



NORTHERN COLORADO
REHABILITATION HOSPITAL

Medical Staff Orientation Manual

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NORTHERN COLORADO REHABILITATION HOSPITAL

VISION

Northern Colorado Rehabilitation Hospital (NCRH) offers inpatient and outpatient rehabilitative services intended to restore, obtain maximum functional potential and improve overall wellness of our patients.

MISSION

To provide a state-of-the art rehabilitative hospital, which offers superior rehabilitative programs and services that will enable physicians, nurses and therapists to serve the needs of our patients and the surrounding communities.

VALUES

The hospital is managed and operated by the following Guiding Principles:

- We treat all patients and employees with dignity and respect.
- We value teamwork; respect is earned, not assigned based on job title or position.
- We are only as good as our last patient outcome; therefore, we constantly strive to improve our patients' satisfaction and functional gains.
- We are first and foremost passionate patient caregivers and team members, connected at our core by the treatment needs of our patients.
- We embrace the ever-present challenge of achieving maximum, measurable patient outcomes through the provision of affordable, cost-effective care.
- We promote a healing and nurturing environment at our facility, responding to the medical, physical, psychological, and social needs of our patients.
- We respect the regulatory environment in which we operate; compliance and quality performance audits will be built into the growth of all business lines.
- We recognize our duty as a corporate citizen, with a charitable intent toward each of the communities that we serve.
- We are mindful of our fiduciary responsibility to our shareholders, providing a reasonable return to our investors.

Welcome to Northern Colorado Rehabilitation Hospital (NCRH)

Welcome to Northern Colorado Rehabilitation Hospital (NCRH). We are here to assist you by providing access to state-of-the-art services for your patients with complex medical and rehabilitative needs. This 20-bed facility is accredited by The Joint Commission, licensed by the State of Colorado, and approved to participate in the Health Insurance Benefits Program for the Aged and Disabled (Medicare).

You have a copy of the Medical Staff Bylaws and Rules and Regulations that provide specific information regarding the requirements for being a member of the Medical Staff or an Allied Health Professional. Please take time to read this document and direct any questions to the administrator or President of the Medical Staff.

The Case Manager assigned to your patient is ready to assist you and your patient by providing assistance during the inpatient stay and by assisting your patient with the transition to the community and outpatient services upon discharge. Communication with the Case Manager in advance of your patient's discharge will ensure that appropriate community resources are arranged.

If you have any questions, please contact Administration at (970) 619-3663, or ask a staff member for assistance while you are here.

To allow us to assist you and your patient, we ask:

- Upon arrival to the facility, all Medical Staff and Allied Health Professionals (AHP) are asked to notify the hospital staff that they are on the premises. The nursing unit staff is prepared to assist you with any directions or in the location of our patients. After hours, Medical Staff and AHP staff are asked to notify the Nurse Supervisor or his/her designee when they are on premises, and when they leave.
- Parking is available to you throughout our campus. After hours access is through the ambulance entrance on the side. We ask that you leave the closest front entrance parking available for our mobility impaired outpatients. Employee parking is on the (south and west) side. Should you require after hours access on a frequent basis, please request an electronic badge that will allow you to enter through our secure doors.
- Patients participate in three or more hours of therapy on a daily basis. Additionally, patients are encouraged to increase their endurance by being mobile on the nursing unit and throughout the hospital campus. If you have difficulty locating your patient, please ask any staff member for assistance.

GENERAL INFORMATION

Patient Rights

It is the policy of this facility to admit and to treat all patients without regard to race, color, national origin, religious creed, age, sex, or handicap. The same medical criteria for admission are applied to all, and patients are admitted to the NCRH without regard to these factors. Patients are provided information in a form that is conducive to their understanding. Alternate language information is available, as well as interpreters and communication aids.

