Ministry Health Care
Student/Instructor Orientation
Ministry Health Care

- **Keeping patients first** is the everyday goal of the over 12,000 associates of Ministry Health Care, which includes Affinity Health System. Ministry Health Care is an integrated healthcare delivery system serving more than 1.1 million people across Wisconsin and eastern Minnesota with 15 hospitals and 46 clinics. More than 650 physicians and advanced practice clinicians provide personalized care at Ministry primary and specialty care clinic locations. Home health care, hospice and long-term care services are also provided across the regions.

- Founded over 120 years ago by the Sisters of the Sorrowful Mother to meet the health care needs of the communities we serve, Ministry Health Care offers a complete continuum of care through acute and tertiary care hospitals, physician clinics, long-term care and assisted living facilities, home health agencies, hospices, and numerous other programs and services.

- Ministry Health Care joined Ascension Health in April 2013. Ascension Health is the nation's largest Catholic and largest not-for-profit health system in the United States. Its Mission-focused health ministries consist of 150,000 associates serving in more than 1,500 locations in 23 states and the District of Columbia.

Map of current Ministry Health Care organizations.
Our Mission
Our mission as a Catholic health care system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve.

Our Vision
We envision a strong, vibrant Catholic health ministry in the United States which will lead to the transformation of healthcare. We will ensure service that is committed to health and well-being for our communities and that responds to the needs of individuals throughout the life cycle. We will expand the role of the laity, in both leadership and sponsorship, to ensure a Catholic health ministry of the future.

The Values
• **Service of the Poor**: Generosity of spirit, especially for persons most in need.
• **Reverence**: Respect and compassion for the dignity and diversity of all life.
• **Integrity**: Inspiring trust through personal leadership
• **Wisdom**: Integrating excellence and stewardship
• **Creativity**: Courageous innovation
• **Dedication**: Affirming the hope and joy of our ministry

Standards of Behavior
The following slides detail the Ministry Health Care Standards of Behavior. These are behaviors required of any individual within Ministry Health Care.
MISSION
Our MISSION as a Catholic healthcare system is to further the healing ministry of Jesus by continually improving the health and well-being of all people, especially the poor, in the communities we serve.

VISION
HEALTHCARE THAT WORKS
HEALTHCARE THAT IS SAFE
HEALTHCARE THAT LEAVES NO ONE BEHIND for life

VALUES
- Service of the Poor
- Reverence
- Integrity
- Wisdom
- Creativity
- Dedication

SERVICE OF THE POOR
Generosity of spirit, especially for persons most in need

Service of the poor demonstrates our commitment to serving those who are economically and spiritually poor by providing programs and services which are truly responsive to their needs.

This value asks us to leave behind judgment and open our hearts. It challenges us to see life through the eyes of another. Being poor can mean many things. Some people are economically poor, some are physically poor because of illness or challenges, and some suffer from crippling addictions. Bringing this value to life demands that we go out of our way for others without hesitation and with a spirit of generosity.

By providing service to the poor in my day-to-day work:
- I am welcoming to those who present complex needs and who may be challenging to serve.
- I take extra time to help a person who, because of age, disability, cultural heritage or lack of fluency in English, is struggling or seems to be confused.
- I reach out without hesitation or judgment to those in need.
- I volunteer at organizational screenings or outreach efforts (i.e. food drives) that focus on people who are struggling economically or are without health insurance.
- I advocate for the voiceless and disadvantaged persons, or help persons advocate for themselves.
- I put the needs of others before my own.
REVERENCE
Respect and compassion for the dignity and diversity of all life

Reverence affirms that each person has a unique set of gifts and talents that help further our mission.

We must challenge ourselves to see the beauty and diversity in each person, for this is the core of the Catholic tradition: "We believe that every person is created in the image of God."

Through reverence in my day-to-day work:
• I treat all persons whom I serve and work with respect and compassion, recognizing his/her uniqueness, dignity and giftedness.
• I respect and value diversity and showing sensitivity to each person’s age, beliefs and cultural customs.
• I apologize for misunderstandings, inconveniences and mistakes.
• I allow everyone to have a voice and involve patients and families or staff in decisions that affect them.
• I protect the privacy and confidentiality of others.
• I maintain a quiet environment to promote the healing process and enhance the comfort of others.
• I acknowledge others by smiling, making eye contact and using welcoming words.
• I introduce myself and share my position within the organization.
• I provide information on the duration of the encounter. How long it is going to take and/or how long they will have to wait.
• I explain in advance what others can expect from the encounter or procedure.
• I thank others for choosing our organization or responding to our needs.

INTEGRITY
Inspiring trust through personal leadership

Integrity confirms that our words and actions should be consistent with our values.

Other words for integrity are candor, sincerity and honesty. Every time we take a stand on what we believe is right, we are providing a most personal form of leadership to everyone around us. When there is no difference between what we say and what we do, trust is placed in us by others. This gives life to our Mission.

By demonstrating integrity in my day-to-day work:
• I act and speak to everyone with respect.
• I am honest and truthful in my words and actions.
• I assure that people can express concern without fear of reprisal.
• I understand and follow all business regulations and policies that apply to my work.
• I ensure my words and actions are consistent with Ministry’s Mission and Values.
• I address issues directly with the person(s) involved.
• I arrive to work, meetings and other commitments on time.
• I avoid “we versus they” comments.
• I am accountable for performing my work as expected. I never say “it’s not my job.”
• I seek feedback from patients, families and/or associates through rounding.
• I report an error if I make one.
WISDOM
Integrating excellence and stewardship

Wisdom affirms that everyone is committed to the principles of performance improvement by fostering excellent service. It also asserts that our resources, both material and human, as well as resources of the heart—care and compassion—do not belong to us, but are entrusted to us for the service of those in need, especially those most vulnerable.

Our Mission challenges us to balance work expectations and matters of the mind and heart. Walking that tightrope requires the wisdom necessary in working together, not as opposing forces.

Seeking wisdom in my day-to-day work:
- I provide recognition by thanking someone who is doing a great job.
- I do my job to support organizational goals.
- I anticipate and act promptly upon the requests, concerns and needs of others.
- I inform others when I can’t meet their needs in a timely manner.
- I ask questions to make sure I understand what others are saying.
- I am relentless in seeking ways to keep others safe, i.e. follow proper hand hygiene and other infection prevention measures.
- I update communication tools and effectively utilize them, i.e. out of office, white boards and patient care plans.
- I respect the environment by creating opportunities that impact people and the planet.
- I am open to feedback about my performance and actively seek opportunities to grow professionally.
- I utilize evidence-based best practices when available.
- I actively seek opportunities to avoid duplication and wasted time and resources, i.e. utilize standard work practices.

