

CORPORATE COMPLIANCE/CODE OF CONDUCT:

- The Corporate Compliance Program addresses the public and private sectors' mutual goals of preventing fraud and abuse; enhancing health care providers' operations; improving the quality of health care services; and reducing the overall cost of health care services.
- The Overall goals of the Hospital Compliance Program include, but are not limited to, the following:
 - Demonstrating the hospital's commitment to honest and responsible corporate conduct;
 - Increasing the likelihood of preventing, identifying, and correcting unlawful and unethical behavior at an early stage;
 - Encouraging employees to report potential problems to allow for appropriate internal inquiry and corrective action;
 - Through early detection and reporting, minimizing any financial loss to government and taxpayers, as well as any corresponding financial loss to the hospital.
- The Compliance Plan helps prevent:
 - Fraud: Making false statements or representations or material facts to obtain some benefit or payment for which no entitlement would otherwise exist.
 - Abuse: Practices that either directly or indirectly results in unnecessary costs to insurance programs.
 - Waste
 - Mismanagement
- Core Components:
 - Standards, Policies and Procedures
 - Compliance Program Administration: Compliance Coordinator/Officer
 - Screening and evaluation of Employees, Physicians, Vendors and other agents.
 - Communication, Education and Training on Compliance Issues
 - Monitoring, Auditing, and Internal Reporting Systems: audits, peer review, PI Monitors, UR reviews, and patient/staff interviews.
 - Discipline for Non-Compliance
 - Investigations and Remedial Measures: Corporate Compliance confidential hotline and email. All reports of violations will be investigated and, when warranted, corrective action initiated. Employees are encouraged to report concerns and those who make reports to the Compliance department will be free from retaliation and/or discipline for doing so.
- Code of Conduct applies to all employees (full-time, part-time & PRN), medical staff, board members, contractors and agents.
- Employees of the Hospital will abide by the basic principles of integrity which include:
 - Personal and professional integrity
 - Ethical practice and behavior
 - Knowledge of and compliance with all laws and regulations
 - Accuracy and completeness of all records, reports, and other documentation
 - Accountability, credibility and mutual respect
 - High quality patient care

Conflicts of Interest

- "Conflicts of Interest" occur when a person's private interest interferes, or appears to interfere, in any way with the interest of the Company.
- Genesis Behavioral Hospital expects all employees to conduct themselves and company business in a manner that reflects the highest standards of ethical conduct, and in accordance with all federal, state, and local laws and regulations. This includes avoiding real and potential conflicts of interests.
- Exactly what constitutes a conflict of interest or an unethical business practice is both a moral and a legal question. Genesis Behavioral Hospital recognizes and respects the individual employee's right to engage in activities outside of employment which are private in nature and do not in any way conflict with or reflect poorly on the company.
- It is not possible to define all the circumstances and relationships that might create a conflict of interest. If a situation arises where there is a potential conflict of interest, the employee should discuss this with a manager for advice and guidance on how to proceed.
- Examples include, but are not limited to:
 - Awarding Genesis business to a family member
 - Owning significant interest in a competitor or supplier
 - Accepting gifts of value from a vendor or customer
 - Using company resources for personal gain
- **Unauthorized Use of Corporate Funds and Assets**
 - Use of any company assets or property for any unlawful or improper purpose is strictly prohibited.
 - No employee may give gifts, incentives or bribes to obtain or retain business or to solicit referrals.
 - Any employee having knowledge of such should report to Corporate Compliance.
- **Work Environment**
 - All Genesis employees are expected to perform in a professional, ethical and responsible manner at all times.
 - Genesis does not tolerate any form of harassment, uncooperative behaviors/attitudes or disrespect to patients, visitors, co-workers or members of management.
 - Employees are expected to respect the rights, dignity and cultural differences of others.

- **Employment Laws and Policies**
 - Genesis will not employ or contract with any person or business who is sanctioned or excluded from Federal or State Programs.
 - Solicitation on company premises during work hours is prohibited.
 - All facilities are subject to internal and/or external reviews to ensure regulatory compliance, patient safety, proper documentation, provision of services and ethical practices.
 - Employees are expected to comply with all forms of reviews/audits and to notify your supervisor immediately if you receive an inquiry, subpoena or other request for information regarding Genesis.
- **Compliance Program**
 - All employees are expected to report questionable or unethical conduct.
 - Reports may be made anonymously
 - The hotline is available 24/7
 - There will be no retaliation for reporting concerns made in good faith. All reported violations are investigated and employees are expected to cooperate.
 - Employees who choose to report a false claim to the federal or state government are entitled to whistleblower protections, including protection from retribution or retaliation by the employer.
 - No member of management has the authority to instruct you to violate the law or policy

HR or Corporate Compliance	
Human Resources Issues	Corporate Compliance
Time Sheet/Time abuse	Medical Record Falsification
Pay Rates	Inaccurate billing or Accounting
Dress Code	Falsification of Reimbursement Claims
Scheduling	Conflict of Interest
Terminations	Soliciting or Accepting Inappropriate Gifts
Promotions	Patient Confidentiality Concerns
Hiring Practices	Inaccurate Record Keeping
Workplace Harassment	Failure to collect patient co-pays or deductibles
Worker Conflicts	Falsification of Regulatory Reports
Job Descriptions	Mismanagement of Company Funds
Breaks/Assignments	Mandated Political Contributions

To Report Corporate Compliance issues, please contact our Compliance Coordinator at the number or email listed below.

