

# SURVEY POCKET GUIDE

(Clinical & Non-Clinical)

## 2025

### Our Mission

*To deliver high quality healthcare emphasizing excellence and compassion consistent with the healing ministry of Jesus Christ.*

**Commitments to Excellence are behavioral expectations to help fulfill our obligation to provide high quality, safe, compassionate care empowering us to live out our Mission, Vision and Values to impact our community and contribute to the overall success of our organization.**

*(Provide Excellent Customer Service, Respect All, Act with a Positive Attitude, Demonstrate Professional Behavior, Support Teamwork, Communicate with Others, Take Ownership, Protect Privacy)*



## SURVEY ETIQUETTE

- Greet surveyors like you would a guest, using our Commitments to Excellence.
- Keep answers simple and to the point; don't rush or wander off topic.
- Ask questions and clarify if you don't understand, always be truthful.
- "Use a Life Line": Ask a Charge Nurse/co-worker.
- Refer to Hendrick Hub for the information requested, if applicable.

## ENVIRONMENT OF CARE

**RACE** – Fire plan that includes: **R**escue, **A**larm, **C**ontain and **E**xtinguish, Call 2222.

**PASS** – The process for using the fire extinguisher in the event of a fire includes: Pull, Aim, Squeeze and Sweep.

**(SDS) Safety Data Sheet** – Located on Hendrick Hub under Environment of Care link, it provides information on hazardous products and chemicals used in the workplace; detailing handling, PPE, waste and safety actions in the event of a spill and/or exposure.

### Waste (4 types)

1. **Medical Waste** – Use RED waste trash can (Isolation PPE, items saturated with blood/body fluids).
2. **Narcotics and Controlled Substances** – Use the **Medication Destroyer (RX or CSRX)** before putting empty vials in BLACK containers.
3. **Pharmaceutical and Hazardous Waste**  
**HMC** – Use BLACK containers for pharmaceutical and hazardous waste (partially used medications). SECURE containers; keep lids CLOSED when not in use.  
**HMC South and HMC Brownwood** – Use BLUE containers for pharmaceutical waste (partially used medications) and BLACK containers for hazardous waste (partially used medications). SECURE containers; keep lids CLOSED when not in use.
4. **Sharps and Needles** – Use sharps containers only.

**Oxygen Storage** – The oxygen tanks should be stored upright, in holders (not free-standing or lying down) separated appropriately with proper signage ("full" in use" or "empty").

**Power Strips** – (also known as RPTs – Relocatable Power Taps) must be permanently affixed to the equipment it supplies. Wall mounts allowed under or behind desks, computers, printers ONLY – not patient care equipment. Must be UL rated as UL 1363A & UL 6601-1. Contact Facility Management for mounting and questions.

**Keep exits, electrical panels, fire doors, fire extinguishers, fire pull stations and medical gas shut-off panels free of any obstruction at all times.**

**Hendrick Emergency Alert System (Omnilert)** – This system sends text alerts and/or emails regarding potential, developing or existing emergencies.

**Plain Language Codes** – Includes codes that are descriptive of the event that is happening. This promotes the safety of patients, visitors, physicians and staff.

Examples are:

- "Fire Alarm Activation, Anderson Wing, 3rd Floor," "Active Shooter, Emergency Room #21," "Security Alert: Infant Abduction, Nursery"
- 'Code Blue,' 'Rapid Response,' 'Stroke Code,' 'STEMI Code,' and 'Trauma Code' will still be announced with location

## EQUIPMENT

**Point of Care (POC) Equipment** (glucometers & I-stat) – clean and free of bioburden (blood) or fluid spots. QC testing per Manufacturer Instruction (MIFU) / QC strips, lancets and other supplies have dates and not expired.

**Clean vs. Dirty Equipment** – stored properly and staff can speak to the storage method process and how they know it is clean and ready for use.

**Equipment** (including WOWs) – not plugged into outlets in hallways/corridors unless actively in use – exception is crash cart/emergency cart.

**Biomed Equipment** – is entered into the organization's inventory; issued a unique Biomedical Equipment Control (BEC) #; inspected & maintained according to MIFUs and issued a dated sticker. Contact Biomed for any expired inspections or missing stickers.

**Daily Logs** to equipment/refrigerators/etc. – no missing entries and documented action for any out-of-range entries.

**Dirty/Contaminated Instruments** – follow policy.  
**Contaminated Reusable Instruments 4.4727** **Job Guide: Medical Instruments, Procedures and Preparation, Handling and Transport** **Job Guide: Handling, Collection, and Transport of Contaminated Medical Instruments**

## INFECTION PREVENTION & CONTROL

**Hand Hygiene:** Follow the World Health Organization's 5 Moments when giving care: BEFORE touching a patient and/or their environment; and before any clean aseptic or sterile procedures. AFTER body fluid exposure or risk, touching a patient, touching the patient's environment, or for risk of C-diff. Soap and water: scrub for at least 20 seconds (per CDC Guidelines). Perform hand hygiene in front of the patient as often as possible.

