



2019
WMC Bon Secours
Charity Health System
Annual Education Module
for All Charity Staff – Part 1

Welcome to the 2019 WMC Bon Secours Charity Health System Annual Education Module.

This module is designed to review significant topics that impact our employees and our patients.

Upon completion of this module, you will be able to explain system initiatives to improve the quality of patient care, regulatory agency requirements, and strategies to improve patient safety.



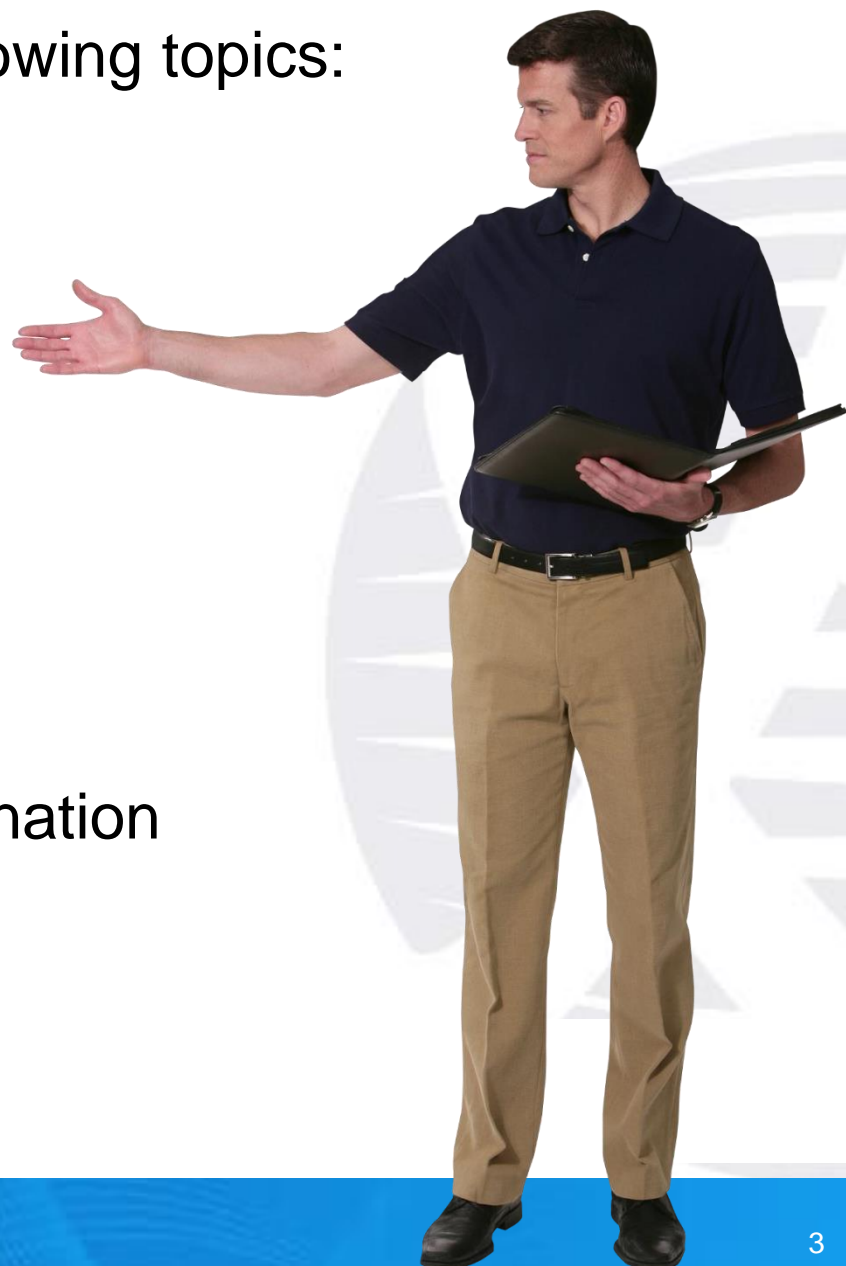
BON SECOURS CHARITY HEALTH SYSTEM

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This presentation includes the following topics:

- Mission, Vision & Values
- Service Excellence
- Patient Satisfaction
- Cultural Sensitivity
- Abuse & Neglect
- Advance Directives & Organ Donation
- Risk Management



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Our Mission

The Mission of Bon Secours Charity Health System is to make visible God's love and to be Good Help to Those in Need, especially those who are poor, vulnerable and dying.

As a System of Caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.



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Our Vision

As a prophetic Catholic health ministry, we will partner with our communities to create a more humane world, build health and social justice for all, and provide exceptional value for those we serve.



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Vital Values

VITAL values are an important part of what we do each day!

V Value

I Integrity

T Transformation and Innovation

A Accountability

L Leadership and Learning



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Vital Values

Value

Everyone

We value and respect each other, our patients, clients, residents and their families, including members of the larger communities we serve. We are committed to treating everyone with dignity and compassion – the way everyone would like to be treated. It is our belief that each person has dignity because each individual “is made in the image and likeness of God”. We encourage, support and protect the rights of the individual to participate in decision making regarding their personal health care choices. We take personal pride in our work, our organization and recognize our vital role in the community.

Vital Values

Integrity

Proud to Be WMCHhealth

Our actions reflect our values. We communicate with transparency and act ethically in all we do. We provide the highest level of care and service across the spectrum, from wellness programs to lifesaving medical treatment, regardless of ability to pay.

Vital Values

Transformation & Innovation

Anything is Possible

We strive to achieve excellence, always innovating and improving our services, technology, clinical research and processes. We are continually evaluating performance, encouraging new ideas, welcoming diverse perspectives, and exceeding the expectations of those we serve. It is through teamwork and individual responsibility that we achieve, combining expertise and empathy to change lives, create possibilities and bring hope.

