



# Medical Staff Orientation

Reviewed and updated: **08/07**

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# Greenwood Regional Rehabilitation Hospital

## MISSION

The Greenwood Regional Rehabilitation Hospital offers **inpatient rehabilitative services** intended to restore, obtain maximum functional potential and improve overall wellness of our patients.

## VISION

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 Greenwood Regional Rehabilitation Hospital

Welcome to Greenwood Regional Rehabilitation Hospital. We are here to assist you by providing access to state-of-the-art **rehabilitation** services for your patients with complex **rehabilitation/medical** needs. 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 administration or President of the Medical Staff.

The Case Manager assigned to your patient is ready to assist you and your patient by providing case management during the inpatient stay and assisting your patient with the transition to the community and outpatient services upon discharge. Communication regarding discharge plans to the Case Manager well in advance will ensure that appropriate community resources are arranged for our patients after discharge.

If you have any questions, please contact Administration, 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 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 is 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 north side (Parkway). We ask that you leave the closest front entrance parking available for our mobility impaired outpatients. Employee parking is on the south (back) 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 Greenwood Regional Rehabilitation Hospital 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 a rehabilitation nursing unit that is centrally located to the pharmacy and other ancillary services the hospital also has a nursing station on the Greenwood Transitional Rehabilitation Unit.** The therapy services are located adjacent to the nursing unit and include treatment equipment **and a therapeutic pool.**

### Scope of Services

The hospital provides services to the community within the scope of a **rehabilitation** hospital and **skilled nursing unit.** The services provided by the hospital or through a contractual arrangement include **rehabilitation** nursing, physical therapy, occupational therapy, speech therapy, respiratory therapy, nutritional counseling, case management, and social work. Ancillary services including laboratory and radiological testing are also 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 internet access while within the hospital, 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 to obtain needed resources.

## **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 throughout the hospital 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 & 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 that 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: 864-330-9070**  
**Nursing Unit direct line: <Insert Number>**

Telephone access requires dialing "9" 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 lunch hours.

# **INFORMATION MANAGEMENT/MEDICAL RECORDS**

## **Confidentiality & 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 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 & Transcription

Dictation and transcription services are provided by the hospital. The service contracted with is available from any telephone whether in the hospital or external to the hospital. You have been provided with an access code and the directions to the service. If you have any problems accessing or using the system, please contact the medical records manager.

## Medical Record Completion

Medical records are to be completed timely 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 Signature Stamp**

Signature stamps are acceptable ONLY within the guidelines outlined within the Medical Staff Bylaws and Rules and Regulations. If you wish to use a signature stamp, please contact administration or the medical records manager to ensure appropriate documentation of the stamp use is completed prior to use.

# 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 are typically 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.

**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 wrist band. 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.

# 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 the hospital Medical Director, administrative staff, and clinical staff. The information reviewed will consist of information gathered by the admissions department and **Rehabilitation 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 that 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) that 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. In limited circumstances temporary privileges may be granted by the administrator after recommendation by the President of the Medical Staff.

## 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 & 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 Peer Review

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 peer review 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 is 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, peer review process, and performance improvement teams.

# KEY POLICIES AND PROCEDURES SUMMARY

## Autopsy/Death of Patient

The attending physician will make every available effort to obtain permission for an autopsy from the next of kin in every case in which an autopsy is indicated or within requirements outlined by local authorities for autopsy. Documentation of the request to family or legal representative will be written in the medical record. The attending physician is responsible for completion of the death certificate of any patient that dies while in his/her care.

## 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 medical/surgical 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 that will accomplish the goal with the discontinuation of 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. Weekly re-assessments and discussion in the interdisciplinary care conference will continue during restraint use. 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 kept on admission, weekly, and on discharge within the medical record.



## Medical Staff Orientation Checklist

- Hospital Mission, Vision and Values
- General Operations & Guides
  - Patient Rights
  - Hospital Physical Layout
  - Scope of Services
  - Literature/Resources Available
  - Communication and Phone System
- Information Management/Medical Records
  - Confidentiality & Release of Records
  - Dictation and Transcription
  - Medical Record Completion
  - Signature Stamp Use
- Patient Safety
  - Fire and Safety
  - Disaster Plan
  - Code Blue
  - General Safety
- Clinical Practice
  - Admission Process
  - Consultation or Referral
  - Discharging a Patient
  - Medication Management
  - Quality Improvement & Peer Review
- Key Practice Policies

I have received the orientation/orientation package covering my rights and responsibilities as listed above. The orientation program provided me ample opportunity to obtain clarification of my questions and understand my role and responsibilities as a credentialed practitioner. I agree to abide by the policies and procedures included as part of this orientation and others as outlined in the Medical Staff Bylaws, Rules and Regulations as well as hospital policy and procedure manuals.

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Signature of Practitioner

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Date

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Printed Name