Welcome to Mint Physician Staffing! Our Account Managers and Recruiters are now able to offer you Locum Tenens assignments as well as consideration for provisional (temp to perm) placements. Additionally, Mint Physician Staffing offers nationwide permanent placements, in all specialties, for Healthcare Providers.

Please take some time to review the enclosed information regarding working with Mint Physician Staffing, and call us with any questions.

General Information:
Mint Physician Staffing, 10111 Richmond Ave, Suite 400, Houston TX 77042
713.541.1177, 866.312-1177 (Answered 24/7. Leave a message with the Answering Service and your call will be returned by the on-call coordinator)
Fax: 713-953-1925
Accounting Fax: (Fax time sheets): 713-583-3343 or timesheets@mintphysicians.com

Leadership Staff:
Stuart McKelvey, President (smckelvey@mintphysicians.com)
Jill Ellison, Regional Vice President (jellison@mintphysicians.com)
Shumit Ahmed, Regional Vice President (sahmed@mintphysicians.com)
Alex Gonzalez, Director of Operations (agonzalez@mintphysicians.com)

Availability:
It is very important that you call in or email your availability on a regular basis. It is not necessary to call more than one Account Manager, as the information is entered into our data base and all are able to access the information.

Confirmation of Shifts:
Mint Physician Staffing Healthcare Providers always have the choice of accepting or declining a shift offered. If, however, the shift is accepted, Providers are expected to work the agreed upon shift. In the event of an emergency, the Provider is required to contact the Account Manager or On-Call Coordinator immediately.

All shifts are confirmed daily. Some clients require a Confirmation Letter, signed by the Mint Physician Staffing Provider. This letter should be faxed to the Account Manager.

Orientation/Privileges:
Some Mint Physician Staffing clients require orientation and/or application for privileges. The Account Manager for the account will coordinate with the recruiter to arrange the orientation and see that all paperwork is completed.

Application for privileges: The Mint Physician Staffing Credentialing Department coordinates all applications for privileges at client facilities. All applications must be complete before they are submitted to the facility. The Credentialing Department will work with you to make sure the information is complete and submitted in a timely manner.

Mint Physician Staffing Orientation
Sept 2011
Evidence of Identification:
Upon arrival at a facility, it is the responsibility of the healthcare provider to produce evidence of identity when reporting for assignment.

Client Requirements:
Some clients have requirements for forms, and/or logs that must be completed by the healthcare provider, before time cards will be processed. Make sure you are aware of all of the requirements for any client facility where you are scheduled.

Mint Physician Staffing Time Cards/Payroll Process:
The Mint Physician Staffing time sheet is part of this packet. Please make copies and use this to record all hours worked at client facilities. Make sure the time sheet is legible and accurate. Our payroll department uses faxed copies and they must be legible. Additionally, all time sheets must be signed by an authorized representative of the facility. Payroll cannot be processed without a signature on the time sheet. The signature should be obtained prior to the healthcare provider leaving the facility. Time Cards may be emailed to timesheets@mintphysicians.com or faxed to 713-583-3343.

Please remember if you are new to Mint Physician Staffing and if you signed up for Direct Deposit, your first paycheck will be a paper check. The second week you work and thereafter you will receive your funds through Direct Deposit.

Payroll Cut-off, time sheets must be received by:
Timesheet must be received by Monday at 9:00 AM to be processed the same week. Late submittal may delay processing until the following week. Pay day is Friday.

Credentialing Updates:
As your credentials expire and are updated, please fax (713-583-4089) or email (credentialingservices@mintphysicians.com) updates to the Credentialing Department. We cannot schedule shifts for providers who have expired credentials.

Joint Commission Patient Safety Goals:
A copy of the current Joint Commission Patient Safety Goals are included in this manual. Please review and become familiar with the patient safety goals for each practice situation in which you may be involved.

Incident Reporting/Complaints:
Mint Physician Staffing makes every effort to provide quality service to all of our healthcare providers. Occasionally, however, an incident may occur which needs our attention in order to maintain our high quality of service. When this happens, the provider should not hesitate to let us know by emailing or calling the appropriate staff member.

The same method should be used for reporting any incidents involving clients and or services provided for clients, including, but not limited to: accidents and/or injuries which occur on client premises, patient complaints, provider dissatisfaction with client facility or assignment, or any similar issues. Mint Physician Staffing will make every effort to work with provider and client in these matters to resolve the issue.

Workers Compensation Reporting (covers employees only):
The same method should be used for reporting any incidents involving clients and or services provided for clients, including, but not limited to: accidents and/or injuries which occur on client premises, patient complaints, provider dissatisfaction with client facility or assignment, or any similar issues. Mint Physician Staffing will make every effort to work with provider and client in these matters to resolve the issue.

Mint Physician Staffing Orientation
Sept 2011
Assistants, Certified Nurses Assistants, Certified Nurse Anesthetists, Limited Medical Radiological Technologists, Licensed Vocational Nurses, Pathologists, Phlebotomists, Pharmacists, Pharmacy Techs, Physical Therapists, Radiological Technicians, Surgical Assistants and Ultrasound Technologists, are covered under the Mint Physician Staffing Workers Compensation Plan which requires all work related injuries or illnesses to be reported immediately. Issues can be reported to Mint Physician Staffing by phone, email, or mail, preferably to a member of the management team, listed above.

