Student & Instructor Orientation Handbook

MercyOne Clinton Medical Center
1410 N 4th St., Clinton, IA 52732

MercyOne North Health Plaza
915 13th Ave N., Clinton, IA 52732

MercyOne Medical Center Health Plaza
600 14th Ave N., Clinton, IA 52732

2026

Welcome to MercyOne

We are pleased to have you with us and hope your experience at MercyOne is rewarding, both personally and professionally. We are proud of our outstanding record of making our communities stronger, healthier, and better.

Our relationship should be based on mutual respect, trust and teamwork. As part of our commitment to you, we do our best to support you not only as a student/instructor but also as a person. That means providing opportunities for your academic and personal development.

In this handbook you will find policies, procedures, and practices that promote effectiveness, efficiency and safety as you carry out your work. However, a handbook cannot replace the responsibility and expectations we have for communication and cooperation on matters of mutual concern. The true purpose of this handbook is to provide guidelines that promote reasonable and fair treatment of all students/instructors and to set expectations for clinical behavior based on MercyOne Culture. Our ultimate goal is to work effectively together to create the best possible environment for our students/instructors, colleagues and physicians to carry out excellent patient care.

Instructors are responsible for the orientation of their students. General and unit orientation must be completed prior to any “hands on” care. It is expected that both instructors and students will be able to articulate their role in emergency procedures.

Using This Handbook

This handbook provides you with general information about current MercyOne policies, procedures and regulations. We ask that you read it carefully and speak with your instructor, unit manager or the Clinical Development department if you have questions concerning its contents.

CATHOLIC IDENTITY/ETHICAL & RELIGIOUS DIRECTIVES

As a Catholic ministry, it is MercyOne' s policy that all care and activity will be planned and carried out in fidelity to our mission and values, will uphold and protect the dignity of human life, and will be consistent with the Ethical and Religious Directives for Catholic Health Care Services.

OUR MISSION DEFINES US:

We, Trinity Health, serve together in the spirit of the Gospel as a compassionate and transforming healing presence within our communities.

OUR VISION CALLS US:

As a mission-driven innovative health organization, we will become the national leader in improving the health of our communities and each person we serve. We will be your most trusted health partner for life.

Our Values	
Reverence	We honor the sacredness and dignity of every person.
Commitment to those experiencing poverty	We stand with and serve those who are experiencing poverty, especially those most vulnerable.
Safety	We embrace a culture that prevents harm and nurtures a healing, safe environment for all.
Justice	We foster right relationships to promote the common good, including sustainability of Earth.
Stewardship	We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.
Integrity	We are faithful to who we say we are.

CLINICAL ROTATION EXPECTATIONS/GUIDELINES

Roles and Responsibilities

Students, instructors and colleagues will abide by all relevant policies, procedures, standards and directives issued or adopted by MercyOne including delivering care according to the policies, procedures and standards of practice.

MercyOne colleagues maintain responsibility for the care of the patient even though one or more aspects of patient care may be provided by a student. Student participation in direct patient care ("hands-on") always involves delegation and supervision by qualified faculty or colleagues. Supervision may be direct or indirect depending on students demonstrated and documented competency in the specific task or activity. Faculty and/or colleagues are responsible for applying the following delegation/supervision criteria:

1. Delegates tasks that are commensurate with the educational preparation and demonstrated abilities of the person supervised
2. Provides direction and assistance to those supervised
3. Observes and monitors the activities of those supervised
4. Evaluates the effectiveness of acts performed under supervision

Supervision must be direct in the case of a student who has not demonstrated and documented competency in the aspect(s) of care required to complete the clinical "assignment". Clinical "assignment" is based on defined objectives provided by the school or faculty and shared with the colleagues. Students will be instructed in the proper method/technique before providing any aspect of direct patient care in the clinical setting.

The student's school and faculty are responsible for the instruction and evaluation of its students. The school, student, and/or faculty are responsible for providing evidence of validated, relevant, clinical competencies upon request. The student is responsible for actions in providing care to patients as well as refusal to perform any aspect of care without proper training, supervision or validation of competency. The student in the "observation only" (shadow) role may not offer nor be asked to provide direct, "hands-on" care. In the "observation only" (shadow) learning experience, delegation does not occur, the student's supervisor needs not be present, and documented evidence of validated competencies is not required. Faculty and students are responsible for informing appropriate colleagues of student's "observation only" (shadow) role.

If students or faculty behave in a manner placing patients at risk for physical or emotional harm, or whose behavior is inconsistent with the policies, procedures, standards and directives issued or adopted by MercyOne, the involved individual(s) may be informed they no longer can attend the experience at MercyOne in the role of student or faculty.

ORIENTATION

Online Orientation

Faculty and students must review all appropriate documents & electronically confirm completion of the online orientation prior to the start of the clinical experience. The clinical placement may be delayed until requirements are met.

Department Orientation

A unit/department orientation should be completed as soon as feasible upon arrival to the department of clinical experience.

DEFINITIONS

Student clinical rotation is experiential learning in a patient care setting.