CREATIVITY
Courageous innovation

Creativity inspires our commitment to seek new approaches to service and care. We exercise this value when we strive to face the future with courage, optimism and stamina. Creativity fosters new ideas and provides an environment for the pursuit of excellence rather than comfort with maintaining things as they are.

By showing creativity in my day-to-day work:
- I see challenges as an opportunity for resourcefulness.
- I am supportive and flexible when change occurs.
- I take a proactive approach to problem-solving.
- I ask the question, “How can we make this better?”
- I am positive about new ideas and initiatives.
- I will share my ideas for improving my work and/or patient care.

“He who works with his hands is a laborer. He who works with his hands and his head is a craftsman. He who works with his hands and his head and his heart is an artist.”

~ St. Francis of Assisi
DEDICATION

Affirming the hope and joy of our ministry

Dedication reinforces the meaning of the work that we do and the fact that the workplace is a community of persons committed to a common mission who depend upon and support each other.

This value calls us to see the person being served behind every task and job we do. We give every task all the energy, focused attention and care it deserves.

By demonstrating dedication in my day-to-day work:

- I am a source of joy through optimism, inspiration, humor and hope.
- I take care of myself — mind, body and spirit.
- I support the efforts of others to lead with their strengths.
- I recognize that my actions and words represent Ministry at all times.
- I continually strive to keep the persons I serve at the center of all that I do.
- I respond to questions and requests promptly.
- I am accountable for performing my work as expected.
- I celebrate and recognize success in others.
- I seek relevant daily opportunities for reflection (i.e. during meetings).

Some descriptions based on work provided by Lourdes Pazes. We thank them for this work.
Quality of Care

A central concern of Ministry in meeting patient needs is serving the whole person in his or her spiritual, intellectual, emotional and physical dimensions. Ministry is committed to providing competent and compassionate care, to respect and safeguard the dignity of the patient, and to allow patients access to all the medical and ethical information necessary to make decisions about their care.

- We treat the person rather than the disease.
- We allow patients to participate in decisions regarding their care by providing them with information in a manner that they can understand.
- We respect and maintain the dignity of every patient and strive to provide care in a manner sensitive to cultural differences and individual desires.
- We provide appropriate care based on the patient’s medical need, without regard to race, religion, national origin, age, sex, sexual orientation, disability, ability to pay, or any classification protected by law.
- We provide medically necessary care that is properly documented in the patient’s medical record.
- We maintain competencies related to our job responsibilities and exercise appropriate judgment and objectivity when providing patient care.
- We report situations that compromise quality through the appropriate, established channels, and correct the situations as soon as possible.
• Please remember AIDET:
  – Acknowledge the patient by knocking first, saying hello.
  – Introduce yourself and your role as a student/instructor
  – Duration: discuss how long a procedure, an interaction, assessment, a test, or results may take
  – Explain the purpose of your visit and what you will be doing
  – Thank the patient for their time and close with “is there anything else I can do or get for you?”
Personal Appearance (Dress Code)

- Students/Instructors at Ministry Health Care should dress in a professional manner appropriate for the work being performed. The Personal Appearance policy outlines personal appearance expectations which are based on the business necessity while also recognizing individual differences.

- As a student/instructor, your appearance must be neat, clean, well-groomed, appropriate for the work environment, and in a manner that enhances patient safety and reduces the risk of transmitting bacteria. You are required to abide by the specific dress code policy of the department and the facility where you will be participating in the unpaid internship program.

- You will be asked to leave if your personal appearance is not appropriate. Collared shirts, dress pants, and closed toed shoes are recommended or scrubs as recommended by your supervisor.

  NO...
  - Shorts, Jeans or Mini skirts
  - Tank tops or T-shirts
  - Open toed shoes or

- Always wear a name badge (for students this may be your school name badge, for instructors this may be a MHC badge). The name badge should be worn above your waist and in clear view to any patient or staff member.
Ministry Health Care

Cellular Telephone Usage

• Cellular telephone usage in patient areas is prohibited at all Ministry Health Care organizations.

• Electronic devices should not be used during your experience at Ministry Health Care specifically including, but not limited to:

  • Texting
  • Video or Audio Recording
  • Emailing
  • Using Social Media (Facebook, SnapChat, Instagram, etc)
Ministry Health Care

Tobacco Free Environment

• Ministry Health Care is committed to providing and promoting a safe and healthy environment for all patients, associates, non associates, contractors, vendors, visitors and volunteers by prohibiting the use of Tobacco Products in facilities or on Campuses owned or operated by a Ministry Organization.

• Students/Instructors will not be allowed to use Tobacco Products while on Ministry Health Care property. Students/Instructors who use Tobacco Products before coming to a Ministry Health Care organization must their clothes, hair and hands are free from the smell of smoke or Tobacco Products which could be offensive to others.

• Signs designating the campus as Tobacco Free will be prominently posted in public areas
Influenza Prevention & Vaccination

- Each year in the United States, on average, more than 200,000 people are hospitalized because of influenza. Influenza is not the same thing as the “stomach flu”; it is a serious, contagious respiratory illness. While some people get sick from influenza, some people die, especially the very old, the very young, and those that are already sick.

- **Symptoms:** Fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills, fatigue (cough has been found to be the most reliable indicator of influenza)

- **Transmission:** experts believe influenza is most commonly spread by droplets expelled when a person with influenza coughs or sneezes on another, and it can be spread before any symptoms develop. These droplets can spread more than 6 feet!

- **Prevention:** Yearly vaccinations for influenza is the first and most important step. Follow cough etiquette year round! Wash hands often with soap/water or use alcohol based hand rub. Avoid touching eyes, nose or mouth. Stay home if you have symptoms or limit contact with others. Take influenza antiviral drugs as prescribed by your doctor.

Ministry Health Care

Cultural Diversity

- Religious Affiliation
- Language
- Physical Size
- Gender
- Sexual Orientation
- Age
- Disability
- Political Orientation
- Socio-Economic Status
- Occupational Status
- Geographical Location
- Cultural Background
Ministry Health Care

Cultural Diversity

Diversity is a commitment to recognizing and appreciating the variety of characteristics that make individuals unique in an atmosphere that promotes and celebrates individual and collective achievement.
Ministry Health Care

Cultural Diversity

- Dedicated to creating a more inclusive community in all realms of service grounded in respect and appreciation for individual differences.
- Enhancing knowledge and encouraging understanding of diversity.
- Providing leadership in meeting the needs of all individuals and special populations.
Ministry Health Care

Harassment Free Workplace

- Ministry Health Care maintains a workplace where workers and non-workers are treated with respect and dignity. Being respected means being treated honestly and professionally, with unique talents and perspectives being valued. A respectful workplace is about more than compliance with the law.

