Everything you need to know to get started on your path at ARMC.

HOSPITAL ORIENTATION

Aiken Regional Medical Centers

JANUARY 2012

Reporting Concerns Regarding Patient Care and Safety in the Hospital

Any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission.

No disciplinary action shall be taken against any employee who chooses to make such a report.

Reports may be made verbally or in writing to the following address or phone number:

Office of Quality Monitoring
The Joint Commission
One Renaissance Boulevard
Oakbrook Terrace, IL 60181

(800) 994-6610

complaint@jointcommission.org

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Mission and Vision

VISION STATEMENT

Aiken Regional Medical Centers' vision is to be…
"The Healthcare Provider of Choice"

MISSION STATEMENT

To provide superior quality healthcare services that…
Patient and families recommend
Associates are proud of
Physicians prefer
Purchasers select
Our community supports
Investors seek

Service Excellence

At Aiken Regional Medical Centers we are committed to maintaining a culture of Service Excellence. Service Excellence means striving to be the best we can be—as individual associates and as an organization. It means providing the very highest level of care, putting quality and safety above all else, and treating our customers with dignity, respect, and compassion.

Service Excellence is incorporated into everything we do. It is an essential component of our performance evaluations, promotions, and job descriptions. In order to achieve this focus, everyone must be committed to the three Service Excellence Standards. A signed agreement form stating that you understand Service Excellence is an established expectation at ARMC.

Service Excellence Standards

Treat Everyone as a Guest.

- *I will always say "Please" and "Thank You."*
- *I will greet guests with eye contact and a smile.*

Demonstrate Professionalism and Excellence in the Things I Do.

- *I will always wear my name badge.*
- *I will use language appropriate to the situation and to the guest.*

Practice Teamwork.

- *I will always end an interaction with the guest by asking, "is there anything else I can do for you?"*
- *I will hold myself accountable for getting the information I need to do my job.*

Corporate Compliance

Ethics. Integrity. Conduct.

Compliance is part of your job.

If you're aware of any violations of the Aiken Regional Medical Centers or UHS Code of Conduct or Compliance Program, it's your responsibility to let us know.

Contact the Compliance Hotline

at 1-800-852-3449

or via the Internet at www.uhs.alertline.com

Any reports to the Compliance Hotline, Compliance Web site or Compliance Officer are confidential and anonymous, if desired. No employee will suffer any retaliatory consequences or actions for reporting compliance matters.

Contact the ARMC Compliance Officer or the UHS Compliance Officer

Lois T. El
ARMC Compliance Office
803-641-5630
lois.el@uhsinc.com

Jim Caponi
UHS Compliance Office
610-768-3300
james.caponi@uhsinc.com

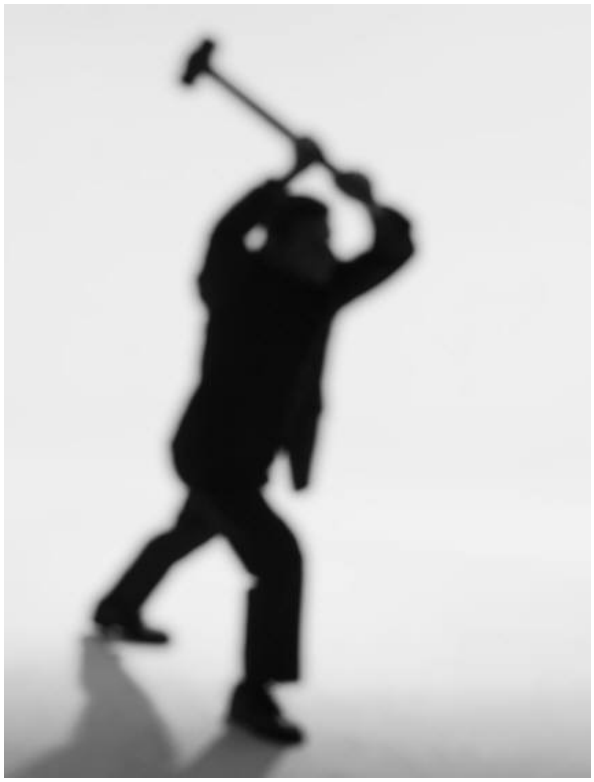
Aiken Regional
MEDICAL CENTERS
302 University Parkway • Aiken, SC 29801

Controlling Violence in the Workplace

Introduction

Violence in the workplace is a serious safety and health issue. It has become a major concern since healthcare workers and social workers have a higher risk of assaults than other industries.

Workplace violence is any act of physical violence, a threat of violence, harassment, intimidation, or other disruptive behavior that occurs in the workplace. It can range from threats and verbal abuse to assault and homicide.



Risk Factors

- Contact with the public
- The exchange of money
- Having a mobile workplace
- Working with unstable, volatile people
- Working nights
- Working in high crime areas
- Working alone
- The prevalence of handguns
- An increase in the number of mentally ill patients
- A lack of staff
- Increase in the availability of drugs
- Poorly lit parking lots

Predictive Behavior

It is difficult to predict human behavior however there may be signs even if there is not a specific profile. Some behavior that has been noted includes:

- Mood swings
- Threatening body posture
- Being withdrawn
- Pacing
- Fidgeting
- Being loud and disruptive
- People with a history of violent behavior

Types of Violence

Several types of violence have been identified:

- **Type 1**—violent acts by criminals who have no connection with the workplace (i.e. robbery).
- **Type 2**—violence directed at employees by customers, clients/patients, students, or any others for whom the organization provides a service.
- **Type 3**—violence against co-workers, supervisors, or managers by a present or former employee.
- **Type 4**—violence committed in the workplace by someone who does not work there, but has a personal relationship with someone who does.

Controlling Violence in the Workplace

What Can Employers Do?

It has been suggested that training employees in non-violent responses and conflict resolution will reduce the risk that volatile situations will escalate to physical violence or even death.

OSHA states that the best protection employers can offer is to establish a "zero tolerance" policy towards workplace violence.

Employers can help further by:

- Providing safety education to all employees so they can know what conduct is not acceptable.
- Securing the workplace.
- Providing drop zones that limit contact with money.
- Instructing employees not to enter any areas where they do not feel safe.

What Can Employees Do?

- Learn how to recognize, avoid, or diffuse potentially violent situations.
- Alert the supervisor with concerns about safety
- Avoid traveling alone, especially at night.
- Only carry minimal money on your person.
- Try to park in well-lit parking lots.

How Do I Diffuse a Bad Situation? Use These Communication Tips

Communication is the key to crisis de-escalation.

Listen with empathy.	Try to understand where the person is coming from.
Undivided attention.	When people are paid attention to, they feel validated and important.
Don't be judgmental.	Be careful of body language and tone so you don't convey a negative attitude.
Focus on feelings.	This will most likely elicit a positive response since the person will feel like you understand.
Allow silence.	Sometimes this is the best choice because it can convey that you are thinking and want to give the correct response.
Clarify responses.	Re-state what is being said to you so there is no miscommunication.
Share information.	You can sometimes connect with a patient by sharing personal experiences. This will encourage the person to share personal experiences more easily.

Controlling Violence in the Workplace

Barriers to Communication

Examples of communication barriers include:

- Physical barriers
- Lack of communication skills
- Language barrier
- Attitude barrier
- Emotional barriers

The most important part of overcoming communication barriers is to choose the right words. A single word can increase misunderstanding, increase frustration, escalate the situation, or diffuse it.

There are many different communication techniques, not one perfect choice. People and different and we have to employ a variety of ways to reach out to individuals.

Resources for More Information

http//www.buzzle.com/articles/therapeutic-communication-techniques.html

http//www.crisisprevention.com/Resources/Knowledge-Base/De-escalation-Tips

http//wiki.answers.com/Q/Types_of_therapeutic_communicatio

http//www.dps.siu.edu/cp_workplace_violence.htm

http/www.athealth.com/Practioner/particles/workplaceviolence.html

U.S. Department of Labor Occupational Safety and Health Administration 2002 (OSHA Fact Sheet)

Emergency Codes

When calling 1111 to report an emergency condition, remember to state the code name and the location. The operator may ask for additional information, so stay on the line.

Every patient, associate, and visitor has the right to a safe and secure environment in which to recover, work, or visit. Emergency codes are used to alert associates of situations that require immediate attention. It is your responsibility to know these codes and your role in an emergency. Specific steps to follow are in policies found on ARMConnect.

CODE BLUE
Someone in the facility is in cardiac or respiratory arrest. A special team will respond. Press the CODE BLUE button in the room or dial 1111.

CODE BLUE-BROSELOW
A pediatric patient in the facility is in cardiac or respiratory arrest. A special team will respond.

CODE BLUE-NEONATAL
A neonatal patient in the facility is in cardiac or respiratory arrest. A special team will respond.

CODE RED
Fire or smoke has been seen. If you see or smell smoke or fire, pull the red alarm and call 1111.

YELLOW ALERT
The fire alarm system has been by-passed for servicing. The pull stations and sprinkler system are still operational in the event of a Code RED. Be alert for signs of fire or smoke.

CODE ATLAS
A violent or potentially violent person is in the facility. When this code is called, a team trained in nonviolent intervention techniques will respond.

CODE ORANGE
A dangerous quantity of a hazardous substance has spilled in the hospital. Leave the container at the scene and safely evacuate patients and staff if necessary. A special team will respond.

CODE EAGLE
A patient is missing. This code will usually be followed by a description of the missing patient. If you notice a patient missing, provide the operator with the patient's description.

CODE ADAM
A child or infant has been or is suspected to have been abducted. A description of the missing child will usually follow the announcement—be on the alert. Specific instructions on how you should help in this case are discussed in the Code Adam policy. If you notice a patient missing give the operator a description of the child.

INCIDENT COMMAND
An incident has occurred and we have activated the Incident Command System. Wait for further instructions from your supervisor.

CODE ZERO
There is an immediate need to evacuate due to a rapidly developing disaster, such as fire, explosion, earthquake, or building collapse.

CODE GRAY
A Severe Weather Warning is in effect. You may need to help move patients and visitors to a safe location or away from windows.

CODE SILVER
A hostage situation has developed in the facility. Do not attempt to apprehend the intruder. Wait for further instructions.

CODE LAVENDER and CODE PURPLE
Bed capacity issues that require help have developed. Await further instructions.

Fire Safety

The code called for a fire is **Code RED.** If you see or smell smoke or fire (or just think you might), call 1111 and give the operator your location. It is your responsibility to know the location of the alarm pull stations and fire extinguishers. Do not block the fire extinguishers or pull stations.

Fire Extinguishers

There are four common classes of fire (the name plate on the side of the extinguisher will indicate which type of extinguisher you're using):

Class A-Ordinary Combustibles: Wood, paper, trash, rubber, textile, and mattresses (extinguisher contains water).

Class B-Flammable Liquids: Alcohol, ether, grease, or flammable liquid fire (extinguisher contains CO_2).

Class C-Electrical Equipment: Electric fire, computers, and fuse boxes (extinguisher contains dry chemical).

Class K-Kitchen Fires: Combustible cooking fluids involving vegetable oil in deep fat fryers (extinguisher contains dry and wet chemicals). Found only in the Cafeteria kitchen.

Ordinary Combustible, Flammable Liquids, or Electrical Equipment
Multi-purpose dry chemical is suitable for A, B, and C fires.

Fire Precautions

If you are away from the point of origin:

- Close all doors.
- Locate the fire extinguishers in your area.
- Go to an area of safe refuge (on the other side of the double doors from the path of the fire).
- Discuss the possibility of relocating patients.
- Make sure all staff know their role until an all clear is announced.

Responding to a Code RED

After you hear the Code RED alarm and location from the PBX operator, the units from the floor above, below, and around the fire respond. When responding to a Code RED on another unit, do not bring a fire extinguisher from your unit—they need to stay where they are in case the fire spreads.

Using a Fire Extinguisher

Use the following procedure when using a fire extinguisher: **PASS**

P – Pull the pin
A – Aim the nozzle
S – Squeeze the handle
S – Sweep the spray at the base of fire

RACE

If you are directly in area of fire: Enact RACE

R – Rescue (first priority)
A – Alarm (go to nearest alarm and pull handle (near all exits)) and call 1111
C – Contain
E – Extinguish

Evacuating Patients

Engineering, nursing, or the fire department will turn off the oxygen valves, electricity, and utilities. If the fire is in a patient room, contain the fire and get the patient out of the room. If evacuation is required, go to the nearest EXIT that is away from the path of fire. Familiarize yourself with the evacuation routes for your individual department. Evacuation equipment is located on floors 2, 3, 4, and 5—make sure you have been trained how to use all types of evacuation equipment.

Emergency Preparedness:
Hospital Incident Command System (HICS)

Purpose of HICS
HICS provides the structure by which we respond to a disaster so that hospital operations continue in an orderly, expedient, and coordinated manner.

Disasters may be internal or external, large or small. Examples include:
- A mass casualty event
- Internal chemical exposure
- Structural damage due to flooding or inclement weather

Initiation of HICS
HICS may be initiated by:
- Safety and Security Manager
- CEO/Senior Team Officer
- House Supervisor
- ED Clinical Director/designee or physician on duty

Staff notification of HICS activation is done by the PBX Operators in the following ways:
- Batch page of HICS responders.
- Overhead announcement stating "The Hospital Incident Command System is now in effect" and repeated three times.
- The ARMC Information and Message System (AIMS) is implemented. This provides a recorded and scripted message to hospital employees via home phone, cell phone, or beeper regarding the event and any necessary instructions.

ICS Locations
Although the locations for different ICS operations may change depending on the situation, the standard locations are:
- Incident Command Center—Board Room
- Media/Public Relations—WLC Waiting Area
- Labor Pool—Human Resources
- Victims' Family Members—Dining Rooms

General Employee Responsibilities
- All employees currently in the hospital at the time of HICS activation should stay or return to their designated areas—DO NOT REPORT TO THE ED OR LABOR POOL.
- All additional associates called in to the disaster must enter through the front door of the hospital and report to the Labor Pool for assignment.
- All additional associates who were called in to assist with the disaster must always report to the Labor Pool prior to leaving.
- Employees may be reassigned and transferred when the need arises. This will be coordinated through the Labor Pool Unit Leader.
- Refer to the Emergency Operations Plan, located on ARMConnect, for further department-specific instructions.
- In the event that a department or hospital evacuation is necessary, each patient care area above the first floor has specific stretchers and wheelchairs that are used. Location of and training in the use of this equipment will be part of your unit orientation.
- Refer all questions from outside sources to the Public Information Officer or Liaison Officer.

