

What You Need to Know (Part 1 of 2): Key elements for Providing Safe Patient Care

Revised 10/2021

Participants will be able to identify their role related to:

- Ensuring a safe environment of care
- Patient safety
- Respecting all patients
- Maintaining privacy and confidentiality
- Infection prevention



Hospital Sisters
HEALTH SYSTEM

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Welcome



- Welcome to St. Joseph's Hospital & Sacred Heart Hospital
- Please read "Key Elements for Providing Safe Patient Care" and the "HIPAA Privacy, Security and Compliance" packet and complete the **ACKNOWLEDGEMENT FORM**.

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Infection Prevention- Hand Hygiene



- Hand hygiene is the single most effective means of preventing the transmission of infection. Generally soap/water and alcohol based, waterless gel or foam are effective.
- Always use **soap and water** (not the alcohol based, waterless gel or foam):
 - When hands are visibly soiled or contaminated with blood/body fluids.
 - After using the alcohol-based gel/foam multiple times as you note residue of the gel on your hands.
 - **When caring for patients in special/enteric precautions.**



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Infection Prevention – Standard Precautions



- Standard Precautions is a method of infection prevention where body substances of ALL patients are treated as though they will transmit an infection. This includes:
 - Hand cleansing and appropriate use of personal protective equipment such as gloves, gown, apron, face shield or goggles.
 - Safe handling of sharps to prevent unnecessary exposure.
 - Proper handling of soiled equipment by wearing gloves and washing hands after removing gloves.



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Isolation Precautions

- Isolation Precautions are followed for patients with certain contagious diseases that can easily be spread. These measures are followed in addition to standard precautions.
- Signs outside of the room will direct you in following appropriate precautions. This will include a picture of what to wear (gown, gloves, mask or other equipment) when entering the patient's room.

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Isolation Precaution: Example of a sign for one type of isolation

Special Contact (also called enteric) precautions are used when patients have gastrointestinal Infections including:

- C.difficile
- Norovirus
- Any patient with diarrhea illness which has not been identified



SPECIAL CONTACT PRECAUTIONS	
Also known as Enteric or Contact C Precautions	
	VISITORS/FAMILY: Stop at Nurses Station Before Entering This Room
	Clean hands with hand sanitizer BEFORE entering the room; wash hands with soap and water for 20 seconds BEFORE leaving room.
	Wear gloves upon entering this room
	Wear a gown upon entering this room
	Colleagues must clean all equipment with bleach

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Infection Prevention: Sharps



- You can prevent injury while handling sharp medical instruments by:
 - Using facility approved safety devices.
 - Always activating safety devices before disposal.
 - NEVER recapping a used needle.
 - Immediately disposing of sharps into a sharps container.

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Bloodborne Exposure



- What if you are exposed to the blood or body fluids of a patient?
 - Perform exposure site care as needed and report the exposure immediately to an instructor or area supervisor.
 - Follow further instructions per the Intranet page on exposures.

Exposure Site Care

If the injury requires rapid care, immediately go to the Emergency Department.

Otherwise, immediately care for the exposure site as follows:

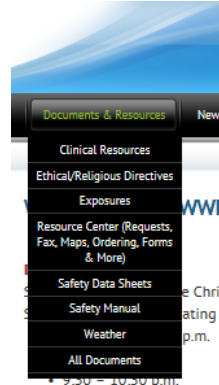
- **SKIN:** Wash wound or exposed non-intact skin well with soap and water.
- **MUCOUS MEMBRANES:** Flush mucous membranes well with water for 5-10 minutes.
- **EYES:** Flush exposed eyes with water or saline solution.

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Hazard Communication: Documents and Resources



- Access the Intranet for further information on:
 - Exposures to Blood and Body Fluids.
 - Safety Data Sheets (If you have an exposure, chemical spill or need additional information about a chemical).
 - Safety Manual (For more information on safety management plans).



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Patient Safety



- Latex Allergy
 - Anyone with a latex allergy should practice the following precautions:
 - Wear a medic-alert bracelet or tag
 - Have a wallet card noting the allergy
 - HSHS Sacred Heart and HSHS St. Joseph Hospital have a latex safe environment.
 - A small number of products are used that contain latex. These products need to be removed from the room for allergic patients. A non-latex product should be selected in place of products that contain latex when ordering/selecting patient care supplies.

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Safe Patient Handling



Lift equipment and assistive devices must be used when a patient is:

- Not willing or able to assist in a transfer.
- Not able to bear weight on one leg or both arms.
- Not able to maintain balance while standing.
- Not able to move or straighten the hips, knees, shoulders or elbows.
- Unpredictable, uncooperative or aggressive.