Marissa Lajaunie, Compliance Officer
 (337) 236-8257
Compliance@genesishb.com

PERFORMANCE IMPROVEMENT

- Performance Improvement is a continuous process.
- Its aim is to reflect the complexity of the Hospital's organization and involves all hospital departments and services including those services furnished under contract or agreement, and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors.
- The hospital's leadership shall prioritize performance improvement activities to address high-risk, high-volume, and/or problem prone functions of process and care.
- Processes are intended to identify areas in need of improvement and corrective action plans are developed to target these areas.
- The Performance Improvement function assists departments, committees, and programs in identifying opportunities to improve the quality of patient care and the utilization of hospital resources and documents the effectiveness of actions taken.
- The utilization management process assists the PI function through gathering information to identify resource utilization related problems.
- All data obtained during the PI/UR process will be discussed during the monthly Performance Improvement/Quality Assurance Meetings and quarterly during the Medical Staff Meetings.

INCIDENT REPORTING

PATIENT:

- A **patient incident** is anything that is out of the expected norm for the patient (ex: elopement, fall, medication error, altercation, or psychiatric emergency)
- Facility staff will report all patient incidents through the use of the facility's incident reporting form.
- No copies of this form should be made for use by anyone. All incident reports should be sent directly to the DON. These forms will be used for Performance Improvement and Quality Assurance purposes.

EMPLOYEE

- All employee accidents or injuries regardless of the severity of the injury incurred while on duty, must be reported immediately to the employee's supervisor.
- The incident must be documented on the employee accident/injury form and routed to the Department Manager, then to the HR Coordinator.
- The employee will see the unit nurse or program nurse for injury assessment and/or first aid.
- If necessary, the employee can go to the emergency room or private physician if further medical attention is needed. If the employee goes to the emergency room, a urine drug screen will be administered within 24 hours of the incident
- All necessary information to **complete** the incident form should be gathered and documented on the incident form within 24 hours of incident and submitted to HR.

HIPAA PRIVACY AND SECURITY

- The "Privacy Rule" establishes a set of national standards for the protection of certain health information also known as the Health Information Portability and Accountability Act of 1996 (HIPAA).
- The Privacy Rule standards address the use and disclosure of individuals' health information – called "protected health information" (PHI) by organizations subject to the Privacy Rule – called "covered entities," as well as standards for individuals' privacy rights to understand and control how their health information is used.
- The Privacy Rule protects all "individually identifiable health information" held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper or oral.
- Individually identifiable health information including demographic data that relates to:
 - The individual's past, present, or future physical or mental health or condition
 - The provision of health care to the individual
 - The past, present, or future payment for the provision of health care to the individual
 - And that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. (EX: Name, DOB, Address, Diagnosis, Social Security Number, Contact information)
- A covered entity is permitted, but not required, to use and disclose protected health information, without an individual's authorization for the following purposes or situations:
 - (1) To the individual
 - (2) Treatment, Payment, & Health Care Operations
 - (3) Opportunity to Agree or Object
 - (4) Incident to an otherwise permitted use and disclosure
 - (5) Public Interest & Benefit Activities
 - (6) Limited Data Set for the purposes of research, public health or health care operations

HIPAA Notice of Privacy Practices

- Patients have the right to inspect and copy their protected health information
- Patients have the right to request a restriction of their protected health information
- Patients have the right to request to receive confidential communications from us by alternative means or at an alternative location.
- Patients have the right to have their physician amend their protected health information.
- Patients have the right to receive an accounting of certain disclosures the hospital has made.

Minimum Necessary Rule:

- Requires covered entities to limit the use of disclosure of, and requests for, protected health information to the MINIMUM necessary to accomplish the intended purpose.
- Does not apply to the following:
 - Disclosures for treatment purposes
 - Disclosures to the individual who is the subject of the information
 - Uses or disclosures made pursuant to an individual's authorization
- Disclosures to obtain or provide reimbursement for health care services
- Disclosures necessary to carry out certain business or operational activities
- Disclosures required by law.