Emergency Preparedness:
Responsibilities of Key Staff

There are many different roles and responsibilities within HICS. Specific leadership designations with their responsibilities include the following:

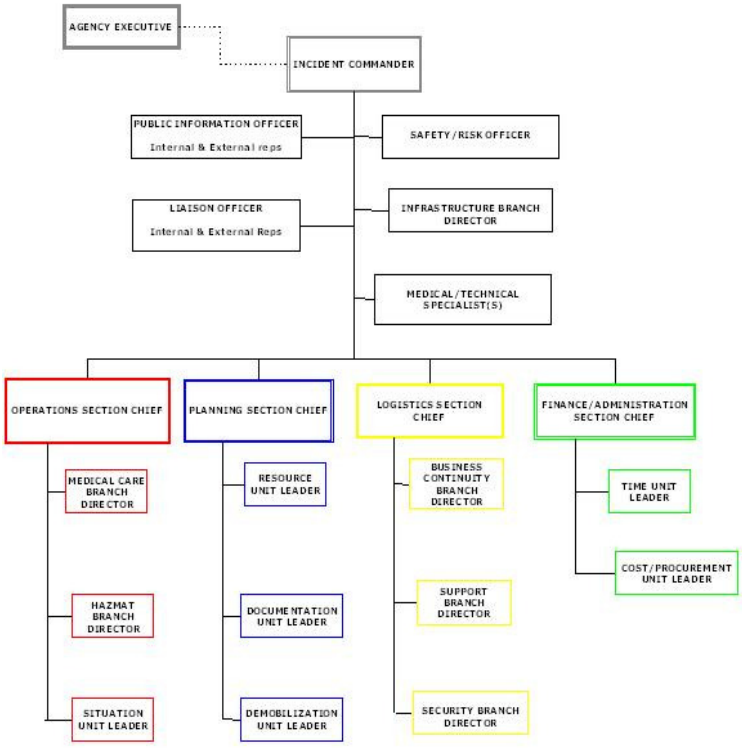
Hospital Incident Commander
- Overall strategic direction for incident management by the hospital.
- Authorizes total facility evacuation if warranted.
- Approves all communication provided to media and ensures that briefings are conducted regularly.
- Ensures communication with appropriate outside agencies.
- Ensures that staff receive incident updates as appropriate.

Operations Section Chief
- Ensures continued provision of quality patient care, to include inpatients, outpatients, and those received as a result of an incident.
- Tracks and registers all patients received as a result of an incident.
- Coordinates environmental and nutrition services of all hospital patients.
- Delegates resources for patient/staff decontamination if necessary.

Planning Section Chief
- Coordinates the hospital Labor Pool to provide additional staffing where needed.
- Ensures the credentials of hospital and volunteer staff who arrive to assist during the incident.
- Ensures that staff receive adequate relief, rest, and emotional support throughout incident.

Logistics Section Chief
- Ensures the working order of all phones, computers, radios, and other necessary communication systems or provides appropriate alternatives.
- Ensures availability and distribution of supplies and equipment necessary to manage the incident.
- Ensures the security of all medical record documents throughout incident.
- Ensures appropriate assignment of security staff as needed.

Finance/Administration Section Chief
- Monitors the spending or purchasing of supplies or services necessary to manage the event.
- Ensures personnel work hours are accounted for accurately.



Hazardous Material Safety

Hazardous Chemicals and Radiation Safety

What is an MSDS sheet?
MSDS sheets are technical bulletins prepared by the manufacturer. They provide information needed to work safely with the material and instructions in the event of an exposure or spill.

Where are MSDS sheets located?
Aiken Regional Medical Centers subscribes to an online MSDS service. The link can be found on ARMConnect.

OSHA's Hazard Communication Standard
You have the right to know about chemical hazards in your workplace. Review the MSDS sheets for all chemicals used in your department. Ask questions about anything that concerns you.

What should I do if there is a Hazardous Material emergency?

- Access the MSDS sheet for guidance.
- Access the proper PPE and the appropriate spill kit.
- Evacuate the area.
- Clean up the spill.
- In the event of a major spill, notify the Engineer on duty, the Safety Officer, and the House Supervisor.
- Evacuate all personnel and close off the area.
- Flush eyes with water for at least 15 minutes if splashed with a hazardous chemical. You are responsible for knowing where the eyewash stations are located.

For more information see the policy "Handling Hazardous Chemicals" found on ARMConnect.

Radiation Safety

The most prominent label alerting you to the presence of a radiation hazard is the radiation caution sign. This is normally posted in the entrance to a room where radiation is used. The sign indicates that the room is a controlled area and safety precautions are in effect.

The three basic principles you can easily apply to minimize your radiation exposure are **TIME**, **DISTANCE**, and **SHIELDING**. Don't loiter near radiation sources and use the personal protective equipment provided (i.e. aprons).

MRI Safety

Magnetic Resonance Imaging (MRI) is a large piece of imaging equipment that uses a powerful magnetic source to image patients. Metal objects can become dangerous projectiles if they are taken into the MRI room. For example, pagers, IV poles, pens, mop buckets, wrenches, hemostats, stethoscopes, and any other metal objects can be pulled without warning, at which point they fly toward the opening of the magnet (where the patient is placed) at very high speeds, posing a threat to everyone in the room. Because of this powerful magnet, strict safety measures must be followed by all personnel, patients, and visitors.

- **NEVER** enter into the MRI room without being screened by a licensed MRI technologist for metal.
- The powerful magnet is always on even if no one is around.
- Never bring an object into the room without making sure it is not metal.

Utilities Safety

If you find utility system management problems, failures, or user errors during normal business hours, notify the Department of Engineering at 5190. After business hours, notify the House Supervisor who will notify PBX. The PBX operator will contact the on-call engineering technician.

When there is a loss of power, lifesaving medical equipment should be plugged into the red outlets.

Electrical Safety

- Electricity flows through insulated conductors to grounded equipment.
- Contact with electrical equipment that's not properly insulated and grounded can cause dangerous, even deadly, shock.
- No outside electrical equipment is allowed in the hospital (i.e. hairdryers, curling irons).
- Do not use electrical equipment if insulation is missing or frayed.
- Do not use electrical equipment that smokes, sparks, shocks, smells, blows a fuse, or trips a circuit breaker.
- Do not handle equipment if your hands, the floor, or a surface you are in contact with is wet.
- Do not let dust, dirt, grease, or flammable trash accumulate around electrical equipment.
- Do not use equipment that is locked or tagged out.

Security

General Security Information

- Security personnel are available 24 hours each day. Routine and non-emergency requests for security assistance can be made by dialing “0” and letting the operator know you need security and your location.
- In an emergency, dial 1111 and request security.
- Everyone is responsible for being aware of their surroundings and remaining vigilant, so report suspicious or actual threats to our security staff or to the operator.
- All hospital associates are required to wear a hospital-issued photo ID badge that is visible at all times.
- Contract service employees are identified by a yellow background behind their names.
- Physician name badges have a green background behind their names.
- Vendors, contractors, and clinical representatives receive and display a temporary visitors badge.
- Visitors of patients are not badged.
- Security personnel patrol the parking lots at shift change. Should you require an escort to your vehicle, dial 0 and ask that security contact you.
- Associates must park in spaces identified by yellow lines.
- Secure your personal valuables in your work area or move to your trunk if left in the car.
- Only personnel trained to respond to a person acting out should respond when a Code Atlas is called.
- Know your actions before responding to any code.
- Video monitoring and recording is used at ARMC.
- ARMC is a tobacco-free facility.

Security

Pediatric and Infant Security

We take pediatric and infant security very seriously at ARMC and have implemented many practices to ensure that our most vulnerable patients remain safe while they're with us. One program is the "My Child" security system that alerts staff when newborn or pediatric patients leave a specific area.

Throughout the year we hold Code Adam drills to practice our roles when a pediatric or nursery patient is missing. During your unit orientation you should receive specific information on your role during a Code Adam. For more information you can also review the policy "Code Adam: Response to a Missing Infant or Child."

Women's LifeCare Center Precautions

- All entrances to Women's Life Care Center are locked at all times. The badges of select staff have been coded to allow swipe entry. If you do not have one of these badges, you must use the call box on the wall outside the unit.
- Parents of newborn infants in the Women's Life Care Center are given an armband that matches the one given to the newborn.
- Alert staff if you see a newborn being carried in someone's arms within the unit.

Pediatric Unit Precautions:

- Parents are educated on infant security and encouraged to stay with their children at all times.

Look Out For and Report to Supervisor, Director, or Security:

- Repeated visits by someone who is unrelated to patients, especially with the excuse of wanting to see the babies.
- Anyone who closely questions you about our routines or practices regarding children or security.
- Anyone who asks you about the layout of the hospital including the location of emergency exits or our fire drill practices.
- Missing uniforms, scrubs, ID tags, or badges.
- Anyone attempting to carry a large container or package off the unit (especially if the individual is cradling the container). Ask the individual to open the container and verify the contents.
- A disturbance created in another part of the hospital that might act as a diversion (i.e. fire alarm). Infants should be supervised closely during times of high activity or confusion.

A Code Adam should be initiated promptly when an infant or child cannot be located.

Body Mechanics

Posture, Back Injuries, Transfers

There are three natural curves of the back and they all need to be maintained to keep the back in its most stable position. If you lift or transfer a patient without your back in a stable position while using proper body mechanics, the added stress could lead to injuries such as muscle strains, connective tissue strains, and disc injuries. These injuries can often be debilitating, but they can also be avoided.

Good Posture

Standing

- Keep your head straight.
- Keep your shoulders and hips level.
- Keep your chin parallel to the floor.
- Keep your shoulders and ears in a straight line.
- Tighten your stomach muscles.
- Think "tall".
- Stand with your weight on both feet equally.

Sitting

- Keep your back and head straight.
- Support your lower back.
- Support your arms, keep shoulders level.
- Keep your feet flat on the floor, with knees level or lower than hip. (But not too low. Knees excessively lower than hips could cause an exaggerated anterior pelvic tilt or sway back. Knees higher than hips will cause slump sitting.

Common Causes of Back Injuries

- Lifting any object from the floor improperly
- Transferring and lifting people or objects.
- Poor posture.
- Poor body mechanics.
- Decreased physical fitness.
- Stressful lifestyle.
- Loss of flexibility.
- Any activity not done in a safe manner.
- Habitual over-stressing of the spine.

Good Body Mechanics

Body mechanics are the proper techniques for using your muscles and bones for safe lifting and/or moving objects.

Basic Principles of Body Mechanics

- Keep a broad base of support.
- Keep items close to your body.
- Lift with your legs, not your back.
- Be smooth and synchronized, not jerky.
- Pivot your feet, do not twist your back (turn, don't twist).
- Keep stomach muscles firm while lifting, pushing, and pulling.

Remember to:

- Maintain normal curves of the back.
- Plan your movements ahead of time.
- Ask the patient to assist.
- Do not lift when you can push or pull, and push instead of pull if able.

We know you carry the weight of the world on your shoulders, but don't forget to lift with your legs!

Transfers

- Know what the patient can do.
- Verbally instruct the patient and assistants in the transfer.
- Get your equipment ready and properly positioned (i.e. brakes locked, draw sheet in place).
- Position other patient equipment (IV poles, catheters, pillows) so they will not interfere with the transfer.

Infection Control

Standard and Transmission-Based Precautions

Standard Precautions

Standard precautions are an important part of protecting you from exposure to bloodborne pathogens and are the basic level of infection control that should be used in the care of all patients.

- Use standard precautions in the care of all patients to reduce the risk of transmitting microorganisms from both recognized and non-recognized sources of infection.
- Applies to blood, all body fluids, secretions, and excretions (except sweat) whether or not they contain visible blood; non-intact skin; and mucous membranes.
- Personal protective equipment (PPE) to carry out standard precautions includes:
  - gowns
  - masks
  - eye protection and face shield (if splashes or sprays of blood or body fluids is likely)

Standard precautions should be used for ALL contact with patients, specimens, and items soiled with blood or other body substances.

Transmission-Based Precautions

Transmission-based precautions are used in addition to standard precautions when a person is suspected of carrying an infectious disease. These precautions are contact precautions, droplet precautions, and airborne precautions.

If precautions are required, a sign will be posted on the patient's door with instructions to follow. READ and FOLLOW these instructions. Additional information on barrier systems is in policies found on ARMConnect.

Infection Control

Hand Hygiene

Hand hygiene is the single most effective infection control measure available to you, and we follow the Center for Disease Control recommendations for performing hand hygiene. Hands should be decontaminated by washing with soap and water, or by the use of an alcohol-based hand sanitizer:

- Before and after direct patient contact.
- Before performing invasive procedures.
- Before handling sterile supplies.
- Before and after touching wounds, mucus membranes, and body fluids.
- Before eating.
- After removing gloves.
- Wash hands after using a restroom.

Proper Procedure for Hand Washing:

- Wet your hands and wrists with warm water and apply soap from a dispenser. Hold your hands below elbow level to prevent water from running up your arms and back down, which would contaminate clean areas.
- Work up a generous lather by rubbing your hands together vigorously for a minimum of 15 seconds (sing the Happy Birthday song twice, or the ABCs once). Soap and warm water reduce surface tension and this, aided by friction, loosens surface microorganisms, which wash away in the lather.
- Pay special attention to the area under fingernails, around cuticles, and to the thumbs, knuckles, and sides of the fingers and hands because microorganisms thrive in these protected or overlooked areas. If you don't remove your rings, move them up and down your finger to clean beneath them.
- Avoid splashing water on yourself or the floor because microorganisms spread more easily on wet surfaces and slippery floors are dangerous. Avoid touching the sink or faucets because they're considered contaminated.
- Rinse hands and wrists well because running water flushes suds, soil, and microorganisms away.
- Pat hands and wrists dry with a paper towel. Avoid rubbing, which can cause abrasion and chapping.
- If the sink isn't equipped with knee or foot controls, turn off the faucets by gripping them with a dry paper towel to avoid contaminating your hands.

Alcohol-based hand rinse:

- Use the manufacturer's recommended amount of product.
- Apply to the palm of one hand.
- Rub all surfaces of the hands and allow to dry.
- Exception: When dealing with patients contaminated with diseases transmitted by spores (i.e. Clostridium difficile or Norovirus), you must wash your hands with soap and water.

Infection Control

Infections and Bloodborne Pathogens

Healthcare-Acquired Infections

A healthcare-acquired infection (HAI) in a patient may result from the transport of bacteria to a patient via contaminated hands, supplies, and/or equipment. In addition, the patient's own bacteria can invade the patient's body and cause a healthcare-acquired infection.

Ways to avoid healthcare-acquired infections:

- Use good hand hygiene.
- Use transmission-based precautions as appropriate.
- Dispose of barrier devices (gloves, gowns, etc) properly.
- Maintain proper sterile technique during invasive procedures.
- Do your part to protect yourself and our patients!

Bloodborne Pathogens

Bloodborne pathogens are microorganisms carried by blood and other potentially infectious body material. Examples include:

- HIV—which causes AIDS and attacks the immune system.
- HBV—which causes hepatitis B and attacks the liver.
- HCV—which causes hepatitis C and attacks the liver.