Always seek assistance when working with any equipment that you have not been trained and demonstrated competency to use.

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Fall Prevention and Patient Safety



- Everyone is responsible for prevention of patient falls.
- Interventions in fall prevention include:
 - Ensuring that beds are in low position and bed brakes are used.
 - Effective hourly rounding.
 - Ensuring call lights are in reach and patients can demonstrate use.
 - Incorporating fall interventions specific to the patient in their plan of care as indicated in the fall risk assessment.
- High fall risk patients are indicated by yellow signage/light, wrist bands and other methods to alert caregivers.
- A post-fall protocol is followed to ensure safety for patients that fall. If a patient falls, remain with the patient and consult with colleagues to follow the Post Fall Process.

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Catheter-associated urinary tract infection (CAUTI) Prevention



- Caregiver roles include:
 - Ensuring that catheters placed meet criteria for use. A catheter may be ordered for patients with:
 - Gross hematuria
 - Urinary obstruction
 - Urologic surgery
 - Decubitus ulcer—open sacral or perineal wound in incontinent patient
 - I&O critical for patient management or hemodynamic instability
 - Comfort care/hospice care
 - Immobility due to physical constraints
 - Educate patients who will have an indwelling catheter, and their families as needed on CAUTI prevention and the symptoms of a urinary tract infection.
 - On-going assessment for catheter need and removal as ordered for catheters that do not meet criteria.

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Central-Line Associated Bloodstream Infections (CLABSI) Prevention



- RNs and Licensed Providers trained in insertion or use of central lines utilize techniques to reduce CLABSI including:
 - Hand hygiene and aseptic technique.
 - Utilizing the insertion checklist to improve adherence to best practices and reduce error.
 - Proper maintenance of Central Venous Catheters including:
 - Disinfection of catheter hubs, connectors and injection ports.
 - Changing caps as scheduled.
 - Changing dressings as scheduled and PRN if the dressing becomes damp, loose, or visibly soiled.

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Event Reporting



- The hospitals utilize an electronic incident management system for events that happen that are not consistent with routine hospital operation or patient care.
- Event reporting allows the opportunity to capture and analyze events and incidents which ultimately can improve workplace safety and the quality of patient care.
- We highly encourage you to report any and all events or incidents not consistent with routine hospital operation or patient care and if you need assistance, please seek a colleague out.

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Security and Safety



- Weapons and Prisoners:
 - No weapons (firearms, clubs, knives, etc.) may be carried on the property.
 - If a prisoner is brought in as a patient, notify Security.
 - “Active Shooter” is the overhead announcement to be used in a situation of a person with a weapon within the Hospital.
 - If you suspect a situation such as this is occurring CONTACT SECURITY. Protect yourself by staying out of hallways, find a safe location, close and lock the door if possible.
- Suspicious Persons or Activities:
 - Report ANY suspicious persons or activities to:
HSBS Sacred Heart Security: 715-717-4375
HSBS St. Joseph Hospital Security: 715-717-5712

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Security and Safety



- **Badges:**

- Always wear your ID badge
- Take your ID badge with you when leaving the hospital in order to access exterior doors in the evenings/nights.
- Always question someone who seems to be loitering or acting like a staff member but is not wearing a ID badge.

- **Violence in the Workplace**

- Your first priority is to protect yourself
- If you feel threatened, keep a distance between you and the other person, and never take your eyes off him or her so that you cannot be surprised but do not make direct eye contact

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Security and Safety



- **Parking Lot Safety**

- Walk with others to your car versus alone
- Always look around when traveling to and from your car
- Always park in designated areas

- **Secure Your Valuables:**

- Lock valuables in your office, a desk drawer, a filing cabinet, or your locker
- Keep valuables out of sight when in your car. Lock them in the trunk or under the seat of your car.

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Life Safety



- Life Safety includes:
 - Fire drills that are evaluated regularly.
 - Testing and inspection of the alarm system and equipment.
 - Measures to assure safety when normal safety measures may be interrupted (i.e. during construction, renovation, and maintenance).
- When the fire alarm sounds:
 - “Smoke and Fire doors” will close automatically dividing the building into “smoke compartments”.
 - Unless you are in the area of the fire, remain in the “smoke compartment” and do not open the smoke or fire doors.

