

Non Clinical Student Orientation Packet – 2016

After reviewing each section, sign the Attestation of Orientation and Patient Privacy and Confidentiality, then complete the Contract Staff Orientation Exam prior to starting work.

● Hospital Mission, Vision, Values and Goals

- At PIH HEALTH, we provide the highest quality healthcare without discrimination and contribute to the health and well-being of our communities in an ethical, safe, and fiscally prudent manner in recognition of our charitable purpose.
- Our Vision: Patients First
- Our Values:
 - *Patients First:* Our patients' safety, well-being, and medical condition will be our primary concern at all times.
 - *Respect and Compassion:* We will consistently demonstrate respect and compassion for the beliefs, situation, and needs of our patients and co-workers.
 - *Responsiveness:* We will strive to anticipate needs and respond in a timely way to meet or exceed the expectations of others.
 - *Integrity:* Our attitude and actions will reflect the highest ethical and moral standards.
 - *Collaboration and Innovation:* We will work together – within and outside the organization – to solve problems and pursue opportunities in creative ways.
 - *Stewardship:* We will serve the community wisely through the efficient and prudent use of our financial resources.
- Our Goals:
 - We will provide the highest standards of care to our patients.
 - We will attract and retain the highest caliber people who reflect the diversity and composition of the communities we serve.
 - We will be recognized as the best choice for high quality medical care in our service area, while also expanding the market area in which our reputation is recognized.
 - We will improve the health status of the communities we serve.
 - We will maintain an infrastructure that fosters innovation and efficient operations.

● Patient/Customer Experience

- The patient and customer experience is critical at PIH HEALTH - We strive to create a positive experience for all patients and visitors. Our goal is to be their first choice for healthcare.
- Telephone Etiquette – Speak clearly with confidence. Smiling as you speak projects a friendly tone over the phone. Identify yourself with full name, discipline, and unit you are calling from.
- Service Excellence:
 - Wear your name badge above the waist and facing forward so it is clearly visible to all.
 - Introduce yourself to the patient stating your name, department/discipline and how you'll be involved in their care.
 - Uniform/professional attire should be clean and appropriate for job duties.
 - Respond to patients and hospital staff in a timely manner.
 - Help keep the work area clean and safe.
 - Use appropriate language and be conscious of HIPAA regulations.
 - Notify unit manager of any conflicts that are unable to be resolved during your shift.
- Patient & Customer Experience Behavior Standards HR Policy #100.86500.725
 - Every interaction creates a perception and how we interact with our patients, families, coworkers and physicians is important in creating positive experiences. In order to achieve consistent and positive experiences for our patients, visitors and each other, everyone is expected to always demonstrate the standards outlined in the policy.
 - The specific behaviors outlined in the policy are categorized into four different areas:

- Show Consideration
 - Provide Assistance and Follow Up
 - Inspire Confidence in a Professional Manner
 - Always Demonstrate and Show we are a Team
- Our Code of Conduct is designed to protect and promote organization-wide integrity, to ensure values are adhered to, and to enhance PIH HEALTH Health's ability to achieve the organization-wide mission. If there is a concern about a code of conduct violation, please contact the Compliance Officer at Ext. 12818 or any member of the Corporate Compliance committee.
 - Parking PIH HEALTH policy/procedure #100.86500.661
 - The designated area for students, contract staff and the vendors is the Rear lot parking area.
 - PIH HEALTH is not responsible for thefts, damage or loss of property while parking in any designated area.
 - Dress Code PIH HEALTH policy/procedure #100.86500.718
 - Purpose: To present a clean neat appearance and dress according to the requirements of their positions, taking into account business, safety and infection control standards.
 - Identification badges must be worn above the waist at all times while on duty.
 - No open toed shoes allowed.
 - Tattoos that are visible must be covered.
 - Telephone Etiquette, electronic devices PIH HEALTH policy/procedure # 100.86500.739
 - Employees, contract staff, and students are not to use personal cell phones or other electronic devices in public areas and not unless authorized by the department management and it does not interfere with job performance. Devices will not be used for personal reasons in any public area. This includes hallways and elevators. In addition, head phones or ear pieces are not to be used in work area or public areas.
 - Use of cell phones and other electronic devices for personal reasons is limited to break or lunch time only, and not in work areas including hallways and elevators. Cell phone ear pieces, IPod, or other electronic devices for personal reasons, to include accessing Facebook, Twitter or other social networking sites, is limited to break or lunch times only, and away from work areas.
 - If permitted to carry them, employees are to keep their cell phones on silent modes at all times.

Patient's Rights

Patients have the right to:

- Considerate and respectful care, and to be made comfortable. Have their cultural, psychosocial, spiritual and personal values, beliefs and preferences respected.
- Have a family member (or other representative of your choosing) and to have their physician notified promptly of their admission to the hospital.
- Know the name of the licensed health care practitioner acting within the scope of his or her professional licensure, who has primary responsibility for coordinating their care, and the names and professional relationships of physicians and non-physicians in their care.
- Receive information about their health status, diagnosis, prognosis, course of treatment, prospects for recovery and outcomes of care (including unanticipated outcomes) in terms they can understand. They have the right to effective communication and to participate in the development and implementation of their plan of care. They have the right to participate in ethical questions that arise in the course of their care, including issues of conflict resolution, withholding resuscitative services, and forgoing or withdrawing life-sustaining treatment.
- Make decisions regarding medical care, and receive as much information about any proposed treatment or procedure as they may need in order to give informed consent or to refuse a course of treatment. Except in emergencies, this information shall include a description of the procedure or treatment, the medically significant risks involved, alternate courses of treatment or non-treatment and the risks involved in each, and the name of the person who will carry out the procedure or treatment.
- Request or refuse treatment, to the extent permitted by law. However, they do not have the right to demand inappropriate or medically unnecessary treatment or services. They have the right to leave the hospital even against the advice of members of the medical staff, to the extent permitted by law.
- Be advised if the hospital/licensed health care practitioner acting within the scope of his or her professional licensure proposes to engage in or perform human experimentation affecting their care or treatment. They have the right to refuse to participate in such research projects.

