



MEDICAL STUDENT ORIENTATION STUDY GUIDE

Mission

Rooted in God's Love, we treat illness and promote wellness for all people.

Vision

To set the standards of excellence in the delivery of healthcare throughout the regions we serve.

Values

Compassion

Quality

Integrity

Courtesy

Accountability

Teamwork

The six Health System values are represented by the six brush strokes of the logo preceding the St. Joseph's/Candler name. This serves as a constant reminder, not only to employees, but to the community at large that our values precede – literally and figuratively – everything we do as a Health System and as a healthcare provider.

PATIENT RIGHTS AND RESPONSIBILITIES

Consistent with this institution's mission and values, corporate obligations, policies, and moral and religious beliefs, patients enjoy the following rights and responsibilities.

Patients have the right to:

1. Be treated with comfort, dignity and respect, including when in the final stages of life.
2. Health professionals' appropriate assessments and management of pain (pain information, prevention of pain and relief of pain) upon a report of pain by the patient.
3. Obtain information regarding benefits, risks and alternatives of proposed treatments or procedures and to make informed decisions regarding care, including participation in research studies.
4. Be informed about the outcomes of care, including unanticipated outcomes which differ significantly from the anticipated outcome.
5. Refuse to participate in research studies, which will not compromise the patients' right to care.
6. Include or exclude any/all family members from participating in their care.
7. Be involved in resolving dilemmas about their care by requesting the hospital address any ethical issues in providing patient care through the Bio-ethics Committee.
8. Initiate an advance directive.
9. Refuse treatment, including refusal of resuscitative services or protected health information.
10. Privacy, security and confidentiality of their health information.

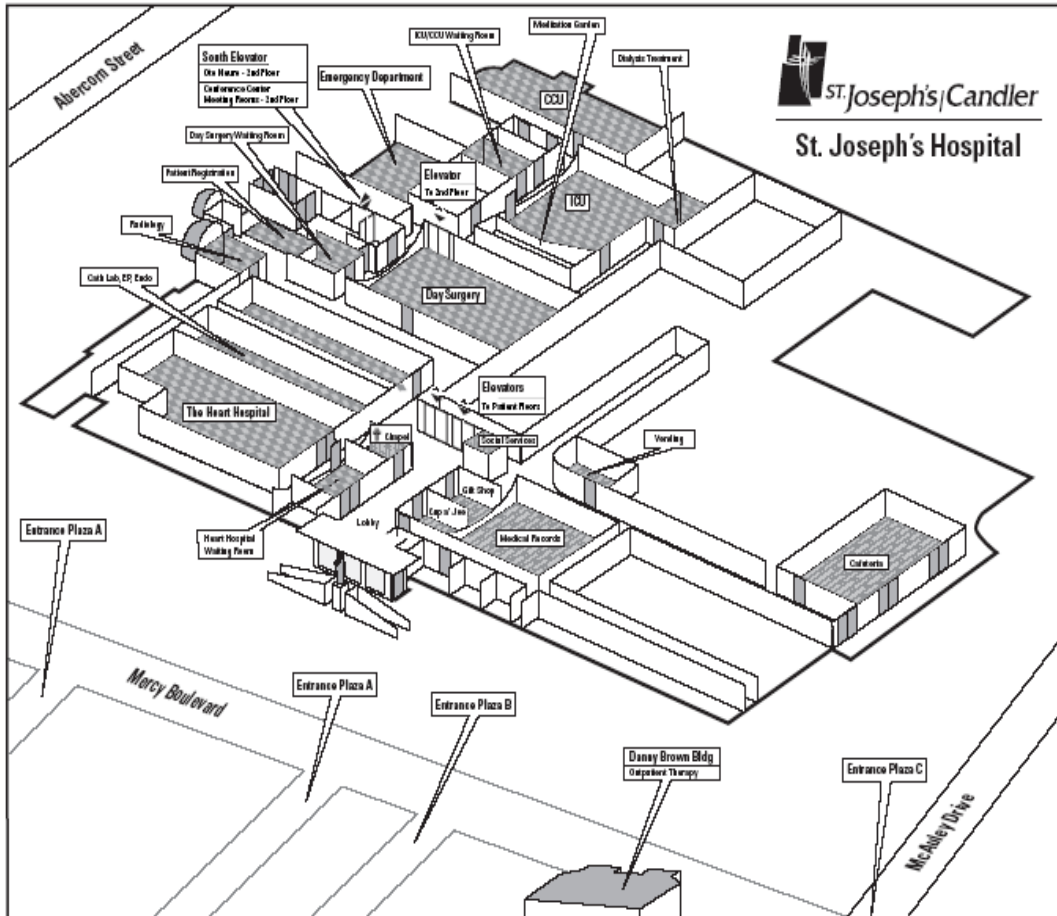
11. Bring to the attention of appropriate hospital representative concerns regarding their right to care and to have those complaints reviewed and, when possible, resolved.
12. Be free from all forms of abuse, harassment and discrimination, the right to file a complaint with the state survey or certification agency for abuse, neglect or misappropriation of the patient's property in the facility.
13. Recognition of spiritual, cultural and social beliefs.
14. Obtain appropriate protective service information.
15. Have a family member or representative of choice notified promptly of their admission to the hospital.
16. Access information contained in their clinical records within a reasonable time frame.
17. Be free from restraints and seclusion which are not medically necessary.
18. Be informed of participation for the procuring and donation of organs and other tissues.
19. An explanation of charges.
20. Know the names of individuals providing care.
21. Effective communication from the health system, including appropriate accommodation for disabled patients and unrestricted access to communication with others outside the health system, except in circumstances related to care.

Patients are responsible for:

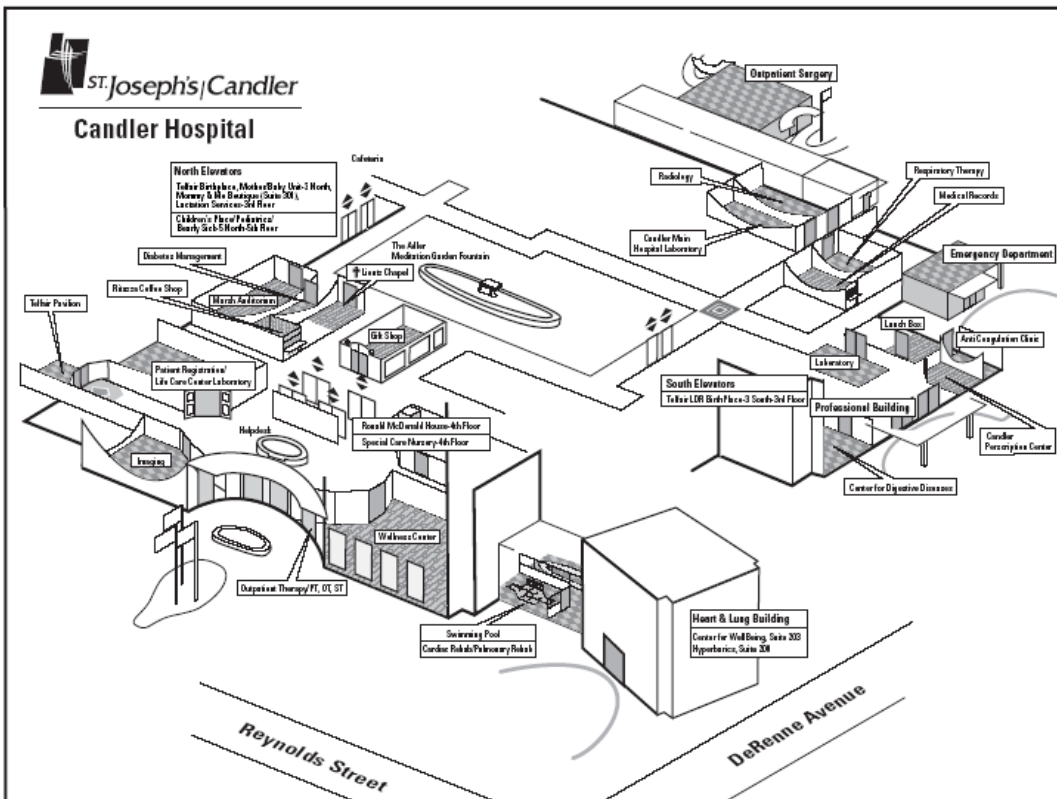
1. Cooperating with the healthcare team.
2. Informing the physician or healthcare provider of pain and cooperating with the healthcare team to develop a plan for the management of pain.
3. Following generally accepted rules of courtesy and etiquette.