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Fire Safety



- In the event of a fire RACE:
 - R – Rescue
 - A – Alarm
 - C – Contain Fire
 - E – Extinguish/Evacuate
- Fire Extinguisher Operation – PASS:
 - P – Pull the pin
 - A – Aim at the base of the flame
 - S – Squeeze the handle
 - S – Sweep from side to side
- Call ext. 4444
 - State “Code Red” with location at SHEC
 - State “Fire Alarm” with location at SJCF

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Clear Text Message	Meaning/Action
Designated Team Response	
"Code Blue, Room, Location"	Meaning: Cardiopulmonary Resuscitation for Adult or Blue 2 Pediatric patient. CV protocol is in place if first call from CV targets. Action: Designated colleagues respond.
"SJC only, Code Blue 1, Room, Location"	Meaning: Suspended Strike Action: Strike team respond
"SJC only, Code Blue, CV Protocol, Room, Location"	Meaning: Level 1 Trauma en route. Action: Designated colleagues should respond.
"Level 1 Trauma - EMTIC, ETA 45 min"	Meaning: Level 2 Trauma en route. Action: Designated colleagues should respond.
"Level 2 Trauma - EMTIC, ETA 35 min"	Meaning: Emergency C-Section in Maternity. Action: Designated colleagues should respond.
"SJC only, Code C, Room, Location."	Meaning: Transfusion Protocol, Location"
Internal Alert	
"SJC only, Code Red, Location"	Meaning: Fire Action: Rouse/Alarm/Confine/Rescue/Extinguish, and also as directed by policy, department specific procedures, and any specific notified enclosures.
"SJC only, Fire alarm, location"	Meaning: Colleague needs immediate assistance from other colleagues to deal with a disruptive person which does not involve any known weapons. Action: Colleague trained in crisis response should respond immediately and with caution. Call security and 911 as appropriate.
"SJC only, Service Alert, building, service area, specific location and type of event"	Meaning: Colleague needs assistance for a non-disruptive service matter (e.g. patient fall, etc.) Action: Immediate response to assist colleagues to deal with non-disruptive, non-violent service matter (patient falls, etc.)
Security Alert	
"Security Alert: Building Threat External, building & misc. information"	Meaning: Public safety threat currently exists outside which may impact the healthcare campus (public safety, hazard spill, etc.)
"Security Alert - Device Threat, building, service area, floor, misc. instructions as pertains to situation". Specific report for announcement as directed by Incident Command.	Meaning: Bomb threat issued to the healthcare campus or suspicious device located on/near campus.
"Security Alert - Hazardous Material spill internal, building, service area, floor, specific location, misc. instructions"	Meaning: Hazardous material spill has occurred inside of healthcare facility.
"Security Alert - Missing Person Infant/Child/Adult, building, service area, floor, description of missing person, suspect description if infant or child abduction suspect"	Meaning: Infant/Child abduction, missing infant, child, or adult, patient elopement.
"Active Shooter, building, service area, floor, specific location, description of shooter, weapons if known"	Meaning: Person(s) on the healthcare campus armed with a weapon that is/are actively engaged in, or threatening to injure or kill people. Action: Run (evacuate), hide, or fight (last resort) and instruct others to do the same. See Active Shooter policy. "All Clear" announcement to be authorized by the Incident Command team.
Weather Alert	
"A (Type of Weather) Watch has been issued by the National Weather Service for (CT and/or EC) until time/date."	Meaning: Atmospheric conditions are favorable for severe weather, but not occurring or imminent in the watch area per National Weather Service. Action: Prepare for the possibility of severe weather (See policy and department specific procedures for specific response actions.)
"A (Type of Weather) Warning has been issued by the National Weather Service for (CT and/or EC) until time/date - Take Shelter immediately."	Meaning: Severe weather (severe thunderstorm or tornado) has developed or is imminent in the warning area per National Weather Service. Action: TAKE SHELTER immediately (See policy and department specific procedures for specific response actions) "All Clear" announcement to be made by the operator once the National Weather Service warning expires or is cancelled.
Incident Command	
"Incident Command Activation, location for briefing"	Meaning: Incident command team has been activated to prepare for or deal with a specific emergency event. Action: As directed by the Incident Command Team.

Clear Text Reference



- Outlines responsibilities in:
 - Team responses/Codes
 - Internal alerts
 - Security alerts
 - Weather alerts
- Is posted throughout the hospital.

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Rapid Response Team



The assistance of a Critical Care Nurse and Respiratory Therapist will be obtained with any changes in a patient's condition that may require transfer to a higher level of care (such as from a floor to Critical Care, Progressive Care or Neuro Step-Down or to another facility) or anytime a caregiver is concerned about a patient.