- Reasonable responses to any reasonable requests made for service.
- Appropriate assessment and management of their pain, information about pain, pain relief measures and to participate in pain management decisions. They may request or reject the use of any or all modalities to relieve pain, including opiate medication, if they suffer from severe chronic intractable pain. The doctor may refuse to prescribe the opiate medication, but if so, must inform them that there are physicians who specialize in the treatment of pain with methods that include the use of opiates.
- Formulate advance directives. This includes designating a decision maker if they become incapable of understanding a proposed treatment or become unable to communicate their wishes regarding care. Hospital staff and practitioners who provide care in the hospital shall comply with these directives. All patients' rights apply to the person who has legal responsibility to make decisions regarding medical care on their behalf.
- Have personal privacy respected. Case discussion, consultation, examination and treatment are confidential and should be conducted discreetly. They have the right to be told the reason for the presence of any individual. They have the right to have visitors leave prior to an examination and when treatment issues are being discussed. Privacy curtains will be used in semi-private rooms.
- Confidential treatment of all communications and records pertaining to their care and stay in the hospital. They will receive a separate "Notice of Privacy Practices" that explains their privacy rights in detail and how we may use and disclose their protected health information.
- Receive care in a safe setting, free from mental, physical, sexual or verbal abuse and neglect, exploitation or harassment. They have the right to access protective and advocacy services including notifying government agencies of neglect or abuse.
- Be free from restraints and seclusion of any form used as a means of coercion, discipline, convenience or retaliation by staff.
- Reasonable continuity of care and to know in advance the time and location of appointments as well as the identity of the persons providing the care.
- Be informed by the physician, or a delegate of the physician, of continuing health care requirements and options following discharge from the hospital. They have the right to be involved in the development and implementation of their discharge plan. Upon their request, a friend or family member may be provided this information also.
- Know which hospital rules and policies apply to their conduct while a patient.
- Designate a support person as well as visitors of their choosing, if they have decision-making capacity, whether or not the visitor is related by blood, marriage, or registered domestic partner status, unless:
 - No visitors are allowed.
 - The facility reasonably determines that the presence of a particular visitor would endanger the health or safety of a patient, member of the health facility staff, or other visitor to the health facility, or would significantly disrupt the operations of the facility.
 - They have told the health facility staff that they no longer want a particular person to visit.

However, a health facility may establish reasonable restrictions upon visitation, including restrictions upon the hours of visitation and number of visitors. The health facility must inform them (or their support person, where appropriate) of their visitation rights, including any clinical restrictions or limitations. The health facility is not permitted to restrict, limit, or otherwise deny visitation privileges on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation, or disability.

- Have their wishes considered, if they lack decision-making capacity, for the purposes of determining who may visit. The method of that consideration will comply with federal law and be disclosed in the hospital policy on visitation. At a minimum, the hospital shall include any persons living in their household and any support person pursuant to federal law.
- Examine and receive an explanation of the hospital's bill regardless of the source of payment.
- Exercise these rights without regard to sex, economic status, educational background, race, color, religion, ancestry, national origin, sexual orientation, disability, medical condition, marital status, registered domestic partner status, or the source of payment for care.
- File a grievance. If they want to file a grievance with PIH Health Hospital - Whittier they may do so by writing or by calling:

PIH Health Hospital - Whittier
 Nursing Administration
 12401 Washington Blvd.
 Whittier, CA 90602-1006
 562.698.0811

The grievance committee will review each grievance and provide them with a written response within seven days. The written response will contain the name of a person to contact at the hospital, the steps taken to investigate the grievance, the results of the grievance process, and the date of completion of the grievance process.

Concerns regarding quality of care or premature discharge will also be referred to the appropriate Utilization and Quality Control Peer Review Organization (PRO).

- File a complaint with the California Department of Public Health regardless of whether they use the hospital's grievance process. The California Department of Public Health's phone number and address is:

California Department of Public Health
Administrative Headquarters Staff
Health Facilities Inspection Division Administration
12440 E. Imperial Highway, Room 522
Norwalk, CA 90650
800.228.1019

Or

File a complaint regarding PIH Health Hospital - Whittier with the Joint Commission regardless of whether you use the hospital's grievance process at:

The Joint Commission
Office of Quality Monitoring
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
800.994.6610

This Patient Rights document incorporates the requirements of the Joint Commission; Title 22, California Code of Regulations, Section 70707; Health and Safety Code Sections 1262.6, 1288.4 and 124960; and 42 C.F.R. Section 482.13 (Medicare Conditions of Participation).

Patient's Responsibilities

Patients are responsible for:

- Providing, to the best of their knowledge, accurate and complete information about their health, and medical history, including presenting complaints, past illnesses, hospitalizations, medications, vitamins, herbal products and other matters relating to their health including perceived safety risks. They are responsible for reporting care problems and/or unexpected changes in their condition to the responsible practitioner.
- Asking questions when they do not understand what has been told to them about their care or what they are expected to do.
- Following the treatment plan developed with the practitioner. They should express any concerns they have about their ability to follow the treatment plan.
- Actively participate in their pain management plan and to keep their doctors and nurses informed of the effectiveness of their treatment. This includes reporting their degree of pain and the effects or limitations of pain treatment.
- Accepting the consequences of failing to follow the recommended course of treatment or using other treatments, including the outcomes of refusing treatment or failing to follow practitioner instructions.
- Following the hospital's rules and regulations concerning patient care and conduct.
- Treating all hospital staff, medical staff other patients and visitors with courtesy and respect.
- Being considerate and respectful of other patients and staff by maintaining civil language and conduct, by not making unnecessary noise, smoking or causing distractions and respecting the privacy of others.
- Ensuring that the hospital has a copy of their Advance Directives. They may express their wishes verbally to hospital staff.
- Recognizing the effect of personal lifestyle upon their personal health.
- Keeping appointments and being on time for appointments or to call their healthcare provider if they cannot keep their appointment.