**Performance Improvement Plan:**
Mint Physician Staffing participates in Quality Improvement/Performance Improvement Plans. The Performance Improvement Plan for the current year is Client Satisfaction. As part of this plan, Performance Evaluations on our Field Staff will be used to monitor this plan. You may be asked to respond to a client incident report or evaluation of your performance. Your cooperation will help Mint Physician Staffing to continue to offer the highest quality of service to our clients.

**Infection Control:**
It is the responsibility of all Mint Physician Staffing Field Staff to remain current on Infection Control methods and processes. The CDC Hand Hygiene Guidelines is incorporated into this Orientation Manual and providers are required to follow all guidelines. For the complete guide including appendix, go to http://www.cdc.gov/mmwr/PDF/rr/rr5116.pdf and download.
2009 National Patient Safety Goals

Standards Improvement Initiative (SII)
Chapter Outline

Chapter: National Patient Safety Goals (NPSG)
Program: Ambulatory Health Care

I. Goal 1 – Improve the accuracy of patient identification.
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)
   B. Not Applicable to Ambulatory Health Care (revised NPSG.01.02.01)
   C. Eliminating Transfusion Errors (revised NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)
   D. Not Applicable
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)

III. Goal 3 – Improve the safety of using medications.
   A. Not Applicable
   B. Not Applicable
   C. Managing Look Alike, Sound Alike Medications (revised NPSG.03.03.01)
   D. Labeling Medications (revised NPSG.03.04.01)
   E. Reducing Harm from Anticoagulation Therapy (revised NPSG.03.05.01)

IV. Goal 4 – Not Applicable

V. Goal 5 – Not Applicable

VI. Goal 6 – Not Applicable

VII. Goal 7 – Reduce the risk of health care-associated infections.
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)
   C. Not Applicable to Ambulatory Health Care (revised NPSG.07.03.01)
   D. Preventing Central-Line Associated Blood Stream Infections (revised NPSG.07.04.01)
   E. Preventing Surgical Site Infections (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
   A. Comparing Current and Newly Ordered Medications (revised NPSG.08.01.01)
   B. Communicating Medications to the Next Provider (revised NPSG.08.02.01)
C. Providing a Reconciled Medication List to the Patient (revised NPSG.08.03.01)
D. Settings in Which Medications are Minimally Used (revised NPSG.08.04.01)

IX. Goal 9 – Reduce the risk of patient harm resulting from falls.
A. Not Applicable to Ambulatory Health Care (revised NPSG.09.02.01)

X. Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
   A. Not Applicable to Ambulatory Health Care (revised NPSG.10.01.01)
   B. Not Applicable to Ambulatory Health Care (revised NPSG.10.02.01)
   C. Not Applicable to Ambulatory Health Care (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
   A. Preventing Surgical Fires (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
   A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
   A. Not Applicable to Ambulatory Health Care (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
   A. Not Applicable to Ambulatory Health Care (revised NPSG.15.01.01)
   B. Not Applicable to Ambulatory Health Care (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
   A. Not Applicable to Ambulatory Health Care (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
   A. Conducting a Pre-Procedure Verification Process (revised UP.01.01.01)
   B. Marking the Procedure Site (revised UP.01.02.01)
   C. Performing a Time-Out (revised UP.01.03.01)
Standards Improvement Initiative (SII)
Chapter Outline

Chapter: National Patient Safety Goals (NPSG)
Program: Behavioral Health Care

I. Goal 1 – Improve the accuracy of patient identification.
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)
   B. Not Applicable to Behavioral Health Care (revised NPSG.01.02.01)
   C. Not Applicable to Behavioral Health Care (revised NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)
   D. Not Applicable
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)

III. Goal 3 – Improve the safety of using medications.
    A. Not Applicable
    B. Not Applicable
    C. Managing Look Alike, Sound Alike Medications (revised NPSG.03.03.01)
    D. Not Applicable to Behavioral Health Care (revised NPSG.03.04.01)
    E. Not Applicable to Behavioral Health Care (revised NPSG.03.05.01)

IV. Goal 4 – Not Applicable
V. Goal 5 – Not Applicable
VI. Goal 6 – Not Applicable

VII. Goal 7 – Reduce the risk of health care-associated infections.
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)
   C. Not Applicable to Behavioral Health Care (revised NPSG.07.03.01)
   D. Not Applicable to Behavioral Health Care (revised NPSG.07.04.01)
   E. Not Applicable to Behavioral Health Care (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
    A. Comparing Current and Newly Ordered Medications (revised NPSG.08.01.01)
    B. Communicating Medications to the Next Provider (revised NPSG.08.02.01)
    C. Providing a Reconciled Medication List to the Patient (revised NPSG.08.03.01)
    D. Settings in Which Medications are Minimally Used (revised NPSG.08.04.01)
A. Not Applicable to Behavioral Health Care (revised NPSG.09.02.01)

X. Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
   A. Not Applicable to Behavioral Health Care (revised NPSG.10.01.01)
   B. Not Applicable to Behavioral Health Care (revised NPSG.10.02.01)
   C. Not Applicable to Behavioral Health Care (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
   A. Not Applicable to Behavioral Health Care (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
   A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
   A. Not Applicable to Behavioral Health Care (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
   A. Identifying Individuals at Risk for Suicide (revised NPSG.15.01.01)
   B. Not Applicable to Behavioral Health Care (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
   A. Not Applicable to Behavioral Health Care (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
   A. Not Applicable to Behavioral Health Care (revised UP.01.01.01)
   B. Not Applicable to Behavioral Health Care (revised UP.01.02.01)
   C. Not Applicable to Behavioral Health Care (revised UP.01.03.01)
Standards Improvement Initiative (SII)
Chapter Outline