SJCF-

When to Call

- Page 855-9999 and enter patient's room number
- When anyone is concerned about the patient
 - With a change in level of consciousness
 - With an acute change in any of the following
 - Heart rate <40 or >130 bpm
 - Systolic blood pressure <90mmHg
 - Respiratory rate <8 or >28 per minute/Threatened airway
 - O2 saturation <90% despite receiving oxygen
 - CO2 level >55
 - Acute/significant bleeding
 - New, repeated or prolonged seizure

SHEC-

WHEN TO CALL Pager 877 Rapid Response TEAM

Call 8900, enter **877** and enter patient's room number:

- When anyone is concerned about the patient
- With a change in level of consciousness
- With an acute change in any of the following
 - heart rate <40 or >130 bpm
 - systolic blood pressure <90 mmHg
 - respiratory rate <8 or >28 per minute
 - saturation <90% despite receiving oxygen

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Electrical Safety



- Equipment Hazards
 - Do not use extension cords unless authorized by Plant Services.
 - When working with electrical equipment, watch for the following hazards:
 - Electrical cords that are damaged or have broken insulation
 - Loose electrical connections
 - Electrical cords or connections in or near water or other liquids
 - Electrical tools that spark, shock, or smoke due to damage or defect

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Medical Equipment Management



- Equipment Guidelines
 - Clinical Engineering maintains medical equipment located in all clinical and ancillary areas.
 - You need to know general guidelines for working with medical equipment.
 - All personnel involved in the use of medical equipment are trained on how to use the equipment.
 - The equipment is inspected by you before it is used on a patient.

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Medical Equipment Management



- If equipment is not working:
 - Remove from service.
 - Obtain colleague assistance to file a work order via the Intranet or to seek immediate assistance as needed for patient safety related concerns.

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Patient Identification



IDENTIFY PATIENTS CORRECTLY

- Use at least two ways to identify patients prior to medications, procedures, specimen collection, etc:
 - Name and birth date or name and medical record number
NOT the patient's room # or location
- Correct Patient, Correct Blood
 - Before administering blood use a two-person verification process (one of those is the person who will administer the blood to the patient).
 - Label specimens at the bedside in the presence of the patient.



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Anticoagulation



- Care providers play a role in reducing the likelihood of patient harm associated with the use of anticoagulant therapy.
- In addition to careful monitoring of anticoagulant therapies, caregivers should provide education regarding anticoagulant therapy to patients and families.
- Patient/family education includes the following:
 - The importance of follow-up monitoring
 - Compliance
 - Drug-food interactions
 - The potential for adverse drug reactions and interactions

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Medication Safety



- Look Alike/Sound Alike (LASA) medications
 - List posted near PYXIS stations
 - Medications separated in PYXIS to avoid confusion
 - TALLman lettering – emphasizes the similar looking/sounding part of the drug name
 - Red labels to indicate LASA
- Before procedures, label medicines that are not labeled (i.e. medicine in syringes, cups, basins, etc.)
 - Not required if drawing and immediately administering (not setting the container down)
- Reconcile medication lists at admission and discharge



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Safety in Surgery

PREVENT MISTAKES IN SURGERY

- Conduct a pre-procedure verification process
 - Necessary information and documents
 - Correctly identified and matched to patient ID
- Mark the operative/procedural site (involve patient)
- Perform a “time out” immediately prior to starting any invasive procedure with all members of the team actively participating
 - Verify correct person, site and procedure



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Pain Management

- Caregivers are responsible to assess and manage the patient's pain and minimize the risks associated with treatment.
- This includes providing non-pharmacologic pain treatment modalities.
- Caregivers reassess and respond to the patient's pain. Evaluation and documentation includes:
 - Response to pain interventions.
 - Progress toward pain management goals including functional ability (for example, ability to take a deep breath, turn in bed, walk with improved pain control).
 - Side effects of treatment.

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Hypertension in Pregnant/Post-Partum Patients



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Antepartum & Postpartum HYPERTENSION IDENTIFICATION

Female patient presents with:

- Elevated BP
- Unremitting headache
- Visual disturbances
- Epigastric/RUQ pain

Is she pregnant or has she been pregnant in the past six weeks?

Yes.

Does she meet the criteria for OB admission?

- SBP \geq or $>$ 160 or DBP \geq or $>$ 110 without any symptom manifestations
- SBP \geq or $>$ 140-159 or DBP \geq or $>$ 90-109 with any of the following symptom manifestations
- Unremitting headaches
- Visual disturbances
- Epigastric/RUQ pain

Yes.

Admit her to OB.
Treatment must occur within
30 - 60 minutes
of admission.

- Hypertensive disorders of pregnancy remain a major health issue for women and their infants in the U.S. Preeclampsia, either alone or superimposed on preexisting (chronic) hypertension, presents the major risk.
- One of the major challenges in the care of women with chronic hypertension is deciphering whether chronic hypertension has worsened or whether preeclampsia has developed.