- Leaving valuables at home and only bringing necessary personal items for their hospital stay and informing nursing staff of belongings sent home or additional items brought at a later time.
- Respecting the property of other persons and that of the hospital.
- Providing complete and accurate information, including their full name, address, telephone number, date of birth, Social Security number, insurance carrier and employer, when it is required. They are expected to provide complete and accurate information about their health insurance coverage.
- Promptly paying their bills and meeting the financial commitments agreed to with the organization.

Patient's Rights / Ethics Committee

General Purpose & Activities

The Patient's Rights and Ethics Committee serves as an advisory committee that 1) promotes an environment throughout the hospital that respects the patient's wishes and legal rights, 2) ensures healthcare is provided in an ethical manner, and 3) ensures compliance with patient's rights and ethics regulations. The committee is comprised of a multi-disciplinary team representing various departments.

In order to achieve its goal the committee has three main objectives and they include:

1. **Consultation Services** – any physician, employee, patient, family member or patient representative can access the Patient's Rights and Ethics Committee by requesting a consultation. The goals of this services are:
 - a. To promote an ethical resolution;
 - b. To establish comfortable and respectful communication among those involved;
 - c. To help those involved learn to work through ethical uncertainties and disagreements on their own; and
 - d. To help the committee recognize patterns within the hospital and consider reviewing hospital procedures or policies (Hester and Schonfeld, 2012).
2. **Policy Development, Review and Implementation** – the committee will assist in the development, periodical review and implementation of policies that pertain to patient rights and ethics (Hester and Schonfeld, 2012).
3. **Education** – the role of education is twofold. First the committee will educate itself and maintain competency in the area of healthcare ethics, patient's rights and hospital policies. Second the committee will assist in educating the hospital staff, physicians and patients/families. (Hester and Schonfeld, 2012).

Core Ethical Principles

- **Autonomy** - Self-determination, Choice. (*e.g. informed consent, advance healthcare directives, etc.*)
- **Beneficence** - The obligation to promote the good of the patient. (*e.g. think do good; think achieve positive results*)
- **Fidelity** - Faithfulness and loyalty. (*e.g. do everything possible to help the patient*)
- **Justice** - Decisions about withholding and withdrawing treatment should involve shared decision-making by patients/surrogates and providers. (*e.g. think fairness and consistency*)
- **Non-maleficence** - Avoid or minimize harm to patients. (*e.g. when deciding whether or not to recommend an operation procedure, be fully aware of any secondary medical problems that might increase the patient's risk or harm (short and long term), effectiveness and cost*)
- **Respect** - Dignity of Human Life (*e.g. patient lives are to be respected*)
- **Veracity** - Facts, accuracy, honesty (*e.g. the truth should be told*)

References:

- American Medical Association. (1985). *Guidelines for Ethics Committees in Health Care Institutions*. JAMA. 1985: 253: 2698-2699
- California Hospital Association. (2014). *Consent Manual 41st Edition*
- Hester, D.M & Schonfeld, T. (2012). *Guidance for Healthcare Ethics Committees*. Cambridge University Press

- **Performance Excellence and National Patient Safety Goals**

- PIH HEALTH strives to continually improve the quality of services to all of our customers. The hospital model for performance improvement ('PI') is PDCA – Plan, Do, Check, Act. The PDCA model provides the framework for structuring, monitoring, and evaluating activities as well as an opportunity for critical analysis of patient care quality.
- Organizational processes include seven functional teams whose primary goals are to improve performance and to meet all requirements of regulatory agencies.

- **Environmental Safety Procedures**

- In the event of any code hospital personnel will respond appropriately.
- When "Code Pink"/"Code Purple" is announced all hospital staff will stop where they are at and monitor that area. Staff will stop and report any of the following to security immediately:
 - Suspicious persons.
 - Persons with infant/children.
 - Persons with parcel or bags that are large enough to conceal an infant.
 - Stop and question anyone suspicious. If uncooperative, do not stop them, but follow them to the car and get the license plate number if possible and notify security. In addition provide a detailed description of the individual: height, weight, and color hair, eyes, clothing age, any distinguishing marks or features.
 - In the event of Code Pink/Purple: all hospital personnel will respond to all Code Pink / Purple announcements and stop the flow of traffic throughout the facility and at all entry/exit doors until the "All Clear" has been announced by COMMUNICATIONS (CBX)

- **PIH HEALTH policy/procedure #84200.704**

- **Emergency Codes:**

- | | |
|---------------------------------|---|
| ● Code Red | Fire |
| ● Code Blue | Medical Emergency – Adult |
| ● PALS Code Blue | Medical Emergency Pediatric |
| ● Code White | Medical Emergency Neonate/Infant |
| ● Code Pink | Infant Abduction |
| ● Code Purple | Child Abduction |
| ● Code Yellow | Bomb Threat |
| ● Code Gray | Combative Person |
| ● Code Silver | Person with a Weapon / Hostage Situation |
| ● Code Orange | Hazardous Material Spill / Release |
| ● Code Green | Evacuation (Precautionary) |
| ● Code Green STAT | Evacuation (Crisis) |
| ● Code Triage – Internal | Internal Disaster |
| ● Code Triage – External | External Disaster |
| ● Code Decon | Patient Decontamination |
| ● Code Gold | Unannounced Survey |
| ● Code STEMI | Impending heart attack patient arriving in the ED |
| ● Infant Rapid Response Team | Infant (less than 28 day old) prevent cardiac arrest |
| ● Pediatric Rapid Response Team | Pediatric (29 days – 13 years old) prevent cardiac Arrest |
| ● Adult Rapid Response Team | Adult Patient whose condition appears to be worsening |
| ● Stroke Team Level 1 | Patient onset of stroke symptoms less than 8 hrs prior |
| ● Stroke Team Level 2 | Patient onset of stroke symptoms more than 8 hrs prior |
| ● Code Obstetric (OB) | OB Hemorrhage |
| ● Code Hyperthermia | Triggered by drugs commonly used in Anesthesia |

- **Electrical Safety**

- In the event of power failure, utilize red outlets.
- Only use extension cords provided by Maintenance or Biomedical Services.
- Do not use any equipment with worn or frayed cord. Report damage to supervisor.