4. Being considerate of the rights and privacy of other patients.
5. Making adequate financial arrangements for payment.
6. Letting us know when your rights are not being respected.

Maps of the facilities can also be viewed and printed from our website, www.sjchs.org



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Suggested “script for introductions”:

- You are expected to introduce yourself to the patient and families should your precepting physician fail to do so.
- Identify yourself as a _____ year medical student from _____ Medical School.

Example: “Good morning, Mrs. Jones. I am Mike Smith, fourth year medical student from Medical College of Georgia. I will be participating in your care along with Dr. Brown.”

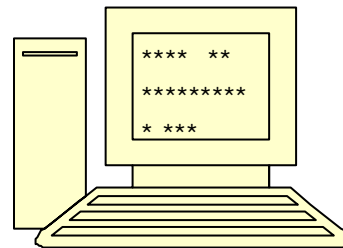
- When you write your notes you should include a statement that: you were introduced to the patient; you were identified as a medical student participating in their care, and that the patient/family verbalized consent for your participation in their care.



FOR TECHNICAL ASSISTANCE:

PASSWORD RESETS

- ✚ ERROR MESSAGES
- ✚ IN-DEPTH TRAINING
- ✚ OTHER TECHNICAL ISSUES



- CONTACT INFORMATION SERVICES DEDICATED PHYSICIAN HELP DESK.
 - MONDAY THROUGH SUNDAY 7 AM – 7PM.
 - 663-8779
 - AFTER-HOURS 819-8580
- FOR HELP WITH REMOTE ACCESS: MELANIE NUTTING 663-8779

FOR ASSISTANCE WITH:

- ✚ GENERAL SYSTEM NAVIGATION
- ✚ COACHING
- ✚ RE-ASSIGNING AN E-SIGNATURE DEFICIENCY.
- CONTACT THE MEDICAL STAFF ASSISTANT OR AN HIM STAFF MEMBER.
 - CANDLER: GEORGE CUSACK 819-8097 CUSACKG@SJCHS.ORG
PAMELA SHUMAN 819-6147 SHUMANP@SJCHS.ORG
 - ST. JOSEPH'S: GLORIA MACDONALD 819-3468
MACDONALDG@SJCHS.ORG
CINDY DUBBERLY 819-4642 DUBBERLYC@SJCHS.ORG
 - MARY PARKS, HIM MANAGER/CANDLER 819-6766, 398-5842(CELL) PARKSM@SJCHS.ORG
 - PAT HOLLAND, HIM DIRECTOR 660-0825 (CELL)
HOLLANDPA@SJCHS.ORG

What is UpToDate?

UpToDate is a clinical information resource available to physicians and staff on the SJ/CH Intranet. UpToDate can be accessed on the SJ/CH Intranet by:

- **Clicking on Physician's Access**
- **Then click on "UpToDate w/o CME"**
- **The UpToDate screen will then come up and you enter your search term**
- **Click on "go".**

Topic reviews are written exclusively for UpToDate by physicians - nearly 3,000 physicians serve as authors. The content is comprehensive yet concise and it's fully referenced. It goes through an extensive peer review process to ensure that the information and recommendations you access from our service are accurate and reliable.

UpToDate enables you to:

- **Access the most current information.**
- **Recognize the clinical manifestations of a wide variety of disorders and describe current options for diagnosis, management and therapy, including the efficacy, doses, and interactions of individual drugs**
- **Identify optimal screening and prevention strategies**

St. Joseph's/Candler Health System

Dictation Guide

<i>H&P must be Dictated W/I 24 hrs of admission</i> HISTORY & PHYSICAL		<i>OP NOTE MUST BE DICTATED IMMEDIATELY AFTER SURGERY REPORT OF OPERATION</i>	
MEDICAL HISTORY Date of Admission Chief Complaint Present Illness a. Onset b. Duration c. Course Past Medical History Past Surgical History Review of Systems Allergies Family History Social History Inventory of Body Systems Psychosocial Needs Assessment of: -Emotional -Behavioral -Social	GENERAL PHYSICAL EXAM Vital Signs General Description Skin & Mucous Membranes HEENT Neck Chest & Lungs (to include breasts) Heart Abdomen Pelvis and/or Genitourinary Rectal Extremities, Joints & Spine Neurological Laboratory Data Conclusions/Impression Planned Course of Action	Date of Operation Preoperative Diagnosis Postoperative Diagnosis Name of Operation Surgeon Assistants Anesthesia Indication for Procedure Findings & Procedure in Detail Specimens Removed Estimated Blood Loss Complications Drains Condition at Termination of Surgery	
		<i>PROCEDURE NOTE MUST BE DICTATED IMMEDIATELY AFTER PROCEDURE</i> OUTPATIENT PROCEDURE NOTE	
		Date of Procedure Name of Procedure Indication(s) for Procedure Premedication Examination/Findings Procedure Description Specimens Removed Estimated Blood Loss Complications Post-Procedure Diagnosis Plan	
<i>CN MUST BE DICTATED IMMEDIATELY AFTER CONSULT</i> CONSULTATION NOTE	<i>D/S MUST BE DICTATED W/I 21 DAYS OF DISCHARGE</i> DISCHARGE SUMMARY	<i>REQUIRED IMMEDIATELY</i> HANDWRITTEN POST PROCEDURE REPORT	

H&P must be Dictated W/I 24 hrs of admission

HISTORY & PHYSICAL

OP NOTE MUST BE DICTATED IMMEDIATELY AFTER SURGERY REPORT OF OPERATION

MEDICAL HISTORY

Date of Admission
Chief Complaint
Present Illness
a. Onset
b. Duration
c. Course
Past Medical History
Past Surgical History
Review of Systems
Allergies
Family History
Social History
Inventory of Body Systems
Psychosocial Needs

GENERAL PHYSICAL EXAM

Vital Signs
General Description
Skin & Mucous Membranes
HEENT
Neck
Chest & Lungs
(to include breasts)
Heart
Abdomen
Pelvis and/or Genitourinary
Rectal
Extremities, Joints & Spine
Neurological
Laboratory Data

Date of Operation
Preoperative Diagnosis
Postoperative Diagnosis
Name of Operation
Surgeon
Assistants
Anesthesia
Indication for Procedure
Findings & Procedure in Detail
Specimens Removed
Estimated Blood Loss
Complications
Drains
Condition at Termination of Surgery

Date of Admission
Date of Consult
Attending Physician
Reason for Consult
History of Present Illness
Past Medical History
Past Surgical History
Allergies
Current Medications
Family History
Physical Examination
Laboratory Data
Impression
Recommendations

Date of Admission
Date of Discharge
Reason for Admission
Significant Findings
Procedures
Treatment
Condition at Discharge
(in relation to that on admission)
Discharge Instructions:
-Activity
-Medications
-Diet
-Follow up Care
Principal Diagnosis
Secondary Diagnoses

Date of Procedure
Name of Physician/Assistant
Procedure
Post-Op Diagnosis
Findings
Specimen Removed
Estimated Blood Loss
Complications
Condition of patient

DO NOT USE ABBREVIATIONS

Do Not Use	Intended Meaning	Misinterpretation	Correction
QD	Daily	Mistaken for QOD or QID	Write “daily”
QOD	Every other day	Mistaken for QD or QID	Write “every other day”
MS, MSO ₄ , MgSO ₄	Morphine sulfate or magnesium sulfate	Mistaken for each other	Write “morphine sulfate” or “magnesium sulfate”
AS, AD, AU	Right, left, or both ears	Mistaken for each other and for abbreviation for eyes	Write “left ear”, “right ear”, or “both ears”
OS, OD, OU	Right, left, or both eyes	Mistaken for each other and for abbreviation for ears	Write “left eye”, “right eye”, or “both eyes”
µg	Microgram	Mistaken for “mg” when handwritten	Use “mcg”
U or u	Unit	Read as zero (0) or a four (4), causing a 10-fold overdose or greater (4U seen as “40” or 4u seen as “44”)	“Unit” has no acceptable abbreviation. Use “unit”.
Zero after the decimal point (1.0)	1 mg	Misread as 10 mg if the decimal point is not seen.	Do not use terminal zeros for doses expressed in whole numbers.
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg.	Always use zero before a decimal when the dose is less than a whole unit.
IU	International Units	Mistaken as IV (intravenous) or 10 (ten)	Write “international units”

GENERAL STUDENT GUIDELINES

Practice is in accordance with the mission and philosophy of St. Joseph's/Candler Health System.