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Hypertension in Pregnant/Post-Partum Patients

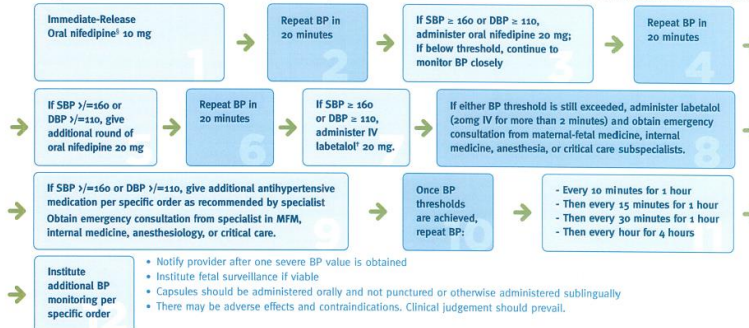


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Immediate-Release Oral Nifedipine Algorithm

EXAMPLE

Trigger: If severe elevations (SBP \geq 160 or DBP \geq 110) persist* for 15 min or more OR If two severe elevations are obtained within 15 min and tx is clinically indicated



* Two severe readings more than 15 minutes and less than 60 minutes apart

† Immediate-release oral nifedipine has been associated with an increase in maternal heart rate and may overshoot hypotension.

‡ Avoid parenteral labetalol with active asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.

§ "Active asthma" is defined as:

- Ⓐ symptoms at least once a week, or
- Ⓑ use of an inhaler, corticosteroids for asthma during the pregnancy, or
- Ⓒ any history of intubation or hospitalization for asthma.

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Hypertension in Pregnant/Post-Partum Patients



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Hydralazine Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥ 160 or DBP ≥ 110) persist* for 15 min or more OR If two severe elevations are obtained within 15 min and tx is clinically indicated



- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- There may be adverse effects and contraindications.
- Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

[†] Avoid parenteral labetalol with active[‡] asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.

[‡] "Active asthma" is defined as:

- ① symptoms at least once a week, or
- ② use of an inhaler, corticosteroids for asthma during the pregnancy, or
- ③ any history of intubation or hospitalization for asthma.

[§] Hydralazine may increase risk of maternal hypotension.

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Hypertension in Pregnant/Post-Partum Patients

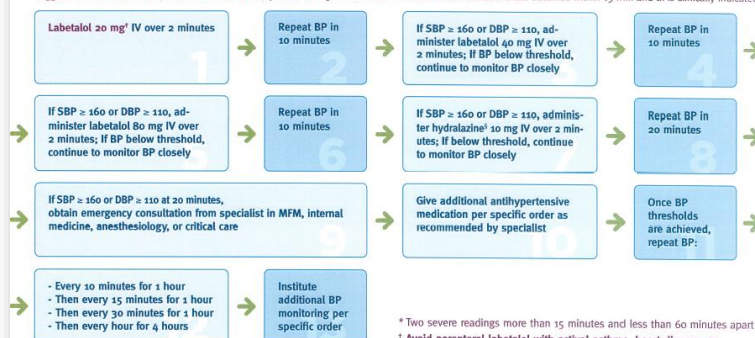


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Labetalol Algorithm

EXAMPLE

Trigger: If severe elevations (SBP ≥ 160 or DBP ≥ 110) persist* for 15 min or more OR If two severe elevations are obtained within 15 min and tx is clinically indicated



- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Hold IV labetalol for maternal pulse under 60
- Maximum cumulative IV-administered dose of labetalol should not exceed 300 mg in 24 hours
- There may be adverse effects and contraindications. Clinical judgement should prevail.

* Two severe readings more than 15 minutes and less than 60 minutes apart

[†] Avoid parenteral labetalol with active[‡] asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.

[‡] "Active asthma" is defined as:

- ① symptoms at least once a week, or
- ② use of an inhaler, corticosteroids for asthma during the pregnancy, or
- ③ any history of intubation or hospitalization for asthma.

[§] Hydralazine may increase risk of maternal hypotension.

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Identify Risks



IDENTIFY PATIENTS AT RISK FOR SUICIDE

- Conduct a suicide screening on admission for all patients.
- Address patient's safety needs and assure the most appropriate setting for treatment.
- Report concerns immediately to the appropriate colleague or provider.



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Recognizing Abuse



- If domestic violence, child or elder abuse is suspected:
 - Ensure the safety of the individual.
 - Report/consult immediately with the Department Director and refer to the Abuse policy

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Advance Directives



- Patients have the right to formulate advance directives and to have hospital staff and practitioners who provide care in the hospital comply with these directives.
- Patients without advance directives will be given an opportunity to complete them as a patient.