- **In Case of Fire**

- R – Rescue anyone in danger
- A – Alarm (pull nearest alarm, call 12999, and inform CBX)
- C – Contain fire by closing all doors
- E – Extinguish fire if safe to do so, or evacuate if the order is given
Know the location of fire alarms, extinguishers and emergency exits

- **Medical Emergencies**

- If your location is in the hospital, note your location and call extension 12999 immediately.
- If your location is adjacent to the hospital (Wells MOB, or Washington MOB), call extension 12999 immediately, and then make an outside call to 911. To make an outside call, dial “9” first.
- If your location is away from the hospital, make an outside call to 911. To make an outside call, dial “9” first.

- **Infection Prevention**

- Hand hygiene is the best way to prevent the spread of infections. Please wash hands before and after contact with patients, preparing food or medications, or when common sense dictates. Use soap, water and friction after bathroom activities or when hands are visibly soiled; otherwise waterless alcohol based hand sanitizers are acceptable.
- Please teach and practice respiratory etiquette: Cover all coughs and sneezes, then wash hands.
- Any patient equipment that goes patient to patient must be cleaned after each use (such as a stethoscope, gait belt, or BP cuff).
- Any equipment not used on a patient, such as a computer or Vocera should be cleaned by the user and as needed.
- Due to the increase in Pertussis in California, all employees are offered Tdap. All employees who care for infants in the health care setting should receive a Tdap booster.
- Please stay home when ill. If you have a fever, cannot control your sneezing or coughing, do not come to work. People who work when ill are more likely to make errors and spread infections to their coworkers. It is harder to replace you if sent home ill than if you call in ill.
- Maintain appropriate vaccinations (HBV, Tdap, Chickenpox, Flu.). Vaccines are safe, protect you and protect everyone you come into contact with. This is science, not a belief.
- Public Health department requires all staff, contract staff, and students to receive a flu vaccine every year or wear a mask when in patient care areas. Flu vaccine is available through Employee Health in Human Resources (Extension 12483).
- Please question the need for any invasive device daily and follow evidence based best practice. Remember, the first rule in health care is “to do no harm”.
- The Infection Preventionists are available Monday – Friday at x13718.. You may leave a voicemail or email us any concerns so we can assist you. On the PIH Intranet, under Quality Management, chose Infection Control to access information on numerous topics like Scabies, bedbugs, staph infections, and an alphabetical listing of diseases by the CDC for isolation guidelines.

- **Highly Contagious Disease Plan**

- A Code Triage Watch will be initiated for emerging Highly Contagious Diseases.
- Ebola is an example of a highly contagious disease.
- The purpose of preparedness plan is to:
 - Minimize/eliminate employee exposure by implementing a range of exposure control measures.
 - Be prepared to care for a patient with a highly contagious disease.

- PIH Health has a comprehensive plan that includes: a detailed **preparedness plan** that provides for rapid screening, medical management of identified patients, notification, stabilization and transfer of identified patient to designated receiving center and safety for patients and staff. Our preparedness plan also includes specific plans regarding communication; supply inventory and management; education and training, incorporation of local and county plans, and plans to manage patient flow.
- **Fall Prevention and Management PIH HEALTH policy/procedure #100.87200.609**
 - All patients are considered to be at risk for falls based on being in an unfamiliar environment.
 - EVERYONE is responsible for identifying and responding to situations that could potentially lead to a fall.
- **PIH HEALTH policy/procedure #83600.604 and #83600.606**
 - All healthcare workers are mandated abuse reporters. In a healthcare setting, the reporting of all types of abuse is mandatory. Abuse can include child abuse/neglect, elder/dependent, adult abuse or domestic violence. Forms of abuse can include physical abuse, abandonment, intimidation, isolation, financial abuse, exploitation, sexual abuse and/or neglect.
 - If you learn that a patient in the hospital has been abused, notify a social in the hospital @extension 12453 or through Vocera. If a social worker is not available or you are not in the hospital setting,, notify a supervisor. In a clinical area of the situation.
- **Advance Directives PIHHEALTH policy/procedure#87200.628**
 - Advance healthcare directive (ADHC) or advance directive (AD) means either an individual healthcare instruction or a power of attorney for healthcare (Ca. Probate Code Section 4605). It is a legal document allowing a patient to document his or her desires concerning health care decisions, particularly decisions concerning end-of-life and/or to designate another person to make healthcare decisions when the patient is not able to make decisions for him or herself.
 - All adult patients on admission will be provided with the PIH Health advance health care directive brochure that outlines the patient's rights under the Patient Self Determination Act (PSDA). PIH Health will comply with state and federal statutes, regulations and court decisions regarding advance healthcare directives (ADHC).
 - The patient has the right to formulate an ADHC at any time or to review and modify the current ADHC. For detailed information please review the policy.
- **.Chain of Command PIH HEALTH policy/procedure#86100.716**
 - If a concern relates to patient care operations, the chain of command is as follows:
 - Charge Nurse
 - Care Center Coordinator/Shift Director/Supervisor
 - Care Center Administrator/Vice President/Administrator on Call
 - Chief Nursing Officer
 - President and Chief Executive Officer
 - Administrator on call, if after hours, weekends, or holidays.
 - For concerns relating to physicians, the chain of command can be initiated by any manager or house supervisors, and is as follows:
 - Primary MD
 - Medical Director
 - Department Chair
 - President, Medical Staff
 - Senior Vice President and Chief Medical Officer
 - President and Chief Executive Officer
 - Administrator on call, if after hours, weekends, or holidays
- **Reporting of Incidents**
 - All incidents or events shall be reported electronically in a Remote Data Entry Form (RDE) in the MIDAS system shall be completed for any adverse event (Sentinel event or “28 Never” Adverse Event) or any event that is not consistent with the routine operation of the hospital or practices, such as, the routine