Chapter: National Patient Safety Goals (NPSG)
Program: Critical Access Hospital

I. Goal 1 – Improve the accuracy of patient identification.
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)
   B. Not Applicable to Critical Access Hospital (revised NPSG.01.02.01)
   C. Eliminating Transfusion Errors (revised NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)
   D. Not Applicable
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)

III. Goal 3 – Improve the safety of using medications.
   A. Not Applicable
   B. Not Applicable
   C. Managing Look Alike, Sound Alike Medications (revised NPSG.03.03.01)
   D. Labeling Medications (revised NPSG.03.04.01)
   E. Reducing Harm from Anticoagulation Therapy (revised NPSG.03.05.01)

IV. Goal 4 – Not Applicable
V. Goal 5 – Not Applicable
VI. Goal 6 – Not Applicable

VII. Goal 7 – Reduce the risk of health care-associated infections.
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)
   C. Preventing Multi-Drug Resistant Organism Infections (revised NPSG.07.03.01)
   D. Preventing Central-Line Associated Blood Stream Infections (revised NPSG.07.04.01)
   E. Preventing Surgical Site Infections (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
   A. Comparing Current and Newly Ordered Medications (revised NPSG.08.01.01)
   B. Communicating Medications to the Next Provider (revised NPSG.08.02.01)
   C. Providing a Reconciled Medication List to the Patient (revised NPSG.08.03.01)
   D. Settings in Which Medications are Minimally Used (revised NPSG.08.04.01)
X. Goal 10 -- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
   A. Not Applicable to Critical Access Hospital (revised NPSG.10.01.01)
   B. Not Applicable to Critical Access Hospital (revised NPSG.10.02.01)
   C. Not Applicable to Critical Access Hospital (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
A. Not Applicable to Critical Access Hospital (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
A. Not Applicable to Critical Access Hospital (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
   A. Not Applicable to Critical Access Hospital (revised NPSG.15.01.01)
   B. Not Applicable to Critical Access Hospital (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
A. Requesting Assistance for a Patient with a Worsening Condition (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
   A. Conducting a Pre-Procedure Verification Process (revised UP.01.01.01)
   B. Marking the Procedure Site (revised UP.01.02.01)
   C. Performing a Time-Out (revised UP.01.03.01)
Standards Improvement Initiative (SII)
Chapter Outline

Chapter: National Patient Safety Goals (NPSG)
Program: Home Health Care

I. Goal 1 – Improve the accuracy of patient identification.
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)
   B. Conducting a Verification Process Before Starting Procedures (revised NPSG.01.02.01)
   C. Not Applicable to Home Care (revised NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)
   D. Not Applicable
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)

III. Goal 3 – Improve the safety of using medications.
   A. Not Applicable
   B. Not Applicable
   C. Managing Look Alike, Sound Alike Medications (revised NPSG.03.03.01)
   D. Not Applicable to Home Care (revised NPSG.03.04.01)
   E. Reducing Harm from Anticoagulation Therapy (revised NPSG.03.05.01)

IV. Goal 4 – Not Applicable
V. Goal 5 – Not Applicable
VI. Goal 6 – Not Applicable

VII. Goal 7 – Reduce the risk of health care-associated infections.
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)
   C. Not Applicable to Home Care (revised NPSG.07.03.01)
   D. Preventing Central-Line Associated Blood Stream Infections (revised NPSG.07.04.01)
   E. Not Applicable to Home Care (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
IX. Goal 9 – Reduce the risk of patient harm resulting from falls.
A. Comparing Current and Newly Ordered Medications (revised NPSG.08.01.01)
B. Communicating Medications to the Next Provider (revised NPSG.08.02.01)
C. Providing a Reconciled Medication List to the Patient (revised NPSG.08.03.01)
D. Settings in Which Medications are Minimally Used (revised NPSG.08.04.01)
A. Implementing a Fall Reduction Program (revised NPSG.09.02.01)

X. Goal 10 -- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
   A. Not Applicable to Home Care (revised NPSG.10.01.01)
   B. Not Applicable to Home Care (revised NPSG.10.02.01)
   C. Not Applicable to Home Care (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
   A. Not Applicable to Home Care (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
   A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
   A. Not Applicable to Home Care (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
   A. Not Applicable to Home Care (revised NPSG.15.01.01)
   B. Identifying Risks Associated with Home Oxygen (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
   A. Not Applicable to Home Care (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
   A. Not Applicable to Home Care (revised UP.01.01.01)
   B. Not Applicable to Home Care (revised UP.01.02.01)
   C. Not Applicable to Home Care (revised UP.01.03.01)
Standards Improvement Initiative (SII)
Chapter Outline

Chapter: National Patient Safety Goals (NPSG)
Program: Hospital

I. Goal 1 – Improve the accuracy of patient identification.
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)
   B. Not Applicable to Hospital (revised NPSG.01.02.01)
   C. Eliminating Transfusion Errors (revised NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)
   D. Not Applicable
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)

III. Goal 3 – Improve the safety of using medications.
   A. Not Applicable
   B. Not Applicable
   C. Managing Look Alike, Sound Alike Medications (revised NPSG.03.03.01)
   D. Labeling Medications (revised NPSG.03.04.01)
   E. Reducing Harm from Anticoagulation Therapy (revised NPSG.03.05.01)