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Cultural Competence in Healthcare



- Diversity: Cultural & Spiritual
 - Everyday routines that the predominant culture takes for granted can vary between cultures and religions.
 - When in doubt, the best way to provide sensitive care to patients of diverse cultures is to ask.
 - Cultural and spiritual beliefs can significantly affect health status. Spiritual Care Services at SHEC and SJCF are sensitive to all religions and will assist any patient and family.

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Cultural Competence in Healthcare



- In the healthcare setting, cultural competence refers to the ability to provide appropriate and effective medical care to members of various cultural groups.
- The ability rests on a set of
 - Attitudes
 - Skills
 - Policies
 - Practices
- It is important for providers and organizations to understand and communicate their patients on an in-depth level.
- Providing culturally competent care will allow you to:
 - Provider optimal care for all patients
 - Maintain compliance with laws and recommendations

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Quality of Interaction



- The quality of the patient-provider interaction is a significant factor in determining overall quality of care. When the interaction between patient and the provider is positive:
 - The patient is better able to communicate his or her medical history and symptoms to the provider. This results in diagnosis that are more accurate.
 - The patient is more likely to feel satisfied with the encounter.

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Improving the Quality of the Interaction

- Unfortunately, cultural competence is often lacking in the practice of healthcare today.
- Many providers deliver healthcare based on:
 - Stereotypes
 - Biases
- How can we improve care by moving from stereotypes and biases to cultural competence? We must examine our stereotypes and biases and assumptions.
- By doing this, we can:
 - Learn to appreciate how our unconscious thinking and assumptions affect the way we treat patients
 - Create new ways of thinking

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Avoid Misunderstanding

- Best practices to avoid misunderstanding:
 1. Avoiding pitfalls of nonverbal communication
 - Be very cautious in interpreting nonverbal communication (i.e. facial expressions, eye contact, head movement, hand and arm gestures, personal space and touching)
 - Example: smiling indicates happiness in many cultures, however in China, people smile when discussing something sad or uncomfortable. Tip: Avoid using facial expressions to measure a patient's level of emotional or physical discomfort.
 2. Following the patient's lead
 - Culture dictates the rules for respectful caring behavior. Ask direct questions and pay attention to the patient to determine what the patient expects, wants and needs from you and how the patient expects care to be delivered.

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Avoid Misunderstanding

- Best practices to avoid misunderstanding:

3. Formulating questions

- Avoid YES/NO questions and start with the words, who, what, when, where, why and how. to answer, the patient must have a basic understanding of the question and if the answer seems vague, rephrase and try again.

4. Use Repetition

- Patients who respond to a question by saying 'what?' 'pardon?' or 'could you repeat that?' probably did not understand the question. Rephrase and try again.

5. Interacting with the Patient's Family

- Many cultures place high value on family and family obligation and leads to a desire for family involvement in care. Try to make accommodation for family involvement. Remember, family involvement may help secure patient compliance with treatment

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Avoid Misunderstanding

- Best practices to avoid misunderstanding:

6. Using a Medical Interpreter

- Title VI of the Civil Rights Act mandates that any health- or social- service organization that received federal funding must provide effective language assistance to any patient/client with English proficiency (LEP). Using a medical interpreter can be the key element to providing this assistance.
- If a friend or family member will be interpreting for a LEP patient,
 - have that the friend/family member should repeat exactly what the patient says, except in English. Friends/family members often try to 'help' by modifying what the patients and/or providers say
 - use short, simple sentences
 - ask the friend/family member to repeat your statements back to you before making the interpretation
 - ask the patient to confirm that he/she understands

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Illness and Impairment

- What is Impairment?
 - Impairment is the inability of a practitioner to practice medicine with reasonable skill and safety as result of:
 - mental disorder
 - physical illness/condition, including but not limited to those that would adversely affect cognitive, motor, or perceptive skills; or
 - substance-related disorders including drug/alcohol abuse/dependency
 - Risks to Patients
 - Malpractice
 - Poor diagnosis, medical management, outcomes
 - Bad advice
 - Involvement in crime
 - Abandonment

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Illness and Impairment

- Types of Impairment
 - Alcohol/drug dependence
 - Disorders that cause disruptive behavior
 - Sexual disorders
 - Boundary issues
 - Depression
 - Exhaustion
 - Other psychiatric disorders, e.g. PTSD
- Signs of impairment
 - Deterioration in appearance/dress/hygiene, Sensory signs, Frequent tardiness/absences, Disappearances, Physical problems/accidents, Inappropriate behavior, Hostility towards others, Disorganization/poor performance, Withdrawal from/changes in relationships, Public intoxication/impairment, etc.