care of patients or has the potential for accident, injury, illness or property damage or any incident that might result in a dispute or lawsuit (litigation).

- Employee or Volunteer injuries should not be documented in the MIDAS system timely and by the end of their shift/work hours.
- Any employee witnessing, discovering or being informed of an incident shall complete an RDE via the Midas system. This individual may be an employee or a volunteer, but not a physician. Once the incident is stabilized, (i.e. appropriate care has been initiated), the employee or volunteer should *immediately* notify his/her or the area supervisor and complete the RDE. When a *serious* incident occurs (e.g. serious injury to patient/visitor) the employee or volunteer shall *immediately* notify his/her or area supervisor and the Risk Management Department via telephone (extension 13592) then complete the RDE.
- The electronic RDE can be accessed through the PIH intranet>>Application Links>>Midas RDE. There are different categories that can be chosen depending on the incident and if it is a patient or non-patient related incident. Once the electronic form is filled out in entirety, it must be submitted. The report will be immediately routed to the appropriate department.
- Employees must refrain from discussing any incident with and/or in the presence of other employees, patients, physicians, visitors, or others outside the hospital.
- Electronic Incident Reports (RDE's) are confidential documents.

- **Reporting of Injuries - HR Policy 86500.785**

- To report a workplace injury, notify your immediate supervisor promptly. In case of injury to yourself: Employees are responsible for immediately reporting any work-related injury or occupational illness they suffer regardless how minor, to their department manager or other person in charge of the working area. Failure to report an illness or injury may affect eligibility for benefits and may result in disciplinary actions.

- **Reporting of Concerns (APR.09.02.01)**

- Per APR.09.02.01 of the Joint Commission for Accreditation of Healthcare Organization standards, any individual who provides care, treatment and services can report concerns about safety or the quality of care to The Joint Commission without retaliatory action from the hospital. Such concerns may be shared directly with the Joint Commission online at http://www.jointcommission.org/report_a_complaint.aspx or by e-mail at patientsafetyreport@jointcommission.org

- **Population Specific Care**

- **Age Specific Care** - In order to provide the best care to our patients, PIH HEALTH employees must understand that our patients have individual, age specific characteristics that may affect how they view illness and medical care.
 - Stage I (birth-1 year):
 - Child has basic needs (feeding, bathing, sucking, and affection).
 - If possible, parents should remain nearby to provide comfort to the child following painful procedures.
 - Stage II (1-3 years):
 - Child becoming more autonomous.
 - When possible, familiar routines should be maintained while the child is in the hospital.
 - Stage III (3-6 years):
 - Child becoming more imaginative and inquisitive about his/her surroundings.
 - Be careful to avoid causing feelings of guilt or punishment related to hospitalization.
 - Demonstrating procedure on a doll or stuffed animal may help to calm the child's fears.
 - Stage IV (6-12 years):
 - Child learning to reason, to think logically, and act according to rules.
 - An honest approach to describing procedures will help build and maintain trust.
 - Allow time for the child to talk about their frustrations or concerns.
 - Stage V (12-18 years):
 - Child may demonstrate increased desire for privacy.
 - Child may demonstrate increased concern about their physical appearance.
 - Stage VI (18-30 years):
 - Assess impact of emotional response to illness.
 - Encourage the patient to explore options and choices in response to illness.

- Stage VII (30-60 years):
 - Allow the patient to participate in the plan of care to meet the goal of regaining health or adjusting to illness.
 - May have concerns about the effects of their hospitalization on family and career.
- Stage VIII (60+ years):
 - Assess for any stresses related to independence affected by transitions and losses that may impact health and response to illness/hospitalization.
 - Include the older patient in the plan of care. Explanations should be given in a manner that respects the patient as a thoughtful, mature, and capable individual.
- **Cultural Diversity and Sensitivity** - Culture affects how individuals deal with health and illness. In order to provide the best care, PIH HEALTH employees must understand that various cultures view illness and medical care differently. The following are ways to approach cultural competence:
 - **Awareness**
 - Of one's own biases and preconceptions and how they may affect care and treatment of others.
 - Be aware that each patient or client we encounter also has their own viewpoint and way of looking at the world.
 - **Skills**
 - Learn the skills to interact with people of various backgrounds.
 - Send/receive verbal/nonverbal messages accurately.
 - **Knowledge**
 - Understand specific needs of cultural groups.
 - Know each person is an individual within their cultural group.
 - Many people are at least "bi-cultural", having adopted values from two or more cultures they live within.
 - **Encounters/Experience**
 - Every time we work with someone from a different culture, we learn more.
 - Experience helps us to modify our perceptions.
 - **Desire**
 - We must want to become culturally aware.
 - Our motivation is to give the best care to all our patients or clients.
 - **Tools in place to support client diversity:**
 - Translator list available in Human Resources (extension 12483) and Nursing Administration (extension 12501).or on vocera saying the command ""(language needed) Translator" (e.g. Spanish Translator)
 - Telephone or video conferencing using Stratus and iPads located in communication, Nursing Office, and various locations throughout the hospital. This service also provides a sign language interpreter.
- **Obesity – Disease Awareness and Sensitivity**
 - Obesity is a complex, multifactorial chronic disease that develops from an interaction of genetics and environment. It involves social, behavioral, cultural, physiological, metabolic and genetic factors..
 - Obesity is defined as a body mass index (BMI) >30kg/m. The prevalence of obesity in the United States continues to rise dramatically .and there is a world epidemic of obesity.
 - More than 33% of adults in the US are obese (72 million)
 - More than 64% are overweight with a BMI>25kg/m
 - Medical complications include: Pulmonary disease, coronary heart disease, hypertension, stroke, diabetes, and more.
 - Direct costs of treating obesity and its complications are estimated at over \$100 billion per year in the US.
 - Many obese people report feeling discriminated against in their day-to-day lives. There may also be a weight bias in HealthCare. Reluctance to seek preventative care due to embarrassment, delaying or cancelling of appointments, and stigmatization by physicians and healthcare workers are all reasons contributing to weight biases. It is the responsibility of healthcare professions to examine their possible bias and to ensure empathetic care. Our role includes:

- Care for both physical needs and emotional needs.
- Provide support and encouragement, utilizing communication, listening skills, while conveying compassion and empathy
- Provide adequate equipment.
- Avoid making remarks about patient size.
- Educate ourselves and others about the stigma of obesity, challenge negative attitudes.

- **Team Building**

PIH HEALTH defines teamwork as a group of people working together to accomplish a shared purpose. The members of the group work together and are equally accountable to each other. Through teamwork we are able to tap into individual strengths and wisdom in order to reach a shared purpose. The result of good teamwork is greater quality due to collective wisdom, enhanced relationships, and increased trust and collaboration.

- **Proper Waste Removal:**

- **Biohazardous Waste** includes: Blood spills; saturated or grossly soiled disposables such as gauze and gloves; containers, catheters and blood sets should be placed in a red bag.
- **Sharps** include: Needles, syringes, staples, and wires. Sharps should be placed in a sharps container.
- **Regular trash** includes: Empty IV bags; tubing without needles; food products and waste; and unused medical products and supplies. These are disposed of in a brown clear trash bag.
- **Pharmaceutical Waste** is defined as prescription and over-the-counter drugs that are damaged, contaminated or outdated, or a partial dose. Examples include: Controlled medication, partial tubes of creams or ointments, eye drops, partial bottles (glass) liquid medication, partial vials/amp of injectables, partial IV solutions/piggybacks with medications, tablets and capsules that cannot be reused. Place in Pharmaceutical Waste Container located on your unit.

- **Hazardous Materials (Safety Data Sheets)**

- Information about all hazardous materials within the hospital may be accessed through the Dolphin RTK MSDS Solution link found on the intranet homepage in the application links section.
- If you have additional questions regarding hazardous materials, contact the Hazardous Materials Officer @ Extension 13022.
- If you have additional questions regarding hazardous materials, ask an employee how you can contact the Hazardous Materials Officer @ Extension 13022.

- **Procedures for Medical Equipment Repair**

- Biomedical Engineering will have a technician respond to service calls in a timely fashion during normal working hours (Monday-Friday from 0700 to 1700, excluding holidays). After hours or holidays, telephone response time will be within a half-hour after the service call is placed. Departments requesting service must contact Biomedical Engineering at extension 12986.
- After hours: The department supervisor or designee shall make the decision as to whether a service call is necessary or if a repair can wait for normal working hours. After hours service calls are reported to Aramark Healthcare Technologies at (800) 272-3553.

- **The Impaired Practitioner PIH HEALTH policy/procedure 100.87200.636 (physician), 100. 87200.617 (RN) and 100.86500.780 (Employees, Contract Staff, Students and Volunteers)**

- To assure safe medical management of patient care when a medical staff practitioner, allied health professional, nurse or any employee on duty is suspected to be under the influence of alcohol and/or drugs, the following steps should be taken:
 - For the impaired practitioner, any hospital staff member should report the incident immediately to their manager or shift supervisor, who in turn contacts the Chief Nursing Officer (CNO).
 - The CNO reports the incident to the Chief of Staff or Medical Executive Committee designee for appropriate action.
 - The incident will be reported to the Physician's Well Being Committee for department chair review, and recommendations will be sent to the Executive Committee.

- For the impaired nurse or other employee, contract staff, or student
 - Notify unit manager or house supervisor and appropriate administrator if suspicious of impairment by drugs or alcohol.
 - Unit manager or house supervisor will assess and notify CNO and Human Resources Chief.
 - Employee will be escorted to ED for testing and a ride home arranged.
- At risk criteria includes but is not limited to the following:
 - Observed use or possession of substance thought to be alcohol or drugs.
 - Reports from one or more sources considered reliable which allege that the employee has impaired functioning and/or the presence of alcohol or drugs in his/her body.
 - Indicators of impaired fitness for duty, such as
 - Slurred speech
 - Odor of alcohol
 - Disorientation
 - Lack of motor control
 - Unsteady gait
 - Unsafe actions
 - Erratic behavior
- **Pain Management PIH HEALTH policy/procedure #100.87200.624**
 - Patients have the right to effective pain management.
 - If a patient complains to you about pain they are experiencing, notify a nurse immediately.
 - Document the use of preventative measures, interventions, patient education, and assessments in the MR.
- **Color-Coded Wristband Standardization PIH HEALTH policy/procedure #87200.625**
 - Color-Coded Wristbands are utilized to identify and communicate patient-specific risk factors or special needs. These risk factors or special needs must also be documented in the patient's medical record.
 - The following represents the only color-coded wristbands used:
 - **White** wristbands are used for patient identification. These may be applied by registration staff in accordance with hospital policy #85600.624
 - **Purple** wristbands are used to identify patient with a "Do Not Resuscitate" order. Purple Band will display DNR.
 - **Red** wristbands shall be used to identify patients with allergies. Red Band will display "Allergies" All allergies should be documented in the medical record.
 - **Yellow** wristbands are used to identify patients at risk for falls. Yellow Band will display "Fall Risk".
 - **Black** wristbands are used on patients where one of their extremities is not to be used for blood pressure measurement or blood draws. Black band will display "Do Not Use this Extremity"
 - **Blue** wristbands are used on patients who are admitted to the following area with a different account number: Acute Rehabilitation Center, Transitional Care Unit, the Infusion Center, Surgical Admitting Unit and outpatient testing / procedure areas. Policy 100.86500.624

PIH Health
Health Insurance Portability and Accountability Act (HIPAA)
- A Primer -
Patient Privacy: It's everyone's job, not everyone's business!

