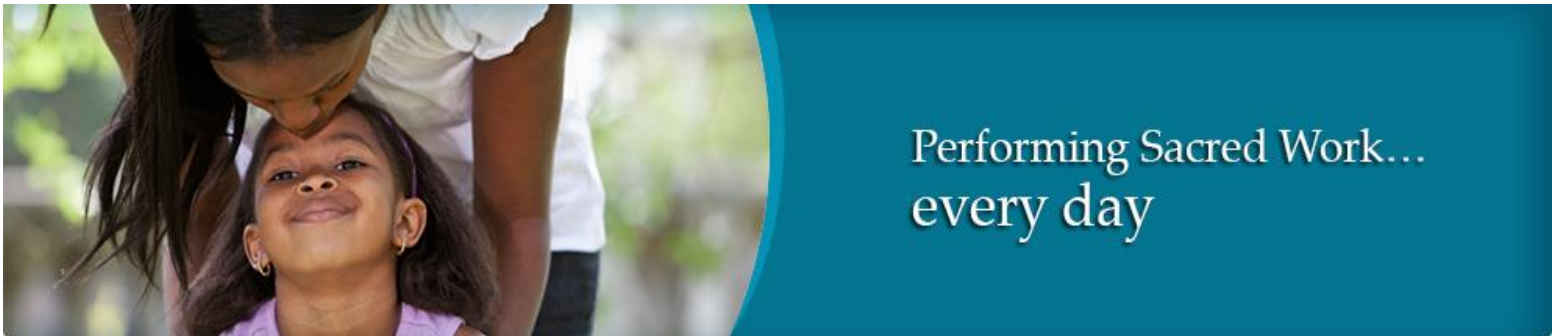




# General Education & Annual Requirements



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**The mission of Baptist Hospitals of Southeast Texas is to provide quality healthcare and Sacred Work in a Christian environment to all who need it.**

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## PURPOSE OF THIS MODULE

### THIS MODULE HAS BEEN DESIGNED TO PROVIDE YOU WITH A METHOD OF COMPLETING YOUR GENERAL EDUCATION & ANNUAL REQUIREMENTS.

General Annual Education is required for all employees who work for BHSET regardless of job status for the following reasons:

- Employees can continue to provide safe care and services in a safe environment if they refresh their knowledge and skills on a periodic basis.
- Various regulatory agencies require healthcare workers to complete specific requirements annually.
- Federal and State Laws that are enacted frequently identify specific education requirements employees must complete.
- Baptist Hospitals of Southeast Texas (BHSET) requires certain education of employees according to the purpose and values set by the organization and the goals established for the current



**REMEMBER....** the content contained is designed to not only give you the information you need to be **SAFE** in your work environment, provide safety for our patients, and allow you to help your department and Baptist meet their goals, but it also meets:

- ⇒ **Mandatory Federal and State Regulatory Agencies Requirements**
- ⇒ **Voluntary Accreditation and Certification Requirements**

**STAY In *GEAR***

**with safe work practices as you provide the highest quality care and services to our customers.**

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## HOW TO USE THIS TEST

◆ **Test Your Knowledge:** This symbol is used whenever there are test questions in the content that you must stop and answer. Select the correct answers on the separate answer sheet that is provided in your task list. This answer sheet will be submitted to Human Resources for grading after finishing the module and will serve as proof of completion of your education requirements. You must pass with a score of 80% or higher.