IV. Goal 4 – Not Applicable
V. Goal 5 – Not Applicable
VI. Goal 6 – Not Applicable

VII. Goal 7 – Reduce the risk of health care-associated infections.
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)
   C. Preventing Multi-Drug Resistant Organism Infections (revised NPSG.07.03.01)
   D. Preventing Central-Line Associated Blood Stream Infections (revised NPSG.07.04.01)
   E. Preventing Surgical Site Infections (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
A. Comparing Current and Newly Ordered Medications (revised NPSG.08.01.01)  
B. Communicating Medications to the Next Provider (revised NPSG.08.02.01)
C. Providing a Reconciled Medication List to the Patient (revised NPSG.08.03.01)
D. Settings in Which Medications are Minimally Used (revised NPSG.08.04.01)

IX. Goal 9 – Reduce the risk of patient harm resulting from falls.
A. Implementing a Fall Reduction Program (revised NPSG.09.02.01)

X. Goal 10 -- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
A. Not Applicable to Hospital (revised NPSG.10.01.01)
B. Not Applicable to Hospital (revised NPSG.10.02.01)
C. Not Applicable to Hospital (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
A. Not Applicable to Hospital (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
A. Not Applicable to Hospital (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
A. Identifying Individuals at Risk for Suicide (revised NPSG.15.01.01)
B. Not Applicable to Hospital (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
A. Requesting Assistance for a Patient with a Worsening Condition (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
A. Conducting a Pre-Procedure Verification Process (revised UP.01.01.01)
B. Marking the Procedure Site (revised UP.01.02.01)
C. Performing a Time-Out (revised UP.01.03.01)
Standards Improvement Initiative (SII)
Chapter Outline

Chapter: National Patient Safety Goals (NPSG)
Program: Laboratory

I. Goal 1 – Improve the accuracy of patient identification.
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)
   B. Conducting a Verification Process Before Starting Procedures (revised NPSG.01.02.01)
   C. Not Applicable to Laboratory (revised NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)
   D. Not Applicable
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)

III. Goal 3 – Improve the safety of using medications.
   A. Not Applicable
   B. Not Applicable
   C. Not Applicable to Laboratory (revised NPSG.03.03.01)
   D. Not Applicable to Laboratory (revised NPSG.03.04.01)
   E. Not Applicable to Laboratory (revised NPSG.03.05.01)

IV. Goal 4 – Not Applicable
V. Goal 5 – Not Applicable
VI. Goal 6 – Not Applicable

VII. Goal 7 – Reduce the risk of health care-associated infections.
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)
   C. Not Applicable to Laboratory (revised NPSG.07.03.01)
   D. Not Applicable to Laboratory (revised NPSG.07.04.01)
   E. Not Applicable to Laboratory (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
   A. Not Applicable to Laboratory (revised NPSG.08.01.01)
B. Not Applicable to Laboratory (revised NPSG.08.02.01)
C. Not Applicable to Laboratory (revised NPSG.08.03.01)
D. Not Applicable to Laboratory (revised NPSG.08.04.01)

IX. Goal 9 – Reduce the risk of patient harm resulting from falls.
A. Not Applicable to Laboratory (revised NPSG.09.02.01)

X. Goal 10 – Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
A. Not Applicable to Laboratory (revised NPSG.10.01.01)
B. Not Applicable to Laboratory (revised NPSG.10.02.01)
C. Not Applicable to Laboratory (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
A. Not Applicable to Laboratory (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
A. Not Applicable to Laboratory (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
A. Not Applicable to Laboratory (revised NPSG.15.01.01)
B. Not Applicable to Laboratory (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
A. Not Applicable to Laboratory (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
A. Not Applicable to Laboratory (revised UP.01.01.01)
B. Not Applicable to Laboratory (revised UP.01.02.01)
C. Not Applicable to Laboratory (revised UP.01.03.01)
Standards Improvement Initiative (SII)
Chapter Outline

Chapter: National Patient Safety Goals (NPSG)
Program: Long Term Care

I. Goal 1 – Improve the accuracy of patient identification.
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)
   B. Conducting a Verification Process Before Starting Procedures (revised NPSG.01.02.01)
   C. Not Applicable to Long Term Care (revised NPSG.01.03.01)

II. Goal 2 – Improve the effectiveness of communication among caregivers.
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)
   D. Not Applicable
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)

III. Goal 3 – Improve the safety of using medications.
   A. Not Applicable
   B. Not Applicable
   C. Managing Look Alike, Sound Alike Medications (revised NPSG.03.03.01)
   D. Not Applicable to Long Term Care (revised NPSG.03.04.01)
   E. Reducing Harm from Anticoagulation Therapy (revised NPSG.03.05.01)

IV. Goal 4 – Not Applicable
V. Goal 5 – Not Applicable
VI. Goal 6 – Not Applicable

VII. Goal 7 – Reduce the risk of health care-associated infections.
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)
   C. Not Applicable to Long Term Care (revised NPSG.07.03.01)
   D. Preventing Central-Line Associated Blood Stream Infections (revised NPSG.07.04.01)
   E. Not Applicable to Long Term Care (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
A. Comparing Current and Newly Ordered Medications (revised NPSG.08.01.01)
B. Communicating Medications to the Next Provider (revised NPSG.08.02.01)
C. Providing a Reconciled Medication List to the Patient (revised NPSG.08.03.01)
D. Settings in Which Medications are Minimally Used (revised NPSG.08.04.01)