Protecting yourself from bloodborne pathogens in the hospital

- Use extreme caution to prevent needle/sharp injuries. Use a hemostat or other device if you must remove a sharp from its holder. Dispose of sharps properly. DO NOT recap needles without a special device. If recapping is necessary, the one handed scoop method should be used.
- Avoid poor personal habits that can put germs into your body, such as biting your fingernails.
- Perform hand hygiene regularly, even after gloves are worn.
- Utilize personal protective equipment (gloves, gowns, eye protection, shields) during contact or potential contact with contaminated materials.
- Cover minor, non-draining, non-infected lesions you may have with a dressing. Report infected or draining lesions to your supervisor.
- All laboratory specimens are biohazardous. Before transporting specimens to the lab, place each clean and sealed specimen in a secondary transport container. DO NOT wear gloves while transporting specimens to the lab.
- Use correct procedures for body substance spills.
- Do not wear gloves in the hallway.
- Never contact any surfaces with gloves after they have been in contact with the patient or any object that is part of the patient's environment.
- Report unsafe practices to your supervisor.

Exposure to Bloodborne Pathogens

In the event of an exposure to a patient's blood or body substance, including a needle stick:

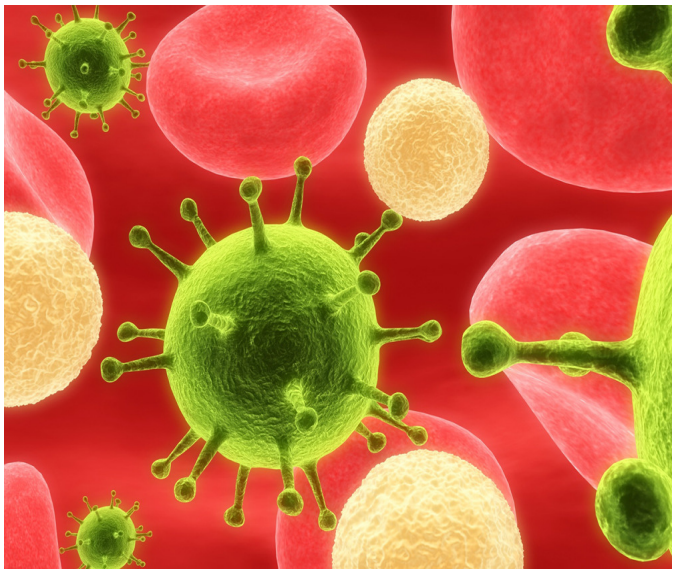
1. Wash or flush the body part well.
2. Notify your supervisor.
3. Report to the Emergency Department for immediate treatment.
4. Fill out an Employee Accident/Injury report.

Infection Control

Tuberculosis Prevention

Tuberculosis (TB) is an infection caused by slow-growing bacteria that grow best in areas of the body that have lots of blood and oxygen. That's why it is most often found in the lungs. This is called pulmonary TB, but TB can also spread to other parts of the body, which is called extrapulmonary TB. Treatment is often a success, but it is a long process—it takes about 12 months to successfully complete the treatment. Tuberculosis is spread from person to person in tiny droplets in the air.

Early TB detection helps to protect you and keeps infection from spreading.



Healthcare workers are tested:

- Upon hire
- Yearly, during their month of hire
- After an exposure

You should also consider getting tested if:

- You have had a cough for longer than three (3) weeks.
- You have symptoms, such as: weight loss, fatigue, loss of appetite, anorexia, fever, night sweats, and/or bloody saliva.
- You have been exposed to someone with TB.

To prevent the spread of Tuberculosis you should:

- Identify and report TB cases early.
- Promptly isolate infected persons (infection control policies for proper procedures).

Medical Equipment
Biomed

All medical equipment at Aiken Regional Medical Centers is covered under a Medical Equipment Management Program. This program is evaluated annually for consistency of objectives, appropriateness of scope, performance of the program, and the effectiveness of the program. The medical equipment is inspected, tested, and maintained by the Biomed Department.

Contact
Our office is located on the first floor, adjacent to Radiology. Please feel free to drop by if you have questions. You can also call us at 5063 or 5064. If calling about a piece of equipment, have the sticker number available (see an example of this sticker on the next page).

24 Hour Customer Service Center
For after hours (5 p.m.—8 a.m.) service requests, please call GE at 800-874-8862; prompt #1. You may call after hours to report a problem, but only the House Supervisor or the Department Manager can authorize an after-hours repair. When calling, have the BEC number available.

New Equipment
After formal acceptance by the facility, equipment must be sent to Biomed for an initial inspection and an electrical safety check. The equipment will be tagged for use and the department manager will sign off on it. Staff Development will determine if staff require education on the new equipment and then authorize the equipment to be put into service.

Non-Facility Owned Equipment
This includes loaners, demos, and rental equipment. After formal acceptance by the facility, equipment must be sent to Biomed for an initial inspection and an electrical safety check. This equipment will be tagged with a green “Safety Checked” sticker.

Medical Equipment
Equipment Tags and Use

GE Clinical Services Barcode

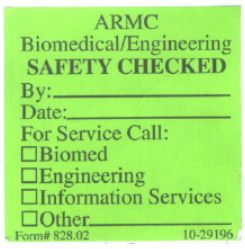
All equipment under the Medical Equipment Management Program is identified with a sticker like this. The equipment's maintenance history is captured and recorded using the barcode and number, and can be retrieved at any time. When calling in for service on a piece of equipment, you will be asked for the item's number to help generate a service ticket.

Preventive Maintenance (PM)

Every piece of medical equipment that requires a PM should have a sticker similar to the one shown here.

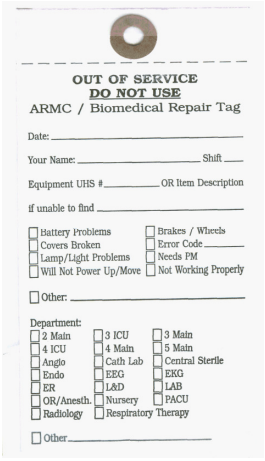
Some hospital equipment is sent for PMs every year (indicated by one color), and some more frequently (indicated by a different color). On all of the stickers, the month and year of the next inspection will be clearly written, so if you see an out-of-date piece of equipment, contact Biomed right away.

Biomed Electrical Safety Check



This sticker will be put on any non-hospital owned piece of equipment after Biomed performs an electrical safety check and before it is used in the hospital. This includes all loaners, demos, and rental equipment. If the piece of equipment leaves the hospital and is returned, it will have to go through the electrical safety check process again.

Out of Service: Do Not Use



This tag should be attached to a piece of equipment that is not functioning properly or has an out-of-date PM sticker. Anyone can fill out and attach this card to a piece of equipment, but it should only be removed by Biomed once the equipment has been checked and approved for use. Please fill out the tag completely: every detail helps Biomed track equipment issues.

- Fill out and attach the Out of Service tag.
- Place equipment in the area specified for defective equipment by your department.
- Call Biomed at ext. 5063.
- If the equipment has been exposed to a patient, please send it to Central Services for cleaning before calling Biomed.

In Storage (IS); Out of Service

When a piece of equipment has been put into storage or is no longer being used, Biomed will attach this "(IS) Out of Service" tag. At that time, the equipment will be removed from the PM schedule and will no longer be maintained by Biomed. DO NOT USE the equipment unless Biomed has tested and verified that it is operating safely and correctly.

Cultural Diversity

Diversity Defined

Diversity, as it is understood in the workplace today, implies differences in people based on their identifications with various groups. But it is more. Diversity is a process of acknowledging differences through action. The goal of diversity in the workplace is to create a culture in which every associate, patient, visitor, or other customer—regardless of gender, race, ethnic background, or sexual orientation, receives equal and appropriate treatment.

Cultural Diversity

- Being aware of the differences between people and cultures.
- Being aware of one's own culture, and of cultural differences.
- Adapting behavior to achieve beneficial results in different cultural settings.

Cultural diversity involves including people of different cultures, races, genders, nationalities, and styles. More importantly, a culturally diverse organization recognizes, supports, values, and utilizes people's differences and similarities in support of the organization's objectives

Cultural Competence

Cultural competence is a set of behaviors, attitudes, and policies that come together and enable professionals to work effectively in cross-cultural situations. This includes being able to recognize and respond to health-related beliefs and cultural values, disease incidence and prevalence, and treatment. Examples of culturally competent care include:

- Striving to overcome cultural, language, and communications barriers
- Providing an environment in which patients/consumers from diverse cultural backgrounds feel comfortable discussing their health beliefs and practices in the context of negotiating treatment options
- Encouraging patients/consumers to express their spiritual beliefs and cultural practices
- Being familiar with and respectful of various traditional healing systems and beliefs and integrating these approaches into treatment plans

Stereotypes versus Generalizations

A generalization is a starting point—we recognize a cultural pattern and then look to see if the individual fits that pattern. A generalization is a statement about common trends within a group, but with the recognition that further information is needed to determine whether the generalization applies to a particular person.

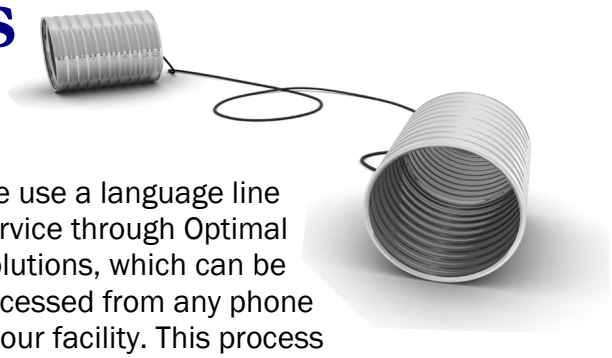
A stereotype is an end point and no effort is made to decide whether it applies to the person in question. In this form of thinking, we develop conventional conceptions and opinions.

Respectful care of our patients includes taking into consideration the values, preferences, and expressed needs of each patient. Providing sensitive care to our patients involves communicating in the preferred language of the patients and ensuring that they understand all clinical and administrative information. Effective care of our patients results in positive outcomes for patients including satisfaction, appropriate preventive services, diagnosis, treatment, and improved health status.

Ethics Committee

The Ethics Committee assists with ethical issues that arise when providing patient care. It is a multidisciplinary committee that includes physicians, nurses, community members, pastoral representatives, hospital management, and ethicists. This committee provides an avenue for discussion, active listening, and possible options or alternatives in a supportive environment. Referrals to the Ethics committee can be made by any member of the healthcare team, patients, or concerned individuals by contacting Case Management at 641-5482. A multidisciplinary team will interview the interested parties and review the case information and medical records as appropriate within 48 hours of the referral. The recommendations are non-binding but are designed to address the issues and can be factored into the final decision by the patient, family, and/or physicians.

Interpretive Services



Healthcare accessibility must be considered for all patients, so effective communication must be facilitated for patients who are deaf, blind, and have a language barrier.

Customers and patients are interviewed during different phases of the registration process to ensure patient preferences are recorded and available during the patient encounter.

Examples of Tools Used

Blind Patients:

- Braille on signs throughout the facility.
- Personal escorts, provided by the Hospital Auxiliary.

Hard of Hearing or Deaf Patients:

- TTY phones.
- Possible video conferencing with an off-site interpreter.
- On-site interpreter (certified).
- Closed Captioning on the televisions.
- Flashing lights on the fire alarms.
- Pictograms.

Language Differences:

- Signage in Spanish for Spanish speaking customers.
- Certain registration and notice forms are available in Spanish.
- We use a language line service through Optimal Solutions, which can be accessed from any phone in our facility. This process provides interpretive services over the phone, which is faster than requesting an interpreter on site.
- We can provide an interpreter to assist with communication if necessary.

The Americans with Disabilities Act (ADA) applies to all hospitals. Meeting this need requires the cooperation of all parties involved in the patient's experience at ARMC. Recognition of the need for improved communication with patients with one or more communicative or physical disabilities goes hand in hand with quality health care.

All associates are expected to understand the importance of meeting the needs of our customers. Each department and supervisor has access to the updated list of interpretive services and instructions on accessing them.

For more information on this topic, see the policy "Interpretive Services" on ARMConnect.

Fall Prevention:
Introduction

The health and financial impact of a patient's fall can be significant, so we want to make every effort to prevent our patients from falling and take care of them appropriately if they do fall. Unfortunately, it's not as simple as picking up banana peels from the floor!

Fall Assessments

Each patient is assessed to determine if factors exist which predispose the patient to be at risk for falling during hospitalization. These assessments determine what steps are taken to prevent a fall during the patient's stay, based on where they are in the fall scale—No Risk, Low Risk, or High Risk. While most of these fall prevention steps affect the nursing staff, all staff should be aware of the interventions taken.

Interventions

The nursing staff use several intervention methods to prevent falls, depending on the patient's risk for falls. One that all employees may see is the yellow armband which indicates that the patient is at risk for falls, or a bed alarm which will alert nursing staff that the patient is trying to get up out of bed or off the chair. If a patient is out of bed and has a yellow arm band or bed alarm in place, encourage the patient to sit down and contact the patient's nurse.

Some other interventions that all staff members can pay attention to include:

- Notify nursing if the patient is doing something unsafe.
- Assist the patient or notify nursing if assistance is needed.
- Remove obvious hazards from hallways, rooms, or other public areas.
- Keep all pathways clear.
- Ensure safety of equipment (i.e. wheelchair or walker).
- Lock bed, stretcher, or wheelchair prior to moving patient onto the equipment.

- When patient is returned to bed:
  - Return bedside table to the patient's side.
  - Upper side rails up
  - Bed in low position
  - Bed brakes locked (always)
  - Call bell, urinal, phone, and personal belongings in reach
  - Ask the patient if he or she has other requests before leaving the room
- Notify the nurse when the patient has returned from a procedure.

Patient Advocacy Program

At ARMC, the Patient Advocate ensures that concerns expressed by the patient, family, or visitor are addressed by the appropriate individual. When there are issues with patient satisfaction, the Patient Advocate is an objective third party and can provide optional solutions.

The Patient Advocate is also part of the patient grievance process. We define a "grievance" as a complaint that was not resolved prior to the patient leaving our facility. Obviously all complaints should be addressed and resolved in a timely manner to ensure higher patient satisfaction.

To access the Patient Advocate during business hours, patients are instructed to ask any staff member or call the operator from any phone.

Patient Rights

Advance Directives and Basic Rights

Advance Directives

Advance Directives are legal documents that patients can sign to specify the kind of treatment they want or do not want to be given in the event that they become unable to express their wishes at the time of treatment.

Three examples of Advance Directives:

1. **Living Will**—allows a patient to tell the doctor what to do in the event of permanent loss of consciousness or terminal illness close to death. For example, it allows the patient to declare a desire to die a natural death versus prolonging life indefinitely by artificial or extraordinary means.
2. **Health Care Power of Attorney**—a patient names someone as his or her "agent" in the event that he or she is unable to make health care decisions. Under such circumstances, the agent has the right to make all decisions about the patient's health care. Patients can guide the decisions of the agent by including specific rules or limitations in the document.
3. **Declaration for Mental Health Treatment** (Psychiatric Advanced Directive)—allows a competent adult to define what mental health treatment he or she will consent to in the event of incapacity.