Vital Values

Accountability

It's Up to Me

We preserve our mission by serving our communities with honesty and sensitivity, abiding always by ethical work practices. We are fiscally responsible, committed to quality services, outcomes and measures, and work effectively to achieve individual and collective goals. We foster an environment that is person-centered, family-focused, and supports employee engagement, service excellence and safety for all.

Vital Values

Leadership & Learning

Advancing Health

As leaders in our field, we are committed to advancing health in our region and our organization, through excellent clinical care and service, research and education. We are leaders who embrace learning and are role models for creating an environment where everyone is inspired to do their best work and take initiative, and we recognize everyone's contributions and accomplishments.

Service Excellence

Our Goal is:

*To create an exceptional
individualized
Patient Experience for each patient
that enters our doors
We remain in constant pursuit of
excellence.”*



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Service Excellence

What defines Excellence?

- Patients feel the service and quality of care they receive are extraordinary
- The WOW Effect
- Employees feel valued
- Physicians feel their patients are getting great care
- It is a culture that puts our patient at the center of everything we do



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6 Cs of Service Excellence

- Caring
- Consistency
- Compassion
- Courtesy
- Communication
- Competence

Service Excellence is reflected within Bon Secours Charity Health System Mission and Vital Values and is measured by means of the Press Ganey Engagement Survey.



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Service Recovery Program- ACT

A - Acknowledge/Apologize

Acknowledge the problem and offer a sincere and heartfelt apology, “I am sorry we did not meet your expectations.”

C - Correct/Communicate

Correct the problem and commit to communicate. Can you fix the problem here and now? If not, find someone who can. Continue to update on the progress of the problem’s resolution.

T - Thank You

Thank the customer. “I want to thank you for bringing this to our attention so we can correct it and improve our services.”

A-I-D-E-T

- A - Acknowledge the patient** - Whether you acknowledge clients by name or with a friendly smile, clients know that you have connected with them.
- I - Introduce yourself by name** - State your department and describe what you are going to do.
- D - Duration** - Our clients always like to know how long a response to their request will be. Please take a moment to relay this information.
- E - Explanation** - It is important to be kept informed. Explain what you are doing and what to expect.
- T - Thank You** - Thank the client for choosing our facility for their care. Always ask before you end the conversation “Is there anything else I can do for you?” and “Do you have any other questions I can answer?”

What is HCAHPS?

H Hospital
C Consumer
A Assessment
H Healthcare
P Providers
S Services



Impact of HCAHPS

- ❑ Improves Patient Satisfaction/Engagement
- ❑ Hospital Compare – Quality Reputation available to the public on the internet
www.hospitalcompare.hhs.gov
- ❑ CMS – Medicare and Medicaid- regulatory body affecting reimbursement
- ❑ Financial Reimbursement – right now can lose up to 1% of our reimbursement



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First Impressions Last

Impacting our patients and visitors from the front door

OUR GOAL.....

- To impress every patient and family member
- To treat them as an honored guest and family member
- Seize the opportunity to serve

How Do We Impress?



- ❖ Appearance
- ❖ Greeting
- ❖ Smile
- ❖ Eye contact
- ❖ Engage
- ❖ Compassion
- ❖ Exceptional service
- ❖ Initiative and follow through



What Do Families Need When Their Loved One Is In the Hospital?

According to a landmark study by Motler (1979), the identified needs of families while a loved one is in the hospital are:

- To have questions answered honestly
- To know facts regarding what is wrong with the patient & his or her progress
- To know the prognosis/outcome/chance of recovery
- To receive information once a day



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What Do Families Need When Their Loved One Is In the Hospital?

- To receive information & understandable explanations
- To believe the hospital staff care about the patient
- To have hope
- To know exactly what/why things are being done to the patient
- To have reassurance that the best possible care is being given to the patient



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Why Do Patient Satisfaction Scores Matter Financially?

Hospital Value-Based Purchasing



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Value-Based Purchasing: What does it mean?

- **Hospital Value–Based Purchasing (VBP)** is part of the Centers for Medicare & Medicaid Services' (CMS) long-standing effort to link Medicare's payment system to a value-based system to improve healthcare quality, including the quality of care provided in the inpatient setting.
- Participating hospitals are paid for inpatient acute care services based on the quality of care, not just the quantity of services they provide. The program uses the hospital quality data reporting infrastructure developed for the Hospital Inpatient Quality Reporting Program.

How Does VBP Measure Hospital Performance?

Domain	Weight
Safety	25%
Clinical Care	25%
Efficiency and cost reduction	25%
Patient and caregiver-centered experience of care	25%



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FY 2019 Domain Weights and Measures

SAFETY

1. **AHRQ PSI-90:** Complication/patient safety for selected indicators (composite)
2. **CDI:** Clostridium difficile Infection
3. **CAUTI**:** Catheter-Associated Urinary Tract Infection
4. **CLABSI**:** Central Line-Associated Blood Stream Infection
5. **MRSA:** Methicillin-Resistant Staphylococcus aureus Bacteremia
6. **SSI:** Surgical Site Infection Colon Surgery & Abdominal Hysterectomy
7. **PC-01:** Elective Delivery Prior to 39 Completed Weeks Gestation

Efficiency and Cost Reduction

1. **MSPB:** Medicare Spending per Beneficiary (MSPB)

Domain Weights



An asterisk (*) indicates a newly adopted measure for the Hospital VBP Program.

A double asterisk (**) indicates CMS has finalized a cohort expansion for the measure.