- It is a working environment that is free of inappropriate or offensive behavior of all kinds, including comments or conduct based on age, disability, race or color, national origin, religion, sex, pregnancy, genetic information, marital status, sexual orientation, ancestry, arrest or conviction record, membership in the military reserve, use or nonuse of lawful products away from work or other legally protected status as required by law.

- Violation of this policy by other ministry associates, patients, clients, vendors, or contingent workers is strictly prohibited, violates the ministries' standards of behavior, and will not be tolerated.
Ministry Health Care

Harassment Free Workplace

• Harassment is any unwanted, deliberate or repeated unsolicited comments, gestures, presentation of graphic materials, physical contact or solicitation of favors that is based on any trait protected by applicable law.

• If you experience any harassing behaviors, notify your instructor, contact the manager on your unit or Human Resources. If you feel comfortable, you can clearly and courteously tell the person to stop the behavior.
Ministry Health Care

Violence Free Workplace

• Aggressive and/or violent behavior is also strictly prohibited in all Ministry Health Care facilities.

• Aggressive behavior or bullying is typically threatening in nature and may include the following: harassment or intimidation, threats, arguing or verbally abusing another individual, unreasonable refusal to cooperate with supervisor or peers, or possession of a weapon.

• Violent behavior typically is acted out physical conduct that may include the following: assault, physical altercations, throwing objects, intentionally damaging company property or violent crimes.

• If you are experiencing aggressive or violent behavior you should contact your instructor, your unit manager, Human Resources or other leadership at your facility.

• If you feel comfortable you can clearly and courteously tell the person to stop the behavior. If you feel you are in immediate danger, you should immediately contact appropriate emergency services.
Ministry Health Care

Weapons and Firearms Free Workplace

• Individuals may not carry Weapons or Firearms into any Ministry Health Care facility or onto Ministry Organization property, including locations not owned by Ministry Health care, except that weapons and firearms may be stored in personal vehicles.

• Should you observe an individual with a weapon or firearm inconsistent with this policy you must report the incident immediately to security, if available, or follow the local safety and security alert process and move to a safe place. Do not try to disarm the individual.
Ministry Health Care

• Providing a safe environment is essential for patients, associates and other workers within Ministry Health Care.
• As part of the unit orientation on safety, please review the following:
  – Location of the department Emergency Preparedness Reference in the department
  – Emergency Alerts/Codes
  – Location of fire alarms/fire extinguishers in department
  – Location of the fire evacuation routes in department/facility and local Fire Response plans.
  – Location of the AED (Automatic External Defibrillator)
  – Location of the crash cart/crash bag (hospitals/clinics)
In cases of a fire, please note the following “RACE” and “PASS”

**RACE**

- **R**escue those who are in immediate danger.
- **A**ctivate the alarm system.
- **C**ontain the fire and smoke by closing doors within your department.
- **E**xtinguish small fires if you feel it is safe to do so. Know the location of extinguishers and pull stations in your area.

**PASS**

- **P**ull the pin between the handles.
- **A**im the nozzle at the base of the fire.
- **S**queeze the handles together.
- **S**weep the extinguisher from side-to-side.
Ministry Health Care

Preventing Infections

- Preventing infections for patients and those providing care to patients is essential.
  - WASH Hands before and after each patient
  - Follow proper procedures for isolation and using Personal Protective Equipment (PPE)
  - Check and recheck use of any checklists for procedures
  - Use all patient identifiers before providing any care to patients
  - Communicate clearly with patients, families and/or staff using AIDET
Ministry Health Care

Blood Spills

• In the event of a blood spill, Students/Instructors are required to know how to:
  – locate the Material Safety Data Sheets (MSDS) on the department
  – locate the facility specific Exposure Control Plan (bloodborne pathogen)

• Post Exposure students/instructors should:
  – Wash the exposed site thoroughly with soap/water or flush eyes/mucus membranes with cool or lukewarm water
  – Contact your instructor or a leader in the department to evaluate status of the exposure within the first hour of the exposure to ensure rapid and appropriate follow up as needed
  – See personal physician or emergency department if needed
  – Understand any reporting components required by department and school
Ministry Health Care

Tuberculosis (TB) Training

- Tuberculosis (TB) is on the rise in many major countries around the world. It is not just a problem in Third World countries. England, Japan and other nations are reporting new TB cases in all income levels.

<table>
<thead>
<tr>
<th>Latent TB Infection (LTBI)</th>
<th>Active TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>• If you don’t have any symptoms of TB, then you are not contagious and cannot spread TB. This is called Latent TB infection (LTBI).&lt;br&gt;• If you have LTBI, you have a 10% chance of developing active TB disease in your lifetime. People with LTBI are generally asked to see their physician to discuss taking medications to further decrease their risk for developing TB disease.</td>
<td>• Generally must be treated for at least 6 months; and in some cases, treatment lasts even longer. Your physician will determine the length of treatment.&lt;br&gt;• In order to appropriately treat TB, you must take your medications as prescribed.&lt;br&gt;• Discontinuing medications independently could lead to multi-drug resistant TB. This</td>
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</tbody>
</table>
**Tuberculosis (TB) Training**

<table>
<thead>
<tr>
<th>Contracting</th>
<th>Risk</th>
<th>Symptoms</th>
<th>Testing</th>
</tr>
</thead>
<tbody>
<tr>
<td>These situations put you at higher risk for contracting TB.</td>
<td>Who is at risk? Any individual whose immune system is compromised, such as:</td>
<td>• A bad cough that lasts longer than 2 weeks</td>
<td>Most common method of testing is a tuberculin skin test (TST). Rarely, another test, called</td>
</tr>
<tr>
<td>• Being with family or friends who have TB</td>
<td>• HIV/AIDS</td>
<td>• Pain in the chest</td>
<td>the Quantiferon Gold Test, may be used instead of the TST.</td>
</tr>
<tr>
<td>• Staying for extended periods of time in a foreign country where TB is endemic</td>
<td>• Diabetes Mellitus</td>
<td>• Coughing up blood or phlegm from the lungs</td>
<td></td>
</tr>
<tr>
<td>• Poorly ventilated, highly populated areas</td>
<td>• Cancer of the head or neck, leukemia or Hodgkin’s disease</td>
<td>• Weakness – fatigue</td>
<td></td>
</tr>
<tr>
<td>• Being a healthcare worker who is not properly protected in the present of a TB patient</td>
<td>• Individuals undergoing medical treatment that place them at high risk of infection</td>
<td>• Unexplained weight loss</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Lack of appetite</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Chills</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Fever</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sweating at night</td>
<td></td>
</tr>
</tbody>
</table>