Students should perform safe practice in accordance with the policies, procedures, and standards of the facility and within the school's established scope of clinical objectives.

Students are required to seek instruction and/or supervision as necessary, indicated or mandated.

Performance of care, procedures, or skills is done at the discretion of the hospital personnel in coordination with school faculty. Students may require direct supervision and some experiences may be designated as "observation only". Students are responsible for accurate patient identification procedures. The patient is identified by using the name and Medical Record number and comparing it to one other document, such as the patient identification band, MAR (Medication Administration Record), face sheet or specimen label. Refer to Patient Care Policies for additional information regarding patient identification procedures.

Orientation is required prior to all student clinical experiences.

USE OF PERSONAL ELECTRONIC EQUIPMENT

Students at St. Joseph's/Candler are prohibited from using personal electronic devices (i.e. cell phones or wireless devices) in verbal or text mode for personal use during clinical education or applied learning experiences. The only acceptable use of such devices is if a student intends to access an application/website to improve patient care but only after securing permission from his/her clinical instructor or preceptor. Blue tooth devices are prohibited in patient care areas at all times.

Any use of electronic devices for personal reasons during clinical education or applied learning experience is a breach of standards of professionalism and may result in the termination of the student's clinical or applied learning experience at St. Joseph's/Candler.

DRESS CODE

Students must wear approved uniform or clothing required by their respective educational program as well as a school ID badge. Students should always identify themselves to the staff when they arrive in a clinical area or department for clinical education/applied learning experiences. On non-clinical visits, students must:

- a. Wear name pin and approved school uniforms

OR

b. Appropriate business attire (no denim) with ID and/or name pin. The Administrative Policy #1104-A identifies specific attire that is inappropriate. Students must also identify themselves and the purposes of their visit to the specific unit.

Students should not bring valuables or purses to the clinical experience.

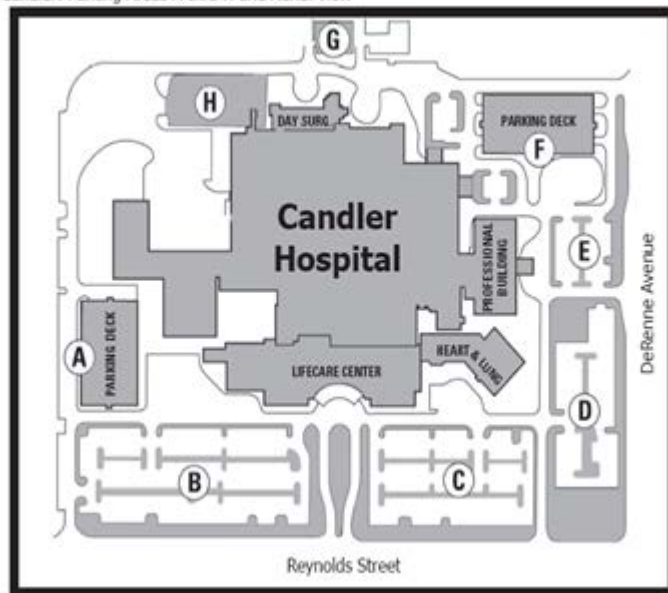
If specific attire is required for a specialty area, students are required to adhere to the unit dress code and receive unit specific orientation prior to the clinical experience.

Specific dress code for students going to the OR: Freshly laundered scrubs made of tightly woven material (not cotton or fleece) must be worn to decrease the risk of infection. If cloth caps are worn, these must be freshly laundered as well. All hair must be contained in the cap. Masks must be changed between patients and should never dangle around the neck when traveling in the halls. Personal bags, purses or backpacks are not allowed because they can't be cleaned appropriately.

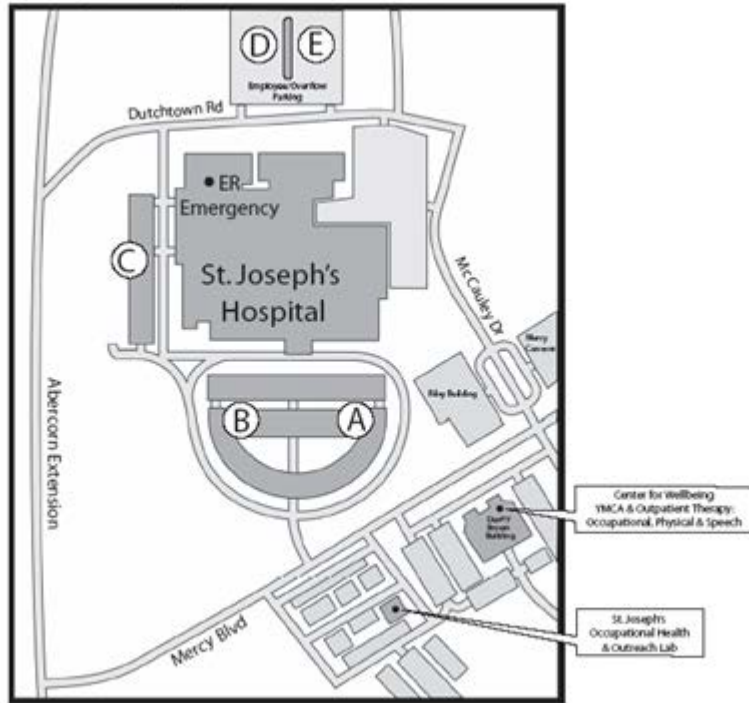
PARKING

Students are required to park in the designated employee parking areas leaving patient and visitor parking available for its intended use. Students coming to Candler Hospital must park in the large parking Decks A or F. Parking Deck A & F are on the Candler map. Parking in Parking Deck F is only allowed on 3B, 4 A & B, 5 A & B. Students coming to St. Joseph's Hospital must park in the large parking lot south of the hospital designated for employee parking. (Parking Lots D and E on the St. Joseph's map.) Students parking in lots designated for patients or visitors will have their vehicles towed.

Candler: Parking Areas A thru H and Aerial View



St. Joseph's: Parking Areas A thru E and Aerial Veiw



SMOKING

St. Joseph's/Candler Health System is a smoke-free environment. Smoking is not permitted in the buildings or outside the entrances to the buildings. There are several covered gazebos on each hospital campus specifically designated as smoking areas.

DRUG-FREE WORKPLACE

The possession, use, distribution, transfer, manufacture, or sale of alcohol, illegal drugs or legal drugs without a valid prescription on St. Joseph's/Candler property or in a St. Joseph's/Candler vehicle is specifically prohibited and any student found violating this prohibition is subject to disciplinary action up to and including termination of the educational experience.

Students are subject to testing for alcohol and/or substance abuse for cause.

CORPORATE COMPLIANCE

It is the policy of St. Joseph's/Candler Health System that personnel conduct themselves ethically and according to all applicable laws and policies. The Corporate Compliance Plan includes, but is not limited to information on confidentiality of medical information, antitrust laws, discrimination, harassment, OSHA and CDC regulations, drug-free workplace and conflicts of interest. Additional information may be found in Administrative Policy #1158-A. Questions or concerns should be addressed to the Legal Services Department.

CUSTOMER SERVICE

The quality of your customer's experience will influence the organization's reputation and success. The Principles of Caring are expectations that translate into quality customer service in healthcare. They are:

1. **Break the ice.** Make eye contact, smile, say "hello", introduce yourself, call people by name, and extend a few words of concern.
2. **Notice when someone looks confused.** Take time to stop and lend a hand.
3. **Take time for courtesy and consideration.** Kind words and polite gestures make people feel special.
4. **Keep people informed.** Explain what you're doing and what people can expect. People are always less anxious when they know what is happening.
5. **Anticipate needs.** You'll often know what people want before they ask. Don't wait. Act.
6. **Respond quickly.** When patients are worried or sick, every minute seems like an hour. When co-workers need information or help, they find delays frustrating.
7. **Maintain privacy and confidentiality.** Knock as you enter a patient's room. Watch what you say and where you say it. Protect personal information. (See more on confidentiality further on in these guidelines.)
8. **Handle with care.** Slow down. Imagine that you are on the receiving end.

