

ORIENTATION GUIDE



**Memorial
Healthcare**



COMMITMENT |

COMPASSION |

for life

MemorialHealthcare.org

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Be Committed to Making a Difference

When you work at Memorial Healthcare, it is more than just a job. You were selected because we saw in you the ability to contribute to our success. Every day, you have an opportunity to make a difference in the health and lives of our patients and our community. What you do matters!

This Orientation Resource book will provide tips, frequently used telephone numbers and general information to make your onboarding a little easier. The Memorial Intranet is a great place to look for information, as well. Your manager and Human Resources staff are also available to ensure that you have the resources, tools and support to continue to make a difference!



HR STAFF & SERVICES

Chief Experience Officer

Ext. 1811

Director, Talent Management

Ext.1724

Manager Coach, Employee Relations & HR Operations

Ext. 1843

Benefits & Employee Relations

Ext. 1837

Records & Employee Services

Ext. 1834

Employee Services & Payroll

Ext. 1845

HUMAN RESOURCES DEPARTMENT

Hours of Operation

Monday - Friday

7:30AM - 4:30PM

Earlier and later appointments available.

Please contact hospital extension 4868 (989-729-4868)

Location

The Human Resources Department is located on 4-East, off elevator B.

MISSION

To promote health and wellness through quality compassionate healthcare with a commitment to service excellence, teamwork and innovation.

VISION

Recognized for excellence in personalized healthcare.

Standards of Behavior

I pledge to always...

EXCELLENCE

- Provide the highest standard of quality and safety.
- Achieve the best in everything I do.
- Work to improve and never stop learning.

INTEGRITY

- Be accountable for my actions, comments and demeanor.
- Inspire trust through respectful communication.
- Protect privacy and dignity at all times.

SERVICE

- Provide excellent service.
- Provide personalized, compassionate care.
- Recognize patients and families are the purpose of my work.

INNOVATION

- Be open to new approaches.
- Be creative and search for ways to make things better.
- Celebrate diversity and honor the value it brings to Memorial Healthcare.

TEAMWORK

- Support our mission and vision by working together.
- Be a positive team member.
- Actively participate and contribute to the success of Memorial Healthcare.

WISDOM

- Place the patient at the center of all actions and decisions.
- Make decisions based on sound judgement.
- Utilize resources effectively.



Dress Code/Personal Appearance

Each employee is responsible for presenting a personal appearance that projects a professional and competent image. Appropriate personal appearance is of vital importance to Memorial Healthcare because dress and presentation establishes confidence and respect for the hospital, while maintaining the health and safety of patients, visitors and fellow staff members.

Please refer to policy 640.3.

UNIFORMS

The utilization of uniform colors for each specialty (discipline) enables patients and families to more easily differentiate between the various specialties involved with patient care and services delivered.

Registered Nurse (RN) Navy	Licensed Practical Nurse (LPN) Chocolate	Patient Care Tech (PCT) Light Blue	Patient Care Secretary (PCS) Teal	Cardio Pulmonary Burgundy	Laboratory Royal Blue	Rehabilitation Olive
Diagnostic Imaging Gray	Operating Room Mist Green	Orthopedic Tech Red Top/ Black Bottom	Housekeeping & Laundry Khaki	Food & Nutrition Black		

Uniforms guidelines:

- Clean and wrinkle-free
- The dominant color must be at least 90% of the uniform
- No prints
- Complementary colored polos/t-shirts may be worn under the scrub top
- Attire may have contrast color embellishments (piping, pockets)
- Holiday scrubs may be worn for seven calendar days prior to the following: Valentine's Day, St. Patrick's Day, Easter, 4th of July, Halloween, Thanksgiving and Christmas. Scrubs must be tasteful, positive images. Cartoon characters, alcohol/drug-related prints, camouflage, or black scrubs are not permitted.



Dress Code/Personal Appearance (Continued)

PERSONAL APPEARANCE

- All clothing must be neat, free of excessive odors and well-suited for the tasks to be performed.
- All hair and fingernails must be kept clean, neat and well-trimmed.
- Shoes must be in good, clean condition. Leather or dress clogs with enclosed front (no holes) are acceptable for clinical areas.
- Hosiery and socks are to be job-appropriate, neat, clean and in good repair. Hosiery/socks and shoes with closed-toe are required if assigned to work in a patient care or clinical area. It is highly recommended that hosiery/socks be worn at all times in non-clinical areas, as well.
- Skirt and dress lengths must be appropriate for a professional, business environment (no more than 1" above the knee). Sleeveless tops are allowed only for non-clinical staff.
- Khaki pants and mid-calf dress slacks are permitted.
- No t-shirts, except on specially designated days.
- Blue jeans are not permitted. Faded, torn or worn-looking material is not permitted.
- Clothing bearing appropriate Memorial Healthcare logos is permitted (no hoodies).

The following are examples of inappropriate attire and are not permitted. This is not an all-inclusive list.

- Leggings, stirrup pants, spandex
- Clothing with printed messages
- Shorts of any kind
- Tank tops, strapless tops, clothing with spaghetti straps or that reveal bare backs, midriffs, buttocks, or cleavage
- Lip, nose, or any body piercing(s) on any visible part of the body (excluding ears)
- Ball caps, hats or hoodies
- Flip flops, casual sandals or beach shoes
- Clothing that is ripped, has holes, is worn or aged
- Clothing that is considered indecent or offensive
- T-shirts/muscle shirts
- Informal/casual cropped, capris, or cargo pants
- Tattoos (must be concealed by clothing)
- Excessive make-up
- Smoke/fragrance – this includes perfumes, cologne, cigar and pipe smoke
- Excessive bracelets, rings or necklaces

Employee Licensure/Certifications

Memorial Healthcare maintains a workforce that is fully licensed, certified and registered in accordance with all State, Federal and accreditation requirements. All staff including agency are responsible to continuously maintain all licensure/certifications required by law for the position held and any additional licensure/certifications that may be required by Memorial Healthcare for the position. **All staff, including agency will not be allowed to perform work they are not properly licensed/certified to perform. #640.05**

Every licensed/certified staff/agency member will present evidence of required license/certification renewal to his or her supervisor on or before the expiration date. Failure to timely renew will result in suspension of work.

Licensed/certified employees/agency staff will notify their supervisor immediately if a required license and/or certification expires or is revoked or suspended.

Please see your supervisor if you have any questions regarding licensure/certifications.

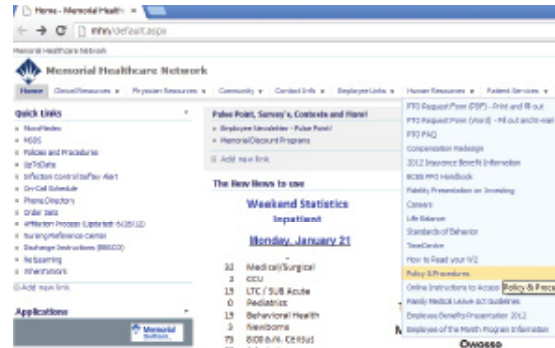
SCOPE OF PRACTICE

Each individual is expected to act within the scope of his/her designated role as dictated by job descriptions, privileges granted through the credentialing office, governing boards (i.e. Michigan Board of Nursing), bylaws (i.e. Medical Staff bylaws), and any other rules and regulations from respective schools and/or employers.

Policies and Procedures

Memorial Healthcare policies and procedures can be found on Memorial's HealthNet (Intranet) under the Human Resources tab or under the Quick Links tab. Once the Policy and Procedure link has been opened, don't forget to use the handy search option box located in the upper right section.

If you have any questions about policies and procedures, please see your manager or contact a member of the HR team.



The following are specific policies we'd like you to be aware of. We ask that you visit the Intranet page and read each of the following policies in their entirety. **If you have any questions, please see your manager.**

Corrective Action - Policy #640.23

Prior to corrective action, coaching may be implemented by your immediate supervisor. This policy explains first and second level warnings, suspensions, termination and action plans. Please be aware that Memorial Healthcare, at its discretion, may initiate corrective action at any step.