Remember you should always cover your mouth with a tissue when you cough (and wash your hands) or cough into your elbow.
Student/Instructor Safety Reporting

- If the student/instructor has an injury during the experience, be aware of the following:
  - Notify your instructor and a leader in the department
  - Report to the physician of your choice (walk-in, emergency, urgent care) for evaluation, if necessary
  - Understand any reporting components required by your instructor/school or the hospital
Recognizing signs of abuse and neglect: Child

<table>
<thead>
<tr>
<th>Types of Abuse</th>
<th>Definition</th>
<th>Signs &amp; Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical</td>
<td>Physical injury inflicted on a child by other than accidental means. Watch for injuries that DO NOT fit the story.</td>
<td>Burns, Beating, Kicking, Eye hemorrhage (shaken baby syndrome), Biting, Fractured bones, Internal injuries, Bruises</td>
</tr>
<tr>
<td>Neglect</td>
<td>Parent or caregiver (for reasons other than poverty) is not meeting the basic physical needs as to endanger the child.</td>
<td>Withholding needed medical/dental care, Lack of supervision, Lack of adequate food or shelter, Failure to thrive, Abandonment, Poor hygiene &amp; odor</td>
</tr>
<tr>
<td>Sexual</td>
<td>Any sexual against a child or non-consenting adult. Abuse can be same or opposite sex of the victim.</td>
<td>Fondling, Masturbation, Oral or Anal sex, Sexual Intercourse, Sexual exploitation, Pornography, Forced Prostitution, Venereal Disease, Unusual interest of sex for age of child</td>
</tr>
<tr>
<td>Emotional</td>
<td>Harm to psychological or intellectual functioning. May see severe anxiety, aggressive behavior, depression or withdrawal.</td>
<td>Constant berating, Rejection treatment, Scapegoating of a child</td>
</tr>
</tbody>
</table>

What should you do if you suspect any types of abuse? Contact your instructor or leader in the department and discuss the situation directly with them.

Abuse can happen to anyone, but children are especially vulnerable.
Recognizing signs of abuse and neglect: Domestic Abuse

<table>
<thead>
<tr>
<th>Domestic Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signs &amp; Symptoms:</td>
</tr>
<tr>
<td>• Injuries to face, neck, throat, chest, abdomen, genitals</td>
</tr>
<tr>
<td>• Evidence of sexual assault</td>
</tr>
<tr>
<td>• Injuries during pregnancy</td>
</tr>
<tr>
<td>• Multiple injuries in various stages of healing</td>
</tr>
<tr>
<td>• Injury inconsistent with explanation</td>
</tr>
<tr>
<td>• An overly-attentive or aggressive partner</td>
</tr>
<tr>
<td>• Repeated use of health care services for psychosomatic or emotional complaints</td>
</tr>
<tr>
<td>• Delay in treatment time between time of injury and presentation for treatment</td>
</tr>
</tbody>
</table>
Recognizing signs of abuse and neglect: Elder Abuse

<table>
<thead>
<tr>
<th>Types of Abuse</th>
<th>Definition</th>
<th>Signs &amp; Symptoms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical Abuse</td>
<td>Willful infliction of physical pain, injury or unreasonable confinement. Can also be verbal, mental or sexual abuse including confinement</td>
<td>Beating, choking, burning, inappropriate medication or locking someone up, sexual abuse</td>
</tr>
<tr>
<td>Material Abuse</td>
<td>Sometimes called financial exploitation, misuse of elder’s money or property.</td>
<td>Deception, diverting income, mismanagement of funds and taking money or possessions against person’s will</td>
</tr>
<tr>
<td>Neglect</td>
<td>Caregiver fails to provide adequate food, shelter, clothing, medical or dental care resulting in danger to the physical or mental state of an older person in his/her care.</td>
<td></td>
</tr>
<tr>
<td>Self-Neglect</td>
<td>Significant danger to an elder person’s physical or mental health because the elder person is unable or fails to provide him/herself with adequate food, shelter, clothing, medical or dental care.</td>
<td></td>
</tr>
</tbody>
</table>
Ethical and Religious Directives

There are two aims of the Ethical and Religious Directives for Catholic Health Care Services.

1. Reaffirm the ethical standards that flow from the Church’s teaching about human dignity.
2. Provide authoritative guidance on some specific moral issues facing Catholic health care.

ORIENTATION MODULE #1:

INFECTION PREVENTION, BLOODBORNE PATHOGENS AND SAFETY: STUDENT ORIENTATION

For Clinical Students and Instructors

FVHCA Member Clinical Sites

Revised September 26, 2013
INFECTION PREVENTION, BLOODBORNE PATHOGENS, AND ISOLATION PRECAUTIONS
Objectives
At the completion of this module, you should be able to:

- Verbalize basic understanding of infection prevention concepts.
- Describe how and when to wash hands.
- Describe bloodborne pathogens.
- List the different routes bloodborne pathogens are spread.
- Describe how you would prevent spread of bloodborne pathogens with standard precautions.
- Outline the types and use of personal protective equipment (PPE).
Objectives, continued:

- Describe the action you would take if you had a bloodborne pathogen exposure.
- Identify different types of isolation and PPE to be worn.
- Describe how to don (put on) and remove PPE.
- Identify infectious waste and hazardous pharmaceutical waste.
- Identify patient safety concerns.
- Recognize role in assuring patient safety.
REMINDER:

- When reading this module, please know that you are accountable for understanding the information that is presented and if you have any questions, you will need to talk to your instructor/school/facility and find out the answer before going any further.
Hand hygiene is the single most effective method to prevent the spread of infection!

- Click on the link below and follow the learning module instructions.
- To advance the screens, click on NEXT in the upper right hand corner.
- When you complete the interactive training, Click exit and click “X” to close the window, and you will return to this course.