CLINICAL CARE

1. **MORT-30-AMI:** Acute Myocardial Infarction (AMI) 30-Day Mortality Rate
2. **MORT-30-HF:** Heart Failure (HF) 30-Day Mortality Rate
3. **MORT-30-PN:** Pneumonia (PN) 30-Day Mortality Rate
4. **THA/TKA*:** Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA) Complication Rate

Person and Community Engagement

Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey Dimensions:

1. Communication with Nurses
2. Communication with Doctors
3. Responsiveness of Hospital Staff
4. Communication about Medicines
5. Cleanliness and Quietness of Hospital Environment
6. Discharge Information
7. Care Transition
8. Overall Rating of Hospital

Value-Based Purchasing

A set of indicators from CMS that are evidence based, scientifically researched standards of care in medicine:

- HCAHPS (PATIENT SATISFACTION) scores
- Mortality Index
- Readmission Index
- Infection Rate

Proper documentation is the key to successful compliance



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Value Based Purchasing: How Does CMS Decide Who Gets How Much Money?

- Links quality of care to payment made for services provided
- Payment and value of care
- Number of Medicare patients
- Patient survey results
- Readmissions, complications, and deaths
- Timely and effective care
- Use of medical imaging

Clinical Transformation

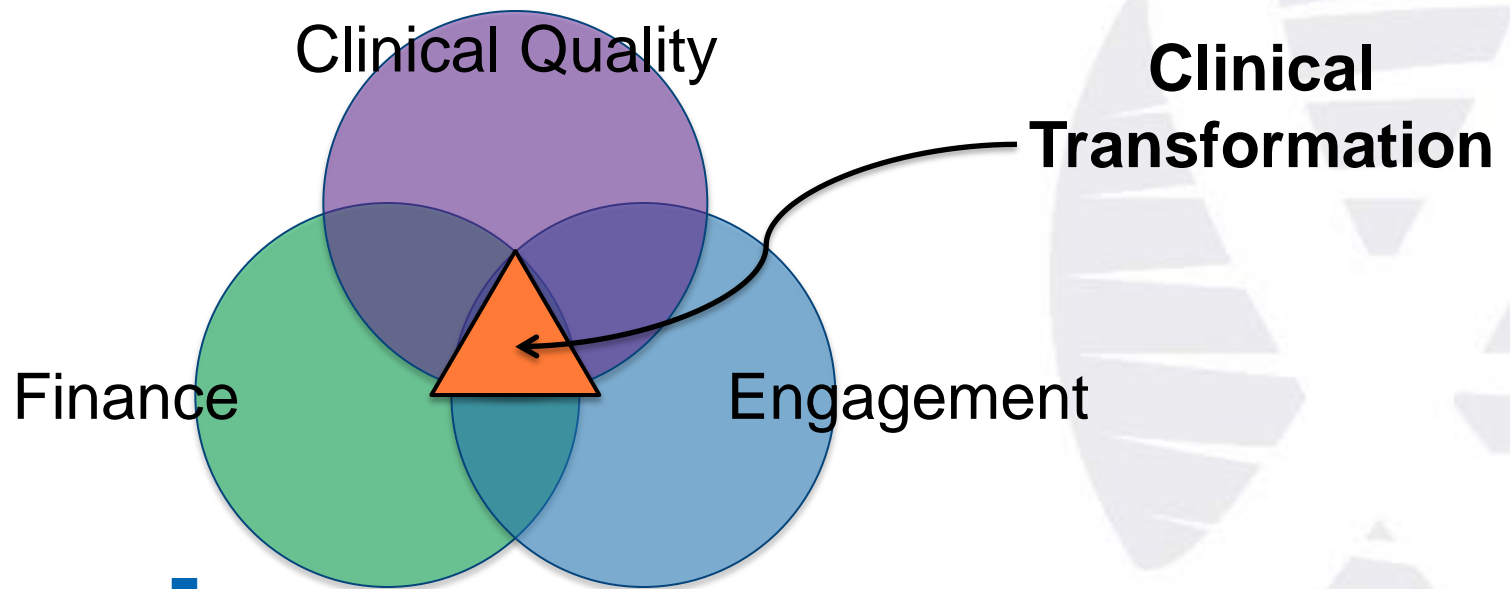
These outcomes drive our World Class Performance through Clinical Transformation at the bedside.

Clinical Transformation occurs when patient care:

- Includes input from the interdisciplinary team
- Improves quality and safety
- Creates a holistic patient-centered care experience
- Reduces cost
- Leads to excellent care delivery

Clinical Transformation

Clinical Transformation can occur when the patient care team cares for an individual patient or when a hospital team plans care for a group of patients.



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Clinical Transformation Initiatives for 2019

- Hospital Acquired Infections reduction
- Reduction in device days
- Hand Hygiene
- Wound care - pressure ulcer reduction
- Sepsis
- Patient Throughput
- Fall Reduction
- Readmissions
- Antimicrobial Stewardship
- Maternal Bundles
 - Maternal Hemorrhage
 - Breastfeeding
 - VTE
 - Hypertension
- Coordination of Care



Quality Methodology

- ❑ Improvement science methodology: the Plan-Do-Study Act (PDSA)