Information regarding advance directives can be found in the Social Work Resource Book and by consulting Case Management.

Basic Patient Rights

ARMC respects and supports patient rights. Associates are expected to respect the rights posted in public areas throughout the hospital. Four basic patient rights are:

1. **Confidentiality**. Patient care issues will only be discussed with patients and caregivers unless specifically instructed otherwise by the patient's POA.
2. **Privacy**. The dignity of patients will be maintained.
3. **Informed Consent**. The patient will be informed of all medical treatment, procedures, and possible outcomes prior to treatment.
4. **Refusal of Treatment**. The patient has the right to refuse treatment.

Patient Safety Goals

2012 Hospital National Patient Safety Goals

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

Identify patients correctly	
NPSG.01.01.01	Use at least two ways to identify patients. For example, use the patient's name *and* date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
NPSG.01.03.01	Make sure that the correct patient gets the correct blood when they get a blood transfusion.
Improve staff communication	
NPSG.02.03.01	Get important test results to the right staff person on time.
Use medicines safely	
NPSG.03.04.01	Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
NPSG.03.05.01	Take extra care with patients who take medicines to thin their blood.
NPSG.03.06.01	Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.
Prevent infection	
NPSG.07.01.01	Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
NPSG.07.03.01	Use proven guidelines to prevent infections that are difficult to treat.
NPSG.07.04.01	Use proven guidelines to prevent infection of the blood from central lines.
NPSG.07.05.01	Use proven guidelines to prevent infection after surgery.
NPSG.07.06.01	Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.
Identify patient safety risks NPSG.15.01.01	Find out which patients are most likely to try to commit suicide.
Prevent mistakes in surgery UP.01.01.01	Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
	Mark the correct place on the patient's body where the surgery is to be done.
UP.01.02.01	Pause before the surgery to make sure that a mistake is not being made.
UP.01.03.01	

The Joint Commission Accreditation Hospital

This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

P.I.T. Crew (Patient In Trouble)

We recognize that many patients show subtle signs of trouble before they go into cardiac arrest, and that if addressed quickly, we can improve the patient's chance for survival. For this reason, we have the P.I.T. Crew, which can be called by any staff member or family member.

When to Call

- When you see a noticeable medical change in the patient.
- When you notice the following:
  - Acute change in heart rate, <40 or >130
  - Acute change in blood pressure
  - Respirations <10 or >30
  - Acute mental status changes
  - Significant bleeding
  - Acute change in level of consciousness
  - Inability to speak
  - Change in rhythm
  - Seizures
  - Decrease in sat <90%
  - Decrease in blood sugar with change in mental status
  - Increase in agitation/delirium
  - Uncontrolled pain

Listen to the patient, the family, and your "gut instincts". Call the P.I.T. Crew **first** (we'd rather be called too early rather than too late).

Who Can Call

ANYONE. If you see a patient in trouble, notify the nursing staff immediately. Dial "1111" and request the P.I.T. Crew. Make sure that there is a clear path to the patient.

Who Should Respond

The assigned nurse, respiratory therapy, and a Critical Care nurse will come to the patient's bedside. The patient's primary nurse will continue to provide care and treatment within his or her scope of practice, and the P.I.T. Crew will assess the patient to determine if transfer to a higher level of care is appropriate.

Why Call?

It works!

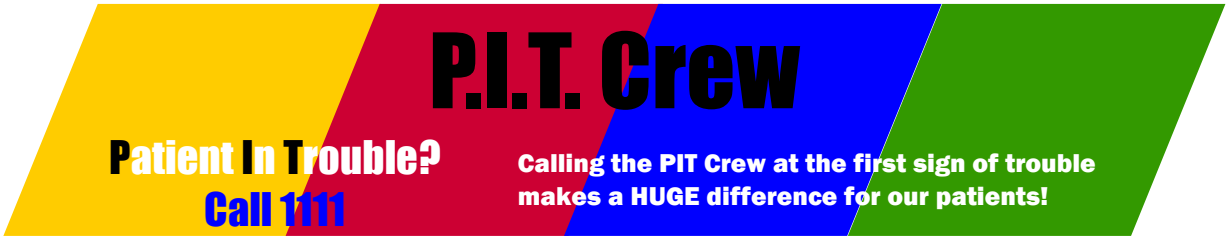
In the past six months:

25 Code Blues were called from the floor (not ICU or ED).

This is a 47% increase in the number of codes called last year. Only 36% of code patients survived to discharge.

50 PIT Crew calls were made.

This is a 21% increase in the number of calls made last year. **All** of the patients who received a PIT Crew call survived the call.



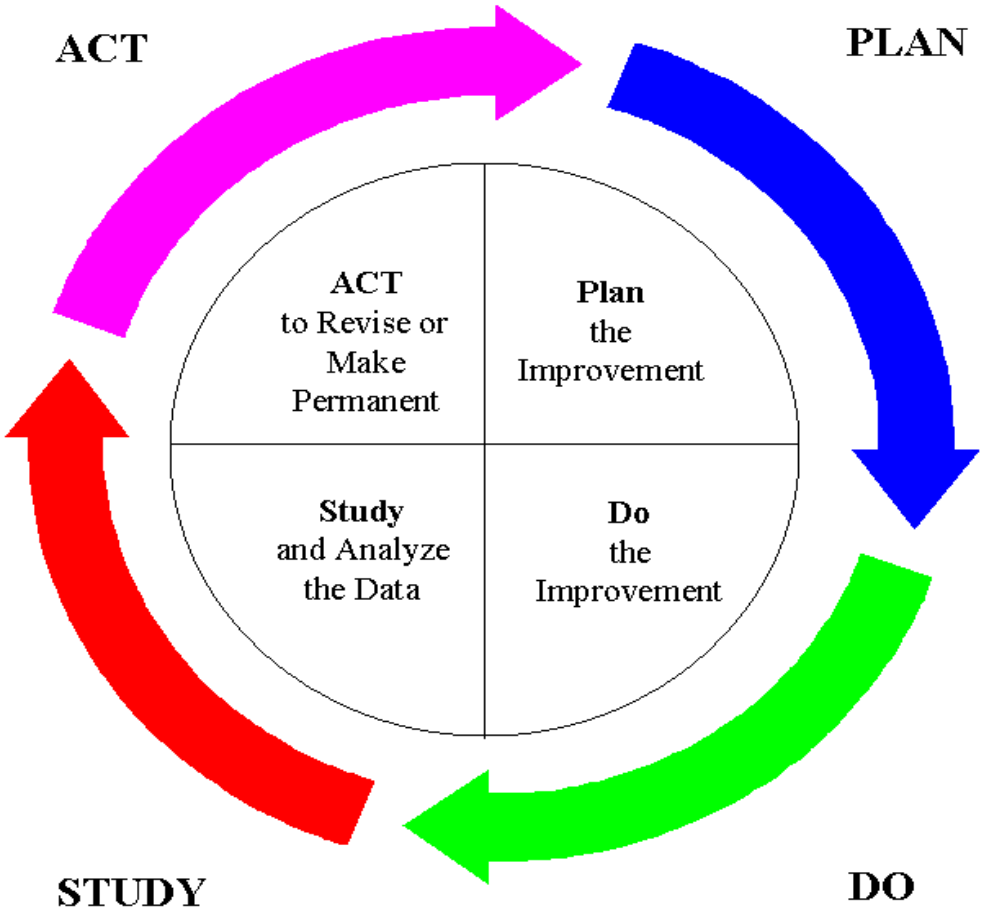
Performance Improvement
Plan-Do-Study-Act

Aiken Regional Medical Centers is committed to continuous improvement of the processes used to provide our services. By studying each step of a process, multidisciplinary teams can make improvements to decisions that impact the quality of patient outcomes. All associates are encouraged to share improvement ideas with their managers. Input from the people involved in the process is critical in the success of ARMC.

P – D – S – A: Plan – Do – Study – Act

We use the PDSA process, a systematic method of improvement that is used by multidisciplinary teams and individual department teams as they collaborate and make changes together.

Our Systematic Method for Process Improvement



Performance Improvement
Dimensions of Performance

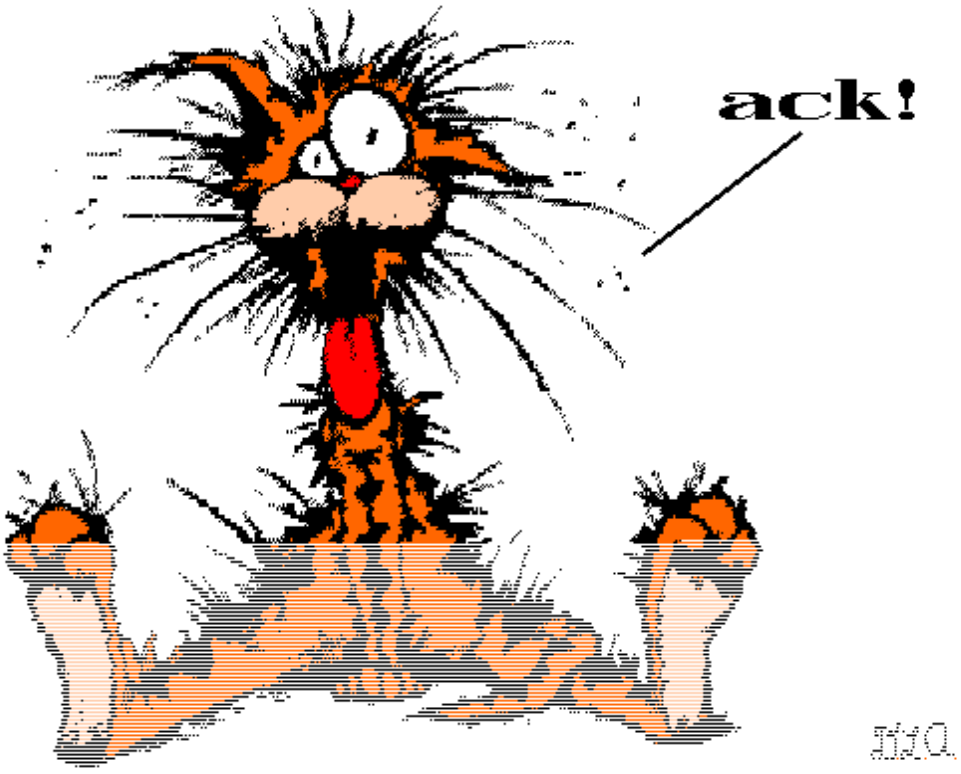
Dimensions of performance are characteristics of what is done and how well it is done. Our hospital's performance is reflected in our patient outcomes and in the cost of our services. Patients and others judge the quality of health care based on their outcomes and their perception of what was done and how it was done. Relate your process improvement to one or more of the characteristics below:

1. **Efficacy** – The degree to which the care of the patient is related to the projected outcome. Was the right thing done to produce the desired outcome?
2. **Appropriateness** – The degree to which a specific test, procedure, treatment, or service is provided based on the patient's specific clinical needs. Is it relevant to the patient's needs?
3. **Availability** – The degree to which a needed test, procedure, treatment, or service is available to the patient who needs it.
4. **Timeliness** – The degree to which a needed test, procedure, treatment, or service is provided to the patient at the most beneficial or necessary time.
5. **Effectiveness** – The degree to which the care provided achieved the desired or projected outcome for the patient.
6. **Continuity** – The degree to which the care provided to the patient is coordinated with respect to other services, practitioners, and providers.
7. **Safety** – The degree to which the risk of the service provided is reduced. Will it reduce risk for the patient and others, including the healthcare provider?
8. **Efficiency** – The degree to which services are provided in relation to the resources available. Is there a balance between resources used and outcome achieved?
9. **Respect and caring** – The degree to which the patient or designee is included in choices of services provided. Is the patient involved in his or her own care decisions?

Performance Improvement

If You Settle for 99.9% in Quality, You Get:

- Two million documents lost at the IRS per year.
- 22,000 checks deducted from the wrong bank accounts per hour.
- 12 babies given to the wrong parent per day.
- 268,500 defective tires shipped per year.
- 103,260 tax returns processed incorrectly per year.
- 5,517,200 cases of flat soft drinks produced per year.
- Two unsafe plane landings at O'Hare International airport per day.
- 291 pacemaker operations performed incorrectly per year.
- 20,000 incorrect drug prescriptions written per year.
- 107 incorrect medical procedures performed per day.



Core Measures, HCAHPS, and Value Based Purchasing

Making Healthcare Choices

When you're shopping for a car, how do you decide which one to buy? Maybe you just pick the first car you see, but probably you'll talk to friends and family and you look for cars with features that are important to you. As you narrow your choices, you'll probably test drive a few cars and you may check out *Consumer Reports*.

How do you make your healthcare choices? While there isn't anything quite like *Consumer Reports* for healthcare, many healthcare organizations do provide tools that consumers can use to compare hospitals. Many insurance companies use this information to help determine payment for hospitals based on the quality of care delivered. The following resources provide data collected by the hospitals and validated by the Centers for Medicare and Medicaid Services:

- www.medicare.gov
- www.jointcommission.org
- www.healthinsight.org
- www.aikenregional.com

Core Measures and HCAHPS

Our reimbursements from The Centers for Medicare and Medicaid Services (CMS) are based on the quality of patient care that we provide. Quality of care is measured by our compliance with Core Measures and HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems).

The Core Measure indicators come from the following conditions: acute myocardial infarction, heart failure, pneumonia, and different types of surgeries. Some examples of the indicators that are included in VBP are:

- Did patients with a certain type of heart attack get the blocked blood vessel opened within 90 minutes of arrival to the hospital?
- Did patients with heart failure receive the recommended discharge instructions including an accurate list of the medications to take on discharge?
- Did patients having surgery receive a dose of antibiotics within one hour of surgery and was it one of the recommended antibiotics for that surgery?

HCAHPS is a random phone survey that is conducted with our discharged inpatients. Some examples of the HCAHPS indicators that are included in VBP are:

- During this hospital stay, how often did nurses treat you with courtesy and respect?
- During this hospital stay, how often did doctors listen carefully to you?
- During this hospital stay, how often were your room and bathroom kept clean?

Your Role in VBP

You will learn more about your specific responsibilities related to Core Measures and HCAHPS when you get to your assigned work area but the most important concepts are:

- The quality of patient care is measured by what you do. You are in the driver's seat!
- What will your patients say about the care that they received when they are called for the HCAHPS survey?
- What type of care would you want for your loved one or yourself if you were a patient?

Risk Management

Patient Safety Council, Confidentiality, Culture of Safety

The Risk Management Department at ARMC is driven by the Technical Elements of Risk Management. The one that will affect you most discusses patient safety initiatives. Information on how we address patient safety is provided here.