Meals and Rest Periods - Policy #640.01

Memorial Healthcare employees will receive a 30-minute, non-paid, duty-free lunch period in the middle of a work shift or after five or more hours. Additionally, at the supervisor's discretion, employees will receive a 15-minute duty-free paid rest period for each four hours of time worked in a shift. Employees must receive approval from their supervisor/manager to be away from paging capability (but on campus). In this instance, employees do not need to clock in/out. However, if an employee receives approval to leave the campus on non-Memorial business, they must clock in/out.

Harassment - Policy #640.30

(Sexual, National Origin, Ancestry, Disability)

Any type of harassment in the workplace is inappropriate and will not be tolerated. This includes harassment on the basis of gender identity or sexual orientation, and in the form of unwelcomed sexual advances, requests for sexual favors, or other conduct of a sexual nature. It also includes harassment related to national origin, ancestry, race, or disability in the form of ethnic slurs, verbal, or physical conduct.

Sexual harassment can occur between people of varying relationships from total strangers to intimate friends. Examples of people who may be affected include supervisors, co-workers, patients, guests, vendors, students, physicians and clients/customers. A victim of harassment can be someone other than the person being directly harassed but who feels affected by the offensive conduct. For example, an employee who witnesses another employee being directly harassed may be a victim because he/she saw the person being harassed and thought it inappropriate.



Such behavior will be grounds for disciplinary action, up to and including termination, when submission is a condition of employment opportunities or such conduct interferes with work performance or creates an unpleasant work environment. Complaints are to be made promptly to the Department Director/Supervisor or a Human Resources' representative. The Department Director/Supervisor is responsible for notifying Human Resources immediately so reported incidents will be investigated promptly. Refer to Harassment Policy #640.30.

Drug-free Workplace - Policy #640.14

Each person is prohibited from the unlawful manufacture, distribution, dispersion, possession, or use of a controlled substance in the workplace. Those who are taking drugs under a prescription from a physician may be allowed to work as long as the physician indicates they are able to work and as long as they are exhibiting no abnormal symptoms or behavior. Everyone in the workplace is encouraged to become aware of the need for a drug-free workplace and to be aware of the grave dangers to others that can result from drug abuse in the workplace.

Tobacco and Smoke-free Campus - Policy #001.55



Memorial is committed to establishing a smoke-free environment. Our goal is to create a healthy environment for everyone. Smoking in and around the Hospital poses a health and safety risk for patients, employees, and guests. As a health care provider, we must provide an overall healthy environment inside and out. We are empowering all employees to help promote a smoke-free campus. Guests and patients found violating the smoke-free environment should be reminded of our smoke-free policy. All employees, contract staff, students, and residents must leave the Hospital campus to smoke (parking lots are part of the campus). All are expected to adhere to the Hospital policy as they are part of our standards of behavior.

Violence in the Workplace - Policy #640.26

Memorial is committed to providing an environment where health, safety, privacy, and comfort of its patients, employees, volunteers, students and others come first. Violence or threat of violence by any person on Hospital premises against any other person will not be tolerated.

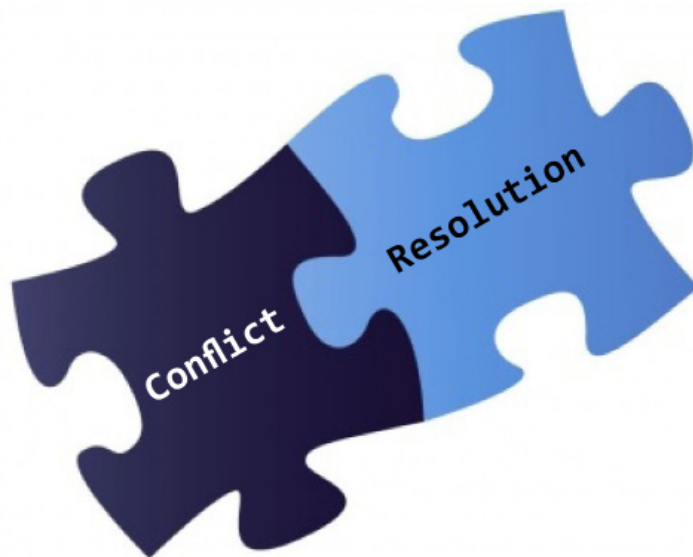
Conflict Resolution

As an organization, we provide an open door policy to actively, and at all times, discuss any concerns that you may have with your supervisor or other leadership. As well, we conduct an annual employee survey to gather information on what the organization is doing well and what we can improve upon. Items identified for improvement will have designated action plans developed and the progress of these items will be openly discussed. In most cases, the chain of command should be followed (your immediate supervisor, then their supervisor, etc) unless you need to discuss a concern about your supervisor or there is a HIPAA, ethics or compliance concern. In those situations you should contact either Human Resources or the Privacy Officer (see contact info on page 3).

False and malicious complaints of harassment, discrimination or retaliation may result in disciplinary action up to and including termination.

In most cases, issues can be easily resolved if communications are open and objective.

There is also the Employee Appeal Process (policy number 640.15) that provides a formal process to appeal a written corrective action or application of a policy or procedure. For more detailed information, please review the policy.



Emergency Information

EMERGENCY# to use at Memorial: 1911

IMPORTANT! Remember to take your identification badge home with you each

CARDIO-ARREST (Adult) – CODE “BLUE”

- A trained team will respond to all Code Blue situations

CARDIO-ARREST (Pediatric) – CODE “WHITE”

- A trained team will respond to all Code White situations

PRIORITY ONE C-SECTION

- A trained team will respond

FIRE ALERT

- **R**= Rescue yourself/ anyone else out of immediate danger
- **A**= Alarm – pull the nearest fire alarm and call 1911 to report the location
- **C**= Contain - close doors and windows
- **E**= Extinguish and exit
- **P**= Pull the pin
- **A**= Aim the hose at the base of the fire
- **S**= Squeeze the handle
- **S**= Sweep back/forth

ACTIVE SHOOTER

- Figure out location of shooter
- Run if you can
- Hide if you cannot leave
- Last resort: FIGHT

Call 911 if possible, notify Public Safety when you are safe

INTERNAL/EXTERNAL EMERGENCY

- Call 1911 - Report location and description of

INFANT/CHILD ABDUCTION

- Lock all exterior doors
- Immediately respond to the location where the infant/child is missing and begin a building search
- Go to the stairways/exits; challenging anyone leaving with an infant

STROKE ALERT

- A trained team will respond

TRAUMA ALERT

- Trauma level and location will be announced
- A trained team will respond

BOMB THREAT

- Immediately inform your supervisor
- Write down what was said

VISITOR ASSISTANCE

- Called when additional assistance is needed for patients or staff

SECURITY ALERT (COMBATIVE PERSON)

- Staff who are available respond to the location of the call
- Staff who have not received training may respond and be given direction on how to assist

WEATHER ALERT

- If tornado – Inpatient care areas, move patients to the interior corridors away from window and glass.
- In non-patient care areas, staff should move to the interior corridors away from windows and glass.

HIPAA Guidelines for Protecting Privacy & Security

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 requires all professionals and organizations to guard the privacy of their patients and customers. Memorial Healthcare employees at all levels are required to maintain confidentiality. The most important thing to remember is that our patients rely on us to safeguard their privacy. Wherever you work, whether it is accounting, dietary, billing, housekeeping or another area, it is your responsibility to make sure that patient information remains secure and confidential. The following section will help you understand how we all can protect the privacy and security of patient information.