MEDICAL RECORDS

- Charts removed from the medical records office must be signed out and signed back in upon return
- Deficiencies should be completed promptly and no less than prior to each payroll date.
- Documents with any type of patient identifier must be shred if they are not to be included in the chart.

Patient Identification:

- Every time a patient is admitted to Genesis Inpatient Hospital, they are provided an individual patient ID #. This ID # is unique to that patient on that admit.
- It is up to the patient's discretion who they would like to give their patient ID # to.
- If someone calls and inquires about a patient, wants to speak to the patient, or wants to visit the patient during visitation hours, they must provide the correct patient ID #.

Do	Don't
Hold conversations regarding patients in private areas.	Discuss patient information in public areas
Hold phone conversations where they cannot be overheard	Discuss patient information with family, friends, etc

Face computer screen away from doorways	Leave confidential information on desks, printers, etc
Use limited patient information on whiteboards	Put confidential documents in the trash
Report breaches of confidentiality, misuse of information	Release medical information without a consent

Who must comply with HIPAA: EVERYONE who works at Genesis, regardless of their role/job duties! Your Privacy Officer is Rachel G. (ext. 303)

Documentation

Why is documentation important?

- Professional Responsibility
- Legal Protection
- Compliance with Regulatory Standards
- Reimbursement

Do	Don't
Document clinically significant information	Document inaccurate/false information
Sign and Date every entry	Alter medical records
Use only black ink	Use white out
Use professional grammar and terminology	Use unapproved abbreviations
Use exact quotes	"Scratch out" errors
	Chart in advance to "save time"

Official "Do Not Use" List¹

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

¹Applies to all orders and all medication-related documentation that is handwritten (including free-text computer entry) or on pre-printed forms

Admissions

EMTALA

- Medicare participating hospitals must meet the Emergency Medical Treatment and Labor Act (EMTALA)
- EMTALA requires hospitals with emergency departments to provide a medical screening examination to any individual who comes to the emergency department and requests such an examination, and prohibits hospitals with emergency departments from refusing to examine or treat individuals with an emergency medical condition (EMC).
- If the hospital does not have a dedicated emergency department, the governing body must assure that the medical staff has written policies and procedures for appraisal of emergencies and the provision of initial treatment and referral.
- If you suspect emergency services are being denied based on diagnosis, financial status, race, color, national origin, or handicap, you can report these cases.
- In the case of psychiatric emergencies, if an individual is expressing suicidal or homicidal thoughts or gestures, if determined dangerous to self or others, would be considered to have an EMC.

ANSWERING THE PHONE:

- If you receive a call from an individual in crisis, keep that caller on the phone and enlist co-workers to contact 911 or other assistance.

TYPES OF ADMISSIONS:

- Voluntary admissions: The patient wishes to be admitted, and that 72 hour written notice must be given of intent to leave treatment.
- OPC: Be sure the OPC was not issued more than 72 hours prior to the person's arrival at the facility. A physician must evaluate the patient within 12 hours of arrival to the facility. The patient can then sign a formal voluntary admission or the patient will be PEC'd by the physician.
- PEC: The coroner must examine and evaluate the patient within 72 hours of the patient's admission, and CEC the patient. Staff must release the patient if he/she is not evaluated by the coroner within 72 hours of admission per PEC.
- CEC: Expires 15 days after the initial PEC.

UTILIZATION REVIEW

- The objectives are:
 - To promote the most efficient use of available and clinical resources
 - To insure that all inpatient services are necessary and cannot be provided effectively on an outpatient basis, an extended care facility or in other appropriate care settings
 - To promote the provision of high quality patient care by recognizing the psychiatric needs of patients and at the same time assuming the responsibility for monitoring healthcare costs through the use of a comprehensive utilization management program
 - To promote effective utilization of hospital services by studying the patterns of care within the hospital and benchmarking these patterns against regional databases and other comparable data.
 - To maximize appropriate care and minimize/eliminate inappropriate care (over-under utilization of services)
 - To ensure adequate discharge planning occurs and there is an organized systematic process for addressing premature discharges

HUMAN RESOURCES

TIME AND ATTENDANCE:

- Employees are required to maintain regular attendance. Excessive absenteeism, reporting late, or leaving early may result in disciplinary action up to and including termination.
- It is your responsibility to know your schedule and to arrive on time and be at your work station, clocked in and ready to work at your scheduled start time.
- PTO Requests: Should be completed at least 2 weeks prior to the date(s) being requested.
- Employees may not arrange for another employee to cover their scheduled shift without supervisory approval.
- Employees must approve their time cards at least weekly.

LUNCH BREAKS:

- Employees working a shift of 6 or more hours are entitled to a 30 minute lunch break. Employees who leave the facility for this break are required to clock out.

CELL PHONES AND OTHER ELECTRONIC DEVICES IN PATIENT CARE AREAS:

- Cell phones and other electronic devices may NOT be used in patient care areas without supervisory approval. Members of hospital leadership do have permission to utilize cell phones in patient care areas to facilitate communication.