Patients receive information regarding their rights and responsibilities at the time of admission and posters with the information are posted at various locations in the hospital. Included in this information is the process in which they may file an informal or formal grievance or complaint. The hospital administration actively follows up with patients with any type of complaint. Should you receive a complaint or grievance, please bring those issues to the nurse in charge and/or administration for appropriate follow up.

Patients are queried regarding their **advance directives** at the time of admission. All attempts are made to obtain copies of any executed documents outlining specific wishes of the patient by the hospital staff. Documentation of the patient's wishes is contained within the nursing assessment. It is the responsibility of the physician to familiarize him/herself with the patient's wishes and direct care as indicated. If additional information is known by the physician regarding the patient's wishes, please communicate that via the medical record and/or to the nurse in charge.

Physical Layout

A fire plan and physical layout of the hospital is posted throughout the hospital. A tour of the hospital is available to you at this time and at any time requested. The hospital has one floor and two nursing units. The main nursing unit serves 16 beds. Each wing includes two specially designed, private patient rooms set up for dialysis and bariatric patients respectively. A 4-bed high observation unit is anchored by another nursing unit located next to the pharmacy and other ancillary services. Inside of the rehabilitation hospital (adjacent building), is Therapy Services and the Cafeteria.

Scope of Services

The hospital provides services to the community within the scope of an NCRH hospital. The services provided by the hospital or through a contractual arrangement include rehabilitation, nursing, physical therapy, occupational therapy, speech therapy, dialysis, respiratory therapy, nutritional counseling, case management, and social work. Ancillary services including laboratory and radiological testing also are available. Pastoral services and community services are made available to patients as desired and/or required by their condition. Those persons under the age of 14 years are not typically admitted to the inpatient service.

Contracted services are provided by vendors that have demonstrated their ability to provide services in a safe and effective manner. The Medical Executive Committee and Governing Body have reviewed the credentials and other relevant information for each vendor and have approved the use of these vendors. Concurrent quality data is collected and evaluated periodically regarding the service provided to the hospital and our patients.

Literature/Medical Resources

The internet is available at all computer stations. If you require access, please contact the nurse in charge. Should you desire to have a user account for internet access (resources, research, medical dictation service on-line, etc.), please notify administration for appropriate assignment of password and user identification codes.

Publications, books, and journals are available at the nursing unit and throughout the hospital. These include, but are not limited to nursing care, therapy, medical resources, and medication information. Should you require additional materials that are not available at the hospital or through the internet, please contact administration.

Policies and Procedures

Policies and procedures have been developed, reviewed, and approved by the Medical Staff and Governing Body of the hospital. These policies are accessible in two volumes on the main nursing unit and complement this orientation. It is the responsibility of each Medical Staff member or Allied Health Professional to comply with these policies and to bring concerns and/or suggestions to the attention of the hospital administration and/or the President of the Medical Staff.

Communication and Phone System

Communication with hospital administration and the Medical Executive Committee is the responsibility of the Medical Staff member or Allied Health Professional. Please bring any concerns, compliments, or suggestions to the attention of the hospital administrator. Should the administrator not be available, there is an administrator on call at all times who can be accessed through the nurse in charge.

The hospital phone system is set up in order for you to communicate directly or indirectly with the patient rooms and hospital departments. A directory is available throughout the hospital in each department. Important numbers for you to have readily accessible:

Main Number: (970) 619-3400
Main Nursing Unit: (970) 619-3631
Fax Main Nursing Unit: (970) 278-9341

Telephone access requires **dialing "8" for an outside line**. Long distance access is limited to certain phones. Please contact the nursing supervisor or the hospital operator for assistance.

Food Service

If you desire, you may purchase a meal for minimal cost during meal hours. The Red Rocks Cafeteria is located in the Rehabilitation Hospital's northwest corner.