- Do not discuss patient information in elevators, lobbies, cafeterias or other public places, both inside and outside the organization.
- Always lower voices when having conversations concerning patients in non-private areas (i.e. shift change at a nurses' station).
- Do not access patient health information unless it is necessary to perform your work tasks, including that of your own record, family members, friends and colleagues.
- If you overhear a discussion concerning a patient, keep it to yourself or report it to the Privacy Officer.
- Obtain patient verbal permission before discussing information in front of family and/or friends.
- Do not discuss patient information with anyone except when necessary for work-related purposes.
- Do not leave messages concerning a patient's condition and test results on answering machines or with anyone other than the patient.
- Do not dispose of patient information in a trash can. Always discard PHI in a shredding container.
- Remove patient information from copy machines, fax machines and printers.
- Always ensure that you are sending the fax to the right person at the right number.
- Never post protected information of any kind on social media or blog web sites (i.e. YouTube, Twitter, Facebook, Google, LinkedIn, etc.)
- Do not exchange or share patient health information on your personal cell phones and laptops.
- Always use your own user ID and password to login.
- Never log on to the system under someone else's password.
- Never share your ID and password with others.
- Never send PHI in an email unless it is encrypted.
- Always log off your computer when away from your desk.
- Turn computer screens so they cannot be viewed by the public to ensure information is not accessed accidentally.
- Secure portable devices in a safe location when not in use.
- Do not remove computer equipment, disks, or software unless you have permission.
- Do not take patient records off-site.

Violations can also result in personal civil penalties of up to \$25,000 per person and criminal penalties of up to \$250,000 and/or 10 years in prison. Violations of confidentiality and privacy policies can result in disciplinary action up to and including discharge.

If you have any questions concerning HIPAA, please call the Privacy Officer at 989-729-4579.

Corporate Compliance

Avoiding Medicare & Medicaid Fraud, Waste and Abuse

OUR COMMITMENT TO OUR PATIENTS

Memorial Healthcare's number one priority is the delivery of the highest quality of care. Our main concern is for the well-being, comfort and dignity of our patients. We do not discriminate based on age, gender, disability, race, color, religion, national origin, actual or perceived sexual orientation, marital status, veteran status or based on the source of payment for the patient or member's services or the patient or member's ability to pay.

- We treat all of our patients with compassion, understanding and respect.
- We provide only care which is medically necessary and appropriate.

UNDERSTANDING FRAUD, WASTE AND ABUSE

Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain, by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. Examples of actions that may constitute Medicare fraud include:

- Knowingly billing for services not furnished or supplies not provided, including billing Medicare for appointments that the patient failed to keep;
- Billing for non-existent prescriptions; and
- Knowingly altering claim forms, medical records or receipts to receive a higher payment.

Waste includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources. Examples of actions that may constitute Medicare waste include:

- Conducting excessive office visits or writing excessive prescriptions;
- Prescribing more medications than necessary for the treatment of a specific condition; and
- Ordering excessive laboratory tests.

Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment. Abuse happens when good medical practices are not followed or there is a lack of attention to requirements. Examples of actions that may constitute Medicare abuse include:

- Billing for unnecessary medical services;
- Billing for brand name drugs when generics are dispensed
- Charging excessively for services or supplies; and
- Misusing codes on a claim, such as up coding or unbundling codes.

CIVIL FALSE CLAIMS ACT (FCA)

The civil provisions of the FCA make a person liable to pay damages to the Government if he or she knowingly: conspires to violate the FCA; carries out other acts to obtain property from the Government by misrepresentation; knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay the Government; makes or uses a false record or statement supporting a false claim; or presents a false claim for payment or approval. **Example:** A Medicare Part C plan in Florida:

- Hired an outside company to review medical records to find additional diagnosis codes that could be submitted to increase risk capitation payments from the Centers for Medicare & Medicaid Services (CMS);
- Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported;
- Failed to report the unsupported diagnosis codes to Medicare; and
- Agreed to pay \$22.6 million to settle FCA allegations.

WHISTLEBLOWERS

A **whistleblower** is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards. Persons who report false claims or bring legal actions to recover money paid on false claims are protected from retaliation. Persons who bring a successful whistleblower lawsuit receive at least 15 percent but not more than 30 percent of the money collected.

CRIMINAL FRAUD

Persons who knowingly make a false claim may be subject to:

- Criminal fines up to \$250,000;
- Imprisonment for up to 20 years; or
- Both.

If the violations resulted in death, the individual may be imprisoned for any term of years or for life.

EXCLUSION

No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the Office of Inspector General (OIG). The OIG has authority to exclude individuals and entities from federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). Hospitals are required to conduct regular exclusion reviews on individuals and entities to ensure that they have not been sanctioned or excluded from participation in any Federal healthcare program.

Example: A pharmaceutical company pleaded guilty to two felony counts of criminal fraud related to failure to file required reports with the Food and Drug Administration concerning oversized morphine sulfate tablets. The executive of the pharmaceutical firm was excluded based on the company's guilty plea. At the time the executive was excluded, he had not been convicted himself, but there was evidence he was involved in misconduct leading to the company's conviction.

KEEPING GOOD DOCUMENTATION

- Accurate medical records are critical. If the medical record does not support the claimed service, the claim may be denied.
- Good documentation helps ensure quality patient care. It helps ensure that your patients get the best possible care from you and other providers who may rely on your records.
- It also helps to address challenges made against the integrity of your bills. You have heard the saying regarding malpractice litigation: “If you didn’t document it, it’s the same as if you didn’t do it.” The same can be said for Medicare and Medicaid billing.

If you have any questions or concerns, please contact the Corporate Compliance Officer at (989) 729-4579.



Reporting

OCCURRENCE REPORTING

Occurrences can happen on any Hospital property. Occurrences are any events that are considered out-of-the ordinary, not part of routine business or unexpected such as patient or visitor falls, hospital-acquired infections, or medication errors. The Hospital uses an online occurrence reporting system called SafetyNet. Please report all occurrences to your supervisor. They will enter the occurrence in SafetyNet.

A “near miss” is any variation in the process that did not affect the outcome, but, if it occurred, would have a significant chance of causing a serious adverse event.

SENTINEL EVENTS

A Sentinel Event is an unexpected occurrence involving death or serious physical or psychological injury or risk thereof. Examples of critical incidents include loss of limb or function, unanticipated death, surgery on the wrong patient or wrong body part, infant abduction, rape, patient suicide, health care associated infection, medical gas system failure, and patient elopement. The phrase “or risk thereof” includes any process variation for which a recurrence would cause a significant change or serious adverse outcome. The event is called “sentinel” because the seriousness of the incident signals a warning that requires immediate attention. Sentinel events need to be reported immediately to Risk Management at (989) 729-4333.

CONCERNS ABOUT SAFETY AND QUALITY OF CARE

Any person who has concerns about safety or quality of care provided in the hospital may report these concerns to the Joint Commission and/or the State Office of the Inspector General. Hospital leadership asks that staff immediately bring any concerns about safety or quality to their department director or member of the executive staff as soon as possible. We are committed to taking immediate action to assure that safe; high-quality care is always provided. No disciplinary action or retaliation will be taken against an employee who reports safety or quality of care concerns. Contact information for both the Joint Commission and the State Office of the Inspector General can be found on Information Station or at the following:

Online: Submit a new patient safety event or concern.
Submit an update to your incident. (You must have your incident number)

Email: patientsafetyreport@jointcommission.org

Fax: (630) 792-5636

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

Customer Service

At Memorial Healthcare, we are committed to providing our patients with the best care possible in an environment that is supportive of their needs, understanding of their situation and welcoming of family and friends. We care strongly about how we provide services and conduct our business. Delivering excellent customer service and quality patient care is an expectation at Memorial Healthcare.

AIDET is used to remind employees of the key pieces of information a patient is looking for in every interaction. AIDET helps to improve communication with patients and each other in a way that decreases patient anxiety, increases patient compliance, and improves clinical outcomes. The acronym AIDET stands for: Acknowledge, Introduce, Duration, Explanation, and Thank You. Be sure to always introduce yourself to each patient and family member, and tell them what you are going to do, why you are doing it, how long it will take, and why it is necessary. Thank the patient and their family for allowing you to work with them.

The 10 & 5 rule is also used to increase communication with our patients and their families. When you're 10 feet from a guest, smile and make direct eye contact. When you are five feet from a guest, verbally greet them. Not only does this open the door for questions or requests for assistance, but it also creates the welcoming environment our patients are expecting when they are here.