DRESS CODE:

- Genesis Behavioral Hospital employees should present a professional image to our patients, their families and other visitors.
- Members of leadership and Marketing Staff are expected to dress in Business Casual Attire.
- Unit staff members are required to wear scrubs while working on the floor.
- Outpatient staff members may wear jeans in good condition with business appropriate shirts and shoes. Shirts with Genesis logo are preferred. Genesis will cover the costs of adding company logos to appropriate shirts/jackets purchased by employees.
- Flip flops, tank tops, sweatshirts, revealing attire and t-shirts with logos are strictly prohibited.
- Casual Fridays: All staff members may wear jeans in good condition with business appropriate shirts/shoes on Fridays.

HARASSMENT/DISCRIMINATION:

- Genesis will not discriminate against any employee or potential employee on the basis of race, creed, religion, national origin, sex, age, physical or mental disability unrelated to an individual's ability to perform the essential functions of a particular job in accordance with applicable state, federal and local laws.
- Genesis prohibits any forms of discrimination or harassment in employment practices or personnel actions. This includes, but is not limited to, hiring, promotion, transfer, compensation, participation in training or discipline and termination.
- Verbal, physical or visual conduct which serves to create an intimidating, hostile or offensive work environment is strictly prohibited.

WORK RELATED INJURY

- If an injury occurs on the job, it must be immediately reported to your supervisor.
 - Complete an Employee Incident Report
 - HR will coordinate drug screen and work with Worker's Comp for medical care coordination
 - All employee incidents should be documented and submitted to HR, regardless of lack of pain/injury at the time of the incident.

PERFORMANCE EVALUATION/DISCIPLINE

- All new employees are hired on a 90 day probationary status
- After 90 days, performance and suitability for the position are evaluated by the supervisor.
- Employees are evaluated on an annual basis on their anniversary date. Merit increases are granted based on performance evaluations. However, they are not guaranteed.
- An employee can be evaluated sooner than annual if counseling for performance improvement is needed.
- Education forms are used to document that employees have been provided additional training or information in an identified area of performance. While these forms are maintained in the personnel files, they are not considered disciplinary action.
- Formal Employee Disciplinary forms will be filled out and reviewed with the employee if education efforts are unsuccessful/problems continue.
- Genesis uses a progressive discipline model in addressing employee issues.

- The degree of discipline necessary will depend on the severity of the incident and/or the employee's performance history.

SOCIAL NETWORKING

- Unless specifically instructed to do so, employees are prohibited from posting work related content and/or Genesis logo/information.
- Employees are prohibited from using social media during work hours.

DRUG AND ALCOHOL ABUSE

- Employees are strictly prohibited from selling, storing and/or consuming alcoholic beverages, non-prescribed drugs, illegal drugs and inhalants while on company business or during working hours.
- Employees who appear to be under the influence of alcohol or other substances will be asked to submit to a drug screen. Refusal to submit may result in immediate termination.

OFFICE MANAGEMENT

Answering the phone:

- The phone should always be answered on the 1st ring. Those whose primary duties do not include answering the phone should assist by answering within 2 rings.
- Calls should be answered "Genesis Behavioral Hospital. Your Name. Can I help you?"
- Calls placed on hold should not be left holding indefinitely. If the call is not picked up promptly, staff should ask to take a message or if they can assist with something.
- If you receive a call from an individual in crisis, keep that caller on the phone and enlist co-workers to contact 911 or other assistance.

SOCIAL SERVICES

ADVANCE DIRECTIVES:

- Set of written instructions that specify what actions should be taken for healthcare if that person is unable to make decisions due to illness or incapacity.
- The person will appoint someone to make decisions on their behalf
- FORMS OF ADVANCE DIRECTIVES:
 - Do not Resuscitate (DNR)
 - Organ Donation
 - Living Will- outlines medical preferences for end of life care
 - Power of Attorney- written authorization to act on another's behalf.
 - End of Life Care- created in anticipation of incapacitation due to serious health problems.
 - Psychiatric Care

Genesis Transfers all medical emergencies to St. Martin ER

PATIENT RIGHTS:

- Patients should receive a copy of their rights in their patient handbook
- Patients have the right to an individualized treatment plan
- Patients have the right to communicate with an attorney/mental health advocate at all times
- Rights may only be restricted by MD/NP when necessary to protect their mental health or well being or that of another person.
- Must be a written order for restrictions with clinical justification

THERAPEUTIC INTERACTIONS/ BOUNDARIES:

- Boundaries are rules that define relationships and interactions with others.
- Therapeutic Relationships are based on:
 - Established, time limited interactions
 - Focused on the other person's ideas, feelings, experiences
 - Encouraging problem solving
 - Encouraging the individual to select the topics
- Boundary Violations Include:
 - Over involvement (favoritism)
 - Under involvement (indifference)
 - Self disclosure that has no benefit to the patient
 - Giving or Receiving Gifts
 - Dual relationships
 - Sexual Relationships including physical contact and/or comments

THERAPEUTIC COMMUNICATION IN MENTAL HEALTH TREATMENT

1. Requirements for a Therapeutic Relationship:
 - a. Rapport
 - b. Trust
 - c. Respect
 - d. Genuineness
 - e. Empathy
2. Components of Non-verbal Communication:
 - a. Physical Appearance and Dress
 - b. Body Movements and posture
 - c. Touch

- d. Facial Expressions
- e. Eye Contact
- 3. Core Concepts of Communication with our clients:
 - a. Notice, do not ignore- Don't overlook negative symptoms such as apathy or withdrawal. Talk to clients about hallucinations or delusions. Don't dismiss their reality.
 - b. Encouraging, Supportive, Gentle- Listen, let clients know you heard them, offer suggestion or directions. Don't rush or force.
 - c. Empathy & Concern-Demonstrate genuine concern, Let them know you are concerned about their wellbeing and want to help them get better.
 - d. Honesty- Explain things, such as the importance of medication, truthfully. Be willing to share a little about yourself.
 - e. Don't Intrude- Clients may be guarded about symptoms. Avoid excessive questioning which may result in increased paranoia or agitation. Follow social etiquette norms in conversation and boundaries.
 - f. Respect- Do not make fun of or laugh at symptoms, behaviors or comments. Do not be condescending or treat them like children.
- 4. Building Rapport:
 - a. Introduce yourself & explain your role-
 - b. Be available- engage in light conversation, check on client, Let them know you are available if they want to talk
 - c. Focus on getting to know the person- try to get to know clients as people with likes, dislikes, etc, Not just focusing on symptoms and diagnosis.
 - d. Focus on Here and Now- try to get the client to focus on their current environment. This can assist with reality testing and orientation.
 - e. Joint Activity- Initiate a shared activity such as taking a walk, listening to music or playing a game
 - f. Use Humor- use cautiously to ensure clients don't feel made fun of. Tell a joke or share a funny story to elicit engagement.
 - g. Apathy/Withdrawal- Allow for comfortable silences, sit quietly with clients
 - h. Dealing with Hallucinations- Be patient as thoughts and responses may be delayed due to internal stimuli. Don't go too fast and use their name to prompt them to refocus when clients become distracted.
 - i. Acceptance and Listening- Listen attentively and patiently. Allow for tangents and allow clients to ventilate and blow off steam.
 - j. Keep things simple- use clear direct language, be concise
 - k. Clarification- Review what was discussed and clarify any unclear messages.
- 5. Dealing with Agitated/Distressed Clients:
 - a. Provide positive feedback- if they are able to stop yelling or sit down when asked, acknowledge that as an accomplishment. Thank them, when appropriate.
 - b. Reduce Stimulation- Remove client or other clients from the stimulation. Turn music down. Talk softly.
 - c. Offer opportunities to write or draw to work out distressing feelings.
 - d. Be willing to use self-disclosure to acknowledge distressing events- Ex: client is upset about having to wait for smoke break. Staff might say "I know how frustrated I get when I have to wait for something I really need. It helps me to focus on something else like reading a book or talking to a friend while I wait."
 - e. Limit unnecessary interaction- When a client is acutely distressed this is not the time for conversation or questioning, allow for quiet time to calm down. If client continues to yell or name call, do not engage unless absolutely necessary.
 - f. Be cautious about touch & personal space.
 - g. Give choices- offer options and explore solutions with clients. Ex: Do you want to sit outside with me or in my office?
 - h. Do not argue or debate with clients or give ultimatums.
 - i. Stay calm and neutral.
 - j. Be aware of your posture, position and tone of voice.
 - k. At all times, remember that YOU are the professional in the situation.

COMPLAINT/GRIEVANCE:

- The hospital has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints.
- The patient can voice an issue/complaint to a staff member.
- The staff member should try to resolve the issue/complaint that was voiced by the patient. If the staff member is unable to resolve the issue/complaint, it should be brought to a supervisor.
- If the patient chooses to fill out a Complaint/Grievance Form that needs investigation, it will be done within 48 hours of receipt of the grievance, and then issues a written decision to the complainant within 7 days and takes corrective action if necessary.