INFORMATION MANAGEMENT/MEDICAL RECORDS

Confidentiality and Release of Records

The hospital complies with all aspects of the Health Insurance Portability and Accountability Act. All members of the Medical Staff and Allied Health Professionals must protect patient information from disclosure that is unnecessary. The privacy and confidentiality of health information is a right of patients seeking health care at the hospital. All protected health information, both written and verbal is strictly confidential. Use and disclosure of protected health information will be done only after completion of valid authorization and obtaining the patient's or authorized representative's signature. Except for treatment purposes, the hospital and medical staff disclose only the minimum necessary PHI sufficient to accomplish the purpose of the use or disclosure.

Medical records and business records are the property of the hospital. The information, including health information, is protected and belongs to the patient. The original medical record may not be removed from the hospital premises except upon the receipt of a subpoena duces tecum, court order, or state statute.

Any and all disclosures of protected health information by or to any individual, agent, or entity, which are not related to an authorization and are not part of treatment, payment, or operations, must be accounted for.

Patient Rights under the Privacy Rule

- **The right to request restriction of uses and disclosures**
- **The right of access**
- **The right to request an amendment to the record**
- **The right to an accounting of disclosures**

Notice of Privacy Practices

At the time of admission, each patient or authorized representative will receive a notice of the hospital's privacy practices. Additional copies will be provided upon the request of the patient or authorized representative or upon any hospital revisions to the notice. The notice will be written in a language and manner that the patient or representative can understand. The notice will also be posted in locations that are readily accessed by patients and families.

Within the notice, the patient or authorized representative will be notified of the protection, uses, and disclosures that may occur during their stay. The patient will also be notified of their rights. The patient or authorized representative will have the opportunity to request the restriction of the information that the hospital typically uses or discloses. The hospital may or may not be able to grant the request.

Permitted Uses and Disclosures

The hospital may use or disclose protected health information without a patient's authorization in the following circumstances:

- Access by the patient to his/her own record information
- Treatment, payment, and health care operations.
- Treatment activities of any health care provider, to quality or competency assurance activities, fraud and abuse detection, and compliance if both entities have or had a relationship with the patient and the PHI pertains to that relationship

If you have questions regarding patient confidentiality, please feel free to contact administration or the medical records manager.

Medical Record Documentation

Each patient has a medical record. The record is in a paper format with information available through the computerized documentation system. The medical record is housed at the nursing station and will contain the documentation from all services and the medical staff. Access to the electronic record is available

The **history and physical (H&P)** must be completed by the admitting physician and be available on the record within 24 hours. The H&P may be performed during the 30 days before admission when there is a progress note indicating changes in the patient condition since the time of the H&P. The Medical Staff Rules and Regulations outline the specific data elements that must be included in the H&P and may be written or dictated. A report of a **consultation** must be written or dictated within 24 hours of the evaluation. A review of systems and pertinent findings of the consultation should be included. **Progress notes** must be written with each visit to the patient and include pertinent objective information, the assessment, and plan for treatment. Orders should be written within the physician order section. Any notes (H&P, consultations, progress notes, and orders) that are written by an allied health professional under your supervision must be cosigned. **Discharge summaries** are the responsibility of the attending physician, but may be delegated to another physician if agreed upon by both physicians. The discharge summary is to be completed as soon as possible after discharge, but no later than 30 days as per the Medical Staff Bylaws and Rules and Regulations and the policies of the hospital. The required content of the summary is outlined in the Rules and Regulations.

Verbal orders may be taken by those persons outlined within the Medical Staff Bylaws and Rules and Regulation when within the individual's scope of practice. Any verbal order must be read back to the ordering physician prior to execution. If read back is not performed, the order will not be executed. Verbal orders must be authenticated within 48 hours as required by Federal regulation.