All of our patients have the potential to receive a patient experience survey after their visit. These surveys are valuable in measuring a patient's perceptions of their time at Memorial Healthcare. Results from these surveys are used to continually improve the patient experience.

If a patient or family member has questions or concerns, they should first be directed to the unit or department involved. If they cannot resolve the complaint to the patient's satisfaction, we encourage them to contact our Patient Advocate. They can be contacted by calling (989) 729-4960 or 1-800-206-8706, ext. 1960. Patients and family members can also provide feedback on recent Memorial Healthcare visits or recognize one of our team members.



Patient Advocate

Memorial Healthcare embodies patient-centered care and places the patient and family at the center of all decision-making.

The Patient Advocate is available to help ease the sometimes challenging journey through a healthcare experience. If you or a patient have a concern about the delivery of care at Memorial, please contact the Patient Advocate at hospital extension 1960 or 989-729-4844.

SERVICE RECOVERY

Each department has a Service Recovery Tool Kit containing small gift cards, café vouchers, and service recovery forms. When appropriate, employees may utilize the Service Recovery Tool Kit to assist in maintaining a positive experience for the patient/family.

When to GIVE a Tool Kit gift (Riverwalk Café gift card):

- **MINOR** inconvenience(s) to the patient/family. Example: 15-30 minute delay, parking, minor schedule changes

When NOT to give a Tool Kit gift:

- **SERIOUS/RED FLAG SITUATION** - Customer is angry, or injured or threatening to sue. Examples: 3-hour or greater delay, customer threatening to sue, loss of personal belongings, personal injury, breach of confidentiality, customer threatening to report to a standards agency (JCAHO, CMS, the State, etc.)

In these events, refer to a supervisor or manager **immediately**.

Supervisor/manager is responsible to follow-up with Patient Relations/Risk Management.

Immediately following a service recovery event, the staff member will forward the completed service recovery form to their immediate supervisor/manager for review and signature.



REMEMBER HEART...

H = **H**ear the customer

E = **E**mpathize with the customer

A = **A**pologize for the unmet expectation

R = **R**espond/**R**epair immediately

T = **T**hank them for sharing

CULTURAL DIVERSITY AND SENSITIVITY

The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique, and recognizes our individual differences. These can be along the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies.

It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

PATIENT RIGHTS

A patient

- Will not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, handicap, marital status, sexual preference, or source of payment.
- Has the right to be treated with courtesy and respect, and the right to be listened to.
- Is entitled to privacy.
- Is entitled to a safe secure environment, confidentiality, and protective and advocacy services.
- Is entitled to receive appropriate and safe care, to receive information about his or her medical condition, proposed course of treatment, and prospects for recovery.
- Is entitled to refuse treatment to the extent provided by law and to be informed of the consequences of that refusal.
- Is entitled to be free from mental, physical, sexual and verbal abuse, neglect and exploitation and from physical and chemical restraints or seclusion; except those restraints authorized in writing by the attending physician for a specified and limited time or as necessitated by an emergency.
- Has the right to have his/her pain treated.
- Has the right to formulate Advance Medical Directives and appoint a surrogate to make health care decisions.
- Is entitled to private communication with his physician, attorney, etc.

INFORMED CONSENT - Policy# 002.51

A valid consent must be obtained from all patients and/or the authorized designee for treatment, for certain defined diagnostic procedures and for all surgical procedures.

- Informed consent includes a clear and concise explanation of the following:
 - The patient's condition
 - Proposed treatment or procedures and the plan of care
 - Potential benefits, risks and hazards of the proposed treatment/procedure
 - Possible alternative treatments and/or procedures

In the event of an emergency medical condition where immediate treatment is required to prevent permanent damage and/or to save a life and there is no time to obtain consent, the physician should document the existence of the emergency medical condition in the medical record. For non-emergency situations in which there is no authorized designee present to give written consent, a verbal consent may be obtained by phone, verified by two witnesses.

National Patient Safety Goals

The purpose of National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

1. Identify patients correctly: Use at least 2 ways to identify patients, name and date of birth. Make sure the correct patient gets the correct blood for transfusion.
2. Improve staff communication: Get important test results to the right staff person on time.
3. Use medicines safely: Before a procedure, label medications that are not labeled such as in syringes, cups, and basins. Take extra care with patients on blood thinners. Record and pass along information regarding the patient's medications. Find out what they are taking and compare those to new medications. Make sure the patient knows what to take when they go home and to take an updated list of medications to all doctor visits.
4. Use alarms safely: Make improvements to ensure that alarms on medical equipment are heard and responded to on time.
5. Prevent infection: Use hand cleaning guidelines from the Center for Disease Control and Prevention or The World Health Organization. Set goals for improving hand cleaning and use goals to improve hand cleaning. Use proven guidelines to prevent infections that are difficult to treat, prevent infection of blood from central lines, prevent infection after surgery, and prevent urinary infections caused by catheters.
6. Identify patient safety risks: Find out which patients are most likely to try to commit suicide.
7. Prevent mistakes in surgery: Make sure the correct surgery is done on the correct patient and the correct place on the body. Mark the correct place on the patient's body where the surgery is to be done. Pause before the surgery to make sure that a mistake is not being made.

Red Rules

- Red Rules are rules that cannot be broken.
- They are few in number and easy to remember.
- Are associated with processes that have caused harm.
- Non-compliance will result in progressive disciplinary action.
- Current approved Red Rules include:
 - > Compliance with Hand Hygiene
 - > Utilizing two patient identifiers
 - > Compliance with "Time-Out" process including filling out the "Time-Out Form"
 - > Accurate and complete documentation of invasive procedure consent (name, date of birth, physician name, procedure/treatment, accurate time and dates with patient or guardian signature and witness signature as well as the physician signature with date and time)

Abuse/Neglect Information

Abuse means the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish.

This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain physical, mental and psychosocial well-being. This presumes that instances of abuse of all residents – even those in a coma – cause physical harm, pain or mental anguish.

FORMS OF ABUSE

Verbal – the use of oral, written, or gestured language that willfully includes disparaging and derogatory terms to residents or their families, or within their hearing distance, regardless of their age, ability to comprehend or disability.

Physical – includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

Sexual – rape, sexual assault, or pressuring someone into sexual acts they have not consented to, do not understand or feel powerless to refuse.

Mental – includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Financial – “Misappropriation of resident property” means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident’s belongings or money without the resident’s consent.

Involuntary Seclusion – defined as a separation of the resident from other residents or from his/her room, or confinement to his/her room (without roommates) against the resident’s will, or the will of the resident’s legal representative.

Neglect – means failure to provide goods and services necessary to avoid physical harm or mental anguish.

Signs or suspicion of abuse needs to be reported immediately to the Director of Nursing, Administrator, or Nursing Supervisor.

SIGNS AND SYMPTOMS

Suspicious bruising, welts, lacerations, dislocations, internal bleeding, pressure ulcers, burns, infection, dental erosion, poor hygiene and dirty clothing, dehydration, malnourishment, and/or missing assisting devices.

Psychological/emotional effects; changes in mental status (e.g. withdrawal, aggression, anger or confusion) or lack of interest in socializing.



COMMUNICATION

- Allow enough time for communications – give plenty of time to listen and respond
- Demonstrate visually – show what you mean
- Maintain good non-verbal behavior – use eye contact, touch, smiles, and move slowly
- Keep at the patient's eye level
- Change the subject – if you can't understand after trying everything, take a break and try again later
- Stay calm – the patient needs you to remain calm, even under pressure
- Do one task at a time

Catastrophic Reactions

A catastrophic reaction is the emotional and behavioral reaction to a situation that either overwhelms or creates stress on the individual experiencing dementia because the situation (or stimulus) is beyond the person's ability to comprehend.

What does a catastrophic reaction look like?