Keep this reference handy, refer to it when  
necessary and

*STAY In* **GEAR**

# **Baptist Hospitals of Southeast Texas**

## **MISSION**

**The Baptist Hospitals of Southeast Texas are not-for-profit, community-owned, health care facilities with spiritual values, dedicated to providing high quality health services and Sacred Work in a Christian environment.**

## **VISION**

### **CUSTOMER SERVICE**

**The Baptist Hospitals of Southeast Texas will be the premier healthcare system by creating the best possible outcomes with exceptional patient care experiences. We will accomplish this by keeping quality (best clinical outcomes, excellent customer service and a reasonable or commensurate price) at the core of everything we do.**

*Welcome to Baptist Hospitals of  
Southeast Texas*

## **BEHAVIORAL EXPECTATIONS**

Baptist Hospitals of Southeast Texas has a continuous focus to drive high quality and patient safety. As we continue on our journey to become a high reliability organization, we expect our staff to be accountable for the quality of their choices and management to be responsible for good system design. In the absence of a clear system, following the safe Behavioral Expectations will allow us to reduce adverse events. The following are specific expected safe behaviors and customer service performance standards by which all employees are measured in their performance appraisals.

Behavioral Expectations are the manner in which work should be accomplished at Baptist Hospitals of Southeast Texas. They explicitly spell out ways of behaving that support our strategies and represent the desired Just Culture. We expect everyone to:

- **Pay attention to details**
- **Communicate clearly and directly**
- **Have a questioning attitude**
- **Perform effective handoffs**
- **Work together with our team**
- **Follow the rules**

As Partners in Caring, it is the responsibility of every BHSET employee to treat all of our customers including patients, families, physicians, co-workers and all outside contacts, with courtesy, dignity, respect and professionalism. The following represent our core values:

- **Compassion**
- **Accountability**
- **Innovation**
- **Competence**
- **Respect**
- **Collaboration**

***And remember our slogan...***

***As Partners in Caring, we keep our customers' needs at the heart of all we do.***

# **MINIMUM APPEARANCE STANDARDS**

These standards provide written minimum guidelines regarding uniforms and personal appearance within Baptist Hospitals of Southeast Texas (BHSET), which assist in maintaining a safe, conservative, and professional environment. While these are minimum guidelines for all BHSET employees, departmental standards may be more prescriptive at the discretion of the Department Director or Manager.

## **Name Badges:**

- A name badge is part of each employee's required attire. Name badges must be visible and facing toward the front at all times while on duty.
- Only approved pins may be attached to the name badge.

## **Hair:**

- Hair must be clean and neat with no styles that would, by a reasonable standard, invite negative feedback from a customer.
- Hair may not be dyed unnatural colors (such as green or purple). Bleached hair is acceptable.
- Hair ornaments, if worn, shall be moderate and in good taste.
- Shoulder length or longer hair shall be pulled back or covered where there is a health or safety consideration. Long hair may be worn if it is contained so that it does not come in contact with patients or interfere in activities of the job.
- Beards and mustaches must be neatly trimmed and must not interfere with personal protective gear.

## **Daily Hygiene:**

- Daily hygiene must include clean teeth, hair, clothes, and body, including the use of deodorant.
- Business attire and uniforms are to be clean, pressed and in good condition.

## **Nails:**

- Fingernails must be clean and neatly trimmed to round your fingertip.
- Light colored nail polish may be worn. Black, blue, green, purple or yellow shades are not permitted. All nails must be solid in color and the same color.
- Cracked or chipped polish must be removed.
- No nail jewelry or nail art is allowed.
- Artificial nails and nail extenders are prohibited from use by direct care givers.

## **Scents:**

- Men's and women's scents are permitted if mild and not used to mask body odor.

## **Makeup:**

- Makeup must be conservative and neatly applied and should not detract from a person's appearance.

## **Jewelry:**

- All jewelry such as rings, necklaces, earrings, etc. should be worn conservatively and should be moderate in size and appearance.
- Body piercing is permitted in ears only; no other visible body piercing is permitted.

**Jewelry - Nursing Department:**

- Jewelry must be limited. It may include professional, vocational or other required insignia worn on a professional or technical uniform.
- Watches and one ring (i.e. wedding ring) are allowed. Employees involved in direct patient care may wear no other stone rings or wide bands.
- Necklaces should be limited to a single chain worn inside if a professional uniform is worn.
- Earrings should be gold or silver and may include a small stone or pearl. Only one or two small earrings should be worn in each ear. Dangling earrings are not to be worn. No other visible body piercing is permitted.
- Other than earrings, no other jewelry should be worn in the facial area during your shift.