**CDC - Hand Hygiene Training**
Infection Prevention: Key Points

- Use soap and water:
  - When hands are visibly soiled or contaminated with blood/body fluids.
  - After using the restroom.
  - For 20 seconds.
  - After using the alcohol-based gel/foam approximately 5-10 times due to residue of gel ingredients.
  - After caring for patients that have c-diff.
Infection Prevention: Key Points

- *Use an alcohol based, waterless gel or foam:*

  - For routine cleansing of hands.
  - Before and after your work shift.
  - Before and after patient contact.
  - Before and after using gloves.
  - Before preparing or administering medication (if applicable to role)
  - After blowing nose or covering a sneeze (if visibly soiled, wash with soap and water)
  - After contact with body fluids as long as not visibly soiled.
  - After contact with items used for patient care.
Infection Prevention: Key Points

- Fingernails:
  - Keep nails trim and clean.
  - No artificial nails or shellac polish.
Infection Prevention: Key Points

- Cover your cough!
  - Cough or sneeze into the bend of your arm or a sleeve.
  - If you cough or sneeze into tissue, discard the tissue and ALWAYS wash your hands.
Infection Prevention: Standard Precautions

- ANY patient may be potentially infectious.
- Protect yourself.
- Use Standard Precautions with every patient.
- Standard Precautions include wearing protective items such as gloves, gown or face protection when in contact with any bodily fluid or blood.
Infection Prevention: Standard Precautions

- Standard precautions alone may not always protect you from ALL contagious diseases.
Infection Prevention: Personal Protective Equipment (PPE)

- These may include:
  - Gloves
  - Goggles, safety glasses, face shields
  - Fluid resistant gowns
  - Resuscitative pocket masks and bag-valve-mask (ambu bag)

- You are required to use PPEs to protect yourself.
Infection Prevention: PPE

- If you anticipate any spraying, splashing or flaking of body fluids, you should use the correct PPE to protect yourself.

Disposable shield mask
Infection Prevention: Gloves

Disposable Gloves:

- Use when you are handling blood or body fluids or touching unclean surfaces or objects.
- Use alcohol hand gel/foam or wash with soap and water after removing gloves.
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.
- Following facility policy when administering medications that require a needle.
- Immediately disposing of sharps into a sharps container.
Infection Prevention: Sharps

- When handling regular or red bag waste, be alert for sharps that have been improperly disposed.
- Safety devices are REQUIRED by Occupational Safety & Health Administration (OSHA).
Refer also to facility policies related to infection prevention...look at policy manuals or on-line at facility.
Bloodborne Pathogens

- Bloodborne pathogens are microorganisms such as viruses or bacteria that are carried in blood and can cause disease in people.

- There are many different bloodborne pathogens including malaria, syphilis, brucellosis, Hepatitis and HIV.
Bloodborne Pathogens

- Bloodborne diseases **spread** basically three ways:

1. Blood to blood contact
2. Sexually
3. From infected mother to infant (probably at birth)
Bloodborne Pathogens

- ALL blood and body fluids are potentially infectious and can cause the spread of the following serious diseases:
  - HIV (the virus that causes AIDS)
  - Hepatitis B
  - Hepatitis C

- Hepatitis B vaccine is recommended for all students or healthcare workforce members who may be exposed to blood or body fluids.
  - Contact your school or health department for additional information.
To reduce your risk of exposure to bloodborne pathogens (as well as other diseases), there are several measures you can take.
Bloodborne Pathogens

1. Effective use of good infection prevention and work practices:
   - Hand hygiene
   - Use of safety devices (e.g., self-sheathing needles)
   - Proper handling and disposal of sharps
   - Appropriate Use of PPE

2. Use of **Standard Precautions** every time you have the possibility of exposure to diseases, blood, or body fluids.
Blood Exposure

What is a blood exposure?

- A cut or needlestick with a sharp item contaminated with blood or body fluid.
- A splash to eyes, nose, or mouth with blood or body fluid.
- A blood contact on broken skin (rash or chapped).
Blood Exposure

- What if you are exposed to the blood or body fluids of a patient?
- What should you do?

Immediately following an exposure to blood*:
- Wash needle sticks and cuts with soap and water.
- Flush splashes to the nose, mouth, or skin with water.
- Irrigate eyes with clean water, saline, or sterile irrigants.

*No scientific evidence shows that using antiseptics or squeezing the wound will reduce the risk of transmission of a bloodborne pathogen. Using a caustic agent such as bleach is not recommended. (CDC, 2003)
Blood Exposure

- Report the exposure **promptly** to your instructor, the department supervisor, employee health, or infection preventionist at the facility.

- Follow facility and school policies regarding reporting, documentation, and follow-up.
Isolation Precautions

- Sometimes patients enter into our facilities with a contagious disease that can easily be spread to other patients or caregivers.

- With these infections, we take measures in addition to Standard Precautions to prevent the spread of these germs.
Isolation Precautions

- There are 3 kinds of isolation precautions:
  1. Contact
  2. Droplet
  3. Airborne

- Review the facility’s isolation/infection prevention policies for more site specific information.

- Each facility will provide instructions to remind you what PPE to put on (based on the precaution) prior to entering the room.
Isolation Precautions: Contact

- Contact precautions prevent the transmission of germs that can be spread by **direct** or **indirect** patient contact or on environmental surfaces.
  - Example: Wound with uncontaminated drainage.

- **Disposable gloves and gowns are worn for Contact precautions.**

- Some facilities will place patients with resistant organisms into isolation.
  - Example: Methicillin-resistant Staphylococcus Aureus (MRSA); or Carbapenem-resistant Enterobacteriaceae (CRE).

- Refer to each facility for guidance.
Isolation Precautions: Contact PPE

Before entering the room:
- Put on isolation gown: tie at neck and waist
- Put on gloves: should cover cuffs of gown

Before leaving the room:
- Remove gloves: discard in wastebasket
- Untie waist
- Untie neck
- Remove gown & discard in wastebasket
- Sanitize hands with alcohol hand rub or wash with soap & water if visibly soiled.
Isolation Precautions: Droplet

- Droplet Precautions prevents the spread of germs from the respiratory tract which are generated by the patient during coughing, sneezing or talking.

- Examples: Influenza and specified pneumonias in adults.