9. **Maintain dignity.** Give choices in interactions with patients. Close curtains to provide privacy. The patient could be your child, your spouse, your parent or your friend.
10. **Take initiative.** Just because something is “not your job” doesn’t mean you can’t help or find someone who can help.
11. **Treat patients as adults.** Your words and tone should show respect and consideration.
12. **Listen and act.** When people complain, don’t blame others or make excuses. Hear them out and do all you can to respond to the problem and make things right.
13. **Help each other.** When you help your co-workers, you help patients too.
14. **Keep it quiet.** Noise annoys and shows a lack of consideration and concern for patients.
15. **Apply telephone skills.** When you’re on the telephone, your organization’s reputation is on the line. Sound pleasant. Be helpful. Listen with understanding.
16. **Look the part.** Professional dress and demeanor build people’s confidence in all of us.

CONFIDENTIALITY

Medical records are confidential. Both Federal and Georgia laws and regulations protect the information in a medical record. You may not:

- Obtain a patient’s medical information except in order to provide care to the patient during your clinical assignment. Students may not photocopy or print off any part of the patient’s medical record (even if they obliterate the name, room number, etc.) Students may take notes in order to prepare for their clinical assignments, but the notes must not contain any patient identifiers other than age or sex.
- Discuss or reveal information relating to a patient’s identity or medical condition with any other person who does not need to know the patient’s medical condition for purposes of providing care or other authorized and appropriate purposes.
- Discuss a patient’s identity or medical condition with an authorized person under such circumstances that an unauthorized person can hear the conversation.
- Taking photos during your experience or sharing information on social media regarding your experience is NOT permitted. Breaching confidentiality can result in a personal lawsuit and jeopardize the future of the program you are participating in.

(See additional information in the Risk Management Guidelines in this Study Guide.)

PASTORAL CARE SERVICES

Pastoral care services are available to patients and staff at both hospitals. A reverent attitude on the part of the student should be observed during distribution of Holy

Communion or administration of any other sacrament if the student is unable to leave the patient's room.

INCIDENT/OCCURRENCE REPORTING

All occurrences, incidents, or injuries on hospital property involving patients, employees or visitors must be reported. Early follow-up of incidents results in better outcomes and early intervention facilitates customer satisfaction when investigating incidents. Reporting incidences is not punitive but will assist in identifying ways to improve customer service.

Incidents involving patients or visitors must be reported immediately to the nurse in charge of the patient's care or the department manager who will report the incident in the on-line data base for incident/occurrence reporting. It is the student's responsibility to also notify the instructor and/or school when occurrences result. Incidents involving patients or visitors could include medication incidents (errors, adverse drug reactions), falls or other accidental injuries, etc.

If the incident involves an injury to a student (needlestick injury/exposure to blood or body fluid, fall or other accidental injury), the incident needs to be reported immediately to the student's instructor, preceptor, and department manager. (See additional information about student injuries in the Safety Guidelines and Infection Control Guidelines sections of this study guide.)

(See additional information in the Risk Management Guidelines in this study guide.)

SAFETY GUIDELINES FOR STUDENTS

The following are guidelines for students to follow to prevent injury and develop safe work habits. Additional information can be located on the hospital intranet under the Environment of Care category.

ENVIRONMENTAL

1. Patient Care items and electrical equipment should not be kept under sinks.
2. Keep supplies neatly stored inside cabinets or on shelves and off the floors. Do not store any items closer than 18 inches from the ceiling. Items should not be stored in cardboard boxes they are delivered in.
3. Keep floors clear of dropped objects, spills, and obstructions such as electrical cords. Power cords must be mounted off the floor.
4. Wipe up all spills immediately if possible; student should take action to secure area and call Environmental Services for cleanup. NOTE: If the spill is blood or a hazardous material, special procedures should be used by only those employees trained and authorized. (See more information in the Hazard Communication section of this study guide.)
5. Report any environmental hazards such as stained ceiling tiles, loose handrails, torn carpet or loose/broken tile to the Maintenance Department.
6. Appropriate cautionary signage should be used and obeyed by all. (Wet floor signs, caution, construction in progress, etc.)
7. All hallways and aisles must be kept free of obstructions. No chairs should be placed in the halls. The only storage that may be placed in hallways are crash carts and isolation carts. Computers on Wheels must never remain standing in the halls unattended for more than 30 minutes.
8. All exit stairways must be kept free of trip hazards and storage items.
9. Furniture and fixtures with splinters or sharp edges must be removed from service and reported to the Maintenance Department.
10. Nonfunctioning medical equipment must be reported to the Biomedical Department for repair. The equipment should be identified with a repair tag and removed from service.
11. Medical Gas cylinders must be secured in cylinder racks or other securing device to prevent falling. Oxygen cylinders with 500 psi or more are considered partially or full cylinders. Oxygen cylinders measuring below 500 psi are considered empty. All cylinders must be placed in the appropriately designated cylinder racks.

PERSONAL

1. **To prevent injuries from needles and other sharps, remember:**
 - a. Safety mechanisms must be activated immediately after use.
 - b. Needles are not recapped after use. The entire syringe and needle should be placed in a designated sharps container.

- c. Needles are not to be disconnected from syringes unless absolutely necessary as in the admixture of medication or in the arterial blood gas laboratory.
 - d. Needles are not to be bent, cut or otherwise destroyed prior to placing in sharps containers.
 - e. Sharps containers should be changed when $\frac{3}{4}$ full so that overfilling does not occur.
 - f. Extreme care should be taken when cleaning up after procedures involving the use of needles or other sharps.
 - g. Reporting needle punctures and other sharps injuries is mandatory. Source of needle use must be documented to insure proper follow-up.
 - h. Selected sharps safety devices (as deemed by the system's Sharps Injury Prevention Program) are to be used appropriately.
2. Always keep to the right when moving through the hallways.
 3. Walk, don't run, especially on stairs or corridors.
 4. Utilize reflective mirrors located near ceilings at hallway intersections to observe traffic and avoid collisions.
 5. Observe the principles of good body mechanics:
 - a. Maintain good posture in all activities
 - b. Pushing and pulling are preferable over lifting; push rather than pull, if possible; when pushing, stay close to the load; don't bend forward; use both arms; tighten your abdominal muscles
 - c. When lifting:
 - Keep the load close to your body, and bend your knees
 - Tighten your abdominal muscles when you lift
 - Use arms and legs, rather than your back muscles to lift
 - Maintain the 3 natural curves of your spine
 - Avoid twisting as you lift
 - Get help if the load is too large or too heavy
 - When lifting 35 lbs. or over, an assistive lift device must be used
 - d. When reaching, reach only as high as is comfortable. Don't stretch; use a stool or a ladder if you need it. Don't climb on furniture or boxes.
 - e. To bend safely, kneel down on one knee; bend your hips, not your back; when leaning forward, move your whole body, not just your arms
 - f. Sit in a chair that allows both feet to be flat on the floor; maintain good posture; if possible, use a lumbar support for your lower back
 - g. When standing for long periods, balance your spine by placing one foot on a low stool; keep your knees slightly bent, pelvis tilted forward; avoid slouching which can put a strain on your vertebrae
 6. Keep elevator doors clear and allow persons to exit before entering.
 7. Food and drinks are not permitted in patient care areas.
 8. Don personal protective equipment (PPE) as indicated by the situation. Discard PPE after use in designated containers for disposal or laundering.
 9. Wear PPE such as safety goggles, face shields, gloves, gowns or aprons when performing hazardous work, which presents the hazard of flying objects, intense glare, caustic liquids, injurious radiation, or exposure to blood and body fluids.

(See more information on PPE in the Infection Control Guidelines section of this study guide.)

10. Pregnant students should check with their instructor prior to being in the vicinity of radiological procedures or any procedures that could possibly affect the pregnancy.
11. When traveling as a driver or a passenger in any hospital vehicle, use seat belts and, if available, shoulder harness.

What is Safe Patient Handling?

Safe patient handling & movement is the term used to refer to policies and programs that enable healthcare workers to move patients in a way that does not cause strain or injury. The Occupational Safety and Health Administration (OSHA) recommends that manual lifting of patients be minimized in all cases and eliminated when feasible.

To promote a culture of safety and a no lift environment, patient care staff will be provided and required to use safe patient handling, lifting equipment/devices and movement techniques to prevent or minimize the risk of injuries. Because the proper use of the lifting equipment/devices requires skills training and an assessment of competency, students are restricted from using this equipment while providing patient care. Students may assist a staff member who is using lifting equipment or a transfer device but should never attempt to use this equipment independently.