What is HIPAA?

- HIPAA is the acronym for the Health Insurance Portability and Accountability Act of 1996
- Federal legislation that governs among other things the privacy and security of private health information (PHI) and a patient's rights to access their own health information
- Safeguards the confidentiality of protected health information (PHI) and protects the integrity of health data while allowing the free flow of information for the provision of healthcare... a.k.a. the Privacy Rule
- Addresses the required physical, technical and administrative safeguards that must be employed to protect the integrity, availability, and confidentiality of electronic health information... a.k.a. the Data Security Rule

Who must comply with HIPAA?

- All "Covered Entities" must comply with the requirements of HIPAA
- A Covered Entity is defined as one of the following:
 - Healthcare provider
 - Health plan
 - Healthcare clearinghouse
 - PIH Health's Business Associate

How to Recognize PHI (Protected Health Information) - A 4-Point Checklist

1. Protected health information (PHI) is past, present, or future health info collected by a covered entity from a patient that identifies the patient or can be used to reasonably identify the patient. There are several ways, other than the patient's name, that health information can identify a patient; here are some examples:
 - Social Security Number
 - Address, phone / fax #
 - Medical Record Number
 - Photo
 - Driver's License Number
 - E-mail address
 - Account/Health Plan ID Number
 - Date of Birth
 - NOTE: Sometimes one item of information alone won't identify a person, but a combination of items may give you a reasonable basis for linking PHI to a person. If it does, the health information is PHI.
2. PHI can be information we create or that we receive from another provider.
3. PHI can be written, verbal, faxed, emailed, or text messaged.
4. PHI can be written or printed on paper, displayed on a computer screen, or provided on some other media.
5. Generally speaking, prior to PHI being disclosed a patient must authorize the disclosure. However, PHI can be used and disclosed without patient authorization while treating a patient, obtaining payment for treatment services, or conducting healthcare operations associated with the treatment provided to the patient.

Patients' Rights under HIPAA - A 6-Point Checklist

1. Patients must be given a copy of PIH Health's Notice of Patient Privacy Practices.
2. Patients may ask us to restrict how we use or disclose their protected health information (PHI).
3. Patients may ask us to communicate their PHI by an alternative method or to an alternate location.
4. Patients may inspect and/or obtain a copy of their medical records or PHI that we maintain through PIH Health's Health Information Management (HIM) Department.
5. Patients may ask us to amend or correct their medical record and/or PHI that we maintain. The HIM Department will assist in accomplishing this.
6. Patients may request a list (an accounting) of when their PHI was used or released for reasons other than treatment, payment or healthcare operations.

Potential Consequences of Violating HIPAA - A 7-Point Checklist

1. Civil penalties can range from \$100 to \$50,000 per violation. With a maximum penalty of \$1.5 million in a calendar year for all violations of the same requirements.

2. Criminal penalties of up to \$50,000, and a one-year jail sentence for knowingly releasing patient information in violation of HIPAA.
3. Gaining access to or release of patient information under false pretenses can result in a five-year sentence and a \$100,000 fine.
4. Releasing patient information with harmful intent or selling the information can lead to a ten-year prison sentence and a \$250,000 fine.
5. The hospital and employee can be sued for damages by patients through lawsuits.
6. Disciplinary action up to and including termination of employment at PIH Health.
7. If you have knowledge of a violation or potential violation of PIH Health's privacy policies, report it immediately to the HIPAA Privacy and Data Security Officer, ext. 2894, or the Corporate Compliance e-hotline at <https://pihhealth.alertline.com/> or the Corporate Compliance Hotline:

(866) 368-1901
(800) 297-8592

Giving Patients our Notice of Privacy Practices - A 8-Point Checklist

1. During the registration process, we must give patients our Notice of Patient Privacy Practices, describing how we are allowed to use and disclose their PHI.
2. The Notice must be given before the first delivery of services, except in emergency treatment situations.
3. Patients not given our Notice due to an emergency treatment situation must be given the Notice as soon as possible after the emergency ends.
4. In most cases, if the patient is a minor or incompetent, our Notice must be given to the patient's personal representative.
5. We encourage the patient to sign an acknowledgment of receiving our Notice of Privacy Practice. However, signing this acknowledgment is not a condition to treatment.
6. We must document the efforts made to obtain the signature and, as appropriate, why they were unsuccessful.
7. We may deliver our Notice electronically, if the patient has agreed in advance to receive the notice that way.
8. We must post our Notice in prominent locations and provide it to any persons who ask for one. Copies are available at all Registration areas and in the HIM Department.

Processing Requests to Obtain an Accounting of PHI - A 7-Point Checklist

1. Patients may get a written accounting of disclosures of their PHI made by us and our business associates for reasons other than treatment, payment or healthcare operations.
2. Patients must make their requests in writing by completing the form Request for Accounting of Disclosures, available in the HIM Department.
3. The accounting covers disclosures beginning April 14, 2003.
4. We must provide the accounting within 60 days of the request unless we get an extension. We can get a one-time extension of 30 days.
5. The accounting must list the disclosure date(s), the recipient, the purpose, and a description of the PHI disclosed.
6. The patient can receive one accounting in a 12-month period free of charge. Additional accountings will be provided for a fee.
7. All disclosures of PHI must be kept for six years. In addition, the documentation of accountings provided must be kept for six years.