Experiential learning in a clinical setting is change in attitude, knowledge and skills through participation in direct patient care ("hands-on") and/or direct observation of patient care.

"Observation only" (shadow) is to watch and collect information and means the student provides no direct, "hands-on" care during the learning experience.

Competency is an individual's demonstrated ability to achieve the expectations stated in performance standards for a specific role and setting.

Delegation is transferring to a competent individual authority to perform a selected task in a selected situation.

Supervision is the provision of guidance by a qualified individual for the accomplishment of a task or activity with initial direction of the task or activity and periodic inspection of the actual act of accomplishing the task or activity.6

Direct supervision means immediate availability to continually coordinate, direct and inspect at first hand the practice of another.

Indirect (general) supervision means to regularly coordinate, direct and inspect the practice of another Student Health and Conduct.

Attendance

Please notify your clinical instructor and the department as soon as possible, before the start of the shift, if you cannot attend as scheduled. Should you become too ill to report to your assigned area, you will be informed about whom to contact. It is your responsibility not to expose colleagues, visitors or patients to communicable diseases. This will be discussed in more detail during your department orientation.

Illnesses and Absences

Do not come to clinical ill. If you do not feel well, have a fever or other indications you are not well, report your condition to your instructor prior to the start of the clinical day. Please do not call the unit to ask them to report your illness to your instructor. Please take precautions to prevent accidents by observing safe work practices. If you are injured at your clinical site, regardless of how minor the injury may seem, inform your instructor

immediately. Your instructor or the supervisor will assist you in filling out an Event Report form. If injured or you become ill while at MercyOne, we shall provide emergent or urgent medical care as appropriate, consistent with the capability and policies of the site. You shall bear financial responsibility for charges associated with said treatment. MercyOne cannot provide routine healthcare to students/instructors and requires you to maintain your own health insurance coverage.

Photo Identification

A photo identification badge must always be worn near your collar or shoulder and in clear view whenever you are on facility grounds. The purpose of this requirement is to provide a consistent means of identification for patients, visitors, physicians and colleagues throughout all MercyOne facilities. Your photo ID nametag should include your name, school and title. Each person should be easily and quickly identifiable.

Personal Appearance

The personal appearance of all students/instructors is important in relationships with patients, families, visitors and other colleagues, as well as for health, control of infection, and safety. The ability to inspire confidence depends, in part, on presenting a professional image, both in appearance and in action. Students/instructors are expected to wear clothing that contributes to the overall positive impression of MercyOne. Clothing should be clean, neat, and of appropriate fit, and consistent with safety standards. Supervisors/Instructors are responsible for ensuring their departmental personnel comply.

Smoking Regulations

All MercyOne facilities are smoke-free. The Joint Commission and state and federal regulations mandate that MercyOne is a smoke-free environment. As a health care institution, MercyOne recognizes the significant health hazards of smoking and the rights of non-smokers for a smoke-free environment. Smoking restrictions are established for your safety and in the best interest of patient care. We ask that everyone observe the NO SMOKING regulations. The use of tobacco in any form is prohibited at all facilities. This includes buildings, grounds, parking lots and structures, or any vehicles parked therein. MercyOne property is defined as owned, rented, or leased property under the jurisdiction of MercyOne and specifically includes all property where public easements have been granted. Public easements include sidewalks and roadways adjacent to wholly owned, rented and/or leased property.

Alcohol and Controlled Substances

To ensure a safe, productive work environment MercyOne prohibits the use and/or possession, sale, purchase, manufacture, distribution or dispensation of intoxicants, including alcohol or controlled substances (drugs), other than over-the-counter drugs or lawfully prescribed drugs on premises (including all work sites) during work hours including breaks.

Cell Phone & Electronic Device Use

The purpose of this policy is to promote a safe and productive work environment. This policy applies to incoming and outgoing cellular calls and text messaging.

1. Cell phones will be turned off or set to silent or vibrate mode during clinical hours.
2. Use of any electronic device (cell, phone, laptop, etc.) is prohibited in patient care areas. This includes residents/patient rooms and dining rooms, open space on each unit, hallways, treatment areas such as gyms and meeting rooms.
3. The use of Bluetooth and other earphone devices is prohibited.
4. Personal calls and/or text messaging during the experience, regardless of the phone used, interfere with productivity and are distracting to others. Student/Instructors are encouraged to make personal calls at non-clinical times where possible and to ensure that friends and family members are aware of this policy. Necessary or emergent calls should be brief and abide by your college cell phone or electronic device policy.
5. If student/instructor use of a personal cell phone causes disruption or loss of productivity, or if inappropriate use of technology is determined, the student/instructor will become subject to disciplinary action.
6. Use of electronic technology besides text, email and voice is strictly prohibited. This includes camera, video, internet, downloads, etc.
7. MercyOne will not be liable for loss or damage to personal cellular phones/devices brought into the clinical setting.

Computer Use

MercyOne computers and communication systems must be used only for business purposes. You may be assigned a computer access code and password security code for electronic health record documentation. This information is confidential and it is your professional responsibility to protect these access codes. Without this information you will not be able to document in the electronic health record (if applicable).