IX. Goal 9 – Reduce the risk of patient harm resulting from falls.

X. Goal 10 -- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
A. Using Influenza Vaccine Protocols (revised NPSG.10.01.01)
B. Using Pneumococcal Vaccine Protocols (revised NPSG.10.02.01)
C. Identifying and Managing Influenza (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
A. Not Applicable to Long Term Care (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
A. Assessing Resident Risk for Pressure Ulcers (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
A. Not Applicable to Long Term Care (revised NPSG.15.01.01)
B. Not Applicable to Long Term Care (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
A. Not Applicable to Long Term Care (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
A. Not Applicable to Long Term Care (revised UP.01.01.01)
B. Not Applicable to Long Term Care (revised UP.01.02.01)
C. Not Applicable to Long Term Care (revised UP.01.03.01)
Standards Improvement Initiative (SII)  
Chapter Outline  

Chapter: National Patient Safety Goals (NPSG)  
Program: Office-Based Surgery  

I. Goal 1 – Improve the accuracy of patient identification.  
   A. Use of Two Patient Identifiers (revised NPSG.01.01.01)  
   B. Not Applicable to Office-Based Surgery (revised NPSG.01.02.01)  
   C. Eliminating Transfusion Errors (revised NPSG.01.03.01)  

II. Goal 2 – Improve the effectiveness of communication among caregivers.  
   A. Reading Back Verbal Orders (revised NPSG.02.01.01)  
   B. Creating a List of Abbreviations Not to Use (revised NPSG.02.02.01)  
   C. Timely Reporting of Critical Tests and Critical Results (revised NPSG.02.03.01)  
   D. Not Applicable  
   E. Managing Hand–Off Communications (revised NPSG.02.05.01)  

III. Goal 3 – Improve the safety of using medications.  
   A. Not Applicable  
   B. Not Applicable  
   C. Managing Look Alike, Sound Alike Medications (revised NPSG.03.03.01)  
   D. Labeling Medications (revised NPSG.03.04.01)  
   E. Not Applicable to Office-Based Surgery (revised NPSG.03.05.01)  

IV. Goal 4 – Not Applicable  
V. Goal 5 – Not Applicable  
VI. Goal 6 – Not Applicable  

VII. Goal 7 – Reduce the risk of health care-associated infections.  
   A. Meeting Hand Hygiene Guidelines (revised NPSG.07.01.01)  
   B. Sentinel Events Resulting from Infection (revised NPSG.07.02.01)  
   C. Not Applicable to Office-Based Surgery (revised NPSG.07.03.01)  
   D. Not Applicable to Office-Based Surgery (revised NPSG.07.04.01)
E. Preventing Surgical Site Infections (revised NPSG.07.05.01)

VIII. Goal 8 – Accurately and completely reconcile medications across the continuum of care.
A. Comparing Current and Newly Ordered Medications (revised NPSG.08.01.01)
B. Communicating Medications to the Next Provider (revised NPSG.08.02.01)
C. Providing a Reconciled Medication List to the Patient (revised NPSG.08.03.01)
D. Settings in Which Medications are Minimally Used (revised NPSG.08.04.01)

IX. Goal 9 – Reduce the risk of patient harm resulting from falls.
A. Not Applicable to Office-Based Surgery (revised NPSG.09.02.01)

X. Goal 10 -- Reduce the risk of influenza and pneumococcal disease in institutionalized older adults.
A. Not Applicable to Office-Based Surgery (revised NPSG.10.01.01)
B. Not Applicable to Office-Based Surgery (revised NPSG.10.02.01)
C. Not Applicable to Office-Based Surgery (revised NPSG.10.03.01)

XI. Goal 11 – Reduce the risk of surgical fires.
A. Preventing Surgical Fires (revised NPSG.11.01.01)

XII. Goal 12 Not Applicable

XIII. Goal 13 – Encourage patients’ active involvement in their own care as a patient safety strategy.
A. Patient and Family Reporting of Safety Concerns (revised NPSG.13.01.01)

XIV. Goal 14 – Prevent health care associated pressure ulcers (decubitus ulcers).
A. Not Applicable to Office-Based Surgery (revised NPSG.14.01.01)

XV. Goal 15 – The organization identifies safety risks inherent in its patient population.
A. Not Applicable to Office-Based Surgery (revised NPSG.15.01.01)
B. Not Applicable to Office-Based Surgery (revised NPSG.15.02.01)

XVI. Goal 16 – Improve recognition and response to changes in a patient’s condition.
A. Not Applicable to Office-Based Surgery (revised NPSG.16.01.01)

Universal Protocol

I. Universal Protocol
A. Conducting a Pre-Procedure Verification Process (revised UP.01.01.01)
B. Marking the Procedure Site (revised UP.01.02.01)
C. Performing a Time-Out (revised UP.01.03.01)
BACKGROUND
The Value Statement of MINT PHYSICIAN STAFFING Advanced Medical Divisions serves as the basis for our Code of Conduct. Our Value Statement includes key words: Commitment, Quality and Integrity. These values are reflected in our Code of Conduct.

PURPOSE
The purpose of this policy is to provide guidance to our professional colleagues and to assist us in carrying out the activities of our organization within appropriate ethical and legal standards.

This Code of Conduct is an integral part of our overall Ethics and Compliance program.

While MINT PHYSICIAN STAFFING provides its professional staff with a high level of autonomy, the principals and guidance set forth in this policy are considered mandatory practice.

APPLICABILITY
This code of conduct is applicable to physicians, mid-level providers and allied health personnel. These obligations apply to our relationships with patients, one another, third party payors, administration, employees, other physicians, clients and consultants.