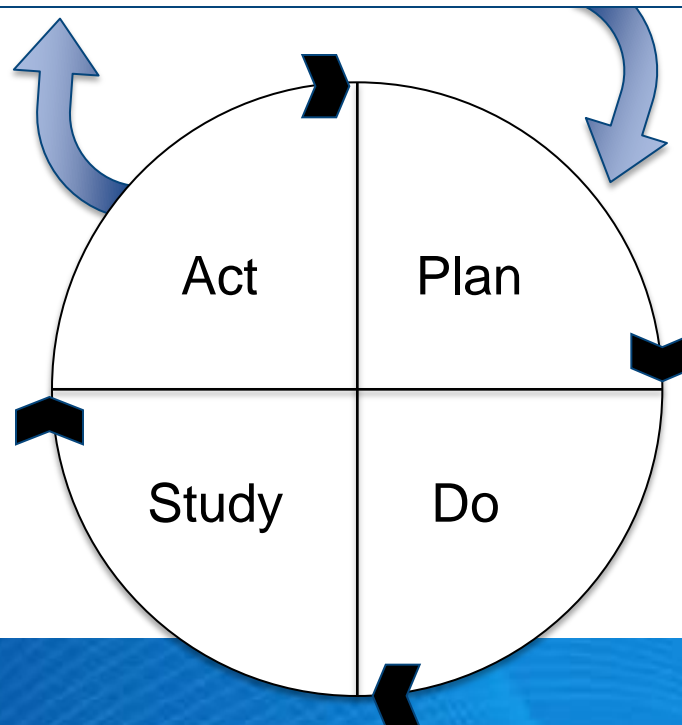
- ❑ Improvement science efforts, regardless of the model used, include the following steps:
 - Identify target areas for improvement
 - Determine plan of how processes can/should be modified to improve outcomes
 - Develop and execute plan activities to improve quality
 - Track performance and outcomes with an eye to adjusting plan if necessary to achieve expected outcomes
 - Disseminate results to facilitate broad quality improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Patient Relations

Patient Bill of Rights:

- Mandated by the NY State Department of Health and is posted throughout the hospital
- Written copy given to all admitted patients via “Your Rights as a Hospital Patient” booklet or bedside patient guide which is also available to out-patients
- As a patient in a hospital in New York State every patient has the right to understand each right that is consistent with the law

Patient Relations

- Every patient has the right to report any violations of their right without fear of reprisal.
- Every patient must be accommodated with the assistance to communicate. For patients who have a language barrier, the Cyracom® language phone system is utilized. Be sure to document operator number and name.
- Sign language is available at each facility by a contracted service that is available as needed.
- Consents are available in multiple languages on the IRIS page.

Contacting the NYS Department of Health

To initiate a complaint about a hospital or a diagnostic and treatment center, you may call the toll-free number at:

1-800-804-5447

or you may print and complete the Health Facility Complaint Form (DOH-4299) with instructions and sent it to:

**New York State Department of Health
Centralized Hospital Intake Program
433 River Street, Suite 303
Troy, New York 12180-2299**



The Joint Commission

- Hospitals that receive reimbursement from Medicare and Medicaid must be accredited by the Joint Commission. Joint Commission conducts triennial surveys of organizations that are unannounced.
- The Joint Commission standards focus on the organization's quality of care, patient safety and the environment in which care is provided.



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The Joint Commission

- Anyone believing that he or she has pertinent and valid information about such matters is encouraged to contact the organization's management. If the concerns in question cannot be resolved at this level, please contact a Joint Commission field representative.
- Information presented will be carefully evaluated for relevance to the accreditation process. Information about such matters must be made in writing and must also indicate the nature of the concerns.



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The Joint Commission

Effective 9/1/2018, consumers reporting patient safety concerns will be directed to share the information exclusively online.

Patients, staff and families may contact us:

- On The Joint Commission's [website](#), using the “Report a Patient Safety Event” link in the “Action Center”
- By fax to 630-792-5636
- By mail to The Office of Quality and Patient Safety, The Joint Commission, One Renaissance Boulevard, Oakbrook Terrace, Illinois 60181

This is posted in accordance with the Joint Commission's requirements.

Respect, Safety and Nondiscrimination

All patients have the right to fair and equal healthcare.

This is true regardless of:

Race

Ethnicity

National Origin

Religion

Political affiliation

Level of education

Place of residence or business

Age

Gender

Marital status

Personal appearance

Mental or physical disability

Sexual Orientation

Gender identity

Genetic information

Source of payment

What About Culture?

- Culture is the shared customs, beliefs, values, attitudes and practices that characterize a group of people.
- Our culture comes from how and where and by whom we were raised. We often are not aware of it until we meet up with a culture different from our own.
- Understanding cultural diversity is important because different cultural practices and beliefs can make a patient feel better.



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Provide Culturally Sensitive Care

- Utilize Culture Vision on IRIS page for resource
- Use Cyracom® Translation Phone
- Respect gender identity, sexual orientation, cultural/social attitudes, beliefs, and preferences
- Do not restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability



Provide Culturally Sensitive Care

Culturally sensitive care for lesbian, gay, bisexual, transgender, and questioning (LGBTQ) patients:

- Encompass providing individualized care, working to foster a facility culture that is sensitive to the needs of LGBTQ patients, and creating a welcoming and inclusive environment for LGBTQ patients
- The desired outcome is that the patient receives care that appropriately incorporates and respects their gender identity and/or sexual orientation and cultural/social attitudes, beliefs, and preferences



Diversity & Inclusion

- Diversity is about our differences- the variety of perspectives, experiences, opinions, and contributions that each and every one of us brings to our Ministry.
- Inclusion is about leveraging our diversity- appreciating not just our similarities but also our differences and fostering an environment of mutual respect and ongoing dialogue.



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Diversity & Inclusion

Bon Secours Charity Health System has taken part in the Health Equality Index (HEI) over the past few years. The HEI is funded through the Human Rights Campaign (HRC), an organization that offers support and guidance around many important issues, especially around health care for the LGBTQ community.