Parking

Students/Faculty should park in available public parking outside of main entrances. Be mindful of signage reserving parking for specific uses, like security, patients, etc.

CODE OF CONDUCT

As a guest of MercyOne Clinton Medical Center, you serve as a trusted partner in the delivery of health care services to our patients and community.

MercyOne embraces an Integrity and Compliance Program to support all who work in our health care ministry in understanding and following the laws, regulations, professional standards, and ethical commitments that apply. This Code of Conduct describes behaviors and actions expected of all who work at MercyOne – colleagues, physicians, suppliers, board members and others. If you have any questions regarding this information, please contact the **Integrity & Compliance Officer 563-589-8810**

Professionalism

- Delivery-centered, quality health care services with compassion, dignity and respect for everyone.
- Delivery services without regard to race, color, religion, gender, sexual orientation, marital status, national origin, citizenship, age, disability, genetic information, payer source, ability to pay, or any other characteristic protected by law.
- Maintain a positive and courteous customer service orientation.
- Always demonstrate the highest levels of ethical and professional conduct, and under all circumstances.
- Speak professionally and respectfully to those you serve.
- Respond to requests for information or assistance in a timely and supportive manner.
- Behave in a manner that enhances a spirit of cooperation, mutual respect and trust among all members of the team.
- Commit to working with others in a supportive team environment.
- Delivering services in accordance with all professional standards that apply to your position.
- Create and maintain complete, timely and accurate medical records consistent with medical staff bylaws.

- Protect the privacy and confidentiality of all personal health information - electronic, paper or verbal - you may receive.
- Maintain appropriate licenses, certifications and other credentials required of your position.
- Abstain from inappropriate physical contact with others and report any harassment, intimidation or violence of any kind that you witness.
- Maintain a safe work environment by performing your duties and responsibilities free from the influence of drugs or alcohol.
- Protect the confidentiality of all medical peer review information.

Commitment to Providing Quality Care that is Safe and Medically Appropriate

- Commit to safety: every patient, every time.
- Speak up when you see a quality or safety issue and discuss mistakes you see with others so we can learn how to prevent future mistakes.
- Adhere to clinical guidelines and protocols that reflect evidence-based medicine.
- Actively engage and support efforts to improve quality of care, including organization-approved technology advancements.
- Actively participate in initiatives to improve care coordination between and among caregivers, community support agencies and other providers.
- Actively participate in initiatives to improve the health of the community.

Advocating for Our Patient's Needs

- Provide comfort for our patients, including prompt and effective response to their needs.
- Communicate clinical information to patients and their designees in a clear and timely manner.
- Discuss available treatment options openly with patients, or their designees, and involve them in decisions regarding their care.
- Provide care to all patients who arrive at your facility in an emergency, as defined by law, regardless of their ability to pay or source of payment.
- Clearly explain the outcome of any treatment or procedure to patients, or their designees, especially when outcomes differ significantly from expected results.
- Respect patient advanced directives.
- Address ethical conflicts that may arise in patient care, including end-of-life issues, by consulting your organization's medical ethics committee.
- Provide care that is consistent with the Ethical and Religious Directives for Catholic Health Care Services

Stewardship of Resources

- Properly use and protect all resources including materials and supplies, equipment, staff time and financial assets.
- Respect the environment and follow your organization's policies for the handling and disposal of hazardous materials and infectious waste.

CUSTOMER EXPERIENCE

PATIENT– AND FAMILY-CENTERED CARE: MercyOne embraces the philosophy that all care delivered focuses on the needs and desires of the individual patient. Partnering with the patient to meet mutually formulated outcomes requires all care and service providers to follow seven core elements of professional practice. These seven C's support MercyOne colleagues in creating a patient-centered care delivery system: Culture, Caring Relationships, Competency, Communication, Collaboration/Consultation, Continuity, Consistency.

CARING RELATIONSHIPS: MercyOne Clinton's Caring Model is derived from Mary Koloroutis's, Relationship-Based Care, A Model for Transforming Practice and Kristin Swanson's Caring Principles. As MercyOne colleagues, we exist to provide compassionate care and service to people in times of illness and suffering. Our clear purpose is caring and serving people, which is dependent upon relationships with others. We believe there are three key relationships, which affect care giving. These are defined as caring relationships with self, with team members, and with patients and their families. MercyOne can create a caring and healing environment by upholding specific principles and caring behaviors.

EFFECTIVE COMMUNICATION: Key strategies to improving communication and providing culturally competent care to patients include:

Using a patient-centered care approach

- Creating rapport by building relationships with patients and family members, asking them for their ideas, and asking them about concerns.
- Treating the patient as a person and orienting them to the care process.
- Tailoring care plans to the patient's needs and preferences.
- Making sure patients understand medical instructions by asking them to repeat them (also known as the teach-back method) Learning more about health literacy: the ability to obtain, process, and understand basic health information and services to make appropriate health decisions.
- Even people with strong literacy skills can face health literacy challenges, such as when they are not familiar with medical terms or how their bodies work; or they are diagnosed with a serious condition and are scared or confused.