Dictation and Transcription

Dictation and transcription services are provided by the hospital. WEBMEDX is the contracted service provider, and you can connect from any telephone internal or external to the hospital. You must have an assigned user identification number to access the system. Your wallet card, code, and instructions are supplied in your orientation packet. Providers on the medical staff can be set up to use an access code that permits entry to dictate after choosing which facility and patient. We strongly encourage providers to set up "electronic signature" with WEBMEDX. This feature is described in your orientation packet materials. It permits providers to review dictation on-line, make changes or corrections, and electronically approve or "sign" dictation as part of the permanent medical record.

Medical Record Completion

Medical records are to be completed in a timely manner and within the mandated time frame by State and Federal regulation. Notes are to be written at the time the service is provided when possible. Each medical record must be completed no later than 30 days after discharge. Verbal orders must be authenticated within 48 hours or at the next visit, whichever comes first.

Notices regarding records for completion will be sent from the medical record manager at periodic intervals. Please feel free to contact the medical records manager to make arrangements to complete the record during normal business hours. Arrangements to complete records after hours can be made with the medical records manager. Nursing personnel will not be available to assist with record completion unless previously arranged with the medical record manager in order to protect the confidentiality of patient records.

Use of Electronic Signature Stamp

Per bylaws, the use of electronic signature (computer key) is acceptable only under the following conditions:

- 1) The practitioner whose signature the electronic signature represents is the only one who has possession of the electronic User ID and password combination, and is the only one who uses it;
- 2) Medical Staff Services retains a signed statement to the effect that the practitioner is the only one who has the computer key password, and is the only one who will use it.

Electronic Data and Confidentiality

All electronic data pertaining to the medical care of individual patients is a part of the legal medical record and confidential to the same extent as other Hospital medical records.

Passwords used by a member of the Medical Staff to access Hospital computers shall be used only by such member, who shall not disclose the password to any other individual (except to authorize security staff of the computer system). The use of a member's passwords is equivalent to the electronic signature of the member.

The member shall not permit any practitioner, resident, or other person to use his/her passwords to access Hospital computers or computerized medical information. Any misuse may, in addition to any sanctions approved by the Governing Body regarding security measures, be a violation of State and Federal law and may result in denial of payment under Medicare and Medicaid.

PATIENT SAFETY

Fire and Safety

The hospital is prepared in the case of a fire. The physical aspects include the fire alarm and suppression equipment. Walls and partitions, as well as ceilings, are fire resistance and provide up to two (2) hours of time before spreading to other locations. The alarm systems automatically contact local fire officials to respond to the situation.

Staff and those medical staff present, participate in drills periodically. These drills typically are not announced. **Should a drill or actual fire occur while in the hospital, any Medical Staff Member or Allied Health Professional should report to the nursing unit and nurse in charge for direction and to participate in any activities associated with the drill or actual emergency.**

If a fire is discovered, please respond with RACE:

- R** Rescue any person in immediate danger
- A** Alarm through the use of the fire pull stations located throughout the hospital. Use the paging system, contact the hospital operator, or call for assistance.
- C** Contain the fire if smaller than a waste basket. If larger, exit the area and close any doors after you to assist in the spread of fire and smoke.
- E** Evacuation of patients, staff, and visitors may occur from one compartment to another. Full hospital evacuation will be directed by fire officials.

Disaster Plan

The hospital has developed a disaster plan for a variety of situations that may occur. These plans are specific to those that may be expected or anticipated related to those businesses, community, geographic location or other factors. Those disasters that are assessed to be most likely have drills planned and executed in the anticipation of an actual event. Medical Staff Members and Allied Health professionals are expected to participate in drills and actual disasters.

The role of Medical Staff Members and Allied Health Professionals in disasters is based on the type of disaster. In any disaster, the safety of the patient is the primary concern. Questions related to the appropriate care of the patient are the responsibility of the Medical Staff. Should an evacuation or influx of patients or treatment of injured be expected, you will be contacted to assist. A copy of the safety/disaster manual is available on the nursing unit and other locations for reference.