Lift smart. is the name of St. Joseph's/Candler Safe Patient Handling & Movement Program; for more information about this program go to the intranet home page and select *Lift smart.* on the left side of the screen.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

It is the school's responsibility to notify Educational Services upon enrollment of a student expected to be assigned to St. Joseph's/Candler for clinical education or applied learning experience where the student's physical limitations might require accommodations.

The student can request reasonable accommodation from Educational Services by completing an "ADA Accommodation Request Form". Requests for reasonable accommodation should be made as far as possible in advance of the scheduled student experience or the schedule may be impacted or delayed.

It's the school's responsibility to identify, provide or ensure the student has access to accommodations (i.e. special tools) necessary for the student's completion of the program's educational objectives. The school's plan for accommodations must be approved by the St. Joseph's/Candler ADA Advisory Board prior to the start of the student's clinical education or applied learning experience.

The ADA Advisory Board reserves the right to require the school to provide direct, enhanced or one-on-one supervision of the student as a reasonable accommodation whenever there are safety/infection control concerns.

STUDENT INJURIES

1. Incidents involving an injury to a student (needlestick injury/exposure to blood or body fluid, fall, or other accidental injury) during a clinical education or applied learning experience, must be reported immediately to the student's instructor, preceptor, and the department manager and an REO (Report of Occurrence) must be completed. The student should document his or her student status on the REO. **If the injury was a needle stick/exposure to blood or body fluid, the student should document the patient's medical record number on the REO form to facilitate source testing.**
2. Students do not go to Occupational Health or Educational Services for treatment or to report the injury.
3. Students who have suffered a needlestick injury/exposure to blood or body fluid should report to the hospital Emergency Department immediately with the completed REO. (See additional information about needlestick injury and exposure to blood or body fluids in the Infection Control Guidelines section of this study guide.) Occupational Health will need a copy of the REO and may facilitate source patient testing if the source is an inpatient at the time of exposure. After facilitating source patient testing, Occupational Health will forward a copy of the REO to Educational Services for filing purposes only. The school will be responsible for any follow-up required with the student post-exposure.
4. For injuries other than a needlestick injury/exposure to blood or body fluids during their clinical education/applied learning experience, students can elect to be seen in the hospital's Emergency Department or seek treatment outside the health system. The REO is forwarded to Educational Services for filing purposes only.
5. Students must maintain health insurance throughout the clinical education/applied learning experience. All medical or health care services (emergency or otherwise) that the student receives at St. Joseph's/Candler Health System are the student's responsibility and at the student's expense.

FIRE SAFETY

1. Observe and enforce hospital smoking regulations.
2. Ensure that all flammable liquids are stored in the proper place with all caps or lids on tight. Keep all combustibles away from a potential source of heat.
3. Do not allow paper, rags or other combustible trash to accumulate.
4. Know the department fire plan of the area you are working in. Ask the Unit resource coordinator or nurse manager.
5. Know the location of fire alarm pull stations in your area and the emergency gas shut-off valves.

6. Know the location and type of extinguisher in your department. ABC extinguishers are located throughout the hospital. Be familiar with the steps in using a fire extinguisher: P.A. S. S.; P – pull the pin; A – aim at the base of the fire; S – squeeze the handle; S- discharge the extinguisher in a sweeping motion.
7. Know the relocation and evacuation routes of the department you are working in.
8. Know how to report a fire and the steps to take in the event of a fire: R. A. C. E.; R – Rescue; A – alarm; C – confine; E – extinguish. (For more information on how to report a fire, refer to code guidelines for specific hospitals listed later in this study guide.)
9. Keep all doors to the stairways, fire exits, and any room used for storage closed.
10. Fire doors are designed to close automatically; do not prop open or place any items where they would block the closing or opening of the doors.

ELECTRICAL SAFETY

1. Use only electrical appliances that have a grounded three-prong plug.
2. If equipment has cracked or frayed wires or plugs, or if the equipment shocks, sparks, smokes, causes 60 cycle interference on a cardiac monitor, or if it is dropped:
 - a. Turn the equipment off; disconnect the cord from the wall outlet.
 - b. Tag the equipment “defective”.
 - c. Notify/send the equipment to the appropriate department for repair.
3. Report broken receptacles, receptacles that do not work, or loose metal receptacle Plates.
4. When disconnecting an electrical cord from a wall outlet, make sure the equipment is turned to the “off” position and grasp the plug (not the cord) to unplug it.
5. Do not store liquids or place drinks on the top of electrical equipment.
6. Do not plug equipment into a wet outlet or stand in water when working with electrical equipment.
7. Extension cords are not used in patient care areas except when approved in emergency situations.

PATIENT SAFETY

1. All patient diagnostic, therapeutic equipment is inspected by Biomedical Services before use.
2. Patient personal equipment brought in must follow the guidelines set by Administrative Policy # 1177-A.
3. Side rails should be used when transporting patients.
4. Beds should be in low position, Side rails in the up position and the bed exit alarm should be set as appropriate by an assessment of the individual patient’s needs.
5. Wheels should be locked on beds at all times.
6. Wheelchairs and stretchers are to be maintained in proper working condition. Any defects are to be referred to Maintenance for repair and the wheelchair or stretcher removed from use.

7. Protect patients as appropriate with supports. (Refer to Restraints Policy.)
8. Patients and families should be oriented to the environment on admission and as appropriate.
9. Patients should wear slippers when ambulating.
10. All patients must wear an I.D. bracelet.

DISASTER

A disaster or emergency situation may be defined as an occurrence or event which causes an influx of patients so great as to disrupt the normal operation of the hospital or requires an urgent response. Disasters and emergency situations may result from fire and explosion, transportation accidents, floods, tornadoes, hurricanes, earthquakes, riots, airplane crashes, epidemics, active shooter incident or enemy attacks.

When the code indicating a disaster or emergency situation is communicated, all students should report to their assigned unit and receive directions from their instructor or preceptor.

Only the President, or his designee is authorized to release information concerning the disaster or emergency to anyone other than the St. Joseph's/Candler health care team. Any request from the media or family members for information concerning emergency conditions, patients, or personnel must be referred to Public Relations.

For more information, refer to the code guidelines listed later in this study guide. Hospital policies and procedures on general safety, life safety (fire), emergency preparedness (disaster, hurricane, tornado, bioterrorism plans) and hazardous materials can be found on the Intranet under Environment of Care.

Emergency Codes - dial 7,7,7,7, on either campus, for any emergency situation

 **Code Red**-Fire Situation **R.A.C.E. Rescue Alert Confine Extinguish**

 **Code Orange**-Level One


External Mass Casualty Incident has been reported or occurred. Number casualties probable or received from 1-10. Emergency Department Physician, ED Manager, and/or ED Charge Nurse can initiate Code Orange, Level One for an external mass casualty. CEO, Administrator on Call, or designee will be notified of implementation. ED Lead to determine support needed.

Code Orange-Level Two

External Mass Casualty Incident has been reported or occurred. Number of casualty probable or received greater than 10. This implementation of the code is initiated by CEO, Administrator on Call or designee.

Code Orange-All Clear


Initiation stage terminated. Departments to evaluate support needed or to be given.


 **Yellow**- Severe Weather threatening area. Departments to check e-mail for information

Code Yellow-All Clear - Severe weather has passed

 **Code White** (Location)

Reported internal/external employee/patient/visitor injury/fall

 **Code Black** - Water/Electricity/Telephones/Medical Gas/Utilities Failure

 **Code Silver** - Active Shooter situation

STAT- Emergency situation exists and assistance is needed immediately.

Code 99- Cardiac/Respiratory Arrest

Code 99 AED – Cardio/Respiratory Arrest w/Automatic External Defibrillator

Code 99 PALS- Pediatric Cardiac/Respiratory Arrest

Code Telfair- Infant Abduction from Telfair Unit

Code B.E.R.T. (Behavioral Emergent Response Team) – request for assistance for members trained in non-violent crisis intervention techniques to de-escalate a situation.

Code Adam – Pediatric/Adolescent Abduction

In disaster circumstances, the e-mail, mox and telephone system will be used for communicating additional information on the status of the situation.

INFECTION PREVENTION AND CONTROL GUIDELINES FOR STUDENTS

The following are guidelines for students to follow to prevent the spread of infection and to avoid exposure to bloodborne pathogens and other communicable disease.