Element I:	The Administration of the Risk Management Program
Element II:	Risk Identification
Element III:	Risk Management Education Process
Element IV:	Contract Review
Element V:	Patient Safety Initiative
Element VI:	Environment of Care: Safety & Security Programs
Element VII:	Claims & Litigation Management
Element VIII:	Measuring the Effectiveness of the Risk Management Program

Patient Safety Council

This group meets on a regular basis to drive the culture of safety. The core members include: Chief Executive Officer (chair), Chief Operating Officer, Risk Management, Quality Outcomes Management, Chief Nursing Officer, a medical staff member from the Board of Governors, and a non-medical Board of Governors member.

When reviewing issues, the council uses a four-step process:

1. Identify the problem.
2. Determine best practice.
3. Implement the recommendation.
4. Monitor the change and assign/monitor accountability.

Confidentiality

- Patients have the right to privacy.
- The disclosure or release of Protected Health Information without the appropriate release is a violation of federal law.
- Any discussion of patient information must take place on a “need to know basis”.
- Psychiatric patients have a much greater confidentiality protection.
- If you don’t know if you should share the information, you may want to ask your manager first. A breach in confidentiality may end in termination, so it’s better to be safe than sorry.

Culture of Safety

- Patient safety is the priority in everything we do.
- Error reporting is easy and there is no punishment for reporting an error. Remember that errors are system failures, not personal failures.
- Communication is open and honest.
- During your orientation you should see the “Ounce of Prevention” video.
- We make every effort to ensure that each employee’s workload supports patient safety.
- Technology is used to enhance safety.

Risk Management

Incident Reporting System, Corporate Compliance

Incident Reporting System

We use the Healthcare Peer Review Report /MIDAS Incident Reporting System to track patient incidents, visitor incidents, equipment or product incidents, and property loss or damage.

Visitor Incidents

- When someone who is not an employee or patient at the time of an incident is involved in one, he or she has the option to request treatment. This treatment should occur in the Emergency Department no matter what kind of treatment is needed.
- You should help the individual get to the ED and should help arrange medical help to transport the patient if necessary—call the ED Clinical Supervisor for assistance.
- As soon as possible notify the Patient Advocate if there is a report of injury associated with an incident that occurred on hospital property.
- Remember not to make any promises or statements about who will pay the bill—ARMC owns the hospital, but the physicians bill separately for their services.
- You may need to remind patients that treatment is not based on the ability to pay.
- Immediately notify your manager of the visitor incident and file a report in Midas, under the Non-Patient tab.

Patient Incidents

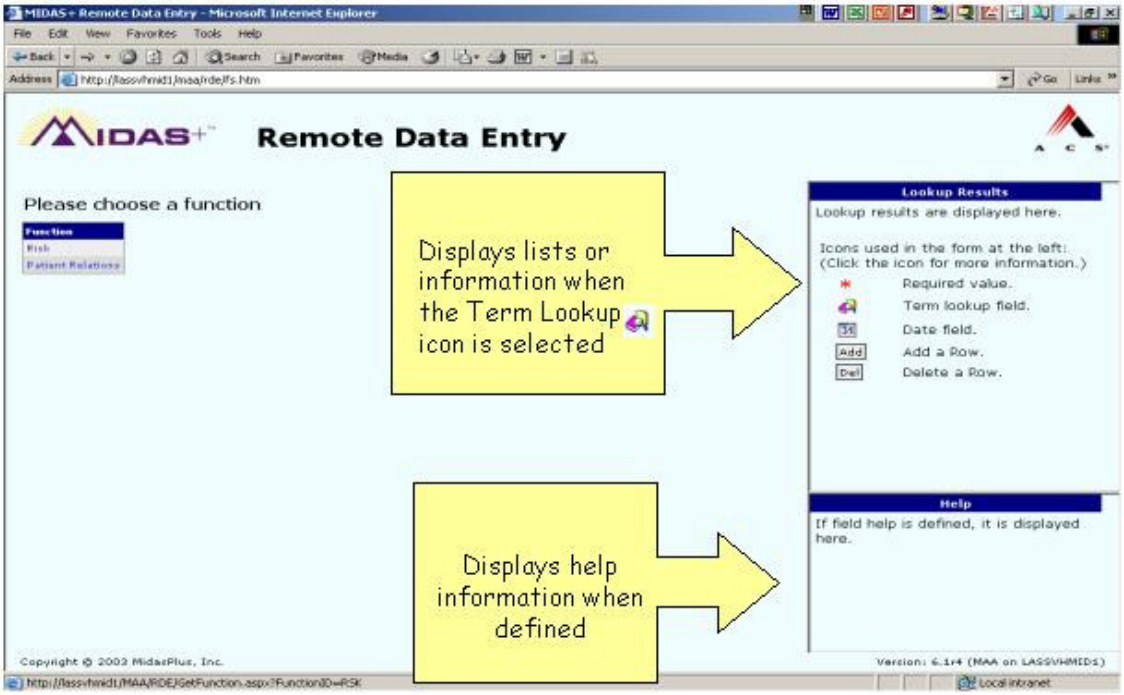
If there is an incident with a patient, file the report through Remote Data Entry into MIDAS Risk—Incident reports. Tips:

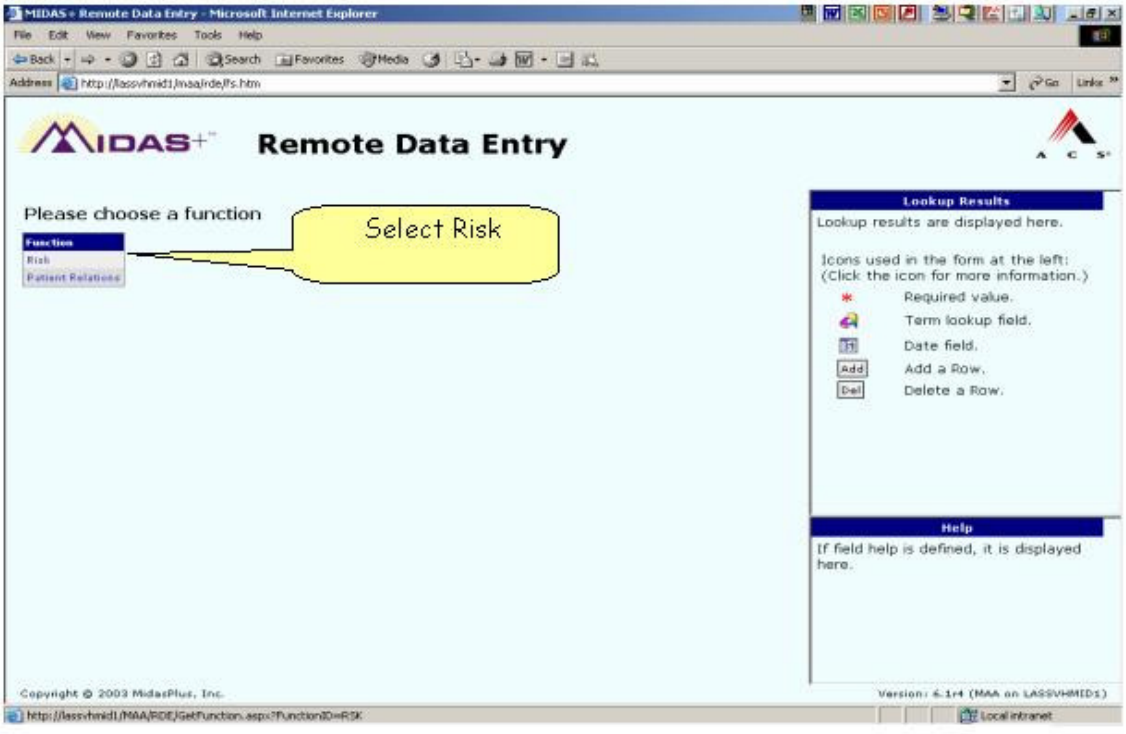
- These reports are confidential.
- They are not part of the medical record and should not be mentioned in the chart.
- These reports should not be used as a gripe session—share these with your manager.
- MIDAS reports should be filed within 24 hours—it's best to do them before you leave work.
- Make sure you immediately follow up with the patient.
- Notify the patient's physician and your manager.
- All incident reports are reviewed by the Risk Manager, but please contact the Risk Manager for any serious incident.
- Incidents should only be reported through MIDAS, not on paper.

Remote Data Entry

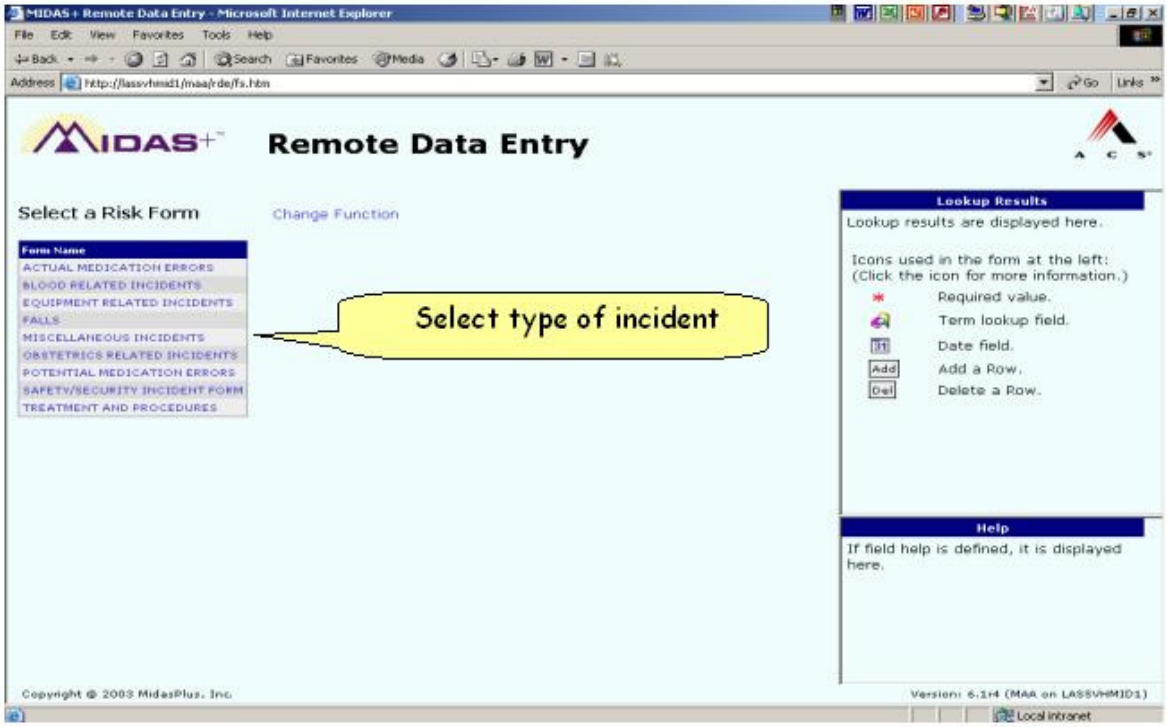
Depending on your computer's access point, Remote Data Entry (RDE) is available as either an icon on the computer's desktop "Midas RDE" or as a link on the ARMCweb intranet page.

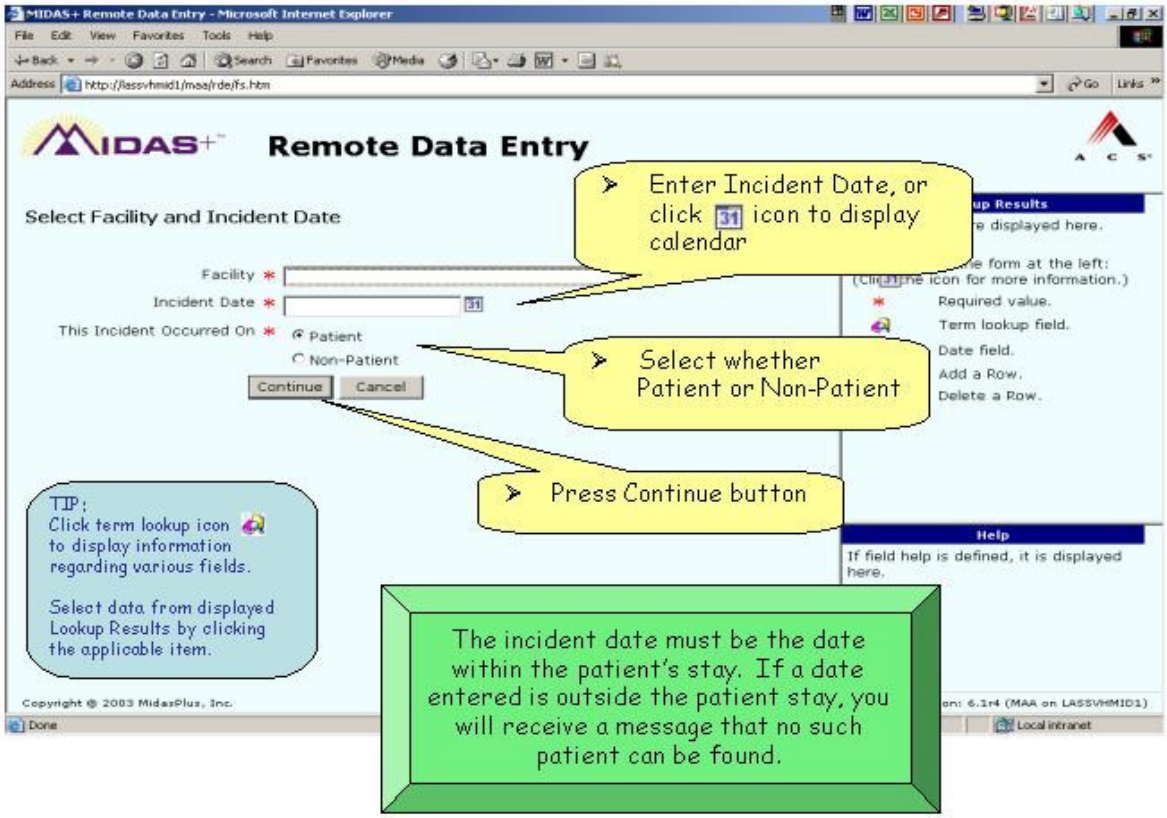
If you're not sure where to find it, contact your manager, Staff Development, or the Risk Manager. The images presented on the next several pages walk you through the process of entering an incident report.