- Masks are worn for Droplet Precautions **anytime you enter the patient’s environment.**
Isolation Precautions: Droplet PPE

Before entering the room:
- Sanitize hands with alcohol hand rub or wash with soap & water
- Put on surgical mask

Before leaving the room, remove PPE in this order:
- Remove surgical mask, discard in wastebasket in room
- Sanitize hands with alcohol hand rub or wash with soap & water
Isolation Precautions: Airborne

- Airborne Precautions are used when the germs are spread long distances on tiny particles in the air.
- Examples: Measles, Chicken Pox, Active or Suspected Tuberculosis.
- N95 Respirator masks (specially fitted) or PAPRs (Powered Air Purifying Respirators) are worn for Airborne Precautions.
Isolation Precautions: Airborne

- A Powered Air Purifying Respirator or “PAPR” is a special air filtering pack that can be worn for airborne precautions.

- There is no need for special “fitting” like the N95 respirator masks.
A patient with suspected or confirmed TB or other airborne disease must be placed in a **negative pressure** room.

You **cannot** go into a negative pressure room without a special respirator.

Students may or may not be assigned to patients in Negative Pressure Rooms – check with the facility.
Isolation Precautions

- Some patients may have an increased chance of acquiring infections.
- Good hand washing is critical.
- Standard Precautions are used.
  - Example: A chemotherapy patient may have low immunity to disease.
  - Using excellent standard precautions and hand washing will help prevent transmission of illness.

Check with facility policies and/or websites for additional information.
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT

CDC Recommendations
**SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)**

The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

1. **GOWN**
   - Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   - Fasten in back of neck and waist

2. **MASK OR RESPIRATOR**
   - Secure ties or elastic bands at middle of head and neck
   - Fit flexible band to nose bridge
   - Fit snug to face and below chin
   - Fit-check respirator

3. **GOGGLES OR FACE SHIELD**
   - Place over face and eyes and adjust to fit

4. **GLOVES**
   - Extend to cover wrist of isolation gown

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**USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION**

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

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**SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)**

El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo Estándar y de Contagio o de Aislamiento de infecciones transportadas por gotas o por aire.

1. **BATA**
   - Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y doblela alrededor de la espalda
   - Ateela por detrás a la altura del cuello y la cintura

2. **MÁSCARA O RESPIRADOR**
   - Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello
   - Ajuste la banda flexible en el puente de la nariz
   - Acomódelo en la cara y por debajo del mentón
   - Verifique el ajuste del respirador

3. **GAFAS PROTECTORAS O CARETAS**
   - Colóquelas sobre la cara y los ojos y ajustela

4. **GUANTES**
   - Extienda los guantes para que cubran la parte del puño en la bata de aislamiento

---

**UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE Usted MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN**

- Mantenga las manos alejadas de la cara
- Limite el contacto con superficies
- Cambie los guantes si se rompen o están demasiado contaminados
- Realice la higiene de las manos
SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT
SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)

Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.

1. GLOVES
   - Outside of gloves is contaminated!
   - Grasp outside of glove with opposite gloved hand; peel off
   - Hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist
   - Peel glove off over first glovet
   - Discard gloves in waste container

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield is contaminated!
   - To remove, handle by head band or ear pieces
   - Place in designated receptacle for reprocessing or in waste container

3. GOWN
   - Gown front and sleeves are contaminated!
   - Unfasten ties
   - Pull away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard

4. MASK OR RESPIRATOR
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - Grasp bottom, then top ties or elastics and remove
   - Discard in waste container

PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE

SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)

Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antecilla. Quitese el respirador después de salir de la habitación del paciente y de cerrar la puerta.

1. GUANTES
   - ¡El exterior de los guantes está contaminado!
   - Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quitéselo
   - Sostenga el guante que se quitó con la mano enguantada
   - Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca
   - Quitése el guante de manera que acabe cubriendo el primer guante
   - Arroje los guantes en el recipiente de desechos

2. GAFAS PROTECTORAS O CARETA
   - ¡El exterior de las gafas protectoras o de la careta está contaminado!
   - Para quitárselas, témelas por la parte de la banda de la cabeza o de las piezas de las orejas
   - Colóquelas en el recipiente designado para reprocesar materiales o de materiales de desecho

3. BATA
   - ¡La parte delantera de la bata y las mangas están contaminadas!
   - Desate los cordones
   - Tocando solamente el interior de la bata, pásela por encima del cuello y de los hombros
   - Voltee la bata al revés
   - Débela o enróllela y deséchela

4. MÁSCARA O RESPIRADOR
   - ¡La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE!
   - Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quitése la máscara o respirador
   - Arrójela en el recipiente de desechos

EFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL
Putting PPE on:

- Be sure to wrap gown fully around body.
- Always tie in BACK, not in front.
- Pull gloves over cuffs of gown.
- Check the fit of mask or respirator.
Taking PPE off:

- Start with gloves, goggles/shield, gown, then mask or respirator.
- When removing gloves, peel glove off over first glove.
- When pulling away gown, do not touch outside of gown.
  - Remove by folding inward, turning inside out, and roll into a ball or bundle.

Remember, the outside of gloves, gowns, masks, or goggles are contaminated!
Infectious Waste

Red bag all infectious waste containing blood or body fluids that are:
- Drippable
- Pourable
- Squeezable
- Flakable
Infectious Waste

High-risk body fluids include:

- Blood
- Semen
- Vaginal secretions
- Pleural fluid
- Amniotic fluid
- Spinal fluid
Infectious Waste

These items **DO NOT** belong in Red Bag

- IV Bags and lines without visible blood
- Syringes without blood and needles
- PPE without blood
- Packaging materials
- Empty bedpans, emesis basins, wash basins and urinals
- Empty medication vials
- Stool blood cards
- Paper toweling
- Exam table paper
- Diapers and underpads only spotted with blood
- Dressings and bandages only spotted with blood
Infectious Waste

Remember….

Only blood or body fluids that are:

- Drippable
- Pourable
- Squeezable
- Flakable

Go into the infectious waste containers or Red Bags
Hazardous Pharmaceutical Waste

- Products used in the health care industry, such as chemotherapy drugs, some pharmaceuticals (drugs/medications), etc., can harm the environment and human health if they are not disposed of properly.

- For many years, flushing excess amounts of chemicals down the drain has been a common practice.
Hazardous Pharmaceutical Waste

- Recent studies indicate that some of these chemicals are passing through wastewater treatment systems and entering our waterways.

- May affect drinking water supplies for local municipalities.
Detectable levels of hormones, antibiotics, antidepressants and other chemicals have been found in fish and aquatic life.

Fish are beginning to show signs of becoming "feminized" or are sterile.
Hazardous Pharmaceutical Waste

Some of these chemicals are classified as:

- Human mutagens (alter genes)
- Carcinogens (cancer causing)
- Teratagens (harm embryo or fetus)
Hazardous Pharmaceutical Waste

- The EPA and DNR are beginning to impose fines on facilities who do not dispose of pharmaceutical wastes properly.