Code Blue

The hospital staff is trained to respond to patient emergencies. Should the patient have a cardiac and/or pulmonary arrest, staff will announce "Code Blue" and location. All Medical Staff Members and Allied Health Professionals should immediately respond to the location and provide direction within the scope of their knowledge.

Safety

Patient Safety is of utmost importance. Please report all concerns to the Nursing Supervisor or any other facility management staff as you become aware of an issue. Accredited by The Joint Commission, the hospital follows best practices and National Patient Safety Goals and initiatives.

Infection Control surveillance activities are in place within the hospital. Education of all staff regarding the appropriate methods to prevent the spread of infection is completed at the time of hire and at least annually. The hospital has adopted the standards recommended by the Centers for Disease Control regarding universal precautions and isolation to assist in the prevention of the spread of infection. Should any patient present with infection that requires isolation, appropriate isolation will occur without the requirement of a physician order.

Orders and critical test results that are communicated orally will require a read back. When orders are given verbally, the person accepting the order will write the order and will read back the information prior to execution. When critical test results are communicated orally, the physician must orally repeat the results back to the person providing the information. The hospital, in conjunction with the Medical Staff, collects data regarding compliance with “read-back” requirements.

Specialized treatment, invasive procedures, and blood administration require informed consent. Documentation by the physician ordering the treatment, procedure, or blood regarding the provision of the consent is required. Additionally, site verification prior to any special treatment or procedure is required prior to the initiation of the treatment or procedure.

Identification of patients will occur prior to any treatment or service, including medication administration, utilizing at least two (2) identifiers. The identifiers include the full patient name and the use of the medical record number, patient account number, or date of birth. At no time may the patient room number be utilized as one of the identifiers. The identification information may be found on the patient wristband. Should the patient identification band not be present on the patient, please contact the nurse in charge immediately.

Abbreviations to use and to avoid are outlined within the hospital policy. Medication orders must be written clearly without the use of those listed abbreviations to avoid. Additionally, a leading zero should be included before a decimal point. A zero should NOT be utilized after a decimal point when no additional digits will occur. Clarification of orders will occur with any orders when they include any prohibited abbreviations or zeros in order to avoid errors or omissions.

Pain Management for our patients at NCRH is of the utmost importance. Each patient can expect their pain to be assessed and addressed in a timely manner with follow-up activity to ascertain intervention effectiveness. The pain scale involves a rating of 1 to 10 by the patient to allow the clinical team an objective way to respond. If the patient is unable to communicate, clinicians observe the patient’s nonverbal reactions such as facial expression, guarding body movement, inability to rest, There are multiple interventions that include, but are not limited to, ice/heat, positioning, therapeutic modalities, medications, and activity.

CLINICAL PRACTICE

Admission Process

As required by regulations, all potential patient admissions must be reviewed by an interdisciplinary admission team to ensure that admission criteria are met. This team consists of a hospital physician, administrative staff, and clinical staff. The information reviewed will consist of information gathered by the admissions department and Clinical Liaison. Decisions made by the admission team will be communicated to the referral source as soon as possible after the review.

All admissions must be under the care of an active or consulting Medical Staff Member who is available 24 hours a day, 7 days a week. It is the responsibility of each physician on the Medical Staff to provide information regarding coverage and the preferred method of contacting you after hours to the nursing department and/or administration.

Consultation or Referral

Only those licensed independent practitioners (physicians, dentists, psychologists, or podiatrists) who have been through the credentialing process and have been given privileges to provide care at the hospital may be consulted. An order for a consultation should be written in the medical record prior to the completion of the consultation. A list of those individuals credentialed is available at the nursing unit or in administration. Should there be a patient need for a particular consultation and no practitioner of that expertise is currently credentialed, please contact the hospital administrator for assistance.

Discharging a Patient

Patients will be discharged only on the order of the admitting licensed independent practitioner. Communication with case management and the interdisciplinary team is essential to ensure proper patient/care giver education is completed and arrangements for after care are finalized. Please contact your patient's case manager for any questions or specific needs that the patient may have.