ABUSE AND NEGLECT:

- This organization supports and conforms to all state and federal guidelines for protection of patients' rights related to abuse and/or neglect.
- No person whether another patient, employee, affiliated staff, student, and/or intern will mistreat and/or neglect a patient.
- Examples of actions which could be considered abuse and/or neglect include:
 - Causing pain or suffering
 - Using inappropriate or excessive physical restraint techniques
 - Direct physical aggressive behavior toward a patient
 - Using his/her position for sexual gratification or exploitation
 - Dating or engaging in any business dealings or more than platonic relationships with former or current patients
 - Failing to or refusing to attend the necessary care and treatment of a patient
 - Implementing actions contrary to the prescribed treatment of the patient
 - Unauthorized restriction of patient's rights

- Failing to intervene to protect a patient from abuse and/or mistreatment by another patient or employee

CULTURAL DIVERSITY:

- Culture may affect what a patient shares with you about their condition.
- The degree of family involvement in patient care is impacted by their culture
- Culture can impact many areas of patient's behavior including personal boundaries, eye contact, gender roles, and religious practices.

Symptoms of Commonly Treated Diagnosis

Depression:

- difficulty concentrating, remembering details, and making decisions
- fatigue and decreased energy
- feelings of guilt, worthlessness, and/or helplessness
- feelings of hopelessness and/or pessimism
- insomnia, early-morning wakefulness, or excessive sleeping
- irritability, restlessness
- loss of interest in activities or hobbies once pleasurable, including sex
- overeating or appetite loss
- persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment
- persistent sad, anxious, or "empty" feelings
- thoughts of suicide, suicide attempts

Bi-polar disorder:

Mania/hypomania:

- euphoria or irritability
- excessive talk; racing thoughts
- inflated self-esteem
- unusual energy; less need for sleep
- impulsiveness, a reckless pursuit of gratification (shopping sprees, impetuous travel, more and sometimes promiscuous sex, high-risk business investments, fast driving)

Bipolar depression/major depression

- depressed mood and low self-esteem
- low energy levels and apathy
- sadness, loneliness, helplessness, guilt
- slow speech, fatigue, and poor coordination
- insomnia or oversleeping
- suicidal thoughts and feelings
- poor concentration
- lack of interest or pleasure in usual activities

Schizoaffective Disorder:

Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, and symptoms of a mood disorder, such as mania and depression

Symptoms

The symptoms of schizoaffective disorder can be severe and need to be monitored closely. Depending on the type of mood disorder diagnosed, depression or bipolar disorder, people will experience different symptoms:

- Hallucinations, which are seeing or hearing things that aren't there.
- Delusions, which are false, fixed beliefs that are held regardless of contradictory evidence.
- Disorganized thinking. A person may switch very quickly from one topic to another or provide answers that are completely unrelated.
- Depressed mood. If a person has been diagnosed with schizoaffective disorder depressive type they will experience feelings of sadness, emptiness, feelings of worthlessness or other symptoms of depression.
- Manic behavior. If a person has been diagnosed with schizoaffective disorder: bipolar type they will experience feelings of euphoria, racing thoughts, increased risky behavior and other symptoms of mania.

Schizophrenia:

Delusions - false beliefs strongly held in spite of invalidating evidence, especially as a symptom of mental illness: for example,

- Paranoid delusions, or delusions of persecution, for example believing that people are "out to get" you, or the thought that people are doing things when there is no external evidence that such things are taking place.
- Delusions of reference - when things in the environment seem to be directly related to you even though they are not. For example it may seem as if people are talking about you or special personal messages are being communicated to you through the TV, radio, or other media.

- Somatic Delusions are false beliefs about your body - for example that a terrible physical illness exists or that something foreign is inside or passing through your body.
- Delusions of grandeur - for example when you believe that you are very special or have special powers or abilities. An example of a grandiose delusion is thinking you are a famous rock star.

Hallucinations - Hallucinations can take a number of different forms - they can be:

- Visual (seeing things that are not there or that other people cannot see),
- Auditory (hearing voices that other people can't hear,
- Tactile (feeling things that other people don't feel or something touching your skin that isn't there.)
- Olfactory (smelling things that other people cannot smell, or not smelling the same thing that other people do smell)
- Gustatory experiences (tasting things that isn't there)

Disorganized speech (e.g., frequent derailment or incoherence) - these are also called "word salads". Ongoing disjointed or rambling monologues - in which a person seems to talking to himself/herself or imagined people or voices.

Grossly disorganized or catatonic behavior (An abnormal condition variously characterized by stupor/inactivity, mania, and either rigidity or extreme flexibility of the limbs).

"Negative" symptoms of Schizophrenia, these symptoms are the lack of important abilities. Some of these include:

- Alogia, or poverty of speech, is the lessening of speech fluency and productivity, thought to reflect slowing or blocked thoughts, and often manifested as short, empty replies to questions.
- Affective flattening is the reduction in the range and intensity of emotional expression, including facial expression, voice tone, eye contact (person seems to stare, doesn't maintain eye contact in a normal process), and is not able to interpret body language nor use appropriate body language.
- Avolition is the reduction, difficulty, or inability to initiate and persist in goal directed behavior; it is often mistaken for apparent disinterest. (examples of avolition include: no longer interested in going out and meeting with friends, no longer interested in activities that the person used to show enthusiasm for, no longer interested in much of anything, sitting in the house for many hours a day doing nothing.)