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Diversity & Inclusion

Here at Bon Secours Charity it is our mission to be *Good Help to Those in Need*. Our Vital Values remind us that “it is our belief that each person had dignity because each individual “is made in the image and likeness of God”. Our Vital Value Standards reinforce this when it talks about Diversity & Inclusion.



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Diversity & Inclusion

Therefore we are called to be informed and help others be informed on the care we provide for the LGBTQ community. For more information please use the link below to connect to the Human Rights Campaign web-site.

<https://www.hrc.org>



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Abuse & Neglect



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General Warning Signs of Abuse

Skin findings

- Skin tears, abrasions, lacerations, and bruises

Fractures

- Spiral fractures of long bones

Malnutrition

- Also consider financial exploitation

Pressure Injuries

- May indicate neglect

Indicators of Sexual Abuse

- Venereal disease
- Vaginal or rectal bleeding
- Bruises or lacerations on the vulva, abdomen, or breasts



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Indicators of Sexual Abuse

- Symptoms of sexually transmitted diseases
- Injury to genital area
- Difficulty and/or pain when sitting or walking
- Sexually suggestive, inappropriate, or promiscuous behavior or verbalization
- Expressing age-inappropriate knowledge of sexual relations
- Sexual victimization of other children



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Domestic Violence

A pattern of coercive behavior which can include:

- **Physical**
- **Sexual**
- **Economic**
- **Emotional**
- **Psychological abuse**

Can be exerted by an intimate partner over another, with the goal of establishing and maintaining, power and control



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Domestic Violence Intervention

How we can help:

1. Identify domestic violence
2. Assess risks and needs
3. Make the statement, “That’s not OK”
4. Provide referrals and limited assistance when safe to do so
5. Assure documentation of abuse
6. Follow-up (when appropriate)



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Reporting Domestic Violence

- Victims of domestic violence may not choose to seek help. This must be respected.
- If a victim does want help, one of the resources available to them is:

**New York State Sexual and Domestic Violence 24
hour hotline:
1-800-942-6906**



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Child Neglect

- Failure of a parent, guardian or other caregiver to provide for a child's basic needs.
- Neglect may be:
 - ✓ **Physical**- failure to provide food, shelter or supervision
 - ✓ **Medical**- failure to provide necessary medical or mental health treatment
 - ✓ **Emotional**- failure to provide psychological care, inattention to needs, permitting alcohol/drug use
 - ✓ **Educational**- failure to educate or attend to special needs



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Indicators of Child Abuse

- Injuries to the eyes, both sides of the head or body (accidental injuries typically only affect one side of the body)
- Frequent injuries of any kind (bruises, cuts, and/or burns) may appear in distinctive patterns such as grab marks, human bite marks, cigarette burns, or impressions of other instruments
- Be alerted to the child who developmentally is unable to provide an adequate explanation of the cause
- Destructive, aggressive, or disruptive behavior
- Passive, withdrawn, or emotionless behavior
- Fear of going home or fear of parent(s)



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Reporting Child Abuse

All Healthcare Providers are required to report suspected child abuse. Reportable with suspected reasonable grounds requires immediate call to child protective services and/or local police.

For suspected abuse or maltreatment cases involving children, call:

New York State Child Abuse and
Maltreatment Hotline:

1-800-342-3720

New York State Child Abuse
Hotline for Mandated Reporters:
New Jersey State Child Abuse:

1-800-635-1522

**1-877-NJ ABUSE
(1-877-652-2873)**

Indicators of Elder Abuse

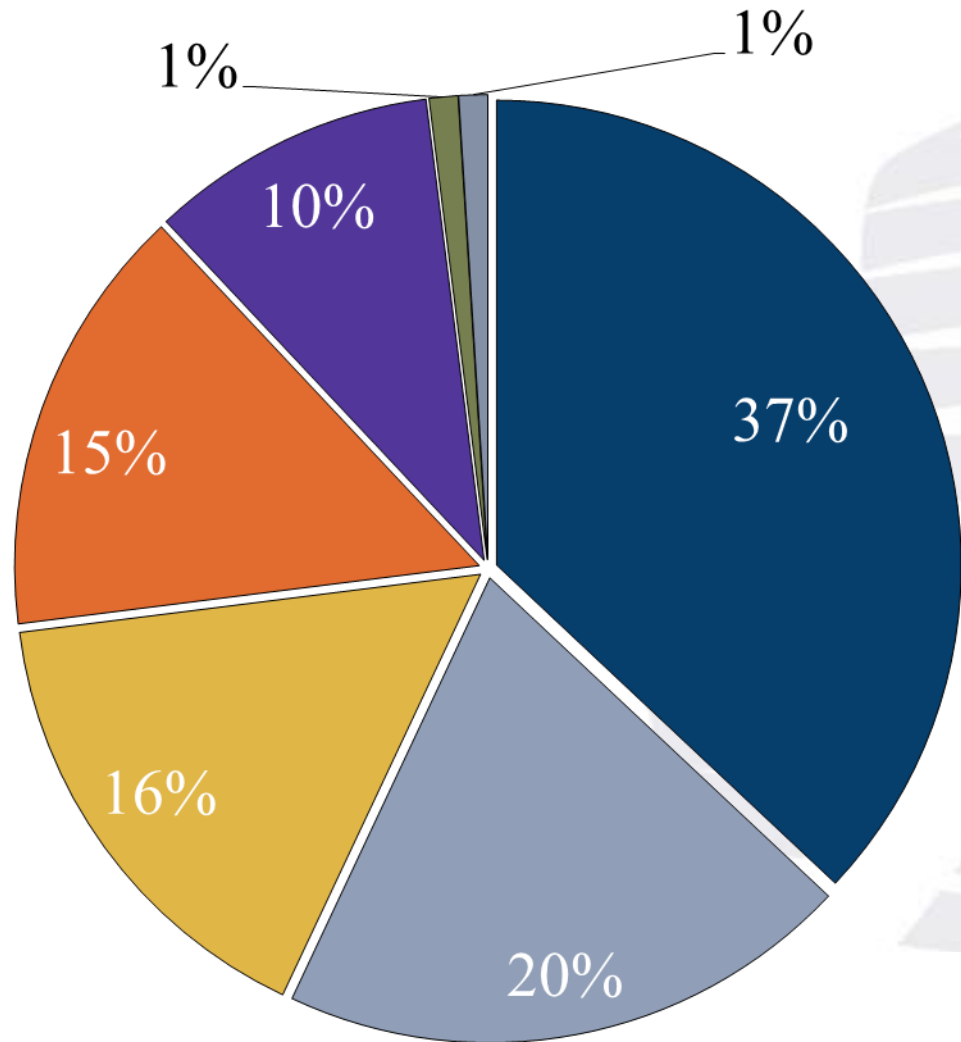
- Unexplained signs of injury, such as bruises, welts, or scars, especially if they appear symmetrically on two sides of the body
- Broken bones, sprains, or dislocations
- Report of drug overdose or apparent failure to take medication regularly (a prescription has more remaining than it should)
- Broken eyeglasses or frames
- Signs of being restrained, such as rope marks on wrists
- Caregiver's refusal to allow you to see the elder alone

