	X	X	X	X	X	X	X
Supervision of staff (3)	X	X	X		X	X			X			X	
Communication with individual/family	X	X		X	X	X	X			X			X
Communication among staff members	X	X	X	X	X	X	X	X	X	X	X	X	X
Availability of information	X	X	X	X	X	X			X		X		X
Adequacy of technological support		X	X										
Equipment maintenance/management		X	X		X	X					X		X
Physical environment (4)	X	X	X	X		X	X	X	X	X			X
Security systems and processes	X					X	X	X		X			
Medication management (5)		X	X		X				X		X		X

(1) Includes the process for assessing patient's risk to self (and to others, in cases of assault, rape, or homicide where a patient is the assailant).

(2) Includes search for contraband.

(3) Includes supervision of physicians-in-training.

(4) Includes furnishings; hardware (for example, bars, hooks, rods); lighting; distractions.

(5) Includes selection and procurement; storage; ordering and transcribing; preparing and dispensing; administration; and monitoring.