- Check with facility policies and procedures on how to dispose of any hazardous pharmaceutical wastes.
Patient Safety

Why is patient safety so important?

- Healthcare nationwide causes more preventable harm to people than most industries today.

- The harm caused is equivalent to TEN 747 jets crashing every week!

- In addition, the costs for preventable harm are in the billions, taxing an already fragile healthcare system.

- Safety goals are created to help healthcare workers become more aware of practices intended to keep patients safe.
Some of the top safety issues identified across the continuum of healthcare continue to be **problems with communication.**
Examples of Safety Concerns Include:

- Not always correctly identifying patients.
- Not communicating important information between facilities, providers and/or departments.
- Incomplete documentation.
- Performing the wrong procedure, or giving the wrong medication to the wrong patient.

(Just to name a few...)
Other patient safety concerns or risks include:

- Risk for falls
- Risk for skin breakdown
- Risk for infection caused by healthcare workers
- Risk for the wrong dose of medication

We all need to work toward preventing these safety risks.
There is a nationwide movement to improve patient safety.

Agencies such as The Joint Commission, (an accrediting agency) have identified safety goals that will help protect patients.
Patient Safety

- The Joint Commission has identified several “National Patient Safety Goals”.

- The following slide has a link to safety goals identified in a variety of patient care settings.

- Patient safety is a significant concern for all healthcare workforce members!
National Patient Safety Goals

- Click on the following link: National Patient Safety Goals

- Find the type of healthcare setting where you will be doing clinicals, and review the appropriate patient safety goals.
Module Completion

- Congratulations, you have finished FVHCA Orientation Module #1!

- Next, complete FVHCA Module #2, “HIPAA, Compliance, and Professionalism.”

- Follow the instructions in Module #2 to achieve credit for completing both orientation modules.
References

- CDC - Bloodborne Pathogen Protection
- CDC - Infection Prevention Guidelines
- CDC - Guidelines for Isolation Precautions
- CDC - Exposure to Blood
Objectives

At the completion of this orientation module, students and/or instructors will be able to:

- Define HIPAA and how it affects your role;
- Identify methods to maintain the privacy and confidentiality of personal protected health information;
- Indicate compliance and regulatory issues that may impact your role.
- Understand the importance of professionalism.
All students and instructors who participate in clinical activities are deemed “workforce members” at the various healthcare systems.

All policies and procedures are applicable to “workforce members”, just as they would be for employees.

This includes policies and procedures related to HIPAA, Confidentiality and other Compliance or Regulatory requirements.

NOTE: If the both the school and agency has policy regarding consequences for violating HIPAA, Confidentiality or other Compliance or regulatory requirements, the stricter of the two policies will be enforced.
REMINDER:

- When reading this module, please know that you are accountable for **understanding** the information that is presented and if you have any questions, you will need to talk to your instructor/school/facility and find out the answer before going any further.
What is HIPAA?

- In 1996, the federal government passed a law named “HIPAA” (Health Insurance Portability and Accountability Act).
- The original & primary intent of the law was to provide continuous insurance coverage for employees who changed jobs.
- When writing the law, the authors became aware of how much personal health information was shared between health care providers and insurance companies.
- Because of this, additional sections were added to the law, requiring healthcare providers to adopt standards in the areas of privacy, security and electronic transfer of data or billing.
What is HIPAA?

- The law defines “protected health information" (PHI) and sets standards for health care 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.
What happens to those that don’t comply?

- If not, the law also defines stiff penalties (fines and even imprisonment) for violating any privacy provisions. These penalties apply to any member of the “workforce team”.

- Some Wisconsin State laws also protect the privacy of patient information.
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.
What is Confidential?

- Any information that we collect, create, store, etc., that relates to an individual’s health and identifies that patient, client or resident is confidential.

- This is called Protected Health Information, or PHI. PHI includes any information we create.

- PHI includes any personal information we ask the patient, client or resident to provide.
Examples of PHI

*Protected Health Information (PHI):*

- Medical Record Number
- Billing Information
- Medical Information
- Name
- Address
- Date of Birth (DOB)
- Phone Number
- Insurance and Social Security Numbers
- Medical History
Forms of PHI

- PHI can be seen in different forms.
- Be aware 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.)
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/tablet computers
  - PDA (personal digital assistants)
  - Smart phones
  - Computer discs or flash drives
  - And others
Caution: Technology/Social Media

Social media is a valuable tool when used wisely. However, it can pose significant risks to you—including removal from school program and/or employment-- if used inappropriately.

View this 5 minute video to learn more:
https://www.ncsbn.org/2930.htm
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.)

- It should never be shared in any form of social media outlet such as Facebook, YouTube, Twitter, etc.

- Please be aware of and adhere to cell phone usage policies at healthcare facilities.
Caution: Technology/Social Media

- **Never** share patient information or pictures using any form of communication; texting, cell phones, Facebook, twitter, etc.
- **Non-compliance** can result in **immediate dismissal** from the agency and/or program.
The HIPAA Security Rule

- The HIPAA security rule was also developed and now paired with the privacy rule.
- The HIPAA security rule has additional requirements regarding how ePHI is accessed, stored, displayed, and transferred electronically.
- The security rule requires healthcare providers make sure health information is available when needed and we ensure the integrity of the information.
- 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.
The HIPAA Security Rule

- The security rule also has requirements regarding how information is accessed.
- All healthcare systems have special safeguards in place to protect ePHI.
- As part of the workforce team in a healthcare system, you may or may not be provided with computer access.
- HIPAA and Healthcare Systems require unique identifiers to access computer applications or systems that contain patient, client or resident information.
Always remember:

YOU MUST SAFEGUARD THE PRIVACY AND SECURITY OF PHI.
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.

Also, 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.

And use a “strong” password (avoid pet names, sports team names or phone numbers, etc.).
Access to PHI

- Each healthcare system has specific policies governing how information is accessed and who may access it.

- Please be aware of and adhere to system policies surrounding the minimum necessary information you may be allowed to access.

- This information may be found in the healthcare system site links.
YOUR ROLE IN CONFIDENTIALITY, PRIVACY, AND SECURITY OF PHI
Physical Privacy and Security

- Do not leave PHI in an area that is public or where unauthorized individuals may come in contact with it.
- Dispose of printed PHI in secure recycling/shredding bins.
- Labels (bottles, IV bags, other) containing PHI should be discarded in privacy bins or “blackened out” prior to discarding.
- The sharing of patient/resident PHI should be done in a private and secure manner (not in the hallway, break room, cafeteria, elevator, etc.)
Physical Privacy and Security

- Workstations (computers) should be logged off when not in use.