Signs of Elder Neglect or Self-Neglect

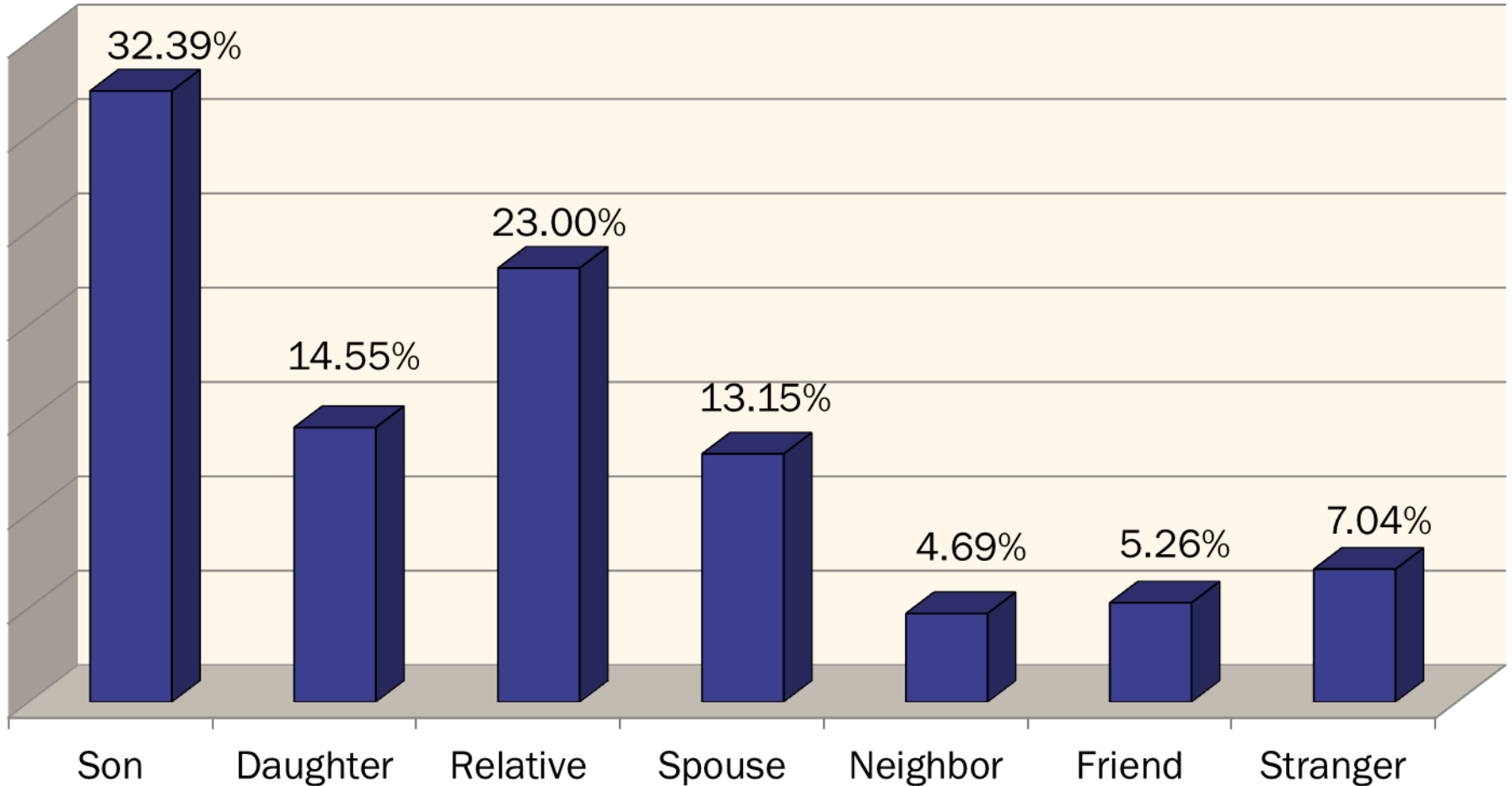
- Unusual weight loss, malnutrition, dehydration
- Untreated physical problems, such as bed sores
- Unsanitary living conditions: dirt, bugs, soiled bedding and clothes
- Being left dirty or unbathed
- Unsuitable clothing or covering for the weather
- Unsafe living conditions (no heat or running water; faulty electrical wiring, other fire hazards)
- Desertion of the elder at a public place
- Self-neglect can be a sign of depression, grief, dementia, or other medical problems

Types of Elder Abuse

- Self-Neglect
- Neglect
- Financial Exploitation
- Emotional/Psychological
- Physical
- Other
- Sexual Abuse



Who are Elder Abusers?