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Illness and Impairment



- SHEC & SJCF have **Practitioner Health Committees** whose primary objective is to protect patients and to promote the physical, mental and emotional well-being and fitness of health care practitioners who practice at the hospitals.
- **Duty to Report**
 - Practitioners who are suffering from an impairment are encouraged to voluntarily bring the issue forward
 - If you believe that you or another practitioner may be impaired, contact:
 - Administration (CEO, COO)
 - Credentials Committee Chair
 - A Medical Staff Officer (i.e. President)
 - Refer to medical staff policies for further information.

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Complete Training and Validation



- Read “Key elements for Providing Safe Patient Care”
- Read “HIPAA Privacy, Security and Compliance”

Please **sign the acknowledgement form** indicating your receipt of this packet and your responsibility to become familiar with this information.

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What You Need to Know (Part 2 of 2): HIPAA Privacy, Security and Compliance



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Objectives



At the completion of this learning module, students and instructors will be able to:

- Define HIPAA.
- Identify methods to maintain the privacy and confidentiality of personal protected health information.
- Identify how HIPAA impacts your role.
- Indicate compliance and regulatory issues that may impact your role.

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What is HIPAA?



- In 1996, the federal government passed a law named “HIPAA” (Health Insurance Portability and Accountability Act).
- The law requires healthcare providers to adopt standards in the areas of privacy, security and electronic transfer of data or billing.
- The law defines “**protected health information**” (PHI) and sets standards for healthcare providers to protect that information.
- All healthcare systems have policies in place to ensure that PHI is available, private and secure in order to promote quality care and treatment.

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Patient Privacy Rights



Under HIPAA, patients have certain rights:

- Right to access their health information.
- Right to request an amendment to their PHI if they feel the information is incomplete or inaccurate.
- Right to request a place to receive PHI.
- Right to request restrictions on what PHI can be disclosed.
- Right to request an accounting of what PHI has been disclosed.

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What is Confidential?



- Any information we collect, create, store, etc., that relates to an individual's health and **identifies** the patient is *confidential*.
- This is called **Protected Health Information (PHI)**. PHI includes any information we create.
- PHI includes any personal information we ask the patient to provide.

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Examples of PHI



Protected Health Information (PHI):

- Medical Record Number
- Billing Information
- Medical Information

Personal Information:

- Name
- Address
- Date of Birth (DOB)
- Phone Number
- Insurance and Social Security Numbers
- Medical History

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Forms of PHI

Protected Health Information can be in different forms. Be aware and mindful of these examples:

- Spoken information
- Paper, documents, charts
- Computer screens
- White boards (surgery schedules, patient boards)
- Photos, videos
- Medical container labels (prescription bottles, IV labels, packages, specimen labels, etc.)
- Student post-clinical conference discussions

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Be aware of ePHI

- The “e” in “ePHI” stands for electronic.
- “ePHI” is any information that is accessed or stored electronically using computers or other equipment.
- These electronic devices or computers include:
 - ✓ Desktop computers
 - ✓ Laptop computers
 - ✓ PDA (personal digital assistants)
 - ✓ Smart phones
 - ✓ Computer discs or flash drives
 - ✓ And others

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Caution: Technology/Social Media

- In addition, confidential information should not be transferred to or from, or stored within, **any form of** personal technology (e.g. personal computers, cell phones, etc.).
- Confidential information should **never be** shared in any form of social media outlet such as Facebook, YouTube, etc.
- Video and audio recordings and taking images (pictures) via cell phones or any other electronic device is **not permitted**.
- Text messaging is **not permitted**.



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Examples: Social Media

- Do not comment regarding patients on Facebook, twitter, etc. -even if **not mentioning** a patient's name.
- Do not text or take pictures in work areas.
- Do not save any PHI on a jump (USB) drive.



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The HIPAA Security Rule

- The HIPAA security rule has additional requirements regarding how ePHI is accessed, stored, displayed, and transferred electronically.
- Integrity – this means we must make sure the information is not altered or changed by anyone who does not have the authority to do so.



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Computer Access

- If you are provided computer access with an assigned user ID and password, you must protect the privacy and security of patients' PHI at all times.
- Protect your password and keep it secure.
- Do not share it with others on the workforce team.
- Do not write it or store it in a place accessible by others.
- Use a "strong" password (avoid pet names, sports team names or phone numbers, etc.).

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Access to Your Own Patient Information



- You may not access your own record.
- To access your medical information, you must request a copy of your record from the Health Information Management Department.
- To request a copy of your PHI, you must follow the process outlined by the hospital.