Processing Patient Requests to Amend Their PHI

1. Patients may ask to amend their PHI.
2. Patients must make their requests in writing by completing the form Request to Amend Protected Health Information, available in the HIM Department and in all patient care areas.
3. The request should be forwarded to the HIM Department
4. We must act on the request within 60 days unless we get an extension. We can get a one-time extension of 30 days.

5. We must notify patients that we granted or denied their request.
6. We must add any amendment which we have approved to the patient's medical record and establish an electronic link to information stored in our computer systems.
7. We must ask the patient who else needs the amended record and give it to whomever the patient identifies.

Processing Patient Requests for Access to Their PHI - A 7-Point Checklist

1. Patients may ask for access to PHI that we maintain on them in our medical record or business office records.
2. Access may be either by inspection and/or through obtaining copies.
3. Patients must make their requests in writing by completing the form Request for Access to PHI, available in the HIM Department and in all patient care areas.
4. The request should be forwarded to HIM department.
5. Upon approval, inspection must be provided within five working days of receipt of the written request. Copies must be provided within 15 calendar days.
6. Patients may make as many requests for access as they like.
7. We must keep all documentation regarding a patient's request for access for at least six years.

Minimum Necessary Standard of HIPAA - A 5-Point Checklist

1. PIH Health is required to adopt a "minimum necessary" standard in its use and disclosure of PHI.
2. Simply stated, the amount of patient data that you are allowed to access is dependent on the information you require to carry out your job.
3. For PHI contained in the medical record, the HIPAA Privacy Office and Data Security determines criteria and policies to define "minimum necessary" for chart requests.
4. For PHI contained in computer systems, the HIPAA Privacy and Data Security Officer sets criteria and policies to define "minimum necessary" within the computer systems.
5. The Information Solutions department has procedures for monitoring and adjusting access levels to PHI based on changes in an employee's status, department, and job.

Accessing a Computer System Containing PHI - A 6-Point Checklist

1. Never share your computer login (user ID and password) with anyone. Computers log activity and track which patients are accessed by your user ID.
2. To protect your own login, always sign off the computer system whenever you are done using it or lock the system.
3. Never leave patient information displayed on the computer screen when you walk away from the workstation.
4. All PIH Health systems containing PHI will be set to automatically log off a user after 15 minutes of no activity.
5. Never leave faxes or printed reports on the fax machine or printer, unless it is in a secured area.
6. All workstations that can access PHI must be in a secured location and not be visible to the public.

Using a Computer System Containing PHI - A 6-Point Checklist

1. Never store or save patient PHI on a CD, diskette, USB Flash Drive, or any local disk drive (e.g., C:drive.)
2. PHI should not be entered into mobile devices or laptops without prior approval from the HIPAA Privacy and Data Security Officer.
3. PHI may not be sent to any external e-mail address without adding the word 'SECURE' to the subject line for automatic encryption of the message.. (Note: External e-mail addresses do not end with@pihealth.org.)
4. Any databases created in Microsoft Excel or Access (or similar software program) that contains PHI must be approved in advance by the HIPAA Privacy and Data Security Officer.
5. If other programs (e.g., Microsoft Word, Excel, and Access) are used to record or transmit PHI, all of the same protections apply for that PHI.
6. Immediately report any known or suspected information security problems to the HIPAA Privacy and Data Security Officer.

Manual Faxing of a Patient's PHI - A 9-Point Checklist

1. Fax only when PHI is needed for emergency or immediate patient care, or when the patient authorizes faxing.
2. Never fax sensitive information such as mental health records, chemical dependency records, or clinical results of HIV tests.

3. Use only the hospital's approved fax cover sheet.
4. Verify the fax number of the recipient before faxing.
5. Test pre-programmed fax numbers before using them for the first time.
6. File the fax transmission receipt in with the faxed material, or on the patient's medical record.
7. If a fax goes to the wrong fax number, contact the recipient and request that the material be returned. Fill out a MIDAS Incident Report on this incident.
8. Tell frequent fax recipients to notify you when their fax number or area code changes.
9. If you receive a misdirected fax containing patient PHI, call the sender of the fax and follow their instructions for returning or destruction of the fax.

HIPAA Do's...

- Remember to talk softly if your conversation can be overheard.
- If you have questions about HIPAA, a patient's rights under HIPAA, or PIH Health's policies and procedures, call the HIPAA Privacy and Data Security Officer, ext. 12818.
- Be careful when using patient sign-in sheets that the PHI on them cannot be viewed by the public.
- Be careful what information you relay to individuals other than the patient. The patient might have placed restrictions on what he/she allows to be disclosed.

HIPAA Don'ts...

- Don't take any printed reports or written records home with you, even if they are temporary notes created by you.
- Don't throw papers or reports containing PHI away in the trash can. Use only PIH approved recycle bins.
- Don't provide patient information to anyone unless you are sure it has been approved for release by the patient.
- Never "lend" your user ID/password to anyone nor use someone else's user ID/password. Systems log and track activity and use these to identify accesses to the patient data.
- Don't leave PHI on any answering machine or recording device.
- Do not discuss PHI when either party may be using a speaker phone.
- Do not speak with a loud voice when using a Vocera wireless communication device.
- Don't leave PHI unattended. Clear off or cover all PHI at your workstation when you leave the workstation for any reason.

Primary PIH HIPAA Contacts:

HIPAA Privacy and Data Security Officer: Anup Patel; Vice President, Enterprise Risk Management and Corporate Compliance
Ext. 12818
Corporate Compliance Hotline (English): (866) 368-1901