Reporting Elder Abuse

All Healthcare Providers are required to report suspected abuse. Reportable with suspected reasonable grounds requires immediate call to Adult Protective Services and/or local police.

New York State only 24 hour hotline:

1-800-342-3009 (Option 6)

Local County Departments of Adult Protective Services:

- Orange County: **1-800-451-5155**
- Rockland County: **1-845-364-2110**



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Advance Directives

“Advance Directives” are legal documents that allow you to plan and make your end-of-life wishes known in the event that you are unable to communicate.

All patients are asked upon admission & must be documented in Connect Care.

If patient does not have an advance directive, ask if more information is wanted or offer educational materials i.e Advance Directive brochure, Your Rights as a Hospital Patient or make a referral to Patient Advocate.



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DNR/DNI Orders

- Order Not to Resuscitate (DNR AND/OR DNI Order): An order not to attempt CPR in the event of a cardiac or respiratory arrest. Such order may cover all cardiopulmonary resuscitation measures or may be limited to specific procedures or equipment, depending on the scope of the consent.
- Every patient/resident admitted to the hospital is presumed to have consented to CPR unless a DNR AND/OR DNI Order is written in the patient's/resident's chart in a manner consistent with the Policy.
- Patients that have a “Do Not Resuscitate” order will be identified in the banner of their electronic health record.

Organ Donation

- Bon Secours Charity Health System adheres the standard of required referral.
- **All** deaths are called in to organ donor network, LiveOnNY.
- Potential brain death patients and donation after cardiac death patients must be called in.
- Our system has policies that are in compliance with the laws and standards of practice mandated by Federal and State regulations.
- Our policies clearly speak to our consideration, sensitivity, and respect for cultural and religious beliefs while adhering to the legal statutes.

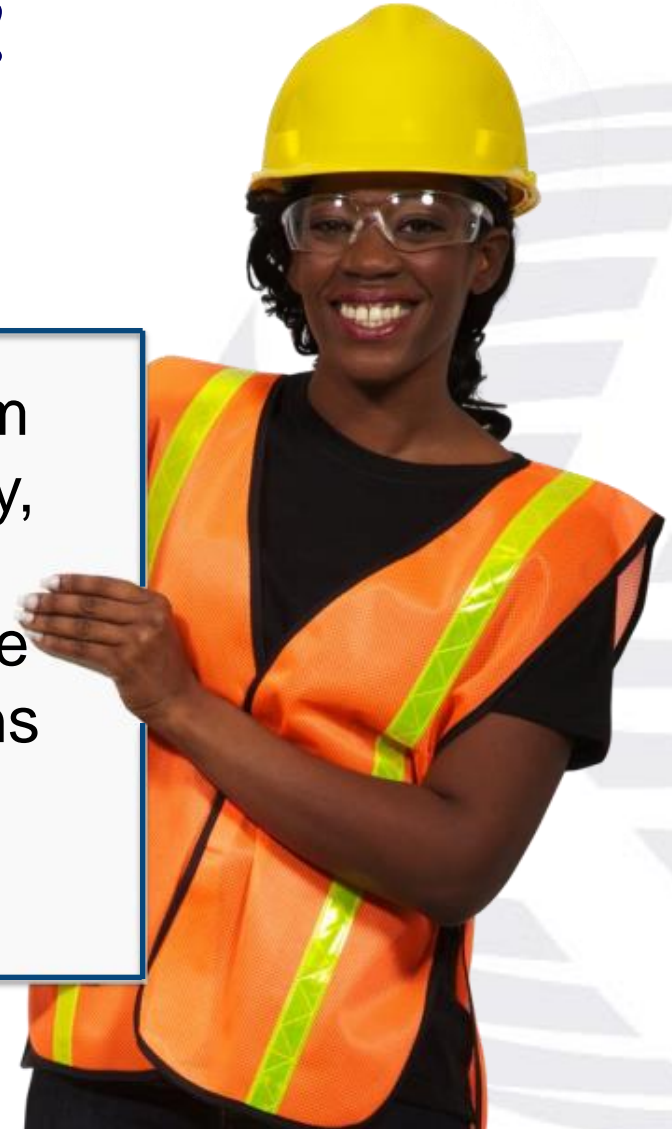
Organ Donation After Cardiac Death

- It is the nurse/nurse supervisor's responsibility to contact *LiveOnNY* within **one hour of death**. Regardless of family notification or if case is to be medical examiner referred.
- Hospitals should call in referrals to *LiveOnNY*'s in-house Donor Center, which is open 24/7 every day of the year, at 1-800-GIFT-4-NY (1-800-443-8469).

Please click “Resources” in the upper right hand corner to refer to your policy

Risk Management's Primary Concern is Patient Safety!

The Risk Management Program was designed to reduce, modify, eliminate and control condition and practices, which may cause injury and/or damage to persons or property and which might result in financial loss.



Goals of Risk Management

- To encourage and support an environment of safe clinical practice
- To guide activities designed to reduce risk of injury and illness to people and property
- To maintain a physical environment free of hazards
- Reduce the risk of litigation, bad publicity and loss of confidence
- To maintain a physically and clinically safe environment

What is Quantros Safety Event Manager?