GENERAL

1. It is the policy of St. Joseph's/Candler Health System to follow the guidelines and recommendations made by the Center for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) regarding Standard Precautions, transmission-based precautions and guidelines to prevent occupational exposure to bloodborne pathogens and other communicable diseases.
2. Before beginning a clinical education experience at St. Joseph's/Candler, students must receive basic training from their respective educational institutions regarding OSHA Standard Precautions for Bloodborne Pathogens, TB exposure control, and other basic infection prevention and control measures (e.g., hand hygiene, isolation precautions including proper use of personal protective equipment).
3. The OSHA Bloodborne Pathogens Standards includes no eating and drinking in patient care areas. This Standard is followed at SJ/C Health System. Patient care areas include not just the patient rooms and treatment/procedures rooms, but also pods and nurses stations. In accordance with OSHA's regulation, no adjustment of contact lenses or application of lip balm is permitted in these clinical areas.

STANDARD PRECAUTIONS

1. Standard Precautions is an approach to infection prevention and control. According to the concept of Standard Precautions, all human blood and body fluids are treated as if known to be infectious for HIV (human immunodeficiency virus) and HBV (hepatitis B virus) and other bloodborne pathogens.
2. Standard barrier precautions must be used while delivering direct patient care when contact with any body substance/fluid is anticipated and when handling or cleaning any contaminated item or surface. Standard Precautions must be maintained for all patient care regardless of the diagnosis.
3. Standard Precautions include:
 - a. wash or sanitize hands according to policy (see below)
 - b. wear gloves when likely to touch body substances, mucous membranes or non-intact skin
 - c. wear apron or gown when clothing is likely to be soiled
 - d. wear mask/face shield/or eye protection when likely to be splashed
 - e. place intact needle/syringe unit and sharps in designated disposal container. Do not recap needle (See more information on preventing needlesticks in the Safety Guidelines section of this study guide.)

- f. sharps safety devices supplied by SJ/C are to be utilized and activated before disposal.

PERSONAL PROTECTIVE EQUIPMENT

1. Personal Protective Equipment (PPE) such as masks, face shields, eye protection, aprons, and gowns are located on each nursing unit or clinical department. Students should be sure to locate this equipment during orientation to their unit or department.
2. PPE should be worn and disposed of properly.
3. Students should also familiarize themselves with the location of disposable resuscitation bags or mouth shields in the patient care areas. These shields or resuscitation bags must be utilized whenever mouth-to-mouth resuscitation is performed.
4. Students should locate the Blood/Body Fluid Spill Kits provided on each unit and become familiar with their appropriate use.

HANDWASHING

1. Handwashing is the single most effective means of preventing the spread of infection. Gloves do not take the place of hand hygiene. Hands should be vigorously lathered for at least 15 seconds when using soap and water. Use a clean towel to dry hands and turn off faucet. Discard in trash receptacle.
2. Sanitizing hands is accomplished with hospital provided alcohol hand sanitizer conveniently located at point-of-use, strategically throughout the hospital. Usually one pump from the dispenser is enough to cover the surfaces of the hands. Rub sanitizer on hands, fingers and nails to cover all surfaces. Allow to air dry (do not use towel). Remember alcohol is flammable so make sure hands are dry beyond touching the telephone, answering a call bell, plugging in electrical equipment, etc.
3. Hands must be washed or sanitized:
 - a. before and after contact with patients and/or their equipment
 - b. before donning gloves and immediately after gloves are removed (disposable gloves should never be washed and reused)
 - c. after use of facial tissue
 - d. before performing invasive procedures
 - e. after touching inanimate items that are likely to be contaminated
 - f. before coming on duty and when duty is over
4. Hand washing (NO gel use) is needed when caring for a patient with a spore producing illness (such as *Clostridium difficile*, botulism, and anthrax) before and after eating, before and after using the bathroom and when hands are visibly soiled.
5. Artificial nails, appliqués and other nail attachments are not permitted in patient care areas. Fingernails may be no longer than ¼ inch in length. Polish is permitted

if well maintained and not chipped. Limited jewelry is permitted. More stringent policies may apply depending on your area of assignment, i.e. OR, Nursery, etc.

ISOLATION PRECAUTIONS

1. To prevent the spread of communicable disease within the hospital, special procedures should be followed when caring for patients with these diseases. The decisions regarding which diseases to isolate and which isolation procedures to utilize require an understanding of the epidemiology of infectious disease in the hospital setting.
2. The control measures utilized are directed toward isolating the disease, not the patient. Diagnostic and/or therapeutic procedures will not be denied to any patient because he/she has an infection.
3. When isolation is determined to be necessary, every health care provider is responsible for adhering to established protocol. Team members must educate and monitor the patient and any individual coming into contact with him/her who is not familiar with isolation procedures. Patients and visitors are monitored for compliance with instructions given.
4. The types of category specific isolation/precautions used at St. Joseph's/Candler include:
 - a. Airborne Precautions
 - negative pressure room
 - wear N95 mask
 - visitors wear N95 mask
 - when transporting patient, the patient wears a surgical mask
 - appropriate sign on door to identify airborne precautions (blue)
 - limit visitors
 - PPE available on entrance to the room
 - instruct visitors on correct usage of PPE and hand hygiene
 - b. Contact Precautions
 - private room
 - all personnel wear gloves, gown on entering room
 - wear mask if aerosolization is expected
 - PPE available on entrance to the room
 - appropriate sign on door (yellow)
 - instruct visitors on correct usage of PPE and hand hygiene
 - patient only out of the room for necessary procedures
 - limit patient contact with environment when out of room and clean contact surfaces with hospital approved disinfectant
 - c. Droplet Precautions
 - private room
 - staff and visitors wear surgical mask
 - patient wears surgical mask when transported outside of room
 - instruct visitors on correct usage of PPE and hand hygiene
 - PPE available at entrance to the room

5. Color-coded door cards are used to communicate the type of isolation utilized. No matter what their reason for entering a room, students need to stop, read the door card and wear the proper attire. Any questions about protocol should be referred to the student's instructor or the nurse assigned to the patient.
6. All healthcare workers (including students) must wear N95 masks when entering a patient's room under Airborne Precautions. All healthcare workers caring for patients on Airborne Precautions shall undergo fit testing before using an N95 particulate respirator mask for the first time. In an effort to comply with OSHA regulations, St. Joseph's/Candler utilizes the 3M-N95 (1870, with 1860 Reg and Small as alternative) respiratory mask. OSHA regulation provides in part that "the employer shall be responsible for the establishment and maintenance of a respiratory protective program". Requirements for a minimally acceptable respiratory protective program include, among others, the ability to quantitatively or qualitatively fit test employees in a reliable way to obtain a face-seal leakage of less than or equal to 10%. **It shall be the responsibility of all affiliated entities to ensure proper fit testing of the 3M-N95 (1870 or 1860R or 1860S – student is expected to know what mask he/she has been fit tested for) respiratory mask and appropriate documentation of such fit testing for students participating in clinical education at St. Joseph's/Candler if the students will be expected to care for patients on Airborne Precautions.** Documentation of completed fit testing for students will be submitted to St. Joseph's/Candler from affiliated entities. Fit testing for each individual should be done annually or more frequently if significant weight or facial changes occur. If you have any questions regarding St. Joseph's/Candler's respiratory protective program, please contact the office of Occupational Health at (912) 819-8990. If you do not know your mask type or size you cannot safely take care of a patient in airborne isolation.
7. Caring for a patient on isolation is beyond the scope of this study guide. It is the school's responsibility to instruct the student on the basics of caring for such a patient including the use and disposal of protective equipment, and specific considerations regarding handling of linen, trash, and equipment used in the patient's room. For more information relative to isolation precautions, refer to the health system's infection control policies on SharePoint.

EXPOSURE TO BLOODBORNE PATHOGENS/OTHER COMMUNICABLE DISEASES

1. Strict adherence to Standard Precautions and other infection prevention and control measures should prevent a student's exposure to bloodborne pathogens.
2. Disposal of bloody dressings or items contaminated with blood or body fluids is mandatory. Red containers and bags marked with the biohazard sign are readily available and should be utilized as directed by preceptors.
3. Handle contaminated linens away from body and clothing. Do not place contaminated linen on the floor or other items in the patient area. Blue linen bags and soiled linen hampers are available for use.