A short summary of a list of negative symptoms are:

- lack of emotion - the inability to enjoy regular activities (visiting with friends, etc.) as much as before
- Low energy - the person tends to sit around and sleep much more than normal
- lack of interest in life, low motivation
- Affective flattening - a blank, blunted facial expression or less lively facial movements, flat voice (lack of normal intonations and variance) or physical movements.
- Alogia (difficulty or inability to speak)
- Inappropriate social skills or lack of interest or ability to socialize with other people
- Inability to make friends or keep friends, or not caring to have friends
- Social isolation - person spends most of the day alone or only with close family

Cognitive symptoms of Schizophrenia

Cognitive symptoms refer to the difficulties with concentration and memory. These can include:

- disorganized thinking
- slow thinking
- difficulty understanding
- poor concentration
- poor memory
- difficulty expressing thoughts
- difficulty integrating thoughts, feelings and behavior
- Social/occupational dysfunction: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).

ALCOHOL DETOX SYMPTOMS

Severe symptoms threaten a person's life and must be treated properly and immediately. Severe alcohol detox symptoms include **fever**, **convulsions**, **delirium tremens**, **seizures**, high **anxiety**, blackouts, muscle **tremors**, heavy **depression**, extreme **irritability**, inability to think clearly, wild **mood swings**, and **hallucinations**.

NURSING

INFECTION CONTROL

- All patient infections should be reported to the Infection Control Nurse/DON.
- Employee infections should be reported to the HR and Infection Control Nurse/DON.
- All infection control data will be discussed during the monthly Performance Improvement/ Quality Assurance Meetings. Quarterly data will be reviewed at the quarterly Medical Staff Meetings.

HAND WASHING

- Employees will practice good hand hygiene between each patient.
- Hand Hygiene includes wearing gloves when indicated, hand washing when indicated, and decontamination with alcohol based hand antiseptics before and after each patient contact.

- Wear gloves if you have contact with body fluids (ex: when caring for wounds, obtaining specimens, or handling patient secretions or excretions)
- Hand washing with soap and water is recommended when hands are visibly contaminated, after contact with blood and/or body substances, after handling soiled linen, after removing gloves, between patient contacts, after using the restroom, and before and after eating, drinking, smoking, or preparing food.

UNIVERSAL PRECAUTIONS

- Universal Precautions is the minimum level of precautions for all patient care and is used to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in the hospital.
- Universal Precautions apply to handling or having contact with:
 - Blood
 - All body fluids, secretions, and excretions (except sweat) regardless of whether they contain visible blood
 - Non-intact skin
 - Mucous membranes (ex: eyes, nose, & mouth)
- All waste generated in patient care areas and areas handling contaminated equipment or blood and body fluids shall be considered potentially infectious and must be handled, transported, and disposed of in accordance with regulations from OSHA and Louisiana Department of Health.
- All medical waste is contained separately from other waste and be contained as close to the site of origin as possible.
- Medical waste shall be contained in RED biohazard bag or rigid puncture resistant container and shall be labeled with Bio-hazardous Waste and/or the international Biohazard Symbol.
- All healthcare workers working in this facility and those who have contact with this facility are responsible and accountable for adhering to this Medical Waste Management Plan.
- Genesis has a contract with Stericycle, a private waste management company that transports medical waste.

EMERGENCY PREPAREDNESS/ EOC

EMERGENCY CODES:

- Code Red = Fire
- Code Blue = Medical
- Code White: Psychiatric Emergency /Violence/ Hostage (Green File = Workplace Violence, Assistance Needed)
- Code Black = Bomb Threat
- Code Grey = Tornado or Weather Condition
- Code Orange = Hazardous Materials Emergency
- Code Purple = Disaster Plan Evacuation
- Code Yellow = Disaster Plan / Mass Casualty
- Code Green = Evacuate Facility
- Code Silver = Active Shooter

CODE RED

- If a fire should occur in your area, follow the R.A.C.E. Steps:
 - R = RESCUE: If a fire is discovered, move all patients to safety. Close door to that area immediately
 - A = ALERT: Go directly to the nearest fire alarm and pull box to activate system. Go to the nearest phone and announce Code Red. Give location of fire.
 - C = CONTAIN: Fire should be contained
 - E = EVACUATE: Patients and staff should be evacuated via fire evacuation plan posted in the hospital.