LEADERSHIP
While all colleagues are expected to follow our Code, the leadership of MINT PHYSICIAN STAFFING must set an example and serve as a model for all. Physician leadership and most especially their observance of a Code of Conduct sets the example for all personnel at MINT PHYSICIAN STAFFING. A further responsibility of leadership is to create a culture within MINT PHYSICIAN STAFFING which promotes the highest standards of ethics and compliance, and to encourage colleagues to share concerns when they arise. The commitment of MINT PHYSICIAN STAFFING is to never sacrifice ethical behavior in pursuit of business objectives.

OUR COMMITMENTS
To our patients - We are committed to providing quality care with compassion and integrity.

To our colleagues - We are committed to a work setting which treats colleagues with fairness, dignity, and respect, and affords our colleagues with an opportunity to develop professionally and to work in an environment that is supportive and recognizes the value of individual difference.

To other physicians - We are committed to working with other physicians to the benefit of the patient regardless of business considerations.

To our Employees - We are committed to providing our employees with a supportive work environment, a competitive wage and benefit package, a hazard free environment and an opportunity for growth and development. We recognize the value our employees bring to our practice.
To our Payors - We are committed to dealing with our third-party payors in a fair, equitable and compliant manner. We value the quality programs of the payors and will cooperate to the fullest extent possible to bring high quality, efficient and cost-effective healthcare to their members and our patients.

To our Communities – We are community doctors with community spirit. We accept responsibility to help patients who are in need within our budgetary limitations. We proudly support educational programs for health care, charitable contributions and events in the communities we serve to promote good will and further good causes.

To our Suppliers – We are committed to fair and open competition among prospective suppliers.

To our Partners - We are committed to the highest standards of professional management and to the creation of value for our partners.

PATIENT CARE MANAGEMENT

Privacy

MINT PHYSICIAN STAFFING respects the privacy of the patients’ protected health information and strives always to protect this information from unauthorized disclosure. We respect the patients’ rights regarding the protection and use of their health information and personal identifiers. We respect the patients’ right to review their medical records and amend records and an opportunity to report complaints related to privacy to the Privacy Officer or to the Secretary of Health and Human Services.

Quality

Quality care is part of the Value Statement of MINT PHYSICIAN STAFFING. Toward this end, MINT PHYSICIAN STAFFING strives to provide its patients with care that addresses the dignity, autonomy, self-esteem, and involvement in this care. We seek to involve patients in all aspects of their care and to deliver this care with Quality, Compassion and Integrity. Additionally, MINT PHYSICIAN STAFFING recognizes the diverse cultures which make up patient populations and respects the differences in these cultures.

Preventive care is considered part of the quality commitment by MINT PHYSICIAN STAFFING. MINT PHYSICIAN STAFFING is dedicated to providing patients with information and examinations for the prevention of disease.

FINANCIAL

Referrals (Kick-back)

MINT PHYSICIAN STAFFING does not accept nor make payment for patient referrals.

Coding and Billing for Services

On behalf of our clients, the physicians and providers of MINT PHYSICIAN STAFFING are committed to coding and billing accuracy, including the use of appropriate modifiers. We insist upon accurate and timely medical record documentation to support all codes. Any physician or provider who knowingly and willingly presents or causes to be presented a claim for payment or approval which is false, fictitious or fraudulent will be disciplined by the organization’s leadership.

Financial Information of MINT PHYSICIAN STAFFING

Financial information of MINT PHYSICIAN STAFFING is considered proprietary information and under our Code of Conduct is not to be released outside the organization, without the express approval of the Chief Executive Officer.

Mint Physician Staffing Orientation
Feb 2011
Billing and Payment
On behalf of our clients, the MINT PHYSICIAN STAFFING Code of Conduct expressly prohibits any manipulation of codes or removal/reduction of fees, waiver of co-payments or waiver of deductibles, recognizing that such actions are contrary to law and could subject the organization to audit and adverse publicity.

Accepting Business Courtesies
This Code of Conduct sets expectations for physicians and providers to be discerning in the acceptance of business courtesies so as not to compromise the physician or the organization. Under no circumstance should a physician or provider solicit a personal gift.

Providing Business Courtesies
Likewise, physicians and providers are encouraged to use good judgment in the provision of business courtesies to other physicians or business associates so as not to create an appearance of impropriety or expectation. The provision of business courtesies must always take into account the policies and regulations of the associate such as the federal government who has very strict rules related to the receipt of business courtesies.

RISK MANAGEMENT

Complaints
Complaints from clients, patients and/or regulatory agencies are taken seriously by MINT PHYSICIAN STAFFING. Physicians are provided support, up to and including legal counsel, from the organization in the resolution of these issues. Physicians are required to promptly report and provide timely cooperation in the resolution of complaints.

Professional Liability Claims
All notices of professional liability claims or potential claims are to be promptly provided to the Risk Manager in order that the organization can provide the physician with legal representation and support for response to interrogatories, depositions and the like.

CREDENTIALS

Licenses and Credentialing - It is the responsibility of the physician or provider to maintain credentials in a state of currency at all times and to provide current credentials to the Credentialing Department. MINT PHYSICIAN STAFFING will not permit any colleague to work without valid, current licenses or credentials.

Hospital Privileges – Hospital privileges are considered part of the credentialing requirement. Any physician or provider who maintains hospital privileges must comply with the hospital’s requirements for credentialing/re-credentialing and records/chart completion.