**Skirts:**

- Skirt length shall be no shorter than three inches above the top of the knee and may not be tight fitting. Skorts are not considered skirts and may not be worn.
- Denim skirts, dresses, shirts and vests may be worn. Excessive beading or decorative trim is not allowed.

**Pants:**

- Denim pants of any color may not be worn. Spandex, leggings, athletic wear and sweat suits may not be worn.
- Appropriate casual slacks may be worn such as: Dockers, Chinos, or Lee dress pants.
- Business Capri's may be worn at mid-calf length. Spandex and sports Capri's may not be worn.

**Shoes:**

- Shoes must be clean and in good condition.
- Heels may include dress sandals.
- Thongs, or flip-flops, are prohibited.
- Heels should be moderate in height (approximately 2 – 2 ½ inches).
- Casual sandals or canvas sneakers are not permitted.

**Shoes - Nursing Department:**

- Shoes must be clean and in good condition.
- White duty shoes must have closed toes and quiet walking soles.
- No boots may be worn.
- Clogs may be worn if they have either a strap or slightly raised heel.

**Shoes - Ancillary Patient Care Departments:**

- Shoes must be clean and in good condition.
- Leather tennis shoes are permitted in a conservative color.
- Open toed shoes and thongs are prohibited.
- Heels are permitted in accordance with departmental guidelines.

**Other:**

- Scrubs may be worn according to departmental guidelines
- No shorts or skorts may be worn.
- Revealing clothing is not permitted and proper undergarments shall be worn.
- Ornamental or textured hosiery is not permitted (i.e. lace, rhinestones, bows, etc.).



- Sunglasses may not be worn indoors unless prescribed by a physician or required for the job.
- Portable, personal audio equipment (headphones) are not to be used while on work premises.
- Hats shall be worn only as part of a uniform, for safety reasons or for religious purposes.
- All tattoos shall be appropriately covered so as not to be visible.

#### **Casual Day Shirts:**

- Casual Day has been established for Fridays to improve employee morale, create a more relaxed atmosphere and enhance the teamwork attitude.
- Examples of approved shirts are: Partners in Caring polo shirts, departmental or hospital-specific polo shirts, and banded collared dress shirts. Adherence to all other appearance guidelines is required.
- Employees with scheduled client meetings, commitments or other official business are expected to wear normal business attire. In addition, all of the above-referenced appearance guidelines remain in effect on Casual Day.

#### **Contract Employees**

- Contract employees must also adhere to BHSET's appearance standards.

## **PARTNERS IN CARING & CUSTOMER SERVICE**

As an employee of BHSET, you will see and hear the word PIC many times. It stands for Partners in Caring. It is important that you understand the Partners in Caring vision because it affects our customer satisfaction, the people you work with and your annual evaluation. As Partners in Caring, we must keep our customers' needs at the heart of all we do.

#### ***Things to know: PIC Vision:***

The vision for Partners in Caring is to create a unique environment where no matter who comes through the doors of our facilities, they will feel they are in a special place, a caring place.

There are four keys to unlocking the door to a unique environment.

1. **Safety** – The safety of the customer is our first priority; it can never be compromised.
2. **Courtesy** - Consideration and respect for others.
3. **Cleanliness** – A pleasant and comfortable environment.
4. **Efficiency** – Doing the right thing right, the first time.