Cultural Diversity

MercyOne is committed to providing excellent service to all our customers, including patients and families, each other as colleagues and students, physicians, and the community. MercyOne has defined service behaviors modeled after our values and is committed to promoting a work environment that acknowledges the similarities and differences of all people.

What is diversity?

Diversity includes all the differences that make each of us unique, including faith, traditions, and culture.

Why is diversity important?

Diversity affects patient outcomes, patient satisfaction, communication, and teamwork.

What is culture?

Culture is a component of diversity. It is learned and shared values of a particular group that guide thinking, actions, behaviors, and emotional reactions to daily living.

What is cultural competence?

Being aware of the effect that culture has on perceptions and values, and being sensitive to cultural issues can help us to provide excellent service to our patients and families.

Cultural Considerations

- Language-Use linguistic services, translated documents and educational materials
- Pain styles-stoic, expressive
- Religion-prayer, blood beliefs, spiritual leaders
- Dietary-Adjust as needed (ex. spicy/bland, Kosher, fasting, ethnic foods)
- Family-role in care, decision making authority
- Gender-male dominance, female modesty
- Death-end of life decisions
- Treatment-beliefs about illness, folk remedies, traditional cures
- Conflict styles-loss of face
- Eye contact-be careful if requesting eye contact; this may be a cultural issue

Do not stereotype- Every individual in a group is not the same. Listen to and respect the person's beliefs and ask appropriate

cultural questions as needed. If the person is not cognitively intact, discuss possible issues with family members.

Patient's Bill of Rights

In support of our Mission and Values, MercyOne has developed a policy on Patient's Rights. All colleagues, physicians, students, instructors and volunteers are expected to honor these rights. A clear articulation of patient rights and responsibilities which encourages patients and families to participate in the treatments and services they receive reflects our Values of Development and Excellence. This policy expresses the commitment of all to offer "superior and compassionate patient service" and our recognition of the collaborative nature of the professional – patient relationship. The following language and format will be used for "Patient Rights and Responsibilities" documents that are given to patients.

Example of the Patient's Bill of Rights: "As a patient at MercyOne, you have the responsibility to …"

1. Provide, to the best of your ability, accurate and complete information about your present complaints, past illnesses, hospitalizations, medications, perceived risks in your care, unexpected changes in your condition and other matters related to your health.
2. Ask questions when you do not understand your care, treatment, or services provided to you, or what you are expected to do.
3. Follow the care, treatment or service plan developed and express any concerns about your ability to follow the proposed care plan, treatment or service to care providers.
4. Accept the consequences if you do not follow your care, treatment or service plan.
5. Follow MercyOne rules and regulations affecting your care and conduct, including visitation and smoking policies and assisting our efforts to limit noise.
6. Be considerate of MercyOne colleagues and other patients and their property.
7. Promptly meet financial obligations.
8. Provide a copy of your Advance Directive (i.e., "Living Will" or Power of Attorney for Health Care) if you have completed one.
9. Safeguard your personal belongings and to secure any valuable in MercyOne safe, as needed, to prevent loss.
10. Keep scheduled appointments and notify the appropriate department and/or professional when unable to keep an appointment.

END OF LIFE/PALLIATIVE CARE

Palliative care focuses on relief of the pain, stress and other debilitating symptoms of serious illness; it is not dependent on prognosis and can be delivered at the same time as treatment.

• Goals of palliative care are symptom management, communication, support for the family, relief of suffering and provision of the best possible quality of life for patients and their families. A key benefit of palliative care is that it customizes treatment to meet the individual needs of each patient.

• Palliative care is NOT the same as hospice care. Palliative care may be provided at any time during a person's illness, even from the time of diagnosis. And it may be given at the same time as curative treatment.

• Usually a team of experts, including palliative care doctors, nurses and social workers, provides this type of care. Chaplains, pharmacists, nutritionists and others might also be part of the team.

• Working in partnership with a primary doctor, the palliative care team provides expert treatment of pain and other symptoms, clear communication, help navigating the health care system, guidance with difficult and complex treatment choices, detailed practical information and emotional and spiritual support.

PAIN ASSESSMENT AND MANAGEMENT

MercyOne Clinton respects patients' rights to effective pain management. Pain management is a multidisciplinary process, characterized by continual coordination and communication of the plan of care towards the improvement of patient outcomes; increased comfort, reduced side effects, and enhanced patient satisfaction.

- The basis of pain assessment is the patient self-report, assessed through various pain intensity scales and tools.
- Pain management strategies include patient/family involvement in treatment plans and goals, in addition to traditional pain management interventions and modalities.
- To ensure optimal pain management for our patients, medication orders for pain control must always include the indication for patient use, the route, the frequency, as well as the identification of rank ordering for multiple pain medications.
- Opioid Use Reduction (OUR) initiatives encourage the use of multimodal analgesia strategies, requires the use of the Prescription Monitoring Program, mandatory education for licensure renewal and supply reduction.
- Opioid prescriptions should be for the lowest effective dose, for the shortest duration. Three days or less is often enough; more than seven days is rarely needed. Tapering off needed opioids is key to reduction of addiction risk.