A physician subject to disciplinary action or loss of privileges is required to report this status to the Medical Director or Chief Executive Officer of the organization

Credentialing Applications – Physicians are required to review the common credentialing application and make corrections before the applications are submitted to payors or hospitals.

Continuing Medical Education (CME) – It is the responsibility of the physician or mid-level to maintain his/her CME at the levels required for medical licensure or otherwise by their respective specialty. CME information is to be turned into the credentialing department on an annual basis. This information is often needed for re-credentialing at hospitals or other facilities.

WORKPLACE CONDUCT AND EMPLOYMENT PRACTICES

Conflict of Interest – Conflicts of interest are defined as outside activities and personal interests that influence or appear to influence a physician’s or provider’s ability to make objective decisions in the course of his/her job responsibilities to MINT PHYSICIAN STAFFING. A conflict may also exist if the demands of the outside interest hinder or distract the physician or provider from the performance of duties at MINT PHYSICIAN STAFFING. A conflict of interest exists
when the physician or provider invests in or otherwise supports an organization that is considered a competitor to MINT PHYSICIAN STAFFING. Physicians and providers are urged to seek counsel of the Medical Director or Chief Executive Officer prior to pursuing activities which could represent a conflict of interest.

**Controlled Substances** – The use of controlled substances is considered an activity subject to review and possible disciplinary action, up to and including removal from MINT PHYSICIAN STAFFING.

**Diversity and Equal Employment Opportunity** – MINT PHYSICIAN STAFFING is committed to providing an equal opportunity work environment where everyone is treated with fairness, dignity and respect. The organization complies with all laws, regulations, and policies related to non-discrimination in all personnel actions. Such actions include hiring, staff reductions, transfers, terminations, evaluations, recruiting, compensation, corrective action, discipline and promotions.

**Harassment and Workplace Violence** – All personnel at MINT PHYSICIAN STAFFING have the right to work in an environment free of harassment and disruptive behavior. The organization will not tolerate harassment by anyone based on the diverse characteristics or cultural backgrounds of those who work with us. Degrading or humiliating jokes, slurs, intimidation, or other harassing conduct is not acceptable in the MINT PHYSICIAN STAFFING workplace.

Any form of sexual harassment is strictly prohibited. This includes unwelcome sexual advances or requests for sexual favors in conjunction with employment decisions. Moreover verbal or physical conduct of a sexual nature that interferes with an individual’s work performance or creates an intimidating, hostile or offensive work environment has no place at MINT PHYSICIAN STAFFING.

Workplace violence is another form of harassment. As part of the MINT PHYSICIAN STAFFING commitment to a safe workplace, we prohibit colleagues from possessing firearms, other weapons, explosive devices or other dangerous materials on MINT PHYSICIAN STAFFING premises.

**Romantic Relationships** – Our organization recognizes that in the course of work, romantic relationships are known to develop between physicians and providers and staff members. These relationships have no place in the work environment at MINT PHYSICIAN STAFFING. The position of the organization is that should these relationships develop and become known through on-the-job actions, innuendos or the like, that one member or both members of the relationship will be required to leave our organization.

**Health & Safety** – MINT PHYSICIAN STAFFING seeks to be compliant with all government regulations and rules. Policies and procedures are in place to promote the protection of workplace health and safety. Our policies have been developed to protect all staff members from potential workplace hazards. Physicians and mid-level providers are required to become familiar with policies and seek advice when necessary. As leaders in the organization, physicians and providers should be especially cognizant of hazards and have a responsibility to report hazards or potential hazards. Physicians and providers are required to report any workplace injury to the Safety Officer.

**Personal Use of MINT PHYSICIAN STAFFING Resources** - Organization assets are to be maintained for business related purposes. Occasional personal use of fax machines, copiers, transcription services, computers and other assets are permitted for physicians and mid-level providers. Use of the computer resources for the purpose of downloading pornographic literature is prohibited at all times.

**Relationships Among Colleagues, Administration and Staff** - One of the key philosophies of our organization is to recognize, respect and acknowledge the value each individual -- professional, administrative and support -- brings to the organization. At MINT PHYSICIAN STAFFING we respect the diversity of individuals, their experience, insight, and opinions recognizing that these differences add strength and depth to the organization.

In the normal course of business operations there are issues that arise where there is disagreement. These issues must never compromise the delivery of patient care or the well-being of the organization. Fund-raising or similar efforts can be a source of disagreement. No one should ever be made to feel compelled to participate in such activities.
Relationships with Suppliers and Educational Institutions – MINT PHYSICIAN STAFFING’s INTEGRITY value includes our relationships with our suppliers. We base our selection on our supplier’s ability to meet our needs and not on personal relationships and friendships. We will consistently employ the highest ethical standards in our source selection, negotiation and determination of contract awards.

MINT PHYSICIAN STAFFING supports medical education by making our facilities and staff available to local colleges, trade schools and high school health profession programs. Any educational institution wanting to place students at MINT PHYSICIAN STAFFING must have a written agreement which defines the roles of the parties and the responsibility of the students while present at MINT PHYSICIAN STAFFING facilities.

Substance Abuse and Mental Acuity – Patient care is paramount in our values. We are committed to an alcohol and drug-free environment. Our physicians and providers must work free of the influence of alcohol and illegal drugs. Physicians and providers who are taking prescription or over-the-counter drugs which could impair judgment or other skills in job performance are trained to recognize such symptoms and should modify their patient schedules accordingly.