Medication Management and Substitution

The Medical Executive Committee has approved a limited formulary for use at the hospital. Medications on this list will be routinely available. When medications are ordered that are outside this list, the pharmacist will contact you regarding the order to ascertain if the medication can be substituted for an equivalent medication that is readily available. If a substitute is permissible, an order will be documented reflecting this change.

A list of automatic therapeutic substitutions has been approved by the Medical Executive Committee. These medications will be substituted without communication unless specifically ordered, "Do not substitute." Generic equivalents will be routinely substituted for brand names unless specified by the Medical Executive Committee or by regulation.

Quality Improvement and Physician Practice Evaluation

The hospital has an active quality improvement program. This program is essential to the continuing improvement in the quality of services provided. Members of the Medical Staff and Allied Health Professionals are encouraged to participate in the quality improvement activities of the hospital and Medical Staff. The size of the hospital and Medical Staff allow for a simple structure for communication. The Medical Executive Committee serves all functions including credentialing, ethics, patient safety, pharmacy and therapeutics, medical records, infection control, utilization review and quality improvement activities. Performance improvement and proactive risk teams will be utilized to enhance the outcomes of patients and the hospital.

The Medical Executive Committee has adopted a Physician Practice Evaluation process that is non-punitive in nature. Criteria for professional performance has been adopted for a variety of high risk and problem prone areas that are specific to the scope of services provided to the hospital and include, but are not limited to the use of blood and blood products, medical record documentation, unplanned transfers, utilization of services and length of stay, death and autopsy. Additional areas and criteria may be adopted by the Medical Executive Committee periodically based on data and clinical practice guidelines.

All members of the Medical Staff and Allied Health Professionals are welcome and encouraged to participate in the quality improvement program, Physician Practice Evaluation, and performance improvement teams.

PATIENT SATISFACTION

We subscribe to NRC Picker to conduct the survey process and provide access to the database. There are multiple patient satisfaction survey questions asked of our patients and family members after discharge. We are extremely cognizant of each patient's rehabilitation experience and take their feedback seriously. Below, please find the questions that you will have a direct impact on:

- Did you have confidence and trust in the team treating you?
- If you had pain, did the treatment team work with you to help control the pain?
- During this hospital stay, how often did doctors treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often did doctors explain things in a way you could understand?
- How much information about your condition or treatment was given to your family or someone close to you?
- Overall, how would you rate the care you received?
- Would you recommend this rehabilitation program to your friends and family?

KEY POLICIES AND PROCEDURES SUMMARY

Complaints/Grievances

The administration and staff of the hospital is committed to providing prompt resolution to patient complaints and grievances. Immediately upon becoming aware of an issue, staff and physicians are encouraged to resolve the issue immediately to the patient's satisfaction. If this is not addressed to the patient's satisfaction, an incident report is to be completed, and administration is to be notified. A follow-up protocol is initiated to address the issue and resolve it.

Invasive Procedures and Specialized Treatment

"Right patient, right site, right procedure"---The Physician initiates a "Time" Out" prior to initiation of the procedure or special treatment to allow for review by all involved for verification of readiness. This is documented in the medical record.

No Code

A "Code Blue" will be called on every patient who does not have a written "Do Not Resuscitate (DNR)" order in the medical record. This order must be written by a physician.

Restraint Use

This hospital will only use physical restraint as a means of providing a safer environment for those patients assessed to be in need of such intervention. The least restrictive restraint will be used to accomplish the goal of discontinuing the restraint at the earliest time. The use of chemical restraint or seclusion is not allowable. A physician must re-assess face to face with the patient at least every 24 hours. A registered nurse MAY assess the patient and apply restraint without a physician order. In this case, the physician will be notified within 12 hours and an order obtained. Any incident related to restraint use must be reported immediately to the hospital risk manager or administrator.