#### **PIC Philosophy:**

To treat everyone with the same dignity and respect we want for ourselves. It is the responsibility of every employee to treat all of our customers, including patients, families, physicians, co-workers and all other like we would want to be treated. Every customer should be treated with:

- Courtesy
- Compassion
- Respect
- Professionalism

**Things to do:**

- Greet people in hallways, elevators and workstations with a smile.
- Make eye contact, offer assistance or find someone who can, listen carefully, respond quickly, explain delays.
- Respect dignity and privacy, maintain confidentiality, knock before entering, be tolerant of cultural differences.
- Take breaks in appropriate areas, avoid personal conversations with co-workers when providing customer service.
- Demonstrate pride by keeping areas clean and safe.
- Do not make negative comments about internal or external customers of BHSET.
- Follow appropriate telephone guidelines.
- Follow BHSET appearance guidelines as well as those of assigned work areas and wear name badge (where it is visible).

**Things to know:**

Part of your annual evaluation will be based on your ability to meet or exceed the Behavioral Expectations. This part of the evaluation process counts for 40% of your annual evaluation score. Why is customer service so important?

Customer Service is a vital part of our job because people do have choices for health care, wellness and employment. We want people to choose BHSET.

**Things to do:**

Be sure you have a clear understanding of your annual appraisal/evaluation process. Meet the deadlines for completion as established by your Director

**Things to know:**

What is the PIC Employee Assistance Fund?

In April of 1991 the system, established a fund for the purpose of providing assistance to employees experiencing a crisis or catastrophe. Any employee, who has been employed by BHSET at least 90 days, is eligible to submit an application for assistance. An application can be obtained from Human Resources and/or Marketing. The following steps would then need to be completed:

1. Call EAP (Employee Assistance Program) Office at (1-800-444-9559) and request an assessment interview.
2. After completing the assessment interview with EAP, the application will be forwarded to the PIC Employee Assistance fund Committee.

**Things to do:**

Employees can contribute to the fund through payroll deduction or by participating in fund raisers.

**Things to know:**

We encourage all of our PIC to be part of our employee recognition process for outstanding behavior and job performance. Co-workers can be nominated for Employee of the Year, the recipient of which is honored at a celebration each December. Eligibility criteria and award benefits are stated on the form made available in early December. Administration selects the Presidents Award recipient annually at the Service Awards Banquet.

**Things to do:**

- Nominate outstanding co-workers for quarterly or yearly award
- Take time to recognize the special things co-workers do to make things better/easier



**PIC/ Customer Service QUIZ**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. The PIC philosophy is to treat everyone:
  - a. like a very important person
  - b. as we would treat a relative
  - c. with the same dignity and respect we want for ourselves
2. Every customer should be treated with everything listed below **except**:
  - a. Courtesy
  - b. Personality
  - c. Responsiveness
3. Name badges should be worn:
  - a. on our shirt, under a lab coat or jacket
  - b. placed where it is visible to the customer
  - c. pinned to the waistband of a skirt or slacks
4. What percent does the Partners In Caring process account for on our annual evaluation?
  - a. 40%
  - b. 80%
  - c. 30%

## **PATIENT RIGHTS**

Effective health care requires collaboration between patients and physicians and other health care professionals. Open and honest communication, respect for personal and professional values and sensitivity to differences are integral to optimal patient care. As the setting for the provision of health services, hospitals must provide a foundation for understanding and respecting the rights and responsibilities of patients, their families, physicians, and other caregivers. Hospitals must ensure a health care ethic that respects the role of patients in decision-making about treatment choices and other aspects of their care. Hospitals must be sensitive to cultural, racial, linguistic, religious, age, gender and other differences as well as the needs of persons with disabilities. Our objectives for this portion of the module are:

- ⇒ **Recognize the most significant patient rights.**
- ⇒ **Identify available interactions between the chaplaincy program and all persons.**