Safety Event Manager allows us to:

- Report, track and monitor adverse events
- Identify and address adverse events in real time
- Reduce the risk of litigation, bad publicity and loss of confidence

Why should I report?

- We can't fix what we don't know
- Data collection helps to monitor quality of care and target appropriate interventions to improve healthcare delivery

IT'S THE RIGHT THING TO DO!

Accessing Quantros

The screenshot shows the IRIS website interface. At the top, there is a navigation bar with tabs for LOCAL SYSTEMS, KEY COMMUNITIES, APPLICATIONS, TEAM SITES, and IRIS SUPPORT. A search bar is located on the right. Below the navigation bar, the local system is identified as Bon Secours Charity Health System. The main content area is divided into several sections: News, This Week's Menus, Outlook Directory Update, The Joint Commission, and IT Help Desk Number & Portal. The IT Help Desk section includes contact information for the Symphony Self-Service Portal. A red box highlights the 'Quantros' link in the Quick Links section, with a red arrow pointing to the text 'Located under "Quick Links" on the IRIS page' at the bottom of the page.

IRIS

LOCAL SYSTEMS KEY COMMUNITIES APPLICATIONS TEAM SITES IRIS SUPPORT Search IRIS...

LOCAL SYSTEM: Bon Secours Charity Health System

Bon Secours Charity Health System About Departments Charity Applications & Links Charity Order Set Committee

Bon Secours Charity Health System

News

Our Commitment to Diversity, Inclusion, and Community Engagement
A message from the leadership of the WMCHealth Network and its members

New York State's Hudson Valley is a beautiful mosaic comprised of thriving communities rich in culture and diversity. As we celebrate National

Information SECURITY

Information Security Tip of the Week

When connecting into the BSHSI network from a remote location, use a secure, encrypted channel, like a Virtual Private Network (VPN).
Read More...

Charity Links

Charity DTAR Sharepoint

Charity Policies

GSH Medical Library Gateway to Electronic Resources

This Week's Menus

BSCH Menu 8-20-18.pdf
Garden Room Cafe Menu 8-20-18.docx

Outlook Directory Update

The Joint Commission

Bariatrics

Bon Secours Medical Group

Communications

ConnectCare

Corporate Compliance

Emergency Department

Emergency Management

Ethics

Finance

Food Services

Human Resources

IT and Telco

Medical Staff

IT Help Desk Number & Portal

(866) 809-9259
Symphony Self-Service Portal
Symphony Portal Log-in Instructions

Biomed Service Request Number

Internal from Charity Phones x6700
External 914-493-6700

Quick Links

Citrix

Lawson - ezAccess - AskHR

Up to Date - Clinical Resource

NEW GE CENTRICITY PACS

Cardiology Web Viewer

Quantros

BSHSI IRIS Homepage

Outlook Webmail

ConnectCare Link

OD/Downtime Forms

Policy

Enterprise ConnectCare Downtime

Press Ganey

Careers

Lawson Production

Lawson Crystal Reports

Disease-Specific Programs: AMI, Stroke, Total Joint

Located under "Quick Links" on the IRIS page

Accessing Quantros

Quick Links

[Citrix](#)

[Lawson - ezAccess - AskHR](#)

[Up to Date - Clinical Resource](#)

[NEW GE CENTRICITY PACS](#)

[Cardiology Web Viewer](#)

[Quantros](#)

[BSHSI IRIS Homepage](#)

[Outlook Webmail](#)

[ConnectCare Link](#)

[FOD/Downtime Forms](#)

[epolicy](#)

[Enterprise ConnectCare Downtime](#)

[Press Ganey](#)

[Careers](#)

[Lawson Production](#)

[Lawson Crystal Reports](#)

[Disease-Specific Programs: AMI, Stroke, Total Joint](#)

[Pyxis ES](#)

[Non-Employee Access Management](#)

[My Chart](#)

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Accessing Quantros

QUANTROS SAFETY & RISK MANAGEMENT SUITE contact us help **QUANTROS**

Bon Secours Health System - CORPORATE Charity Health System

BON SECOURS HEALTH SYSTEM

Enter an event ID to finish or view history

Registered Users

User name

Password

[Forgot your password?](#)

or

Guest or Anonymous Reporting

LOGIN ID not required for event reporting

Report a Safety Event or Feedback Ticket

Click to report a safety event that affected a Patient or Visitor. **NOTE: Do NOT report HIPAA or Privacy related matters in Quantros. Instead, contact your local Corporate Responsibility Officer, the BSHSI Privacy Officer or the Values Line to properly report a HIPAA or Privacy related matter**

Thank you for helping make this facility a safer place.

Confidentiality
This information is protected and confidential. This information will be used by professional healthcare providers for purposes which include evaluation of the quality and efficiency of services ordered or performed by other healthcare providers, including the compliance of the local system/facility/entity with the standards set by healthcare provider associations and applicable laws, rules, and regulations, and other appropriate safety and quality of care standards. All information entered into this system or taken from this system is to be kept strictly confidential at all times. If you have any questions regarding confidentiality, please contact your local Corporate Responsibility Officer.

Non-Punitive
Bon Secours Health System supports a non-punitive environment that encourages everyone to promptly report all real and potential errors, near-misses, hazardous conditions and safety issues in the spirit of improving quality. We believe these reports are opportunities for improvement and growth and those who report them are champions. It is the strict policy of Bon Secours that individuals reporting bona fide incidents will not be subject to discipline or retaliation for such reporting.

Good Catch/Near Miss

Good Catch/Near Miss is defined as an occurrence that has not reached the patient, but may or may not have caused harm if it did (i.e. equipment failure). These events should be recorded/reported as an incident report.