4. Should a student sustain a possible exposure to bloodborne pathogens during a clinical training experience, the student is responsible for notifying the instructor, preceptor, and the department manager without delay and following the steps outlined in the Safety Guidelines section of this study guide under “Student Injuries”.
5. Exposure is defined as a demonstrated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials. Prophylaxis against HIV, the virus that causes AIDS, should begin in less than 2 hours after exposure so prompt reporting of the incident is vital.
6. After the student has reported to the **Emergency Department** for evaluation/treatment, the educational institution will be responsible for any follow-up with the student recommended by the CDC and OSHA standards and regulations for post-exposure care.

SPECIAL PRECAUTIONS FOR STUDENTS GOING TO SURGERY

Air exchanges and positive-pressures assist with minimizing infection risks. These are achieved in a couple of ways.

1. Enter the surgical suite through the Sub-Sterile area every time except when escorting the patient via stretcher.
2. Keep all suite doors closed at all time. Minimize trips in and out of the suites.
3. Take care navigating around sterile set-ups. If a set-up is accidentally contaminated, please notify the team immediately.
4. Wear appropriate attire as outlined in St. Joseph’s/Candler policies and procedures, and as directed by your preceptor.

GENERAL RECOMMENDATIONS

1. All Health Care Workers are encouraged to receive the influenza vaccine on an annual basis.
2. Other vaccinations as outlined through your student preceptor/education facility.
3. To avoid spread of communicable disease, promptly report any fever, rash, diarrhea and/or respiratory illness to your preceptor for evaluation and direction. Do not come to the hospital if communicable disease is suspected, until evaluated and cleared.

For more information, refer to the health system’s infection prevention and control policies available under Documents on SharePoint.

INFORMATION MANAGEMENT

Purpose:

To develop a consistent flow of information that will be used to coordinate and integrate work within departments and throughout the health care system to enhance patient care, manage resources, and improve overall performance. Information must be accurate, timely, and useful.

Types of Data:

- Patient specific data - documentation on medical record regarding care
- Aggregate data - patient demographic info., Performance improvement results
- Knowledge-based data - library services, poison control information
- Comparative data - Peer review info, Center for Disease Control (CDC) statistics

Security and Confidentiality

- Dual user identification with assigned level of security/access to information by job title and function determined by the Manager.
- Confidentiality Statement signed by all personnel.
- All information in the medical record is confidential, and the release of information is strictly controlled.
- The medical record is specifically protected from destruction and/or tampering, access control, and fire protection and back-up.
- St. Joseph's/Candler provides a plan for the exchange of information in the event that an automated system becomes inoperable (downtime).

Education

- Department policies and procedures include educational requirements and plans for employees required utilizing the hospital computers and personal systems.

All individuals engaged in the collection, handling, or dissemination of patient information shall be informed of their responsibility to protect patient data.

You participate in Information Management everyday. It is your responsibility to assist in the protection and accuracy of information. This information is used for important patient care and organizational management decisions.

Risk Management Guidelines

What is Risk Management?

Simply put, Risk Management is doing the right thing, for the right person, at the right time, for the right reason and doing it right the first time. As such, Risk Management is the responsibility of each and every co-worker and healthcare provider in the System.

What are the goals of Risk Management?

There are three essential goals of Risk Management. These are:

- ◆ To eliminate or reduce the frequency of error and control the costs of risks as they happen;
- ◆ To understand the causes of loss to the System, and
- ◆ To proactively put programs into place that will address risk before loss occurs.

How do these goals affect me?

- 1) The elimination or reduction and control of risk can only be done if the co-worker is aware of their job duties and the standards, which govern their practice. By working in the present and being situationally aware of the task at hand, the co-worker is working to reduce or eliminate error caused by rushing and/or distraction. It is also important that the co-worker is aware of all policies and procedures governing their work practice. These policies and procedures become the standard by which a co-worker's actions are viewed, especially in a court of law.
- 2) The Risk Management Department has four staff members. Risk Management therefore depends on ALL co-workers to assist in gathering and reporting information which will allow the System to study the effectiveness of the processes in place to promote patient safety. As the practice of medicine changes, these processes must change as well. One of the things students can do to promote understanding of the potential causes of risk is by reporting all events to their preceptor/instructor so the event can be entered into the System's electronic event reporting system. These also include near misses, a potential error caught before it reaches the patient.

Who reports events and Why?

St. Joseph's/Candler has an electronic event reporting system which can be accessed by all areas throughout the health system. Events and near misses are automatically directed to the Risk Management Department as well as the designated manager and/or director of the unit involved for follow-up. Risk Management analyzes the data for trends, which will be used to examine system processes and direct system improvement efforts. Event reporting is the foundation of Risk Management's early warning system used to mitigate the cost of risk and allowing for evaluation and response to events as they occur.

Analytical reports are presented to Leadership, Performance Improvement, Safety and other committees as necessary.

What is an event?

An event is any occurrence not consistent with the routine operation of the health care organization or the routine care of a patient. Events are also unexpected or unusual occurrences or near misses. Reporting a near miss, an event caught before it reached the patient or went undetected, provides Risk Management with vital information to fulfill its mandate to reduce the frequency and severity of events and improve patient and co-worker safety.

What types of events are routinely reported?

- ◆ **Falls**
- ◆ **Medication Errors**
- ◆ **Near Misses also known as Great Catches**
- ◆ **Adverse Drug Reactions**
- ◆ **Procedural Events**
- ◆ **Physician Issues**
- ◆ **Treatment Issues**
- ◆ **IV Infiltrations**
- ◆ **Equipment Related Events**
- ◆ **Non-Patient Care Events (Visitors, vendors, students, etc.)**
- ◆ **Patient Complaints**

A detailed listing of specific event indicators can be found on the System Intranet under the Quantros SRM section. This listing will help familiarize you with the many different events that warrant reporting.

Other Risk Management Issues

Communication – Communication is often the issue leading to adverse events. There are many types of communication from oral to written and from e-mail to voice mail. Here are a few tips to sharpen up your communication skills.

- ◆ Use the “**read-back and verified**” technique - The nurse or other qualified co-worker writes the order, reads it back to the physician for verification and documents “r/v” in the chart to be sure the message was heard correctly (remember students cannot take orders).
- ◆ Do not assume that important information you have regarding the clinical condition of a patient will be passed along correctly or at all. Always try **to communicate with the person** who needs to know the information.
- ◆ If you have placed a call to a physician for a certain number, please **let others in the area know you are waiting** for a return call.

- ◆ When you need to leave a note for a physician or other healthcare provider, **affix** the note somewhere where the provider will see it. Do not write on a scrap of paper and slip it into the chart.

Documentation – Documentation is **extremely important** within healthcare today. It is used to communicate a number of things from one provider to another, as well as serve as the “living record” of the care provided to a patient. Not all students are permitted to document in the patient record, but if you do, here are a few tips to sharpen up your documentation:

- ◆ The best documentation is done **concurrently** with the events being documented.
- ◆ Be sure to document **clearly** and objectively.
- ◆ You are responsible for **knowing** what is documented in the chart. Read it.
- ◆ If an **adverse event** occurs during your shift, complete your documentation before you go home and have your supervisor **check it** to assure completeness and clarity.
- ◆ Plaintiffs’ attorneys look for gaps and inappropriate language to discredit or cast doubt on the credibility of the author.
- ◆ Words such as “unintentionally,” “inadvertently,” and “unexpectedly,” could reflect a judgment that something untoward happened.
- ◆ Words such as “appeared,” “apparently,” and “seems to be” are not specific and can be used to cast doubt.
- ◆ Terms such as “ate well” and “feels better” can have different meanings for different people. Use of non-specific language leaves the author open to criticism.

Chain of Command – The chain of command is an important tool for a co-worker or any healthcare worker. If you find yourself in a situation you do not feel you can handle your responsibility is to immediately notify the nurse caring for your patient and your instructor or your assigned preceptor. If other co-workers or physicians fail to respond appropriately to your situation, let your supervisor (instructor/preceptor) know and they will be able to intervene for you. Here are a few tips:

- ◆ If you are trying to contact a physician and he/she does not respond within a reasonable time, no more than 30 minutes, let your supervisor know.
- ◆ Do not wait hours for a physician if you need him/her more emergently.
- ◆ If a physician or other healthcare providers are not responding to the needs of the patient let your supervisor know. Be sure the patient gets the assistance they need.