- A swift change in mood
- Weeping
- Blushing
- Anger
- Agitation
- Verbal and physical aggression
- Outbursts of laughter or screaming
- Stubbornness
- Anxiety
- Fear
- Pacing
- Hand wringing
- Wandering
- Scratching
- Pinching

What triggers a catastrophic reaction?

- Being asked to think about too much at once
- A request or question that is too complicated
- Feeling of insecurity, fear
- Sudden change
- Misinterpretation of person, place or thing
- Small accident, (e.g. spilled water glass)
- Unfamiliar or sudden noises
- Bad weather
- TV
- Other people behaviors (your mood, irritation etc.)
- Unfamiliar surroundings or people
- Change in routine
- Change in environment
- Being talked about and not to
- Physical discomfort



Some helpful suggestions

Assess the situation

- Review what happened just before, during and after the behavior.
- Who was involved, time of day, location?
- What was the person doing, or being asked to do?
- Look for a message and a pattern to the behavior.

Reassure

- Do not try to reason with the person. This can make things worse.
- When able, hold hands, play comforting music, dim lights, turn off TV, verbally reassure with statements like “I am right here if you need me,” “Everything will be alright” and “You’re safe here.” Do not discount fears.
- Remain calm – slow your speech and make eye contact.

Redirect attention

- The person’s diminishing short-term memory may help them to move on after the event. A touch of the hand may do the trick to guide them to another task.

Simplify daily activities

- Create and follow a daily routine.
- Do not test the resident’s memory about events and people.
- Offer one choice at a time.

Don’t make an issue of mishaps

- After the incident, attempt to calm the person down.
- Remove the person from the stressful situation or remove the stressful situation from them.
- Do not hurry, or pull the person.



Remember: Alzheimer’s disease will gradually decrease an individual’s ability to comprehend and use written or spoken words, know the correct day, date, time or place and to use proper judgment. They may display more rapid mood swings for no apparent reason. The person’s personality may also change with time.

Tactics that worked today may not work tomorrow.

Employee Health

IF YOU ARE ILL

If you are ill, contact your department supervisor and follow your specific department guidelines.

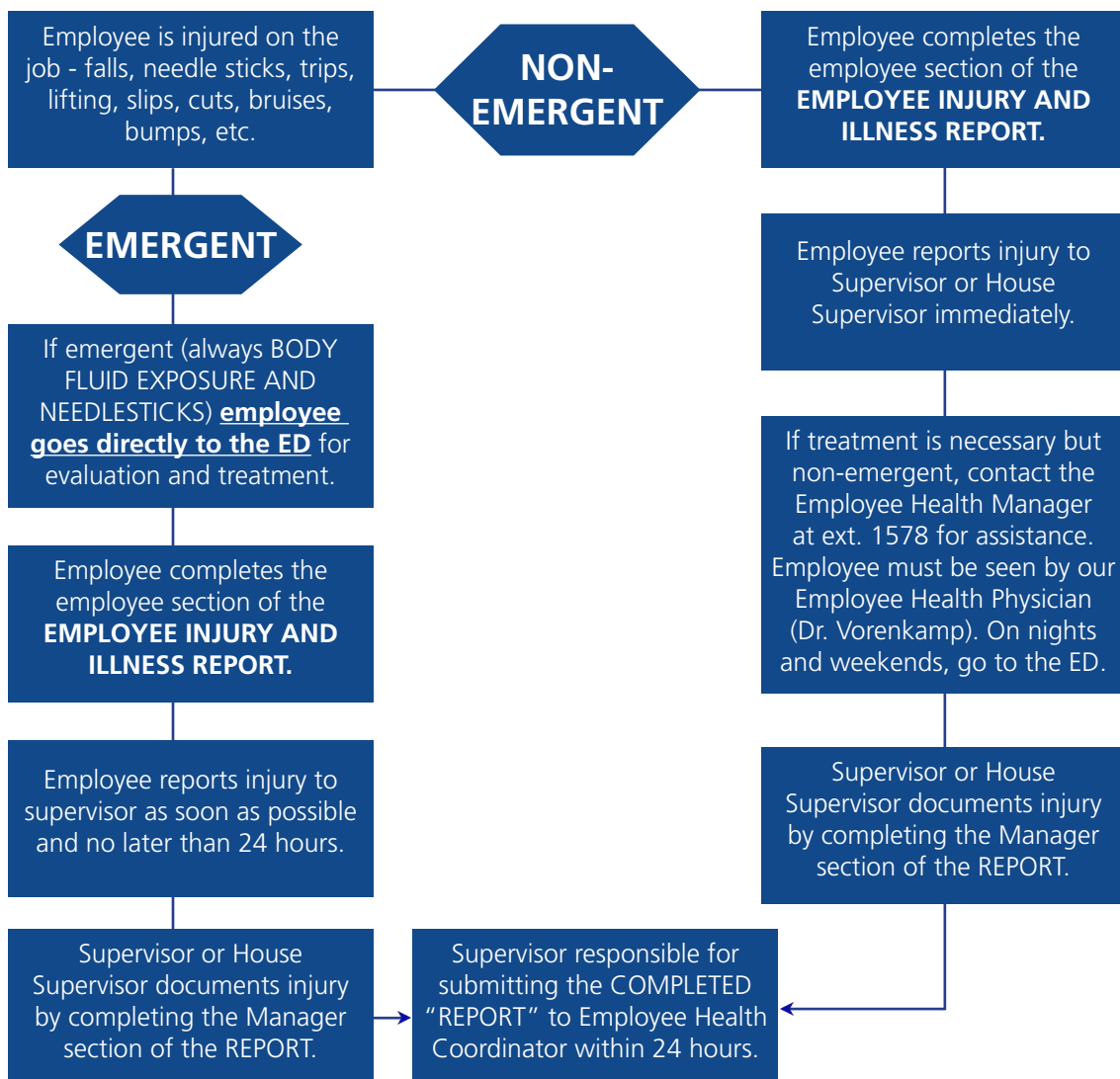
IF YOU INJURE YOURSELF WHILE AT WORK

If you are injured during work, you need to complete the necessary form via SafetyNet. You must also notify your manager or supervisor of the injury immediately after it occurs for direction. The completed form will then be sent to the Infection Control/Employee Health Office.

Employee Health Manager
Ext. 1528 (989-729-729-4328)

Employee Health Coordinator
Ext. 3507 (989-729-2888)

EMPLOYEE INJURY AND ILLNESS REPORT FLOW CHART



OCCUPATIONAL HEALTH/REPORTING OF EXPOSURES

Thousands of health care workers are injured on the job each year. However, in those facilities where safety is made a top priority, accidents and injuries are substantially reduced. Memorial is committed to providing and maintaining a safe environment for our employees, patients, and others who work here. To do so requires the continuous cooperation and support of each person. Simply by learning a few safety guidelines, using common sense, staying alert and putting safety first, you will be making a considerable contribution toward your own safety as well as that of all Memorial's patients, guests, and employees.

By reading this booklet, you will become familiar with some basic but extremely important safety information. As a person working in the Hospital, you will also receive more detailed safety information when you report to your department or unit.

Memorial requires that all medical staff, students, volunteers, and contract workers be immunized in accordance with the Centers for Disease Control and Prevention (CDC) guidelines. These include an annual TB questionnaire and may also require appropriate medical evaluation, immunity against hepatitis B, rubeola, rubella, and varicella. Commitment to patient safety also dictates that immunization against influenza occurs every season unless contraindicated.

SLIPS, TRIPS AND FALLS

The goal of the Memorial's Falls Prevention Program is to decrease the number of patient falls and injuries from falls, to educate staff and patients about fall prevention, and to maintain a safe environment.

Injuries caused by slips, trips, and falls can be greatly reduced just by paying attention to your surroundings. Always observe wet floor signs and be alert to such unsafe conditions as:

- Wet, slippery, and uneven floors
- Untacked carpeting or rugs
- Loose cords
- Poor lighting

If you notice any of these potentially hazardous situations, try to correct the problem yourself. If you are not comfortable doing so, take steps to prevent others from being injured and contact a supervisor immediately. Patients at greater risk for a fall will have a yellow "Falls Prevention" bracelet, yellow socks, and a yellow door sign to help staff take extra precautions for the patient.