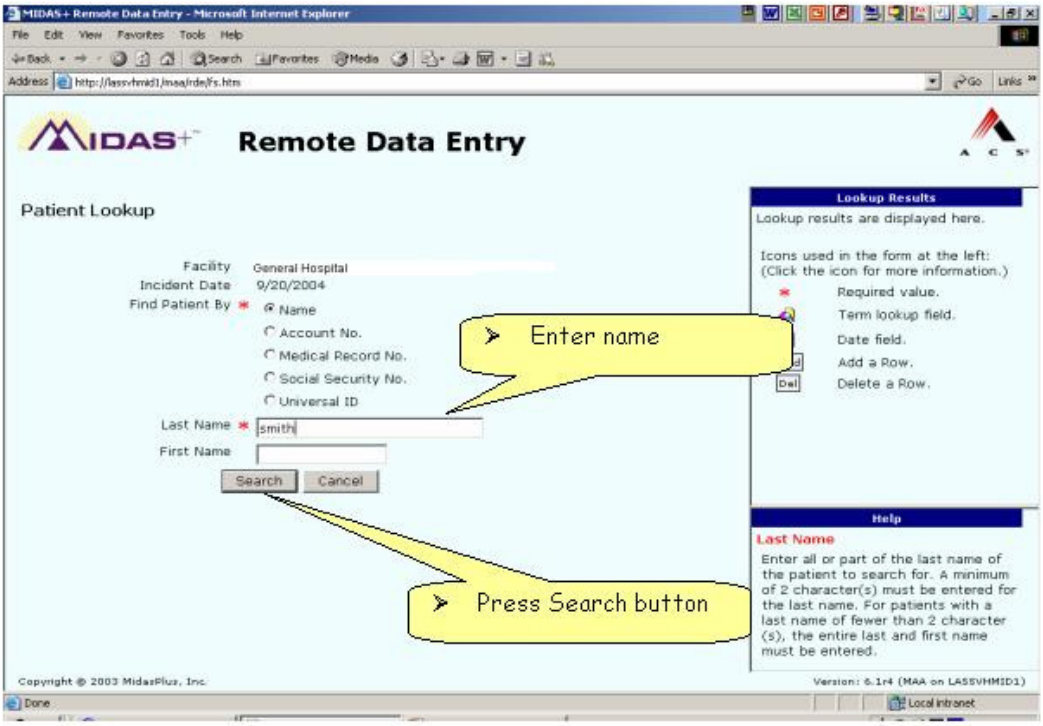


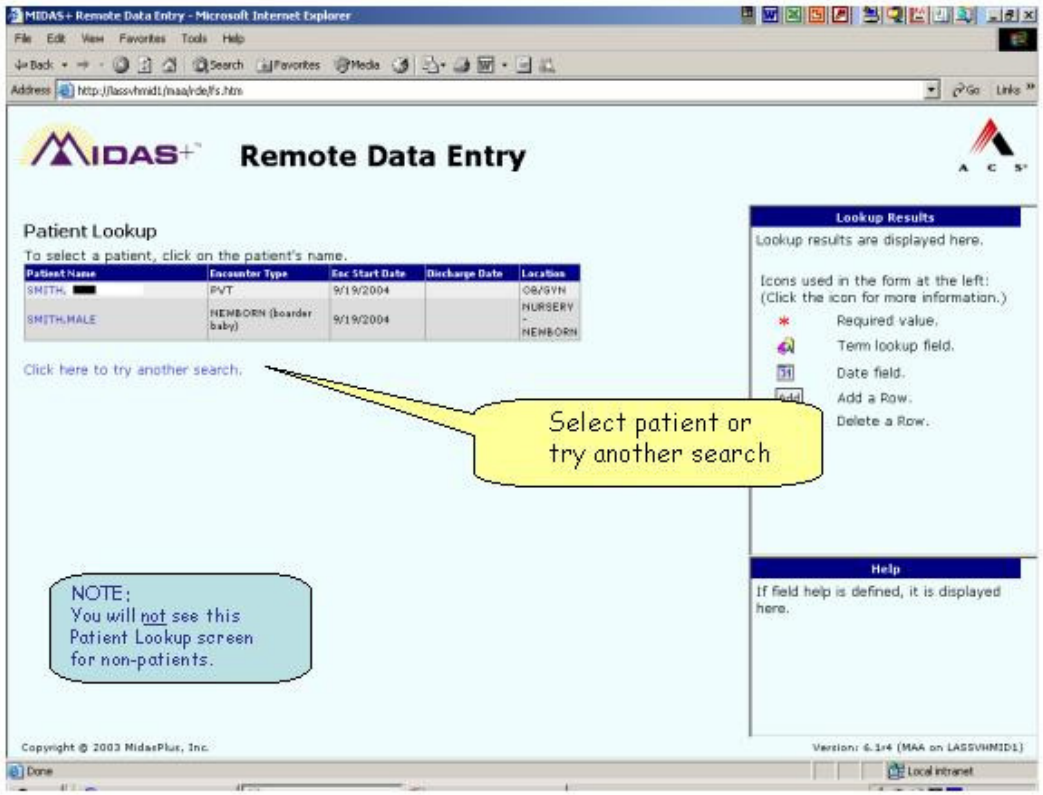
Remote Data Entry





Remote Data Entry





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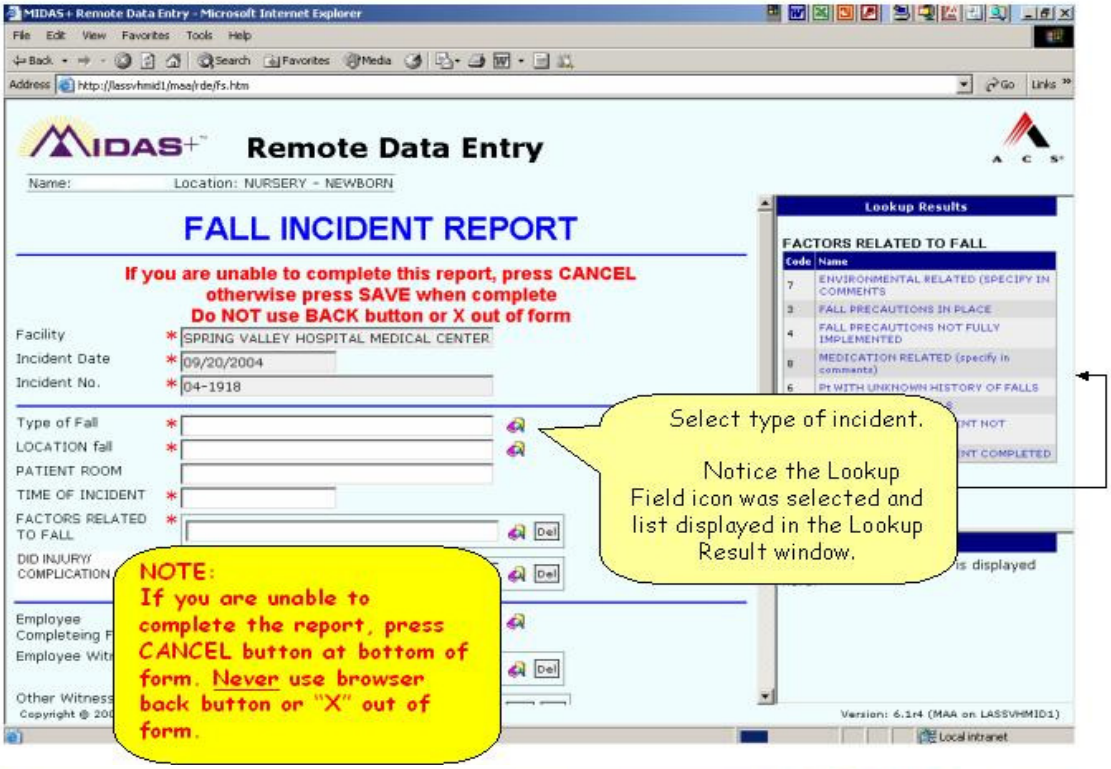

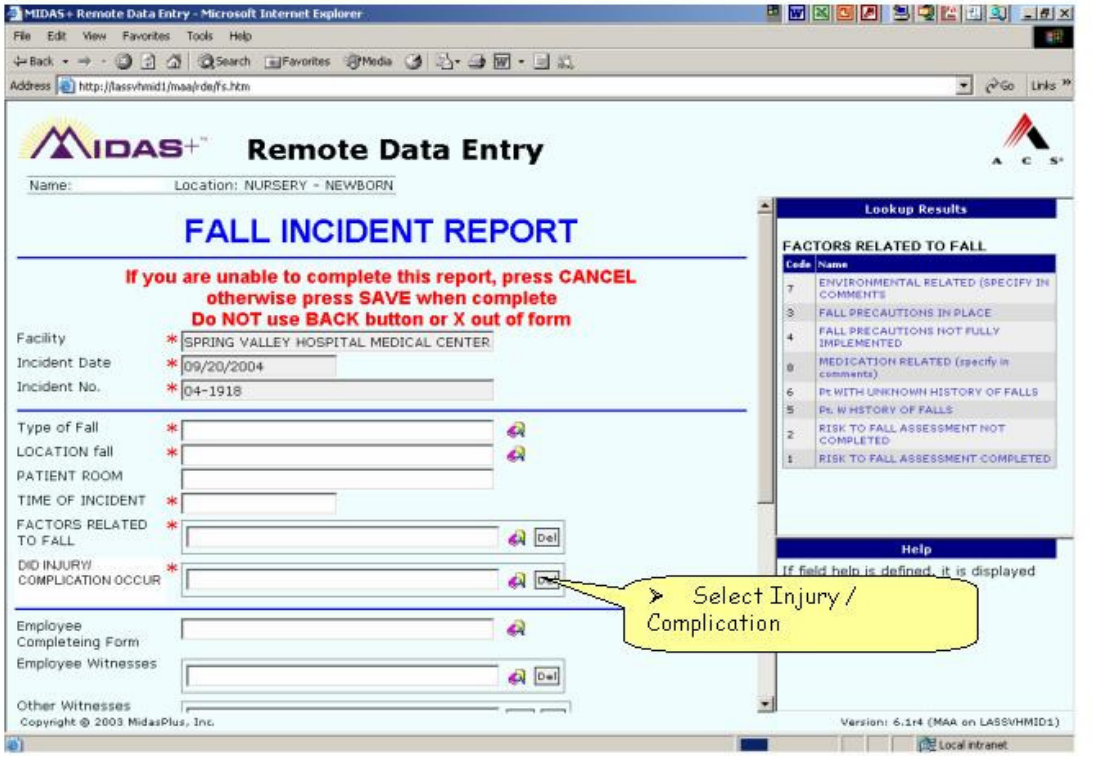

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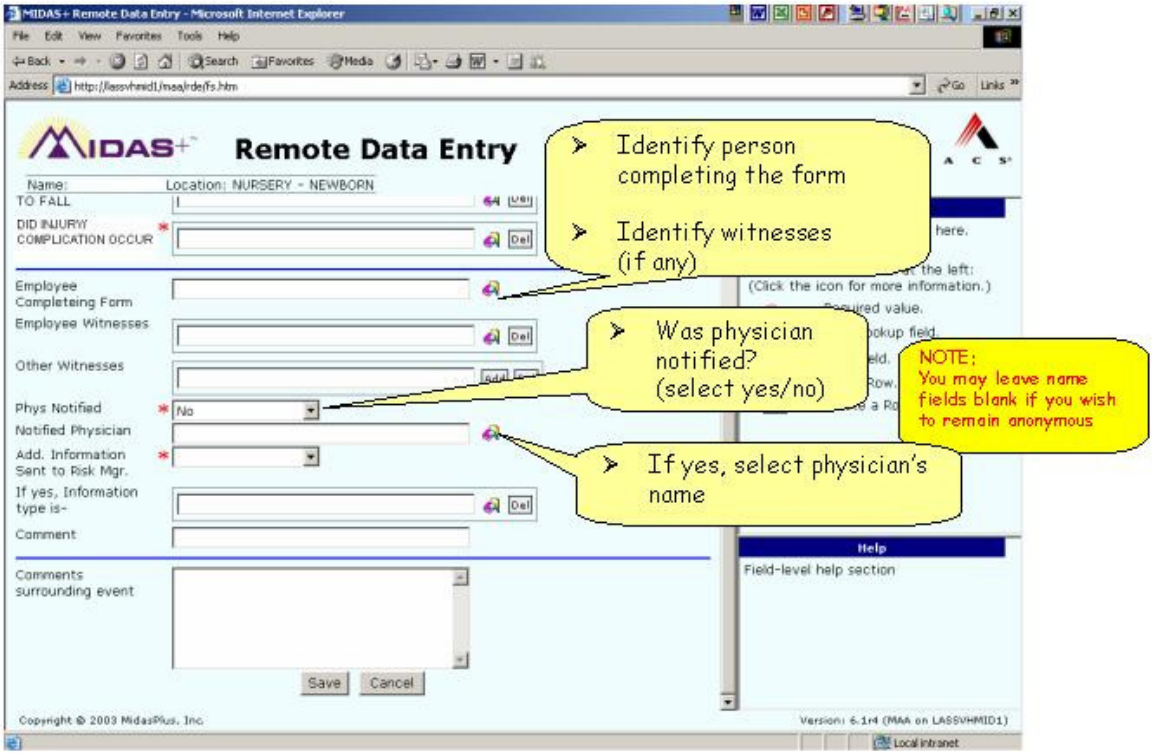