FALL RISK REDUCTION PROGRAM

- All patients are at risk for falls.
- Patients need to be assessed for their fall risk from the beginning of their visit
- Patients and families need to be instructed on how to prevent falls.

ACUTE CARE: A yellow door sign, arm band and yellow patient gown indicate a patient is a fall risk in the acute setting, in clinic settings patients are screened on arrival to registration and carry a yellow document with their screening.

OUTPATIENT SETTING: (those patients entering through admitting for services such as lab, radiology, cardiac and ED services) All patients entering though admitting will have a fall screening form completed by the admissions clerk. Based on these findings, the patient may be deemed a high fall risk patient. At this time, the patient will be helped using a wheelchair to their destination of service and back upon completion. A large yellow fall risk sticker will also be placed on the face sheet for awareness. This screening form will accompany the face sheet along with the patient to the department of service, which will be handed off to the department colleague. The screen form included a list of recommended fall safety interventions that should be considered and initiated while caring for the patient at fall risk. Upon completion of the service, the patient will be returned to the lobby by the department staff or volunteer via wheelchair taking extra safety precautions as necessary.

CLINIC SETTING: Clinic patients check in at the clinic receptionist. The receptionist should ask the patient to have a seat and offer any assistance as they see fit. Clinic nursing staff will conduct a clinic fall screening assessment with any new patient, annually and at change of condition. Once deemed a high fall risk, a yellow sticker will be placed on their chart, alert will be placed in the EMR, and a yellow fall risk sticker will be placed on any face sheet generated for further testing in other departments of the hospital to help alert staff.

• Clinic fall safety interventions are listed on the fall screening tool and should be utilized as appropriate such as helping with ambulation or using a wheelchair, use of a gait belt and wearing reliable, well-fitting shoes, or offering them yellow non-skid slipper socks if needed.

• Documentation: When a fall occurs, call for assistance, always get a mechanical lift/jack to get the patient up off the floor after assessing them. Notify your manager and house supervisor. For patients, a Post Fall Huddle form must be completed at the time of the fall with the patient along with a VOICE report. Both must be completed by the end of the current shift. Visitor falls are reported in the VOICE system. Colleague falls are reported in the THEIR system.

• Fall safety is EVERYONE's responsibility. It does not matter what your job role or your position is. If you see a patient or visitor struggling, short of breath or weak or climbing out of bed, stop them and offer your help by alerting the nurse or by getting a wheelchair and taking them to their destination to keep them safe while they are in our care.

MEDICATION SAFETY

High-alert medications are drugs that have a heightened risk of causing significant patient harm when they are used in error. Errors may or may not be more common with these drugs; however, the consequences of an error with these medications are clearly more devastating to patients. There have been error prevention strategies implemented including:

- Tall Man lettering to decrease the likelihood of confusing "Look Alike - Sound Alike" medications.
- Identification of hazardous/high alert drugs in the Pyxis through warning stickers.
- Protocols/procedures for consistent dosing and handling of high-risk materials.
- Specialized training for preparation of chemotherapeutic medications.
- Double checking dosing in both pharmacy and nursing.
- Medication reconciliation reduces or eliminates the errors of transcription and administration, omission, duplication of medications, drug-drug interactions, and drug-disease interactions and provides a complete, reconciled list of medications for patient education and provider information and communication. Medication reconciliation should occur on admission to the facility at each level of care, at each level of care transition, and upon discharge from the facility. The physician reviews the medication summary and reconciles the patient's medications by reviewing and documenting which medications to continue or discontinue and adds any new medications.
- The organization has a list of abbreviations, acronyms, symbols and dose designations that are not to be used. Many abbreviations can be confusing or hard to read, which can lead to mistakes that could harm patients. Using the electronic record to place orders eliminates this potential for error.
- Read-back for verbal and telephone orders provide a safe method for communicating patient orders. The provider should expect the receiving personnel after writing down the order to repeat the order back to the provider for confirmation. Verbal orders are highly discouraged unless critical to patient care.

EMERGENCY PREPAREDNESS AND MEDICAL ALERTS:

MercyOne Clinton has adopted the National Incident Management System (NIMS) to address any situation, large or small, in which the resources available to treat, manage, transfer, or discharge patients is affected. The Incident Command system (ICS) is initiated when events occur:

- In such an event, the Incident Command System (ICS) is initiated. Calls to all necessary personnel will be made via the call tree system implemented by the House Supervisor or the individual departments.
- MercyOne Clinton Medical Center Emergency Management Coordinator: 563-244-5730.
- Safety Data Sheets (SDS): Be familiar with the chemicals used in your workplace. If you are exposed to any chemical, have the label available and consult the online SDS (found on the MercyOne Clinton ZENworks Window).