- Turn screens away from public view, use privacy screens.

- Use screen savers when user has stepped away from computer.

- E-mails may not contain ePHI unless the information is encrypted or safeguarded in some other manner.
Physical Privacy and Security

- Report suspicious behavior by others to security or information services departments.

- Each healthcare system has procedures for disposing of documents or media (CDs, flash drives, PDAs, etc.) containing patient PHI. Please follow these when indicated.
Tips for Students/Instructors

- Be cautious of where you hold conversations, especially about patients and their families.
- Never leave medical records/films in an open area, including census print outs, or other documents.
- Don’t share passwords with others.
- Don’t share information about friends or family (in the facility) with others.
- Do not discuss cases or PHI of patients you are not directly involved with.
- Don’t make copies of medical records or use patient names (from the clinical site) in case studies you prepare for school.
Tips for Students/Instructors

- For example, if a friend or family member says, “I heard that Mary Smith is in the hospital. Did you see her there?” You should respond something like, “I have no information about that.”

- If you see a family member or friend in the lobby/cafeteria, you cannot share that information with anyone. Example: “I saw Aunt Susie in the hallway at the hospital”, would be a breach of confidentiality.

- The easiest way to remember how to implement this law is the saying:

  “What you see here, or hear here, must stay here.”
IMPORTANT:

- Students may **NOT** access their own personal records, or the records of friends or family while at the clinical agency.

...this is a HIPAA violation,
Compliance

- Each healthcare system or facility abides by specific policies, procedures and regulatory standards.

- When we trust that facilities are doing this, 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.
Compliance Plans

- Healthcare systems include the following in their compliance plans:
  
  - General standards of workforce conduct are established.
  - Background checks on all workforce team members including students and instructors must be completed.
  - Rules and regulations that healthcare systems must follow.
Compliance

- The HIPAA Privacy and Security rules are an example of an area of compliance for healthcare systems and facilities.
- Each healthcare system may have different codes of conduct or compliance manuals.
- You may find this information in the facility links on the FVHCA website.
Compliance Plans

The rules that healthcare systems 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
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.
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.
The Physician Self-Referral Law

- This law is only related to 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.
NOTE: This EMTALA law pertains only to those facilities who have a designated Emergency Department.

EMTALA was created during a time when hospitals often refused to treat uninsured patients who arrived by ambulance.

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).
EMTALA

If there is an emergency medical condition:

- The hospital must stabilize the medical condition
  
  OR
  
- Transfer that person to another facility, if the hospital cannot treat the person.
Fraud and Abuse in Billing

- This refers to knowingly billing for services provided, submitting inaccurate or misleading claims or actual services provided or making false statements to obtain payment.

- Fraud is an intentional act. In other words, the person knows they are doing something wrong.

- The government (Federal Office of the Inspector General – OIG) investigates and targets different health care areas to assure this is not happening.
Reporting Compliance Issues

- If you see things that may not be lawful, ethical or do not protect the privacy and security of the patient, client or resident, please notify your instructor, the supervisor, or department manager at the facility.
Following discovery of a breach in privacy:

- An investigation will take place based on a facility’s policy.
- Patients are notified of the infraction and can know who did it, as well as what was done to mitigate the infraction.
- Any civil or criminal penalties can be imposed on the individual with the infraction, the school and the clinical site.
- The Secretary of the Department of Health and Human Services, the news media, and law enforcement officials may also be notified.
A final reminder regarding privacy…

- Remember, as a member of the healthcare workforce team, you have an obligation to keep protected health information confidential, private, and secure.

- For additional information regarding privacy policies and compliance plans, please refer to the healthcare site’s policies and procedures.
THE IMPORTANCE OF PROFESSIONALISM IN THE WORKPLACE
Professionalism

- Acting professionally is an important part of any work environment and is a major part of your career growth.

- Professional behavior and attitudes often play a critical role in who gets hired and promoted, as well as in who gets fired or demoted.

If you want to have a successful career---you MUST know how to act professionally!
Definition of Professionalism

- Webster’s dictionary defines it as, “the conduct, aims, or qualities that characterize or mark a profession or a professional person.”

- That sounds nice, but what does it mean? There is much more to being a professional than simply acquiring training and skills.

- Professionals have earned the respect of their colleagues, patients, and everyone around them.
5 Keys for true professionals:

- Character
- Attitude
- Excellence
- Competency
- Conduct

These categories include things like respecting others, the ability to work as part of a team, and the way you present yourself at all times.
Professional Behavior

- Written or verbal communication, including email.
  - Use proper grammar, and not “slang” or abbreviations.
  - Be conscious of your “tone”, especially how something could be perceived when emailing.
  - Be careful of raising your voice or acting on emotions. People often do or say things driven by the spur of the moment that they later regret.
  - Avoid references to anyone’s personal characteristics such as nationality, race, gender, appearance, or religious or political beliefs.
Professional Behavior-continued

- Be ready at all times-being a professional is being on time and ready to work.
- Never speak badly about a patient, co-worker, or supervisor. Your comment will eventually reach the person you spoke about.
- Lying—being deceitful or dishonest will tarnish your reputation for life. It’s just not worth it!
If you come to work sloppily dressed, your looks will portray an image of a disorganized employee.

- Keep yourself covered (keep your undergarments under your garments 😊)
- Moderate jewelry (limit piercings to ear lobes—one earring in each ear only)
- Nicely styled hair and moderate makeup
- No perfumes or potentially offensive smells (cigarette smoke, etc)
- No visible tattoos
Professionalism is important.

- Almost every organization has a list of core values that they view as vital to their success.
- Take some time to find out what those values are before you start a clinical placement.

Remember, a clinical placement can really be the first step to an employment opportunity in the future! It’s your first chance to show that you have the potential to be a professional employee.
Next Steps, students/instructors are required to complete:

- Student/Instructor Confidentiality Form
- Student/Instructor Authorization Form
- Student/Instructor Unit Orientation Checklist

Return completed forms to the appropriate department at your school, **NOT** the healthcare facility.
In addition, the school will ensure the student/instructor is compliant with the following requirements:

- Health Work
- Background Check

Schools are not required to send documentation of completion but follow the process as outlined in the placement request Quickbase Database.