BACK SAFETY

Most back injuries are not caused by a single incident. Instead, back injuries are most often caused by long-term exposure to stress resulting from improper lifting, standing, bending, reaching, pushing, pulling, or sitting. By continually exposing your back to unnecessary strain, you may temporarily or permanently damage muscles or even spinal disc.

When lifting:

- Get assistance if the load is too heavy or large
- Stand with your feet shoulder-width apart
- Bend at the knee instead of at the waist
- Lift with your leg muscles - not your back muscles
- Keep the load close to your body
- Avoid twisting

When pushing or pulling:

- Stay close to the load
- Use both arms
- Push rather than pull, if possible. You can push twice as much as you can pull.

INFECTION PREVENTION

Germs in a health care facility can be dangerous and sometimes deadly. Fortunately, you can reduce the risk associated with germ contact for both you and your patient by utilizing safe infection control practices. Preventing health care associated infections is an essential activity that all of us share. We must do our part in providing a safe environment for our patients.

Hand Washing and Hand Sanitization

Hand hygiene is the single most important means of preventing the spread of infection. You should perform hand hygiene:

- After arriving at work
- Before and after each patient contact
- After removing gloves
- Before and after eating
- After using the restroom
- Before leaving work
- Before and after contact with patients environment

Our first choice in hand hygiene is use of an alcohol-based hand sanitizer located throughout the facility. The hand sanitizer is quick, easy to use, and gentler on the hands than soap and water. Soap and water should be used when hands are visibly soiled and with C. diff and norovirus patients. If you accidentally get blood or other bodily fluids on your hands, immediately wash with a non-abrasive soap and rinse thoroughly. Adjuncts such as alcohol gels and foams may be used to sanitize hands at all other times. Alcohol-based rubs should not be a substitute for washing with soap and water after using the restroom and when hands are visibly soiled.

Standard Precautions

Universal or Standard Precautions are safeguards designed to protect you. By following these precautions as detailed in the Exposure Control Plan and by assuming that all patients and bodily fluids are infected with a bloodborne virus or other potentially infectious organism, your risk of exposure will be greatly reduced. Personal Protective Equipment (PPE) is a vital barrier between you and hazardous or contaminated materials. Make sure you have read the Exposure Control Plan and that you are aware of the following:

- Always wear PPE that is appropriate for the task you are performing.
- PPE is provided at no cost to you.
- Use, remove, and dispose of PPE according to the instructions in the Exposure Control Plan.
- Never pick up broken glass with your hands. Use a broom and dustpan, and wear eye protection. The facility has blood spill kits available in all patient care areas as well as eye protection and other PPE.
- Handle soiled laundry with gloves, hold away from your clothing and avoid agitation.
- Place soiled laundry in the appropriate leak proof bags.

Types of PPE

- Gloves
- Gown
- Aprons
- Goggles or safety glasses
- Surgical masks /n-95 mask
- Face shields
- Mouthpieces
- Resuscitation or ventilation devices
- Other protective equipment such as ear plugs, hard hats, or special shoes may protect you from other situations not involving the blood or bodily fluids of the patient.

Isolation

Initiating isolation and adhering to isolation guidelines are necessary to prevent the spread of infection. Carefully read and follow all posted isolation warnings and never enter an isolated area unless authorized to do so and unless you are wearing the appropriate PPE.

At Memorial, we utilize 3 types of transmission based isolation in addition to universal (standard) precautions. These 3 types of isolation are Airborne Respiratory Isolation, Droplet Respiratory Isolation, and Contact Isolation.

Some illnesses require a combination of these types of isolation. For example, a patient with chickenpox (varicella) will require both contact and airborne respiratory isolation. Any questions about isolation should be forwarded to the Infection Prevention Department by calling ext. 1528 or 2240.

- Airborne Respiratory Isolation involves preventing transmission through dissemination of either airborne droplet nuclei (small particle residue 5 microns or smaller) or dust particles containing infectious agents. The microorganisms can be widely dispersed by air currents; therefore special ventilation and high filtration masks (N95) are required (plus gowns and gloves).
- Droplet Respiratory Isolation prevents transmission via droplets generated from the source person primarily during coughing, sneezing, talking, and during the performance of certain procedures such as suctioning and bronchoscopy. These droplets containing microorganisms are propelled short distances through the air. Special ventilation is not required, and a traditional surgical mask prevents droplets from being deposited on the health care worker's nasal mucosa or mouth (plus use of gowns and gloves).
- Contact Isolation is designed to prevent direct and indirect contact transmission. Direct body surface to body surface contact and physical transfer of microorganisms occurs when there is direct patient contact as through turning, bathing, or physical examination. Indirect transmission involves contact through contamination of such items as stethoscopes, hands that are not washed or sanitized, and contaminated instruments or dressings. Appropriate barriers such as gowns and gloves are required, and attention to hand hygiene is essential.

Bloodborne Pathogens

As a person who works in a health care facility, you are at risk of exposure from bloodborne pathogens. Memorial has developed an extensive Exposure Control Plan designed to protect all health care personnel from exposure and to ensure a process that provides appropriate treatment in the event of exposure.

Health care workers need to be aware of the exposure risks when unprotected contact is made with some human bodily fluids. These potentially infectious bodily fluids include:

- Blood
- Amniotic fluid
- Vaginal secretions
- Pleural fluid
- Pericardial fluid
- Cerebrospinal fluid
- Synovial fluid
- Peritoneal fluid

Those fluids, other than blood, may also be called OPIM (Other Potentially Infectious Materials). Some bodily fluids are not considered OPIM. These fluids include urine, feces, sweat, and tears. If blood is visibly present in any of these fluids, they are considered potentially infectious and should be handled as such. Any time you cannot tell the difference between fluids, you should use exposure precautions.

Types of Bloodborne Pathogens

Three bloodborne pathogens pose the greatest threat to health care workers:

- Human Immunodeficiency Virus (HIV)
- Hepatitis B Virus (HBV)
- Hepatitis C Virus (HCV)

Exposure to Bloodborne Pathogens

Blood and bodily fluids can contain bloodborne pathogens that can be transmitted through:

- Needlesticks
- Open cuts or abrasions
- Mucous membranes or your eyes and nose if contact is made by splash or spray

Protecting Yourself from Exposure

- Always use safety devices when performing procedures using needles or other sharps.
- Always use safety devices when performing procedures using needles or other sharps.
- Always wear appropriate personal protective equipment (PPE).
- Never recap or break off used needles or other sharps.
- Avoid unnecessary splashing when working with blood or bodily fluids.
- Never eat, drink, apply cosmetics, or handle contact lenses in areas where exposure may occur.

- Always dispose of sharps in the appropriate puncture-resistant container.
- Always dispose of all medical waste in the appropriate biohazard bag or container as soon as possible after use.
- If your skin comes in contact with blood or other potentially infectious material, immediately wash with soap and running water, or flush with water if eyes are exposed.
- If mucous membranes are exposed to contamination, flush with water for 15 minutes then contact your supervisor.

Disaster

A disaster is any event that disrupts the ability to provide medical care and treatment. For example:

- Natural catastrophes such as earthquakes, fires, floods, or tornados
- Large-scale accidents involving aircrafts, trains, motor vehicles or explosives
- Accident involving hazardous agents
- Riots or civil disturbances
- Telephone or computer outages
- Internal incidents such as oxygen system cut off or boiler explosion

Response Responsibilities

Your specific duties in the event of a disaster, if any, will be assigned to you on your unit or in the department in which you work. However, everyone is responsible for the following general duties:

- Read, understand, and follow the disaster plan policies on the intranet
- During disasters, do not go to an area as a sightseer
- If you observe unescorted media personnel in or around the facility, call Public Safety immediately at ext. 4480

Electrical Safety

To use electricity safely:

- Never use a “cheater” to convert a 3-prong plug into a 2-pronged plug
- Do not overload electrical sockets
- Check for frayed or damaged cords before plugging in equipment
- Immediately tag and remove damaged cords from service, then notify your supervisor
- Do not conceal cords under rugs or attach them to the wall with pins or tacks
- Never use extension cords without approval
- Do not work around electricity when your surroundings are wet
- Turn off coffee makers and other appliances when not in use
- Report shocks, even tingles, to your supervisor immediately

If you have questions regarding proper use of electricity, contact the Clinical Engineering Department at (989) 729-4443.