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YOUR ROLE IN CONFIDENTIALITY, PRIVACY, AND SECURITY OF PHI



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Physical Privacy and Security



- Dispose of printed PHI in secure recycling/shredding bins – **never remove** PHI from unit/facility. There should be no patient identifying information on anything that leaves the facility.
- Labels (bottles, IV bags, other) containing PHI should be discarded in privacy bins, biohazard bins or “blackened out” prior to discarding.
- The sharing of patient PHI should be done in a private and secure manner (not in the hallway, break room, cafeteria, elevator, etc.) on a need to know basis.

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Physical Privacy and Security



Never share PHI with family, friends or acquaintances.

Examples:

- *Do not share that you saw your neighbor at the hospital today.*
- *Do not share that you cared for a friend or neighbor.*
- ***HIPAA rules exist inside and outside the facility at all times.***

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Physical Privacy and Security



- Workstations (computers) should be logged off when not in use (Windows L)
- Turn screens away from public view. Use privacy screens.
- Do not send emails containing ePHI.

- Report suspicious behavior by others to Kerry Wolford, the WI Director Record Compliance & Privacy Officer Kerry.wolford@hshs.org or utilize the HSHS Values Line at 1.866.435.5777 or hshsvalueline.ethicspoint.com

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Compliance



- Our hospital abides by specific policies, procedures and regulatory standards.
- It is referred to as *corporate integrity*.
- Corporate integrity or “corporate compliance” means that an organization is abiding by high moral principles and standards set out by that organization.

Our hospital includes the following in their compliance plans:

- General standards of workforce conduct are established.
- Rules and regulations that we must follow.

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Compliance Plans



The rules that our hospital must follow are:

- Health Insurance Portability and Accountability Act (HIPAA)
- False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Prohibition (also called the Stark Law)
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Fraud and abuse in billing

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False Claims Act (FCA)



- Any organization that makes a false claim to the government (Medicare/Medicaid) for payment is in violation of the FCA.
Example: Sending a bill for a service that was not done.
- If an organization is found guilty of doing this, they may be prohibited from participating in any Medicare/Medicaid or other federally funded healthcare program.

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Anti-Kickback Statute

- The federal law forbids anyone to offer, pay, ask for, or receive something of value in return for referring Medicare or Medicaid patients.
- There are fines up to \$25,000 associated with this violation.



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The Physician Self-Referral Law

- This law is applicable to our relationships with physicians.
- The government forbids physicians from referring patients to an entity where a physician has a financial relationship with that entity.
- There are; however, many complicated exceptions to this law.

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Emergency Medical Treatment and Active Labor Act (EMTALA)



- This EMTALA law pertains only to those facilities who have a designated Emergency Department.
- The hospital must perform a medical screening exam to determine if an emergency condition exists for anyone who comes to the emergency department (regardless of their ability to pay).

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Fraud and Abuse in Billing



- **Fraud:** When someone intentionally deceives or makes misrepresentations to obtain money or property of any health care benefit program
- **Abuse:** When health care providers or suppliers perform actions that directly or indirectly result in unnecessary costs to any health care benefit program

The primary difference between fraud and abuse is intention.

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Fraud and Abuse in Billing



Examples of Fraud

- Medicare or Medicaid is billed for
 - Services you never received
 - Equipment you never got or that was returned
- Documents are altered to gain a higher payment
- Misrepresentation of dates, descriptions of furnished services, or your identity
- Someone uses your Medicare or Medicaid card with or without your permission

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Fraud and Abuse in Billing



CMS and Law Enforcement Actions

- When CMS or law enforcement suspect fraud, they may take the following actions:
 - Automatic denials of payment
 - Payment suspensions
 - Prepayment edits
 - Civil monetary penalties
 - Revocation of billing privileges
 - Providers/companies are barred from the programs
 - Providers/companies can't bill Medicare, Medicaid, or Children's Health Insurance Plan (CHIP)
 - Arrests and convictions occur

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Fraud and Abuse in Billing



Key Highlights to Remember

- The key difference between fraud and abuse is intention
- Improper payments are often mistakes
- CMS fights fraud and abuse with support from Program Integrity Contractors
- You can fight fraud and abuse with the 4Rs: Record, Review, Report, Remember
- There are many sources of additional information

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Reporting Compliance Issues



- If you see things that may not be lawful, ethical or do not protect the privacy and security of the patient please notify:
 - Your instructor;
 - The department director;
 - Kerry Wolford, the WI Director Record Compliance & Privacy Officer
Kerry.wolford@hshs.org
 - HSHS Values Line at 1.866.435.5777
 - hshsvalueline.ethicspoint.com



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Complete Validation



- Read “Key elements for Providing Safe Patient Care”
- Read “HIPAA Privacy, Security and Compliance” (this packet)

Please **sign the acknowledgement form** indicating your receipt of this packet and your responsibility to become familiar with this information.