**Standard Precautions:** Universal for all patients. Wear PPE when handling body fluids and follow with hand hygiene.

**Contact Precautions:** Hand hygiene prior to PPE (gown and gloves) for direct contact with patient environment and follow with hand hygiene.

**Contact Precautions + Soap and Water Sign:** Hand hygiene prior to PPE (gown and gloves) and follow with soap and water handwash for 20 seconds.

**Droplet Precautions:** Hand hygiene. Wear surgical mask. Gown required if within 3 feet of patient.

**Airborne Precautions:** Hand hygiene. Wear fit-tested N95 respirator and perform user seal check before entering the room! Fit-testing is performed annually.

**Disinfectant Wipes:** Contact time/wet time = how long surface must stay wet (usually marked on front of container). Use wipes appropriate to organism and wet/dry time, ensuring contact time/wet time is met for that product.

**Linens:** Must be covered (linen cart cover) or enclosed (linen storage, closet, cabinet). Must be covered and separated when sharing a space with other supplies or equipment.

**COVID-19 Special Precautions:** Gown, gloves, n-95 or higher rated respiratory device, eye protection, hand hygiene. Please reference the COVID-19 Emergency Policy 4.4764 for the most up-to-date information on COVID-19 initiatives.

## MEDICATION MANAGEMENT

**6 Rights of Med Administration** – Right drug, right dose, right patient, right time, right route AND right documentation – every patient, every time!

**Med Security** – Medications AND Sharps must be secured (at least 1 lock). Pyxis secures meds by requiring a unique ID (fingerprint or access code).

**Medication Labeling** – (unless used immediately) must include med or solution name, strength, quantity (if not apparent from container), diluent name & volume, & expiration date for > 24 hrs or time for < 24 hrs.

**Look Alike/Sound Alike (LASA)** – Lists can be found on Hendrick Hub under the 'Reference Tab', as well as "Pop-Up Alerts" in the Pyxis MedStations.

**TALL MAN Lettering (Ex: ePHEDrine vs EPINEPHrine)** – Helps alert staff to pay special attention when processing orders for these medications.

**High Alert Medication** – Require special considerations to administer.  
(Ex: insulin requires 2 nurses to verify dosage. See Hendrick Hub > Reference > High Alert Meds)

**Range Orders** – Prohibited/not accepted. (Ex: Tylenol 1-2 tabs every 4-6 hours PRN Temp > 101) (Policy-Medication Range Orders, 3.1049)

**Blanket Orders** – Prohibited/not accepted. (Ex:“Resume all orders”)

**PRN Meds** – Require indication/parameters in the physician order.

**Home Meds** – Must have physician order & MAR documentation.

**Multi-Dose Vials (MDV)** – Labeled with beyond-use date (BUD) of 28 days from opening and discarded accordingly.

**Single-Dose Vials** – single dose only and discard/do not date or store.

**Narcotic & Controlled Substance Waste** – In Medication Destroyer (RX or CSRX) before putting empty vials in BLACK containers/witnessed by authorized personnel & appropriate documentation.

**CARE OF PATIENTS**

**Pain Assessment** – Assess pain on admission, each shift, with any new report of pain, before/during/after painful procedures, and also before AND after any pain medication or intervention (based on onset & peak). Document non-pharmacologic interventions, pain interventions, assessment & reassessment using appropriate pain scale (0-10, faces, FLACO).

**Therapeutic Duplication** – When 2 or more meds are ordered for the same indication, clarification is needed. (Ex: Tylenol 2 tabs Q4H mild pain; Motrin 2 tabs Q4H mild pain)

**Med Errors and Adverse Drug Reactions** – reported in the Event Management System (RL).

**Patient/Family Education** – Education resources available for patients and families include specialized staff members (Ostomy nurses, Pharmacists, Lactation Specialists, etc), discharge teaching information and other disease-specific education.

**Restraints** – Includes two classifications: Non-Violent and Violent. We do not restrain “prn” or “as needed”. Only physicians can order restraint use and an order must be in the chart. Document required elements throughout the entire episode of restraint use, utilizing Workflow Manager to aid in appropriate charting. Remove the restraint when patients no longer need the restraint (they're no longer a danger to themselves or others) including before death. Review and complete documentation.

**Unapproved Abbreviations** – Reference Policy: Forms Management, 1.3603 and Dangerous Abbreviations attachment.

**Approved Abbreviations** – Our organization references Tabers: Hendrick Hub>Reference>Taber's Medical Abbreviations

**PATIENT SAFETY**

Promote a Culture of Safety through reporting Adverse Events and Near Misses through the RL Event Management System.