Hazard Communication

Hazardous substances such as cleaning solvents and anesthetics are commonly found in health care facilities.

Warning Labels and Safety Data Sheets

Vital information about the chemicals you work with is available through warning labels on products and through Safety Data Sheets (SDS). Warning labels provide basic information about the chemicals while Safety Data Sheets provide much more detailed information. Before working with any chemicals you should know the following:

- What types of hazardous materials are in your workplace?
- How to identify and read Safety Data Sheets?
- What to do if a warning label is missing or unreadable?
- What happens if products are missing or unreadable?
- What happens if products are mixed?
- How to dispose of hazardous substances?
- What type of PPE must be worn?
- What type of first aid should be given in an emergency?

SAFETY DATA SHEETS (SDS) Information

All Memorial Healthcare computers have a red “3E SDS” icon on the home screen. To request a SDS, simply click on the icon (see right) and follow the instructions. The Maintenance Department also maintains two hard copies of SDS sheets for all products used in the hospital.



Right to Know

Remember that you have the right to know about the chemicals with which you work. Make sure you read, understand, and follow all product labels and the Safety Data Sheets. Each Hospital department has a chemical inventory of the hazardous chemicals in the area. In the event of a spill or exposure, you may access chemical information on the intranet.

Medical Waste

Health care facilities routinely generate large amounts of potentially hazardous medical waste. There are six main types of waste at Memorial: general trash, infectious waste, radioactive waste, cytotoxic waste, pharmaceutical hazardous waste, and hazardous chemical waste. In all cases, medical waste must be disposed of properly.

Radiation Safety

Ionizing radiation is used in medical imaging and radiation therapy. Departments at Memorial Healthcare where radiation may be encountered are Diagnostic Imaging, Nuclear Medicine, Surgery, Oncology, and wherever the portable x-ray unit or portable c-arm is in use.

All staff working regularly with radiation are issued and should wear their radiation dosimetry monitoring film badges. Some strategies to reduce exposure are:

- Maintaining maximum distance from the x-ray tube and patient. Distance from the radiation source decreases radiation exposure exponentially.
- Keeping all patient exposure factors As Low As Reasonably Achievable (ALARA), meaning using just enough radiation to get a quality image, but no more.
- Wearing lead garmets when working with patients getting x-ray imaging.

Magnetic Resonance Imaging (MRI) Safety

MRI equipment is used by Memorial Healthcare to aid in the diagnosis of injury and disease in patients. This equipment uses a strong magnetic field to generate sectional images of the patient. This strong magnetic field can cause ferrous metallic objects to unexpectedly move and/or stick together.

Involved with creating this strong magnetic field is the use of cryogenic coolant (liquid Helium and Nitrogen). This coolant is used to cool the power conductors used to generate the strong magnetic field. In the event of a catastrophic failure of the MRI unit, the unit could “quench”, releasing the cryogens that could increase the risk of fire or replace the room air with helium and nitrogen. This is very rare and patients and staff should evacuate immediately should this occur.

The MRI unit is staffed with highly trained technologist registered in MRI by the American Registry of Radiologic Technologists. A Registered MRI Technologist must be present when anyone enters the MRI scan room.

- All persons entering the MRI scan room must be screened by a Registered MRI Technologist
- No metallic objects, equipment, or implants that have not been specifically deemed safe may enter the MRI scan room
- The MRI unit is ALWAYS ON. It actually cannot be turned off
- All persons must obey the clearly posted MRI Safety Zone signage

Quiet Hours

Memorial Healthcare follows “quiet hours” so our patients can get the rest they need. Quiet hours begin at 9 pm and end at 6 am.

Please help us by:

- Placing cell phones/pagers on vibrate mode
- Lowering voices to a whisper
- Asking family members to use family waiting areas located on each floor
- Avoiding hallway conversations



Memorial HealthNet



The Memorial HealthNet is managed by the Information Service department and offers a variety of information for employees, including but not limited to, policy and procedures, community resources, NetLearning, daily lunch menu, current census, and more. Please take a minute to familiarize yourself with this most valuable resource.

Employee Time Clock

Employees can utilize the time clock to punch in and out, check hours, and submit vacation requests.

Your user ID is your employee number.

Initially, login with this password: kronos@12

You will be required to change your password. Passwords expire every 90 days.



Employee Perks

- Employee Assistance through the Work Life Balance Program (UNUM)
- Verizon (Owosso)
- Discounted membership rate at Shiawassee Family YMCA
- Tuition reimbursement
- Free parking
- Free coffee on payday Fridays
- Annual Employee Fun Fest
- Signature Ford - Ford X plan - Code J3K9C
- Renaissance Festival discounted tickets
- Annual Holiday Dinner
- Annual Awards Banquet
- Tickets at Work offers discounts, preferred seating and tickets to top attractions, theme parks, shows, sporting events, movie tickets and much more

- Recognition of outstanding employees
 - Employee of the Month
 - Employee of the Year
 - President's Award
 - Good Catch of the Year

For more information, visit or call the Human Resources Department at hospital ext 4868 (989-729-4868)

For Your Convenience

THE RIVERWALK CAFÉ

The Riverwalk Café offers breakfast, lunch and dinner and features hot entrees, soups, salads and desserts. The café is open to the public seven days a week from 7am to 7 pm. Hot entrees are served from 6:30 am - 9:30 am, 11 am - 1:30 pm, and 4:30 pm - 7 pm. The Riverwalk Café offers convenient badge swiping (amount is deducted from your next paycheck) for those eligible employees. Don't forget to take advantage of eating your meal on our beautiful outside patio when the weather is nice!

VENDING MACHINES

Vending machines for snacks/beverages are available 24-hours a day. These are located in the cafeteria and near the front lobby.

FOUR SEASONS GIFT SHOP

The Four Seasons Gift Shop, operated by the Memorial Healthcare Auxiliary, is located next to the main lobby on the first floor. You may purchase flowers, cards, newspapers, gifts, snacks and more. Hours are Monday through Friday, 9 am - 8 pm, and Saturday from 12 pm to 4 pm. The Four Seasons Gift Shop offers payroll deduction for those eligible employees. Employees receive a 20% discount the first Thursday of each month.

FREE PUBLIC INTERNET ACCESS (WiFi) & INTERNET STATION

Wi-Fi is available in most areas of the hospital. A computer station with internet access is available for use near the Cashier's office, located directly past the hospital main entrance.

CHAPEL

A non-denominational chapel is located on the first floor and is available 24-hours a day. Memorial Healthcare provides a regularly scheduled interfaith/non-denominational prayer service for patients, families and visitors. Please call extension 2493 for information on the specific weekly schedule, or dial "O" for the operator.

HEALING GARDEN

A tranquil garden, located outside of the hospital's main lobby entrance, provides employees and visitors with a safe harbor for emotional healing. This garden is home to a variety of live plants and trees and is complemented by a bubbling fountain, benches and bird baths.

Frequently Called Extensions/Numbers

To maintain a quiet environment, we limit overhead paging.