Marketing and Advertising – We may use marketing and advertising activities to educate the public, provide information to the community, increase awareness of our services and to recruit colleagues. Our advertisements and marketing literature shall always contain only truthful, fully informative and non-deceptive information.

GOVERNMENT RELATIONS AND POLITICAL ACTIVITIES

MINT PHYSICIAN STAFFING encourages good citizenship. We encourage physicians to be actively involved in legislative issues, especially those related to the practice of medicine. Physicians are encouraged to join committees to speak on behalf of medical practice in the State of Texas. At times, MINT PHYSICIAN STAFFING may ask physicians to make personal contact with government officials or to write letters to present our position on specific issues.

However, it is important to separate personal from organizational activities and recognize that colleagues and staff may not share political views. It is important for physicians who participate in the political process to not leave the impression that they are speaking on behalf of the organization (unless authorized to do so).

GUIDANCE FOR REPORTING VIOLATIONS

MINT PHYSICIAN STAFFING encourages and expects its professional staff to be aware of federal and state regulations and to report to Administration and the medical leadership areas where they believe MINT PHYSICIAN STAFFING may not be in compliance with federal or state laws or regulatory agency requirements. Every effort will be made to protect the confidentiality of such reports when requested to do so by the reporting provider. Any colleague who deliberately makes a false accusation with the purpose of harming or retaliating against another colleague, administrator or employee will be subject to disciplinary action.

MINT PHYSICIAN STAFFING is committed to investigating all reported concerns promptly and confidentially to the extent possible. MINT PHYSICIAN STAFFING will notify the person reporting the violation of the outcome of information reported. When necessary, corrective actions will be initiated. All physicians and providers are expected to cooperate fully in investigations and when possible, to assist in the resolution of the issue.

ACKNOWLEDGEMENT OF THE CODE

Physicians, mid-level providers and allied health personnel will be provided a copy of this policy. Unless notified to the contrary, receipt of the code will indicate understanding and agreement for compliance.
AUTHORITY TO CHANGE

Only the Medical Director and President have the authority to change this policy. Unless and until such change is made, this policy/Code of Conduct shall remain in effect.
Fact Sheet

CDC Hand Hygiene Guidelines Fact Sheet

- Improved adherence to hand hygiene (i.e. hand washing or use of alcohol-based hand rubs) has been shown to terminate outbreaks in health care facilities, to reduce transmission of antimicrobial resistant organisms (e.g. methicillin resistant staphylococcus aureus) and reduce overall infection rates.

- CDC is releasing guidelines to improve adherence to hand hygiene in health care settings. In addition to traditional handwashing with soap and water, CDC is recommending the use of alcohol-based handrubs by health care personnel for patient care because they address some of the obstacles that health care professionals face when taking care of patients.

- Handwashing with soap and water remains a sensible strategy for hand hygiene in non-health care settings and is recommended by CDC and other experts.

- When health care personnel's hands are visibly soiled, they should wash with soap and water.

- The use of gloves does not eliminate the need for hand hygiene. Likewise, the use of hand hygiene does not eliminate the need for gloves. Gloves reduce hand contamination by 70 percent to 80 percent, prevent cross-contamination and protect patients and health care personnel from infection. Handrubs should be used before and after each patient just as gloves should be changed before and after each patient.

- When using an alcohol-based handrub, apply product to palm of one hand and rub hands together, covering all surfaces of hands and fingers, until hands are dry. Note that the volume needed to reduce the number of bacteria on hands varies by product.

- Alcohol-based handrubs significantly reduce the number of microorganisms on skin, are fast acting and cause less skin irritation.

- Health care personnel should avoid wearing artificial nails and keep natural nails less than one quarter of an inch long if they care for patients at high risk of acquiring infections (e.g. Patients in intensive care units or in transplant units

- When evaluating hand hygiene products for potential use in health care facilities, administrators or product selection committees should consider the relative efficacy of antiseptic agents against various pathogens and the acceptability of hand hygiene products by personnel. Characteristics of a product that can affect acceptance and therefore usage include its smell, consistency, color and the effect of dryness on hands.
• As part of these recommendations, CDC is asking health care facilities to develop and implement a system for measuring improvements in adherence to these hand hygiene recommendations. Some of the suggested performance indicators include: periodic monitoring of hand hygiene adherence and providing feedback to personnel regarding their performance, monitoring the volume of alcohol-based hand rub used/1000 patient days, monitoring adherence to policies dealing with wearing artificial nails and focused assessment of the adequacy of health care personnel hand hygiene when outbreaks of infection occur.

• Allergic contact dermatitis due to alcohol hand rubs is very uncommon. However, with increasing use of such products by health care personnel, it is likely that true allergic reactions to such products will occasionally be encountered.

• Alcohol-based hand rubs take less time to use than traditional hand washing. In an eight-hour shift, an estimated one hour of an ICU nurse's time will be saved by using an alcohol-based hand rub.

• These guidelines should not be construed to legalize product claims that are not allowed by an FDA product approval by FDA's Over-the-Counter Drug Review. The recommendations are not intended to apply to consumer use of the products discussed.

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*CDC protects people's health and safety by preventing and controlling diseases and injuries; enhances health decisions by providing credible information on critical health issues; and promotes healthy living through strong partnerships with local, national, and international organizations.*
Orientation Acknowledgement

I____________________ have read the Orientation Packet and agree to its contents.

______________________
Provider Signature

_____________________
Provider Name

_____________________
Date