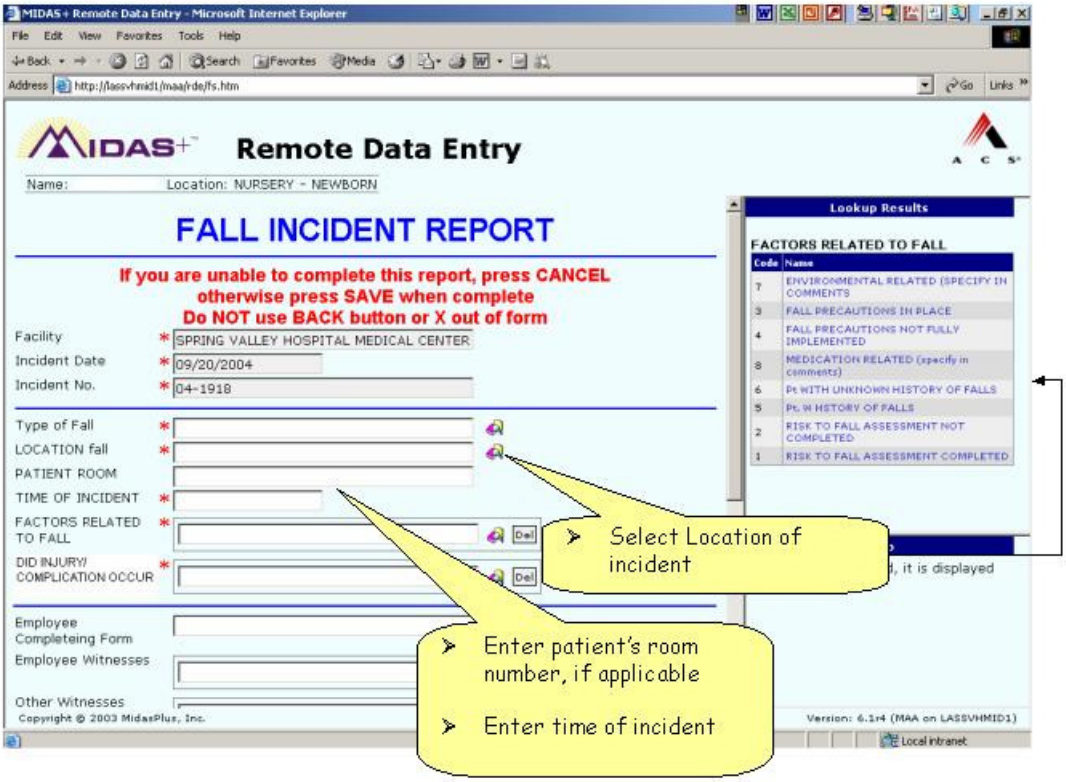

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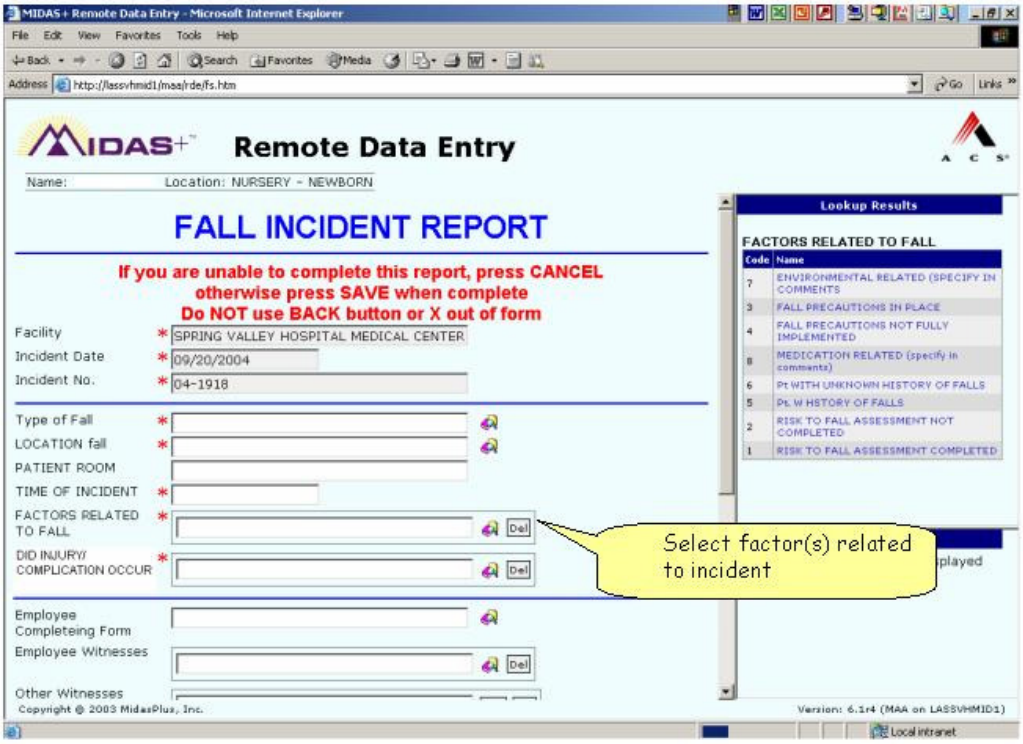

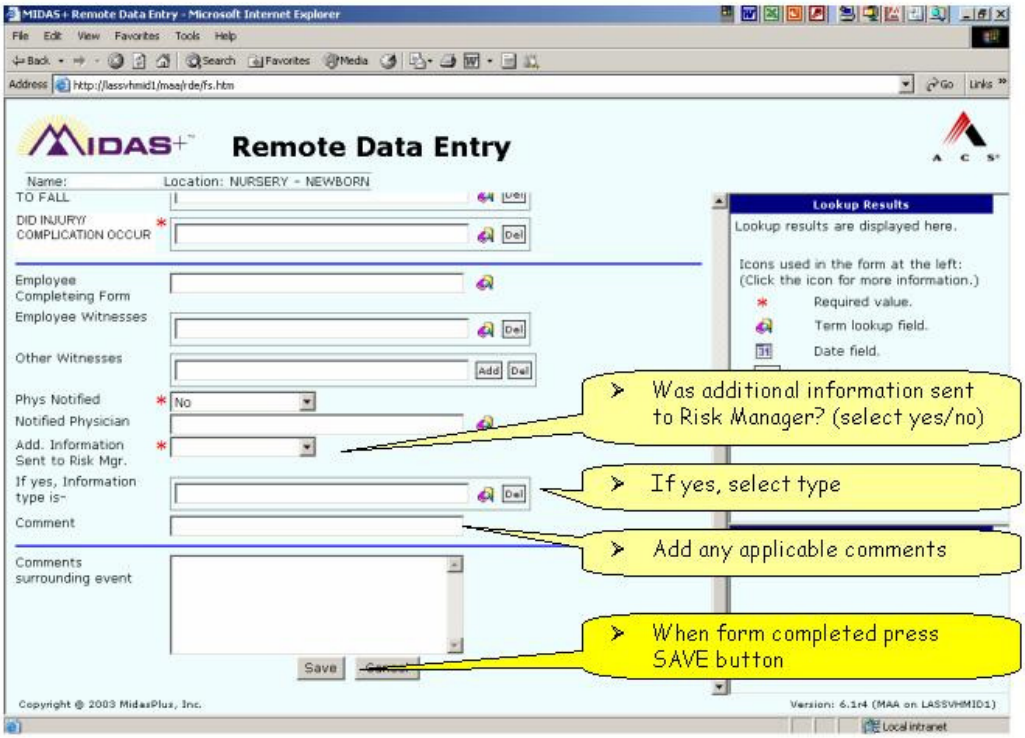

You're DONE!

Risk Management

Legal Responsibilities

The Risk Management Department handles or is involved in many of the legal issues faced by the hospital and associates. These issues include corporate compliance, subpoenas, claims, lawsuits, and depositions.

Risk Management = Patient Safety
It's everyone's job!
Do you have questions regarding your job?
You can reach the Risk Manager by calling
803-641-5388

Corporate Compliance

Ethics: We continue our commitment to prevent, uncover, and eliminate any healthcare fraud and abuse in our facility. During your orientation you should complete the "Corporate Compliance and Code of Conduct Program" education module.

If you need to report or would like additional information about compliance issues, you have several options. You can make a report anonymously. All reports will be investigated.

- Your Manager/Supervisor
- Human Resources
- The Compliance Officer, Lois El, x 5388
- UHS Compliance Hotline: 1-800-852-3449

Claims, Lawsuits, and Depositions

The Risk Manager will assist you with any of the processes involved with actual or potential claims issues. This assistance may involve clarifying your responsibility in depositions and lawsuits involving the hospital.

Subpoenas—Frequently Asked Questions

- **Who may be subpoenaed?**
  Any associate may be subpoenaed.

- **What should I do if someone walks up to me and puts a subpoena in my hand?**
  You should only accept a subpoena if it has your name on it. Make a copy of the subpoena and bring it to the Risk Management office immediately. If your name is not on the subpoena, give it back to the person right then and take that person to the Risk Management office (or the House Supervisor if the Risk Management office is closed). Notify your manager or director as well.

- **What should I do if someone calls me to discuss sending me a subpoena?**
  Be polite. Do not discuss anything related to your work here at the hospital unless you have received instructions from the Risk Manager to do so. Refer the person to the Risk Management Office. Do not give out anyone's home address or phone number. Notify the Risk Manager and your manager.

- **What should I do when someone calls me and tells me they are in the hospital to serve me with a subpoena, but the Risk Management office is closed?**
  Ask that person to stay put while you notify the House Supervisor of the situation. Ask the House Supervisor to arrange time for you to leave your work area in order to be served. Bring a copy of the subpoena to the Risk Management office (put it in an envelope and slide it under the door to Administration). Notify your manager and call the Risk Manager on the morning of the next business day.

- **What should I do when I don't remember what to do?**
  Notify your manager and the Risk Manager immediately!

Population-Specific Information
Newborns and Toddlers

Birth to One Year

Physical
- Gains weight/height rapidly (doubles in height/weight by 6 mos.).
- Begins nasal breathing in 2 months.
- Posterior fontanels close at 2 months.
- Teething begins.
- Know vital sign parameters for reporting.

Motor/Sensory Adaptation
- Responds to light and sound.
- Turns head to one side when lying supine.
- Towards middle of year begins raising head, turning, rolling over, and bring hand to mouth.
- Towards end of year progresses to crawling, standing alone, walking with assistance, and grasping strongly.

Cognitive
- Recognizes bright objects and progresses to recognizing familiar objects and persons.
- Learns by imitation.
- Toward the end of the first year, speaks two words, mimics sounds.

Psychosocial
- Significant persons are the parents or primary caregivers.
- Smiles and repeats actions that elicit response from others (ex. waves bye-bye, and plays peek-a-boo).
- Fear of strangers—7-8 months.
- Separation anxiety—9 months.
- Cries as means to obtain social stimulation; has special cry for hunger, pain.

Interventions
- Keep parent in baby's view. Include parents.
- Make sure toys do not have small detachable parts.
- Use soft, calm voice. Speak to the infant before, during, and after procedure.
- Know proper dosages for medication. For IM meds, use vastus lateralis; if walking use gluteal area.
- Give familiar objects to the infant.
- Equipment use: Refer to the manuals.

Toddler: 1-3 Years

Physical
- Learns bladder and bowel control.
- Abdomen protrudes.
- Decreased appetite with growth.
- Temporary teeth erupt; all 20 deciduous teeth by 2½–3 years.
- Know vital sign parameters.

Motor/Sensory Adaptation
- Responds better to visual rather than spoken cues.
- Walks independently, progressing to running, jumping, and climbing.
- Feeds self.
- Loves to experiment.
- Goal-directed behavior.

Cognitive
- Develops concepts by use of language.
- Sees things only from own point of view.
- Constructs 3–4 word sentences.
- Short attention span.
- Understands simple directions and requests.

Psychosocial
- Significant persons are parents.
- Discovers ability to explore environment.
- Asserts independence and develops a sense of will, has temper tantrums.
- Understands ownership "mine".
- Attached to security objects and toys.
- Plays simple games, enjoys being read to, and plays alone.

Interventions
- Use direct approach and set limits.
- Use distraction.
- Give one direction at a time and allow choices.
- Prepare child shortly before a procedure.
- Emphasize the importance of a parent staying with child at night.
- Maintain safety at all times (i.e. cover electrical outlets, safe toys).

Population-Specific Information
Preschool and School Age

Pre-School: 3-6 Years

Physical
- Becomes thinner and taller.
- Know vital sign parameters.

Motor/Sensory Adaptation
- Skips and hops.
- Roller skates, jumps rope.
- Dresses/undresses independently.
- Draws a person with 6 major parts.
- Throws and catches a ball.

Cognitive
- Major cognitive skill is conversation.
- Enjoys doing puzzles.
- Can count.
- Constructs sentences, asks “why?”.
- Knows phone number/address.
- Short attention span.
- Ritualistic.
- Magical thinking.

Psychosocial
- Significant persons are parents and siblings
- Increasing independence, begins to assert self.
- Masters new tasks and skills.
- Behavior is modified by rewards/punishment.
- Plays cooperatively, lives by rules, shares.
- May be physically aggressive.
- Learns social manners.

Interventions
- Explain procedures, unfamiliar objects.
- Demonstrate use of equipment.
- Encourage child to verbalize.
- Use dolls for explaining procedures.
- Maintain safety.
- Assess/manage pain.
- Focus on one thing at a time.
- Give permission to express feelings.
- Praise for good behaviors.

School Age: 6-12 Years

Physical
- May experience “growing” pains due to muscle stretching with the growth of long bones.
- May experience fatigue.
- Know vital sign parameters.

Motor/Sensory Adaptation
- Uses knife, common utensils, and tools.
- Cares for pets.
- Draws, paints.
- Makes useful articles.
- Assists in household chores.
- Likes quiet as well as active games.
- 8 year old: awkward, nervous energy.

Cognitive
- Comprehends and can tell time.
- Proud of school accomplishments.
- Enjoys reading.
- Views things from different perspectives.
- Increased attention span and cognitive skills.
- Functions in the present.
- Rule bound.

Psychosocial
- Significant persons are peers, family, teachers.
- Prefers friends to family.
- Works hard to be successful in activities.
- Belonging and approval of peers is important.
- Behavior controlled by expectations, regulations, anticipation of praise or blame.
- Uses phone.
- Plays games with rules.

Interventions
- Explain procedure using correct terminology.
- Explain equipment.
- Allow child to have control—fear losing control.
- Provide privacy.
- Assess/manage pain.
- Continue school.
- Clearly define and reinforce behavior limits.
- Be specific.
- Relate to child’s abilities.

Population-Specific Information
Adolescence and Early Adulthood

Adolescence: 12-18 Years

Physical
- Rapid growth of skeletal size, muscle mass, adipose tissue.
- Maturation of the reproductive system; development of primary and secondary sexual characteristics.
- Onset of menarche in girls and nocturnal emissions in boys; secondary sex characteristics.
- Vital signs approximate those of the adult.

Motor/Sensory Adaptation
- Awkward in gross motor activity.
- Easily fatigued. May sleep 8-12 hours/day.
- Fine motor skills are improving.

Cognitive
- Increased ability to use abstract thought and logic.
- Able to handle hypothetical situations or thought.
- Develops more internal self–esteem.
- Begins developing occupational identity.

Psychosocial
- Often critical of own features and concerned with physical appearance.
- Belonging to peer groups is important .
- Interested in the opposite sex.
- Accepts criticism or advice reluctantly.
- Longs for independence but also desires dependence.
- Identity is threatened by hospitalization, as adolescents are concerned about bodily changes and appearances.

Interventions
- Supplement explanation with rationale.
- Encourage questions regarding fears.
- Provide privacy.
- Involve in planning and decision-making.
- Allow adolescent to maintain control.
- Provide information on pain and control methods.
- Present explanations in a logical manner.

Early Adulthood: 19-45 Years

Physical
- Growth of skeletal systems continues until age 30.
- Skin begins to lose moisture.
- Muscular efficiency is at its peak between 20–30 years.
- GI system decreases secretions after age 30.

Motor/Sensory Adaptation
- Visual changes maybe noticed in reading.
- Some loss in hearing especially high tones.

Cognitive
- Mental abilities reach their peak during the twenties (reasoning, creative imagination, information recall and verbal skills).

Psychosocial
- Initiating a career, finding a mate, developing loving relationships, marriage, establishing a family, parenting.
- Begins to express concerns for health.
- Achievement orientated; working up the career ladder.
- Moves from dependency to responsibility.
- Responsible for children and aging parents.

Interventions
- Involve individual/significant other in plan of care.
- Explore impact of hospitalization/illness to work/job, family, children.
- Watch for body language as cue for feelings.
- Assess for potential stresses related to multiple roles of the young adult.
- Assess knowledge of health promotion and health maintenance skill and provide appropriate health education.