CODE WHITE

- The facility recognizes the patient population may present a varied level of acuity including milieu escalation of other patients.
- De-escalation techniques are routinely provided.
- Should additional staff be needed to maintain a therapeutic milieu or in an emergency situation a Code White is utilized.
- All clinical staff must be CPI certified.
- "Green File" is utilized by staff during a non code situation such as when a staff member experiences discomfort with a client or visitor and would like additional staff assistance

THE EMERGENCY MANAGEMENT PLAN:

- provides an all-hazards approach to emergencies that could potentially affect the facility directly and indirectly within the particular area of location.
- includes all general safety policies and procedures for management of emergencies such as hurricanes, floods, tornadoes, fire, bioterrorism, pandemics.

HURRICANE PREPAREDNESS

- The hospital has developed teams of staff who would be in key roles in the case of a hurricane affecting our area.
- Essential staff, identified as Team A, will assist with transportation to and from the receiving facility and during patient stay at the receiving facility.
- Team B is made up of direct care staff members and members of administration who will assist with the facility clean up and preparation for patient return following an evacuation. This team would also relieve Team A upon return to the facility.
- SMS text messaging is used to communicate with employees in case of hurricane or other emergency situation.

CONTRABAND

Routine room safety checks are performed and contraband removed.

Items not allowed in patient rooms:

- Aerosol cans.
- Pumps or sticks are preferable.
- Aftershave lotion, cologne, perfume, glass bottles.
- Belts.
- Cigarette lighters.
- Cigarettes - stored for patients and given at appropriate times.
- Robe ties, clothing with drawstrings or shoe strings.
- Cameras, CD players, tape players/recorders, cell phones and any other electronic equipment.
- Clippers.
- Nail and hair clippers may be used only with supervision of staff
- Dental floss.
 - After use, must be disposed of in nurses' station or med rooms; only give enough length to complete flossing - never the whole container.
- Electrical items
- Glass of any kind (picture frames, vase, mirrors, etc.)
- Gum, food, candy.
- Knives
- Lighter fluid, butane
- Make up compacts with mirrors
- Use of makeup must be supervised by staff and not stored in patient rooms.
- Manicure sets
- Medications (Prescribed or over the counter medicine – eye drops, Tylenol)
- Products containing alcohol (mouthwash, rubbing alcohol, antiseptic, nail polish remover, hairspray, non-hospital brand shampoo/conditioner)
- Razors - Not stored in room
- Shaving by patients is allowed, but must be supervised by staff.
- Sharp objects with the potential to cut or injure of any kind is not allowed.

Items **permissible** to leave in room:

- Personal clothing.
- Personal articles like books, magazines, photographs or room decorations.

SECLUSION/RESTRAINT

- Prior to the consideration of seclusion and/or restraint use, the staff shall implement non-physical behavior management techniques to reduce the risk of violence and destructive actions by a patient. These include but are not limited to:
- Verbal de-escalation
- Collaboration with physician/pharmacy to regarding medications
- Pain Management
- Reorientation/reassurance
- Placement of patient's room near nurses' station
- Ambulation or wheelchair ride
- Modification of environment
- Frequent contact with patient
- Modification of activities
- Provide companionship
- Provide redirection of patient focus
- One to One observation by staff
- Offer patient to get involved with crafts or activities
- Have patient think of consequences
- Offer patient a snack

DEFINITIONS

- Physical Restraint is any manual method, physical or mechanical device, material, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely.
- A chemical restraint is a drug or medication when it is used as a restriction to manage a patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's medical or psychiatric condition.
- Seclusion is the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.

ORDERS

- Initial orders shall not exceed 1 hour. Re-write the order after 1 hour and then after completion of the face to face evaluation by the trained RN/Physician/Licensed Independent Practitioner if necessary to continue the seclusion and/or restraint
- The type of seclusion and/or restraint must be specified and the number of limbs to be restrained must be specified.
- May be renewed in 4 hour increments up to a total of 24 hours.
- Orders may be renewed an additional 24 hours in 4 hour increments if the patient is threatening to hurt himself or another person and/or act in a violent and/or destructive way when released.

REPORTING REQUIREMENTS

- The hospital shall report any death associated with the use of a restraint to the Center for Medicare and Medicaid Services (CMS) as follows.
 - Death occurs while a patient is in a restraint
 - Death occurs while a patient is in seclusion
- The hospital must report any death resulting from the use of seclusion and/or restraint within 24 hours of the patient being removed from seclusion and/or restraint.
- The hospital shall notify CMS of any death that occurs within 1 week of a seclusion and/or restraint procedure when it is reasonably assumed that the use of seclusion and/or restraint contributed directly or indirectly to a patient's death.

ORGAN PROCUREMENT

- **LOPA** is an organ procurement organization designated by the U.S. Department of Health and Human Services (HHS) to provide single, coordinated organ and tissue recovery program to support all the organ transplantation programs serving the residents of Louisiana.