TOBACCO/SMOKE FREE ENVIRONMENT

- MercyOne is a smoke-free environment. This applies to all colleagues, patients, visitors, contractors, volunteers, medical staff physicians, tenants, and the tenants in medical or professional office buildings on all campuses of MercyOne.
- This includes all buildings, grounds, parking lots, and structures, and any vehicles owned or leased by MercyOne.
- The use of tobacco in any form, as well as E-cigarettes, is prohibited.
- Physicians may not write orders allowing patients to smoke.
- Compliance: It is the joint responsibility of security, hospital staff, and physicians to implement the policy with patients.

A CULTURE OF SAFETY

JOINT COMMISSION

2026 Hospital National Performance Goals (NPGs)

Goal 1	The hospital ensures that the correct patient receives the correct care at the correct time.
Goal 2	The governing body and leadership team foster a culture of safety.
Goal 3	The hospital has an emergency management program.
Goal 4	The hospital prioritizes excellent health outcomes for all.
Goal 5	The hospital prioritizes infection prevention and control.
Goal 6	The hospital prioritizes pain management and safe prescribing practices.
Goal 7	The hospital respects the patient's right to safe, informed care.
Goal 8	The hospital reduces the risk for suicide.
Goal 9	The hospital develops and implements safe transplant practices.
Goal 10	The hospital performs waived testing in a safe and consistent manner. *Note: Waived tests are categorized by CLIA as "simple laboratory examinations and procedures that have an insignificant risk of an erroneous result." The Food and Drug Administration (FDA) determines which tests meet these criteria when it reviews a manufacturer's application for test system waiver. The list of FDA-approved waived tests can be accessed at the following link: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfClia/analyteswaived.cfm.*
Goal 11	The hospital maintains workplace and patient safety.
Goal 12	The hospital is staffed to meet the needs of the patients it serves, and staff are competent to provide safe, quality care.
Goal 13	The hospital safely performs imaging services.
Goal 14	The hospital has a medication management program that focuses on safety.

INFECTION PREVENTION

Methods to Prevent Health Care Acquired Infections:

- Consider EVERYONE to be potentially infectious. To best protect yourself and others always use the appropriate Personal Protective Equipment (PPE) (ex. gloves, gowns, masks, protective eyewear) for potential contact or exposure to all blood, body fluids, excretions and secretions (except sweat), non-intact skin or mucous membranes.
- Standard Precautions are always used by all health care workers with all patients regardless of the perceived or known health status or diagnosis of the patient, and regardless of the use of additional isolation requirements.
- All policies and procedures for Standard Precautions apply to all people who have contact with or provide care to a patient, whether the patient is in his/her room or in another area of the hospital.
- Good hand hygiene is the key feature of all infection prevention and control programs.
- Skin is washed, and mucous membranes flushed immediately or as soon as possible after contact with blood, other body substances, or contaminated items.
- Personal Protective Equipment (PPE) is available throughout the hospital where patient care or activities involving contaminated items occur. a. Gloves are worn whenever contact is anticipated with potentially infectious substances or items contaminated with potentially infectious substances.

- Disposable gloves are changed: between patients, when moving from a contaminated to clean body site on a patient, when moving from a contaminated to cleaner environmental surface during cleaning, and when they are torn or punctured.
- Gloves are worn only at the site of use. Disposable gloves are removed and discarded at the site of use.
- Masks (of surgical quality and moldable to fit facial contours) and protective eye wear are worn whenever splashing, spraying, or aerosolization of potentially infectious substances is anticipated.
- Masks are worn only at the site of use and not allowed to hang around the neck. They are never carried in pockets.
- Masks are changed when moist.
- Yellow fluid-resistant isolation gowns are worn whenever health care workers' clothing or skin may contact or be penetrated by potentially infectious substances.

Isolation

Notice may be posted on a patient's door and in their patient care room for different types of isolation precautions. Please be alert to such signs, read and follow the instructions before entering the room. Check with the patient's nurse if you have questions.

- Exposure to communicable diseases

To prevent transmission of communicable disease from health care givers to patients and co-workers, work restrictions as outlined in current Centers for Disease Control and Prevention (CDC) guidelines will be followed when colleagues are exposed to or infected with a communicable disease.

- Hazardous Materials/Spills

Access the Material Safety Data Sheets (MSDS) on a MercyOne networked computer. On the home screen locate MSDS under the Resources Tab.

- OSHA: Occupational Safety & Health Act

Students are required to fully comply with all OSHA standards.

- Clinical Related Injury/Illness

It is important to take every precaution to prevent accidents and to observe safe work procedures. If a student/instructor is injured within MercyOne organization, regardless of how minor the injury may seem, the house supervisor or unit manager should be informed immediately. At the time of the incident/accident, the student/instructor should complete the online incident report found on the Intranet.

Handling Contaminated Items- Standard Precautions

- When handling items contaminated with blood or body fluids:
- Wear gloves
- Wear mask, gown, and protective eyewear if splashing may occur.
- If items are contaminated with blood or body fluids that may drip or flake off, wear appropriate PPE and dispose of them in red bags for hazardous waste.
- Put bags in appropriate place for pickup and disposal. This will usually be the Soiled Utility Room, check at your facility.
    - BLOOD SPILLS: Minor- wearing gloves wipe up the spill with disposable toweling and disinfect the area.
    - Major- contact Hospitality or Environmental Services or supervisor/unit manager for assistance.