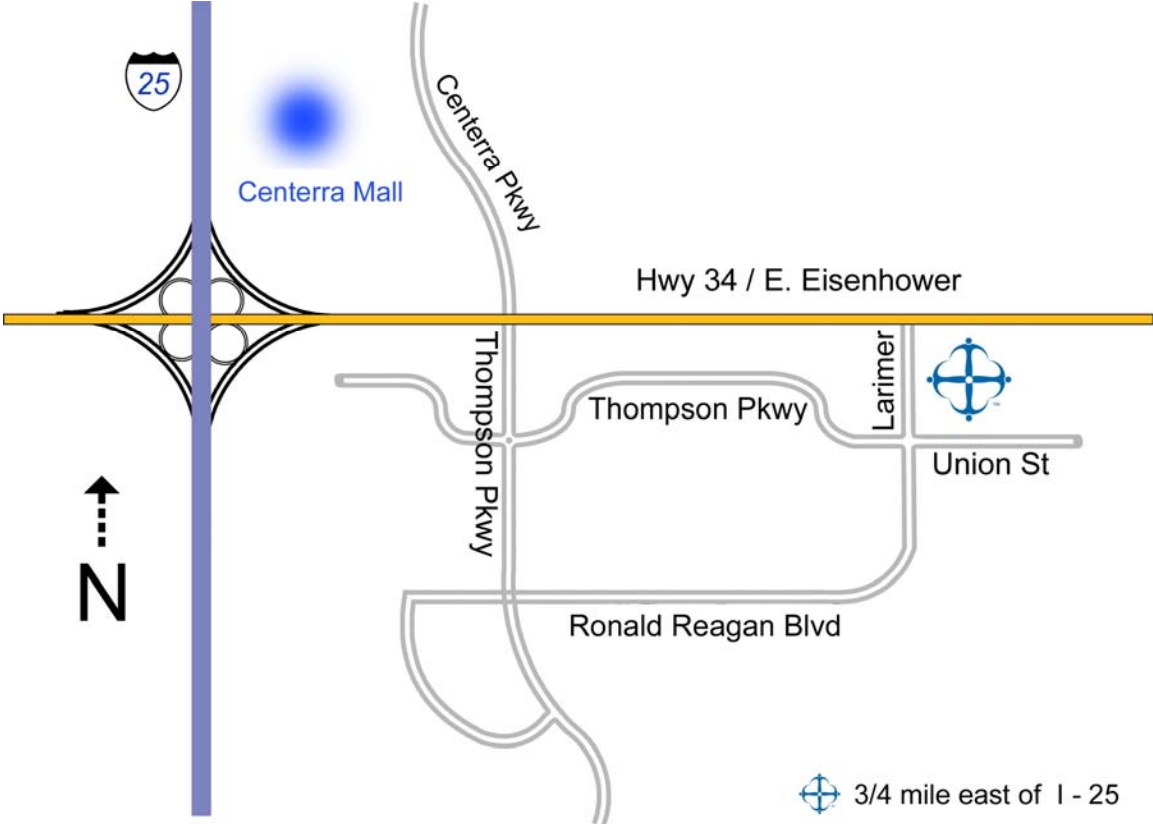
Wound Prevention, Assessment, and Treatment

Wound care is provided through the clinical practice guidelines approved by the Medical Executive Committee. Should wound care be required, an order for care "per policy" is sufficient for the execution of the practice. Photo documentation will be maintained in the medical record.