Corporate Compliance

Ext. 1811 (989-729-4811)

Education Department

Ext. 1417 (989-723-5211)

Emergency

1911 (in-hospital) 911 (outside of hospital)

Employee Health/Infection Control

Ext. 1528 (989-723-5211)

Help Desk (Information Services)

Ext. 1693 (989-729-4387)

Human Resources

Ext. 4868 (989-729-4868)

Maintenance

Ext. 1851 (989-729-4851)

Nursing Supervisor/Staffing Office

Ext. 1810 (989-729-4410)

Patient Advocate

Ext. 1960 (989-729-4844)

Payroll

Ext. 1875 (989-729-4625)

Privacy Officer

Ext. 1579 (989-729-4579)

Public Safety

Ext. 4480 (989-729-0151)



**Employee Department Telephone
Directory at Your Fingertips!**

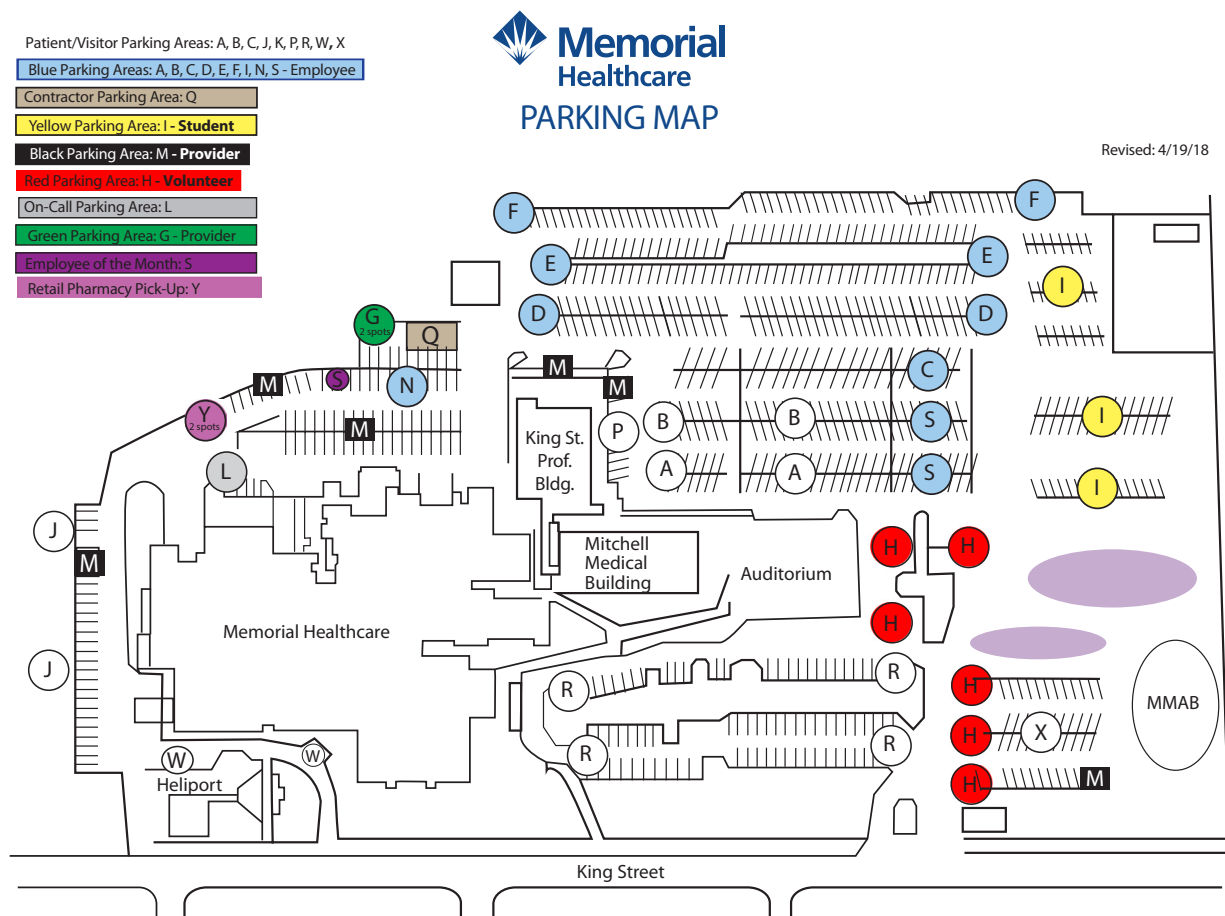
Simply locate this icon on any Memorial Healthcare computer to have instant access to all Memorial-related phone numbers.

Employee/Agency Staff Parking

Parking availability to Memorial Healthcare’s visitors and patients is an important customer service issue. Parking in designated areas demonstrates our commitment to the mission, vision and values established by Memorial Healthcare.

It is imperative that Memorial Healthcare/MMA employees park primarily in rows D, E and F and the area located in the northeast corner area I. Although area H is primarily Customer and Volunteer parking, employees who are conducting short, business-related visits to the hospital, which will be less than two hours in duration, may also use these three rows at their discretion. To review the policy (#640.22) in full, log onto Memorial’s HealthNet, choose “Human Resources,” “Policies and Procedures,” and search for policy 640.22.

Continued violations will result in corrective action, up to and including termination.



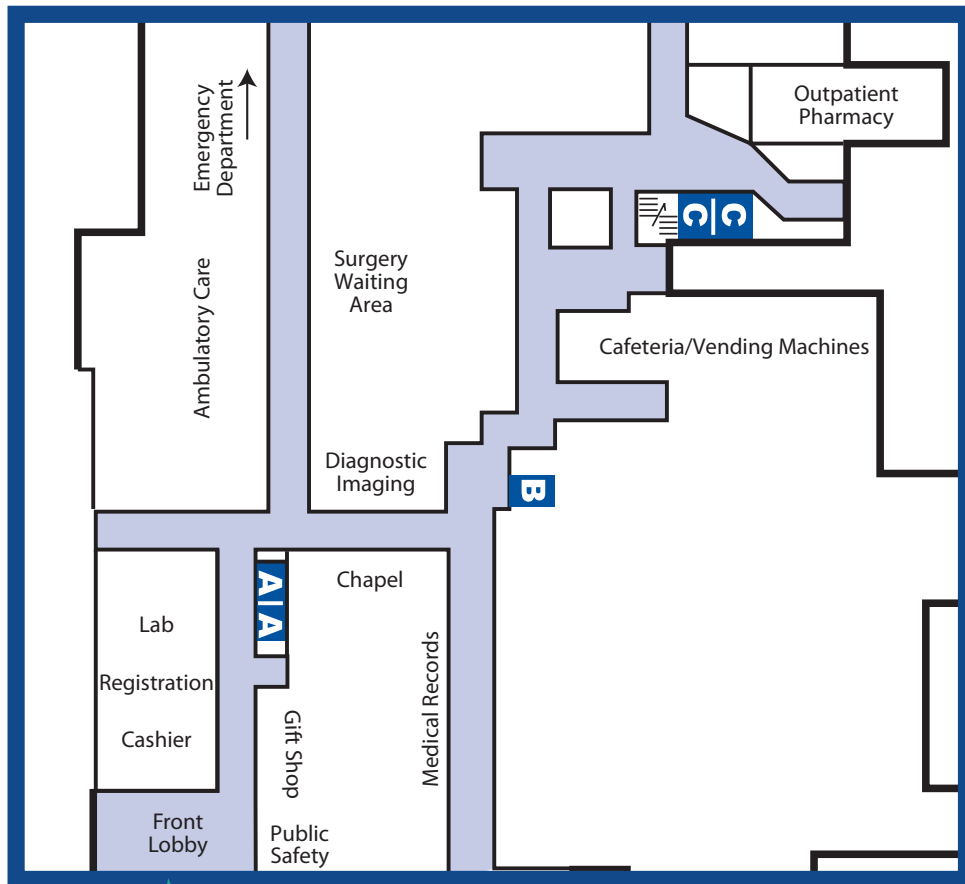
Main Campus Map

The map below represents the first floor of Memorial Healthcare.



Welcome!

MAP OF FIRST FLOOR LOCATIONS



Main Entrance
You Are Here



Memorial Healthcare



COMMITMENT | COMPASSION | *for life*
MemorialHealthcare.org



[Facebook.com/memorialhealthcare](https://www.facebook.com/memorialhealthcare)



[Twitter.com/Memorial_Owosso](https://twitter.com/Memorial_Owosso)

REV: February 2019