Blood and Body Fluid Exposure

What should you do if you are exposed to blood or body fluid?

1. Mucous Membrane: Flush exposed area, e.g., eye, nose or mouth immediately with warm water.
2. Puncture wound/needle stick or cut or splash on non-intact skin; Wash wound thoroughly with soap and water for a minimum of 15 seconds.
3. Report incident to the instructor and manager of the department or supervisor immediately.
4. Fill out an event report. Go to Colleague Health & Wellness immediately; if Colleague Health & Wellness is not available, contact the house supervisor or go to the Emergency Department. Follow any instructions provided at this time.

Occurrence Reporting for Exposure

It is each student's/instructor's responsibility to report any exposure occurrences that occur during clinical rotation. This includes occurrences involving patients, as well as "on-the-job" injuries, accidents, unprotected exposures to disease-causing organisms or chemicals, or loss/damage to property. If an occurrence should occur, report it to the department supervisor immediately. The appropriate occurrence report form must be completed.

TEAM INTERACTION

Teamwork is integral to a working environment conducive to patient safety and care. The basic principles needed to work as a team are:

- **Strong leadership**- the ability to direct and coordinate, assign tasks, motivate team members and resources, and facilitate optimal team performance.
- **Situation monitoring**- the ability to develop common understandings of the team environment and apply appropriate strategies to accurately monitor teammate performance and maintain a shared mental model.
- **Mutual support**- the ability to anticipate other team members' needs through accurate knowledge and shift workload to achieve balance during high periods of workload or pressure.
- **Communication**- the ability to effectively exchange information among team members irrespective of the medium.

RESPECT IN THE WORKPLACE/DISRUPTIVE BEHAVIOR

MercyOne is committed to creating and maintaining a respectful work environment in which all colleagues/members of the medical staff demonstrate behavior that is consistent with our Mission, Values and our Cultural Beliefs. Colleagues/ members of the medical staff are expected to model appropriate behaviors and to take the initiative to address conduct that is contradictory to these principles. A colleague/member of the medical staff is empowered to utilize our VOICE system to report this conduct.

Disruptive conduct by a member of the medical staff is any conduct or behavior which:

- Jeopardizes or is inconsistent with quality patient care or with the ability of others to provide quality patient care at the hospital, including refusal to utilize or participate in training associated with the electronic health record or any information technology required for safe patient care
- Is unethical
- Constitutes physical or verbal abuse of others involved with providing patient care.
- This conduct will not be tolerated. Any medical staff member, colleague, volunteer, patient/visitor may file a complaint about a practitioner for disruptive behavior. MercyOne will not tolerate retaliation against, or intimidation of any person who has complained of disruptive behavior or who has cooperated with the investigation.
- Complaints should be made in writing and submitted to MercyOne' s President to determine validity.

VIOLENCE IN THE WORKPLACE

- It is the policy of MercyOne to provide a work environment free from threats, intimidation and violent acts.
- Examples include written, verbal or physical threat to harm, physically touching another in a way that is unwelcome and/or with intent to cause distress or injury, approaching or threatening another with a weapon, causing or attempting to cause injury, or coercing or intimidating another person.

- Who to report violent acts to any member of management, Human Resources or Security. Situations involving weapons or extreme force that may potentially inflict serious bodily harm should immediately be referred to security or the local authorities by dialing the designated emergency response number.
- Incident follow up: an colleague sustaining an injury requiring immediate medical attention as the result of any type of incident in the workplace is to go to either the nearest Colleague Health and Safety office, the Emergency Department or nearest Urgent Care location, depending on the seriousness of the injury. Colleague Health and Safety should be notified as soon as possible.
- Violence prevention measures: training and education, work practice controls, design of physical environment.
- Retaliating or discriminating against someone for reporting workplace violence and/or cooperating in an investigation is prohibited.

COMPLIANCE

PATIENT CONFIDENTIALITY AND SAFEGUARDING PATIENT INFORMATION

HIPAA and Iowa law require that we protect the confidentiality of each patient and their medical information. Under these laws, releases of patient information should only occur if there is a legitimate business or patient care purpose.

- HIPPA defines how an organization's workforce (health care providers, colleagues, trainees and students in clinical training programs) can use, disclose, and maintain identifiable patient information, called Protected Health Information ("PHI"). PHI includes written, spoken and electronic patient information and images.
- Any information concerning a patient's illness, family, financial condition, personal situation or any other confidential information about a patient, employee or the MercyOne facility that becomes known by you is to be treated as strictly confidential.
- Do not leave computer screens up when you step away from the computer. (We have had visitors try to access unattended computers.)
- Log off the computer when you are done and do not share user IDs or passwords.
- Be mindful of where conversations regarding patients occur
- Do Not share patient information in any way with someone not involved directly in their care, including any form of social media.

Corporate Compliance & Ethics

Our corporate compliance program supports the efforts to live our mission and values while helping us assure we follow all laws, regulations and policies, as well as address ethical or legal issues that may arise in our work. The corporate compliance program applies to everyone, including colleagues, physicians, contract labor, and anyone else acting on behalf of the organization.