Population-Specific Information

Middle Adult and Late Adult

Middle Adult: 45-59 Years

Physical

- Bone mass begins to decrease.
- Loss of skeletal height; calcium loss.
- Decreased muscle strength and mass if not used; endurance declines.
- Loss of skin elasticity, dry skin, wrinkles.
- Decreased renal functioning, metabolic rate, heat/cold tolerance, prone to infection.
- Males-receding hair. Females-more facial hair.

Motor/Sensory Adaptation

- Slowing of reflexes.
- Muscle activity may increase or decrease.
- Visual changes especially far-sightedness.
- Noticeable loss of hearing and taste.
- Muscles/joints respond slower.
- Decrease balance and coordination.
- May have prolonged response to stress.

Cognitive

- Mood swings.
- Decreased short term memory or recall.
- Re-evaluation of lifestyle and value system.
- Syntheses of new information is decreased.
- Decrease in mental performance speed.

Psychosocial

- Future oriented or self-absorbed.
- May experience empty nest syndrome expressed positively or negatively.
- Working way up career ladder.
- Adjustment to changes in body image.
- Mid-life crisis.
- Recognition of limitations.
- Adjustment to possibility of retirement and life-style modifications.
- Measuring accomplishments.

Interventions

- Allow choices if possible.
- Explore relation of illness to body image and career.
- Encourage as much self-care as possible.
- Provide information on pain control methods, assessment scale, schedule for pain management, need to ask for medication as soon as pain begins, alternative measures.
- Provide teaching based on how the individual learns best.
- Provide information on health maintenance.

Late Adult: 61 Years and Older

Physical

- Decreased tolerance to heat/cold.
- Decreased peripheral circulation.
- Declining cardiac/renal function.
- Decreased response to stress/stimuli.
- Atrophy of reproduction organs.
- Loss of teeth leads to changes in food intake.
- More skeletal changes.

Motor/Sensory Adaptation

- Decreased visual acuity.
- Hearing loss.
- Decreased sensitivity to taste buds, smell.
- Decreased tolerance to pain.
- Hesitant to respond; skills declining.

Cognitive

- Decline depends upon earlier cognitive abilities, general health, and involvement in society.
- Sharing wisdom with others.
- Decrease in memory, slowing mental function.

Psychosocial

- Retirement. Pursuing second career/hobbies.
- Death of spouse and friends, acceptance of death.
- Adapting to change of social role.
- Developing supportive relationships.
- Coming to terms with accomplishments.
- Grandparenthood.
- Concern for health increases.

Interventions

- Speak slowly and distinctly. Do not shout.
- Explore individual's support system.
- Involve family with care.
- Provide adequate nutrition.
- Keep environment safe.
- Turn/assist q 2 hours.
- Assess skin integrity frequently, apply lotion after bathing.
- Monitor bowel elimination q 24 hours.
- Take precautions to prevent falls.

Aiken Regional MEDICAL CENTERS
www.aikenregional.com

HOSPITAL ORIENTATION PACKET

Must be completed prior to employment

NAME: _____ Dept: _____ Date: _____

❑ Employee ❑ Contract ❑ Agency ❑ Volunteer
❑ Student/School: _____ ❑ Other_____

Please initial the orientation material you have completed:

Content	Received			Initials
	Packet	Class	Video	
Service Excellence	❑	❑	❑	
Payroll	❑	❑	❑	
Benefits	❑	❑	❑	
P.I.T. Crew and Code Blue	❑	❑	❑	
Hospital Administration	❑	❑	❑	
MRI Safety	❑	❑	❑	
Safety Review: Emergency Codes Fire Safety Patient Safety Patient Safety Initiatives Fall Safety Emergency Preparedness Med Sled Evacuation Chair • Hazardous Material • Radiation Safety • Utilities Safety • Medical Equipment • Safety and Security/Video Monitoring • Associate Health – Back Injury	❑	❑	❑ Test (Mandatory) Test Score: _____	
HIPAA	❑	❑	❑	
Infection Control	❑	❑	❑	
Incident Command/Med Sled Evacuation Chair	❑	❑	❑	
Controlling Violence in the Workplace	❑	❑	❑	
Risk Management/ Corporate Compliance	❑	❑	❑	
Ounce of Prevention			❑	
Advance Directives	❑	❑	❑	
Patient Rights	❑	❑	❑	
Cultural Diversity	❑	❑	❑	
Ethics Committee	❑	❑	❑	
Fall Prevention	❑	❑	❑	
Fire Safety	❑	❑	❑	

Participant's Signature/Date Completed

Orientation Facilitator Signature

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Aiken Regional Medical Centers

Hospital Orientation Test

(Revised July 2010)

Name: _____ Dept: _____ Date: _____

Grader: _____ Grade: _____

1. What is Aiken Regional Medical Centers' Vision?
   a. To be the healthcare provider of choice
   b. To make a lot of money
   c. 20/20
   d. To be a leader in healthcare

2. What is the telephone number associates should call to report any emergency or code situation?
   a. 0
   b. 5678
   c. 1111
   d. 1612

3. Standard Precautions means:
   a. Don't touch anything
   b. Look out for patients getting hurt
   c. Treat all blood and potentially infectious body fluids as if they are infected.
   d. Use a mask on all patients

4. What is the single most important infection control measure available to you?
   a. Sterilization
   b. Hand hygiene
   c. Gloves and gowns
   d. None of the above

5. To avoid hurting your back, you should always:
   a. Let your legs, not your back do the work
   b. Twist your body while lifting
   c. Bend at the back, not at the knees
   d. All of the above

6. What resource is available to you in your workplace that will explain important information about hazardous chemicals?
   a. The Patient Care Manual
   b. The Administrative Policy Manual
   c. The Infection Control Manual
   d. The MSDS On-Line

7. If you should splash a hazardous chemical in your eye, what is the first thing you should do?
   a. Tell your supervisor
   b. Flush your eye with water for at least 15 minutes
   c. Look up the MSDS information
   d. Do nothing. It won't hurt for long

8. What are three basic principles you can use to minimize your radiation exposure?
   a. _____
   b. _____
   c. _____

9. If you find a hazardous material spill you should:
   a. Mop it up and notify the Hazmat team and your supervisor.
   b. Put a wet floor sign in front of it and direct people around it.
   c. Evacuate personnel in the area and close all doors.
   d. Notify the operator so she can alert the proper personnel.

10. ALL hospital associates are required to wear a photo identification badge.
    TRUE FALSE

11. Associates should park in the white–lined parking spaces.
    TRUE FALSE

12. What do you do if you see a patient with a yellow armband walking alone?
    a. Notify nurse if patient is doing something unsafe
    b. Keep all pathways clear
    c. Remove obvious hazards
    d. All of the above

13. Medical equipment receives routine, scheduled, preventative maintenance to ensure safe operation:
    TRUE FALSE

14. What is the process for reporting defective equipment?

    _____

    _____

15. If you see a visitor in the hall who is obviously lost, what is the BEST Service Excellence approach?
    a. Keep on walking. Lunch is waiting.
    b. Keep on walking. Eventually they will find their way.
    c. Stop. Ask if you can assist the visitor and show them the way to their location.
    d. Stop. Tell them directions.

Match the Emergency Code with the correct definition. (Questions 16—25)

a. Cardiac arrest
b. Potentially Violent patient /visitor
c. Yellow Alert
d. Fire/Smoke sighted
e. Hostage Situation/Intruder
f. External Disaster
g. Code Adam
h. Code Gray
i. Code Zero
j. Code Eagle
k. Code Orange
l. Code Blue Broselow

16. Code Blue _____
17. Code Atlas _____
18. Incident Command System _____
19. Severe Weather Warning _____
20. Code Red _____
21. Pediatric patient in cardiac arrest _____
21. Code Silver _____
22. Evacuation of the hospital _____
23. Infant/Child Abducted/Missing _____
24. Hazardous chemical spill _____
24. Fire alarms not working/ be alert for signs of fire _____
25. Missing patient _____

26. What is the systematic method used hospital-wide to address Process Improvement?

    _____

Identify the first response procedures for a fire (27—30)

27. R _____
28. A _____
29. C _____
30. E _____

31. What fire extinguisher can be used on all fires?
    a. Class K
    b. Class C
    c. Class ABC
    d. Class D

Identify the PASS procedure for using a fire extinguisher (questions 32-35).

32. P _____
33. A _____
34. S _____
35. S _____

36. If there is a fire on your unit do you:
    a. Open all windows
    b. Close all doors
    c. Discuss relocation of patients
    d. A and C
    e. B and C

37. Who can turn off oxygen valves in the event of a fire?
    a. Engineering
    b. Nursing
    c. Fire Department
    d. All of the above

Identify two types of Advance Directives (38—39).

38. _____
39. _____

Identify four key concepts in Patient Rights (40—43).

40. _____
41. _____
42. _____
43. _____

44. So they will continue to work during a power outage, critical items should…
    a. Contain fully-charged batteries
    b. Be plugged into emergency power outlets: the red ones
    c. Be placed near a window, so they can operate using solar energy
    d. None of the above

45. Which of the following demonstrates electrical safety?
    a. Not using electrical equipment if insulation is missing.
    b. Not using equipment that is tagged.
    c. Not handling electric equipment if your hands, the floor, or a surface you are in contact with is wet.
    d. All of the above.

46. What color outlet do you plug critical equipment into in case of a power failure?
    a. Grey
    b. Black
    c. Red
    d. White

47. Which ARMC manual would you use to look up information on barrier systems?
    a. Patient Care Manual
    b. Emergency Response Manual
    c. Infection Control Manual
    d. Human Resource Manual

48. All ARMC associates are tested for tuberculosis:
    a. Quarterly
    b. Yearly, in the anniversary month
    c. Every two months
    d. Every six months

49. It is everyone's duty to report suspicious and security issues.
    True False

50. Everyone who can leave their work station should respond to a Code Atlas.
    True False

51. The Compliance Program at ARMC focuses on:
    a. Making sure associates comply with working their shifts.
    b. Preventing, uncovering, and eliminating fraud and abuse in our facility.
    c. Buying UHS stock.
    d. None of the above.

52. Which of the following is an example of maintaining confidentiality?
    a. Talking about patients in the cafeteria.
    b. Discussing which hospital associates have been admitted for care.
    c. Giving information about the patient to visitors.
    d. None of the above.

53. Safety and security at ARMC is only the responsibility of security associates.
    True False

54. Associates called in to assist with a disaster must report to:
    a. CEO
    b. Supervisor
    c. Emergency Department
    d. Labor Pool

55. Items that may be brought into the MRI suite include:
    a. Stethoscope
    b. Pens
    c. Cigarette lighter
    d. Nonmetal

56. All oxygen tanks are allowed in the MRI suite?
    True False

57. Smoking is allowed on the ARMC campus.
    True False

58. What is the system ARMC utilizes for hearing impaired and non-English speaking people?
    _____
    _____

59. Cultural diversity is defined as being aware of the differences between people and cultures
    True False

60. If you see and orange or pink sticker that is out of date, you should call Engineering.
    True False

61. Video monitoring and recording is used at ARMC.
    True False

62. How do you access the PIT (Patient In Trouble) Crew, and who can access it?
    _____
    _____

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HIPAA Privacy and Security

Assessment Questions

Name: _____ **Dept:** _____ **Date:** _____

Grader: _____ **Grade:** _____

Lesson 1 - Introduction

1. HIPPA stands for:
   - ☐ Health Information Privacy and Accountability Act
   - ☐ Health Information Portability and Accounting Act
   - ☐ Health Insurance Portability and Accountability Act
   - ☐ Health Information Protection and Accountability Act

2. HIPAA Privacy & Security requirements will be fully enforced beginning mid-April 2003.
   - ☐ True
   - ☐ False

3. Which of the following is/are possible consequences of a HIPAA violation?
   - ☐ No violation exists if staff member was not trained.
   - ☐ Lawsuits against the organization.
   - ☐ Sanctions, including possibly losing your job.
   - ☐ Fines of up to $25,000 for incidental (minor) violations.

Lesson 2 – HIPAA Terminology

4. Which of the following is/are examples of protected data?
   - ☐ The name of the patient.
   - ☐ The address of the hospital or clinic.
   - ☐ The Social Security number of the patient.
   - ☐ A patient diagnosis.

5. Healthcare organizations are not responsible for the HIPAA compliance of Business Associates if a privacy agreement has been signed.
   - ☐ True
   - ☐ False

Lesson 3 – Protected Health Information

6. Which of the following are forms of PHI?
   - ☐ E-mailed lab results.
   - ☐ A recent surgery bill or insurance claim.
   - ☐ A voicemail message about medication.
   - ☐ School immunization records for a child.

7. People who don't work with patient records are not responsible for maintaining the confidentiality of protected health information (PHI).
   - ☐ True
   - ☐ False

8. Hospitals may not share protected health information (PHI) with physician offices.
   - ☐ True
   - ☐ False

Lesson 4 – Notice and Authorization

9. What is a Notice of Privacy Practices?
   - ☐ A marketing brochure sent to patients from a healthcare organization.
   - ☐ A government notice sent to hospitals on HIPAA guidelines.
   - ☐ A document describing the organization's PHI policy given to new patients.
   - ☐ The Public Health Department notification sent to all doctors.

10. You may not disclose patient information to an insurance provider unless the patient has signed an Authorization for Disclosure.
    - ☐ True
    - ☐ False

Lesson 5 – Individual Rights

11. Which right(s) do patients not have regarding their PHI?
    - ☐ The right to an accounting of all outside disclosures of their PHI.
    - ☐ The right to file a complaint if they believe their confidentiality has been violated.
    - ☐ The right to request changes to their PHI.

Lesson 6 – Security Basics

12. HIPAA security regulations apply only to healthcare records that are stored electronically (on computers).
    - ☐ True
    - ☐ False

Lesson 7– Our Privacy Officer and Rules

13. Which of the following is/are your responsibility?
    a. Reporting breaches of confidentiality.
    b. Maintaining a secure password to your computer.
    c. Knowing how to report privacy violations.
    d. Changing patient records at the request of a patient.

14. Which of the following is/are the duties of the organization's Privacy Officer?
    a. Attending quarterly HIPAA meetings.
    b. Maintaining employee privacy.
    c. Overseeing HIPAA privacy and security policies and procedures
    d. Maintaining the security of the premises.

Lesson 8 – "Minimum Necessary"

15. Hospitals must take steps to ensure that the information released is limited to the minimum amount necessary to meet the desired purpose. The "minimum necessary" rule applies to the following situations:
    a. Uses or disclosures by members of the workforce (hospital staff).
    b. Disclosures to or requests by a health care provider for treatment.
    c. Uses or disclosures made to the individual.
    d. Uses or disclosures made on a routine or non-routine basis.
    e. Uses or disclosures that are required by law.
    f. Uses or disclosures that are required for compliance.
    g. Requests for information made on a routine or non-routine basis.