**2025 National Patient Safety Goals (NPSGs)**

- **Identify Patients Correctly** – 2 IDs from 2 sources (do not use patient room number)
- **Improve Staff Communication** – Utilize beside report, hand offs, huddles
- **Use Medicines Safely** – 6 Rights, Med Rec, awareness of blood thinners, and refer to Medication Management section
- **Use Alarms Safely** – Alarm Management Policy, 3.1005
- **Prevent Infection** – Hand hygiene is #1 and refer to IP/IC section
- **Identify Patient Safety Risks** – Screen for Suicide & Assess/Hendrick Health Policy: PS.HH.3.1100
- **Improve Healthcare Equity** – Improve access and provide the same quality of care and services to all through our Mission, Vision & Services
- **Prevent Mistakes in Surgery** – Pre-procedural checklist, site marking & laterality, and Time Out / Pre-Procedure Verification and Time Out 3.1088

**Fall Prevention & Management** – Preventing falls from happening and managing them when they do. Hendrick Hub > Nursing > Fall Resources

**Assess** (MFRA, ABCS Scale, meds/elimination/equip) Identify, Educate, Implement Interventions, **Document, Communicate** with team, **Notify** post fall (Fall Response Team)

**Fall Prevention and Management, 3.1026    Fall Response Team, 3.1027**

**Serious Patient Safety Events** – When to notify and guidance – **see Hendrick Hub > Patient Safety Information tab**

**PATIENT RIGHTS**

**Patient Rights & Responsibilities** – Provided in the 'Patient Information Brochure' and 'Guide to Patient and Visitor Services.'

**BioEthics Committee** – Available to assist with decisions, conflicts in care, as well as end-of-life decisions. Contact administration for assistance.

**Grievances & Complaints** – Patient Relations can assist patients and families with care concerns.

**Advanced Directives** – Documents that outline a person's wishes for care when they're unable to make decisions for themselves. If there is an advance directive, a copy must be placed on file. If there isn't, offer the Personal Choices brochure and ensure all documentation is completed in the registration tabs.

**Informed Consent** – CONVERSATION to patient by physician of treatment and procedures, options, and planned care/allows opportunity to ask questions and understand risks. This must be documented in the record (“Risks, benefits and alternatives discussed and agrees to proceed”) signed/dated/timed by physician prior to consent signed/dated.

**Consent Form** – The DOCUMENT signed by the patient (or authorized adult) acknowledging receipt of information from their physician. Must be signed/dated by patient and witness prior to procedure but after Informed Consent.

**Interpreters** – Persons available who can communicate, including sign language, are available through video, amplifiers and other assistive devices (i.e. MARTTI).

**Abuse and Neglect** – All employees have a responsibility to report abuse and neglect. Case Management can assist. (See Policy # 4.4031)

**INFORMATION MANAGEMENT**

- All entries in the patient record must be dated, timed and authenticated.
- Expired drug reference books, printed policies and other reference materials should be removed and discarded.
- Never leave PHI lying around.
- Lock your computer when you walk away. Turning off the monitor is not a proper way to secure the system.
- Never send or receive email or text messages containing PHI/payment card information/employee's personal information from any device except a Hendrick-managed computer or an HMC-approved secure texting application. (Ex: Vocera)

**Patient Safety/PS Hotline:** Call 325-670-7732 for Abilene Market or dial ext. 8732 from on-campus phone in Brownwood

**Patient Relations Department:** 325-670-2915 (during normal business hours 8 a.m.-5 p.m.) or the appropriate nurse manager on your unit or the nursing supervisor through the hospital operator (after hours)

**To report a patient safety concern to Joint Commission:** complaint@jointcommission.org

**Or the Texas Department of State Health Services:** 1-888-973-0022

**PERFORMANCE IMPROVEMENT**

**Organization Initiatives** – Hendrick Health, in line with the mission statement, strives to provide high quality care by initiating and monitoring organizational quality goals.

**Department-Specific Initiatives** – Huddles, Hand Offs, Falls and Pressure Ulcer Prevention, Patient Satisfaction Scores, Employee Engagement

**PI MODELS:**  
**DMAIC** – Define, Measure, Analyze, Improve, Control  
**PDSA** – Plan, Do, Study, Act

**MEDICAL STAFF**

**Privileges Online** – Hendrick Hub > Quick Links > Medical Staff Privileges

**Medical Staff Leadership** – A medical staff leader is always on call for physician-related issues and may be contacted through the House Supervisor.

**HUMAN RESOURCES**

**Orientation** – New Employee Orientation (NEO), Licensed Nurse Orientation (LNO) and/or Department-Specific Orientation are completed based on your job responsibilities.

**Competency/Skills Check Off** – Job-specific requirements essential to proper job performance completed at least annually or according to organization requirements and recorded in the employee competency file by their supervisor.

**Elssons** – Annual requirements to educate and assess knowledge on various critical topics

**Policies & Procedures** - Access institution-specific policies (ex. departmental disaster plans) in PolicyStat and procedures in Elsevier Skills (ex. IV insertion).

**Appraisals/Evaluations** – Completed at least annually to provide feedback on job responsibilities and performance

**AIDET** – Effective communication: **A**cknowledge, **I**ntroduce, **D**uration, **E**xplanation and **T**hank You

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