Corporate Compliance Three-step Communication and Reporting Process

If a student/instructor has a question or concern about an activity being unethical, illegal, or wrong, he/she should use one of the following processes to get answers to questions and report concerns. Throughout this process the identity of the colleague will be kept confidential to the extent possible.

- The colleague, student/instructor should talk to his/her supervisor. He/she is most familiar with the laws, regulations, and policies that relate to his/her work.
- The colleague, student/instructor should contact a member of the Compliance and HIPAA Services Department or the Privacy Officer if he/she still has questions. (319-272-7843)
- The colleague should call the Compliance Line on 1-866-477-4661 if he/she is not comfortable talking to any of the above individuals or if he/she wants to report the issue anonymously. The Compliance Line is available 24 hours per day, seven days a week. Callers who do not wish to give their names can remain anonymous. Calls to the Compliance Line will not be traced or tape recorded.

Harassment/Violence in the Workplace

MercyOne supports a work environment that is free from all forms of harassment or intimidation based on age, race, creed, color, handicap, marital status, gender, national origin, ancestry, sexual orientation or any other prohibited basis of employment discrimination. MercyOne will not tolerate any acts or threats of violence including intimidation, verbal or physical harassment, verbal or physical assault, coercion or threatening behavior of any kind. If you feel that you are experiencing harassment, please notify the instructor or unit manager immediately.

What is Harassment?

Harassment may occur whenever unwelcome conduct, comments, touching, teasing, joking or intimidation based on any of the behaviors interferes with work or creates an intimidating, hostile or offensive work environment.

What is Sexual Harassment?

Harassment can also occur when submission to sexual advances, or verbal or physical conduct of a sexual nature, is made either explicitly or implicitly a term or a condition of an individual's employment, or whenever submission to or rejection of such conduct is used as a basis for employment decisions.

How to report Harassment

Regardless of whether the student/instructor decides to talk with the alleged violator of the policy, the student/instructor or witness is required and has a duty to promptly report the conduct to any of the following individuals:

- The student/instructor's immediate supervisor, manager or administrative representative.
- Human Resource Director or Human Resource Representative
- Corporate Compliance Liaison or the Compliance Helpline.
- All claims of harassment will be treated seriously and will be investigated in a timely and thorough manner. Confidentiality will be maintained as much as possible during the investigation.

EMERGENCY MEDICAL TREATMENT AND ACTIVE LABOR ACT- "EMTALA"

Under the federal Emergency Medical Treatment and Labor Act ("EMTALA"), MercyOne Medical Center is required to offer a medical screening examination to all patients presenting to the Emergency Department, Maternity Center, Behavioral Health Unit, or elsewhere on hospital property with a potential emergency medical condition, regardless of the patient's ability to pay, to determine if the patient has an emergency medical condition. If the patient has an emergency medical condition, MercyOne must provide stabilizing treatment within its capacity and capability.

MercyOne may only transfer an unstable patient to another facility if the patient requests the transfer, or the physician certifies that the benefits of the transfer outweigh the risks (and the patient consents to the transfer).

MercyOne is obligated under EMTALA to accept a transfer of a patient from another facility's Emergency Department if the individual being transferred requires MercyOne' s specialized capabilities and MercyOne has capacity.

ABUSE AND NEGLECT

MercyOne Medical Center Clinton strives to ensure the protection of the patient's physical and emotional wellbeing, and provide compassion, concern, and respect to abused and/or neglected victims. This includes medical, physical, psychological, legal, financial, and spiritual needs of the person. All patients are assessed on admission for possible signs of abuse and neglect.

Contacting Law Enforcement
If you have reason to believe that immediate protection for the child or dependent adult is advisable; make an oral report to a law enforcement agency– Immediately call 911.

For Facilities:
Incidents of abuse in facilities or programs (long term care, assisted living, elder group homes, adult day services, hospitals etc.) are investigated by the Department of Inspections and Appeals.

To report suspected abuse, call toll free:
Phone: 877-686-0027
Fax: 515-281-7106
Website: https://dia-hfd.iowa.gov/DIA_HFD/Home.do

THE JOINT COMMISSION
Concerns about the safety or quality of care provided may be reported to The Joint Commissions (TJC) and any individual who provides care, treatment, and services can report concerns about safety or quality of care to TJC without retaliatory action from the hospital.

Reporting a Safety Event online to The Joint Commission: http://bit.ly/3LIKTbY

Or provide a summary of the safety concern, and the complete name and address for the location where care was received via the mail to:

Office of Quality and Patient Safety
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

Closing Statement

Thank you for all you do to serve the patients and colleagues at MercyOne. We hope your clinical experience is satisfying and rewarding. Always remember that you and the work you do are very important to us and our patients, even if your clinical rotation does not bring you in direct contact with patients. You have an impact on health and well-being of those entrusted to you care. We are proud of our outstanding record of service to the community, and you are an important part of that contribution.

Welcome to MercyOne,

we hope you have a great experience!