MAP



NORTHERN COLORADO
REHABILITATION HOSPITAL



Northern Colorado Rehabilitation Hospital

Code Green	Code Black	Code Red	Code Blue	Code Gray	Code Orange	Code Yellow	Dr. Stat	Dr. Strong
<i>What does it mean?</i>	<i>What does it mean?</i>	<i>What does it mean?</i>	<i>What does it mean?</i>	<i>What does it mean?</i>	<i>What does it mean?</i>	<i>What does it mean?</i>	<i>What does it mean?</i>	<i>What does it mean?</i>
Internal/ External Disaster	Bomb Threat	Fire	Cardiac and/or Respiratory Arrest	Hostage	Severe Weather/ Tornado	Patient Elopement	Person in Distress	Combative or threatening person
<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>	<i>Who Should Call the Code?</i>
Administrator or designee	Administrator or designee	Staff will sound the alarm and make the overhead page OR designate someone to do this.	Staff that discovers the arrest should page overhead OR designate someone to do this.	Staff that become aware of the situation.	Administrator or designee	Staff that discovered the situation	Staff that discovers the distressed person	Staff that discovered the situation
<i>What should staff do?</i>	<i>What should staff do?</i>	<i>What should staff do?</i>	<i>What should staff do?</i>	<i>What should staff do?</i>	<i>What should staff do?</i>	<i>What should staff do?</i>	<i>What should staff do?</i>	<i>What should staff do?</i>
Notify immediate supervisor and/or administrator on call who will initiate the disaster plan.	Complete the Bomb Threat data collection form if speaking to a caller. Notify immediate supervisor and/or administrator on call who will advise staff to turn off all cell phones and pagers and notify the authorities.	Follow RACE: R: Rescue or remove anyone from immediate danger. A: Alarm by pulling the nearest fire pull station and page overhead the location. C: Confine by closing doors. E: Extinguish small fires, if possible.	Initiate CPR and page overhead the location. The code team will respond and take over care and treatment. Follow any directions of the Code team.	DO NOT overhead page. Notify immediate supervisor or leader. DO NOT attempt to subdue the person or endanger the hostage.	DO NOT overhead page for watch. DO overhead page for warning. Get patients and visitors to a safe area away from windows.	Overhead page calling all staff to the nurses' station for directions from charge nurse or person in charge.	Provide immediate safety remedy, but do not move the patient unless require for life saving. Overhead page the code to the location.	Notify immediate supervisor or leader. DO NOT attempt to subdue the person.

MEDICAL FOCUS

Primary Diagnosis:

- Neurologic – Brain Injury, Parkinson, MS
- Stroke Rehabilitation
- Orthopedic – Joint Replacement, Fractures
- Trauma

Clinical Focus Areas:

- Discharge to Home
- Patient Satisfaction
- Patient Mix: Overall >65% Medicare
 - 20% Stroke
 - 20% Neuro

Primary Protocols:

- Cardiac-related
- Anticoagulation
- Insulin Sliding Scale
- PICC line
- Bowel and Bladder
- Restraint
- Fall prevention
- Closed Observation Unit

Additional Clinical Services:

- Bedside Swallow evaluations
- Sleep Studies
- Diner's Club – therapeutic dining for dysphasic patients
- Parenteral/Enteral Nutrition services

Clinical Staff:

- Nursing – including CRRN credentialed
- Respiratory Therapist
- Therapy Staff
 - Physical Therapist
 - Occupational Therapist
 - Speech Therapist
- Pharmacist – onsite
- Registered Dietitian

In-House: We are capable of performing the following tests at the bedside and receiving results within five minutes of the test-taking:

pH, pCO₂, PO₂, Na, K, iCa, Hct (calculated lab tests are: HCO₃, TCO₂, BE, SO₂, and Hb).

Contracted Services: All other laboratory and blood needs are met through the NCRH's contract with Skyline Laboratory. Your NCRH contact is the **DIRECTOR OF Nursing Operations**.

Radiology Services

In-House: A certified radiologic technologist is available to perform simple x-rays using a portable unit. Films are printed on-site. Your NCRH contact is the **DIRECTOR OF NURSING OPERATIONS**.

Contracted Services: Advanced Medical Imaging Consultants provides radiology interpretations. The **PROVIDER HELP LINE is (970) 225-9729**.