Confidentiality – Confidentiality is a federally mandated duty of all healthcare providers. It can be best avoided when one is aware of all the ways in which it can be breached. Confidentiality can be breached verbally, in written form, with improper access to patient information on line, by tossing patient identifiable information in the trash or by dozens of other ways. Here are some tips regarding protecting confidentiality:

- ◆ When faxing, be careful to make sure you know the correct number and be aware of where the receiving fax machine is and that it is protected.
- ◆ Always use a confidential fax information disclaimer when faxing information.
- ◆ Never fax sensitive personal information.

- ◆ When using a cell phone, always assume that others can hear the call. This will help keep you from divulging information inappropriately.
- ◆ When in public spaces like the parking lot, elevator, hallways or cafeteria refrain from talking about a patient or a patient's condition. You never know who is within earshot.
- ◆ Keep printed materials containing patient identifiable information out of public view. This also includes information from computer/video monitors as well.

Attorneys – Attorneys must go through Legal Services or Risk Management before they are allowed to speak to any of our co-workers. Many times an attorney is trying to gain information regarding a clinical event. Some will assure the co-worker that there is no interest in including the co-worker, physician or System in a lawsuit. While this may be true at the time, discovery of information may lead to the System or a co-worker being included in the lawsuit.

- ◆ Whenever an attorney contacts you, instruct them to call Risk Management or Legal Services and we will take care of their needs.
- ◆ If you receive any legal papers, please send them immediately to Risk Management or Legal Services. Keep a copy for yourself. Hand delivery is the preferred method of getting these papers to Risk Management or Legal Services. There is a limited amount of time to answer lawsuits.

Feel free to contact your supervisor or the Risk Management staff at any time when you need assistance with any of these issues.

HIPAA
Health Insurance Portability and Accountability Act of 1996

Background

Congress passed the “Administrative Simplification” section of HIPAA to provide for laws that govern electronic exchange of information. The law provides for privacy protections for patient’s protected health information.

HIPAA Privacy Rule

The Privacy Rule creates national standards to protect medical records and personal health information.

- It gives patients more control over their health information; and
- It sets boundaries on the use and release of health records; and
- It establishes appropriate security protections that Hospitals, nurses and physicians must put in place to protect the information.

This Law Applies to Information

HIPAA Protects the Privacy and Security of Protected Health Information which is:

- o Health information relating to -
 - o past, present or future physical or mental health or condition;
 - o provision of healthcare ; or
 - o past present or future payment for healthcare.
- o Identifies the individual, or presents reasonable basis to believe that the information can be used to identify the individual
- o It can be in any form. For example: paper, verbal, or electronic.

Protected Health Information

- In the Health System, the Protected Health Information is
 - in the medical record contained in paper format
 - information in Meditech
 - billing records and
 - verbal conversations about patients’ medical information.
- Each employee, contractor, vendor, physician and student must protect the privacy of the patients’ protected health information.

Examples of Protected Health Information:

<ul style="list-style-type: none">▪ Name▪ Address▪ Name of relatives▪ Name of employers▪ Birth date▪ Telephone Numbers▪ Fax numbers▪ Email addresses	<ul style="list-style-type: none">▪ Medical Record Number▪ Health Plan Information▪ Social Security Number▪ Account Number▪ Certificate/License Number▪ Any vehicle or other device serial number (e.g. pacemaker #, total joint #)▪ URL
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This Law Applies to:

- (1) Healthcare provider---
 - individual physicians
 - physician group practices
 - dentists, hospitals, nursing facilities
 - healthcare practitioners
- (2)Health Plan--Insurance Companies
- (3)Health Care Clearinghouse-billing company

Health System Requirements

- Notify patients about their privacy rights and how their information can be used.
- Adopt policies and procedures to protect patients’ privacy rights.
- Appoint a “Privacy Officer” to serve as the contact person for privacy procedures and confidentiality complaints.
- Secure patient records so they are not readily available to those who do not need them.

Policies

The privacy policies are listed on the Intranet. The main policies are

1. Confidentiality-Breach Policy
2. Confidentiality of Patient, Business, and Employee information
3. Release of Information Policy.
4. Faxing Protected Information Policy
5. Notice of Privacy Rights Policy

Releasing Protected Information

- Refer to the Release of Information Policy on the Intranet.
- Refer to Medical Records Dept when you have a question or are unsure.
- You cannot release a patient’s protected health information to an outside company or individual without receiving a signed Authorization Form from the patient
...EXCEPT FOR...
 - ✓ it is released to a treating physician for treatment purposes
 - ✓ for billing & collections purposes .
 - ✓ or for other healthcare operations (i.e., quality assurance or reporting to approved government entities).
 - ✓ to other entities if the patient has signed an “Authorization to Release Information”.

HITECH HIPAA:

- In 2009, laws were passed to enhance HIPAA (known as HITECH HIPAA)
- Included a number of new privacy and security provisions for those electronic medical records by amending the existing HIPAA statute.
- Purpose is to promote the use of health IT with goal of utilization of an Electronic Health Record for each person in the U.S. by 2014.

Accounting of Disclosures:

- Patients will now have a right to know all disclosures of their protected health information, including all accesses made by co-workers for treatment, billing and operations.
- Formerly only inappropriate accesses were required to be disclosed.
- This will involve substantial changes to our Meditech audit trail reports

Security Breaches:

- For “security breaches” of protected health information, there are new requirements for disclosures to patients and the media.
- Patients will always need to be notified of the breach.
- The media is to be notified when there are a certain number of records implicated.
- Health and Human Services in Washington, DC is to be notified also.

Protect patients’ health information from disclosure:

- Confirm fax numbers before faxing
- Don’t leave PHI in your car – especially not in clear view.
- Don’t store PHI on thumb drives, laptops, Smart phones, etc. whenever possible. If required, then contact IS to determine a way to encrypt the data and secure it to the extent possible.
- Don’t leave your computer logged in and unattended.
- Don’t access a patient’s medical record or PHI unless it is for treatment, billing or operations!

Fines and Jail Time

If a person knowingly uses or releases patient protected health information without the patient’s permission or as required by their job or contracted responsibilities:

- Civil penalties can range from \$100 to \$50,000 for each violation.
- With the HITECH HIPAA laws, there is increased potential for criminal prosecution.

Contact information:

If you suspect a breach or inappropriate access has occurred, please contact:

- ✓ Privacy Officer at #819-5293 - The Privacy Officer is the contact person for questions regarding privacy or confidentiality of patient information
- ✓ E-mail using “Contact Us” on SJ/C’s Website: www.sjchs.com
- ✓ Corporate Compliance Officer at #819-5291
- ✓ Corporate Compliance Hotline: **819-LAWS (5297)**

Abuse/Neglect/Exploitation

ALL MEDICAL PROFESSIONALS ARE MANADATED REPORTERS OF CHILD ABUSE.

All cases of suspected abuse/neglect should be reported by any healthcare employee to the Clinical Care Coordination Department who shall then notify the social worker. In order to assess for potential abuse/neglect, the staff involved in care should:

- a. Perform a thorough physical and psychological assessment of the patient.
- b. Obtain a history from the patient/family.
- c. Obtain old medical records.
- d. Discuss suspicions and/or concerns with the attending physician.
- e. Initiate treatment as ordered.

Signs and Symptoms Abuse/Neglect

Categories of Indicators	Signs and Symptoms: Not all inclusive
Physical	Bruising, abrasions, lacerations, bite marks, unexplained/inconsistent injuries and/or fractures and burns, strangulation marks, missing or loosened teeth, withdrawn, fearful
Sexual	Along with physical indicators: STDs, pregnancy < 16 years old, trauma to genitals, recurrent UTIs, Pelvic Inflammatory Disease, difficulty/pain in walking, torn, stained clothing, history of loss of consciousness or memory of event, withdrawn
Neglect	Malnourished, poor hygiene, poor skin condition, developmentally delayed, chronic health problems without appropriate care and follow-up
Domestic	In addition to physical and sexual indicators above may include: penetrating injuries, gunshot wounds, concussions, miscarriage/pregnancy complications, anxiety, depression, anger, suicidal ideation, vague responses, crying and self-blaming, history of child abuse

In all categories of abuse/neglect the family/significant other may answer for the patient, is defensive, overprotective, controlling, and may be a substance abuser.

For more information, please refer to Patient Care Policy 6043-PC, “Abuse/Neglect”