## **Right to prepare advance directives.**

### ***Things to know:***

- All staff should be familiar with the Administrative policies that govern Patient Rights, i.e. ADM.08.01.0015 Patient Rights, ADM.08.01.0006 Informed Consent, ADM.08.01.0016 Patient Rights: Complaint/Grievance Process, ADM.08.01.0001 Advance Directives and Acceptance or Refusal of Medical/Surgical Treatment.
- Drugs and severe illness can incapacitate patients, depriving them of the ability to make decisions.
- Advance Directives, such as a Directive to Physicians and Family or Surrogates (previously known as a Living Will), a Medical Power of Attorney and an Out of Hospital Do Not Resuscitate Order, allow patients to provide instruction to be carried out in such an event, both in the inpatient and outpatient settings.
- The Directive to Physicians and Family or Surrogates gives patients the opportunity to put in writing their preference about care in the event that they are diagnosed with a terminal and/or an irreversible condition.
- The Medical Power of Attorney allows patients to name a surrogate decision-maker in the event they are unable to make their own decisions in the future.
- The Out of Hospital DNR Order gives patients with terminal and/or irreversible conditions the right to request that life-sustaining procedures be withheld in the event of a code that occurs outside the inpatient setting, such as at home, in the nursing home, in hospice or in the emergency room.

### ***Things to do:***

- Inform the patient that they have the right to formulate advance directives.
- Document in the medical record whether or not the patient has an advance directive. This is done on the Admission Assessment or on the 24 hour Flow Record if completed after admission.
- Assist the patient by providing information, forms, and instruction for advance directives.
- Request help from Patient Relations or Chaplain if needed.
- Abstain from discrimination against patients who do not choose to execute advance directives.
- Honor the instructions in the advance directives or from the surrogate decision- maker, just as if they came from a fully competent patient.

## **Right to informed participation.**

### ***Things to know:***

- A Chaplain, or designee will be able to assist the patient in completing and understanding necessary forms.
- Our patients' perception of how caring we are is frequently effected by how well they feel we communicated with them about their treatment.

### ***Things to do:***

- Give accurate information to patients about their care, tests, treatments and procedures.
  - Provide this information in a way they can understand, using easy-to-understand terminology as much as necessary.
- Allow the patient/family to ask questions without feeling threatened or humiliated.
- Explain the different types of legal consent forms that we ask patients to sign.
- Provide the proper forms (consents, advance directives, patient education material, etc.) that will help the

patient/family to obtain the information they need.

- Guide the patient/family in correct way to fill out appropriate forms and clarify who is allowed to do so.

### **Right to privacy and confidentiality**

#### ***Things to know:***

- Employees are held accountable for patients' privacy and confidentiality. This includes performing in a legal, ethical and professional way.
- We need to protect the patient's privacy, both visual and hearing, when they are being treated or examined.
- Employees are obligated to keep information about the patient confidential and avoid discussing information in public areas.
- Access to patients' medical records is restricted to those providing care to the patient and those with a legal right to the information.
- The patient has the right to see or obtain copies of the information in their medical record within certain limits (the patient does not have the right to take the original record out of the hospital. It is the physical property of the hospital).

#### ***Things to do:***

- Be accountable and responsible for protecting your patients' privacy and confidentiality.
- Be careful to close doors and use privacy curtains when the patient has to be disrobed/uncovered.
- Accommodate patient's request to be moved to another room if the other patient in the room is disturbing him. This should be done soon as is practical.
- Share patient information only with those involved in the patient's care & those with a legal right to it.
- Avoid discussing patient information in the cafeteria, elevators, waiting rooms or anywhere that you might be overheard.
- Protect the patient's medical record from unauthorized access or release.
- Assist the patient in getting copies of his/her medical record when requested.

### **Right to considerate and respectful care**

#### ***Things to know:***

- That the patient has the right to considerate and respectful care at all times, in all situations.
- Sensitivity to the needs of the patient and the family are important.

#### ***Things to do:***

- Treat all patients as individuals.
- Be especially sensitive to the emotional, social and spiritual needs of dying patients and their families.
- Refrain from being patronizing or indifferent.
- Be patient with questions from the patient and/or family.
- Treat everyone with the dignity and respect that you would want for yourself or that you sense the patient/family needs.
- Remember not everyone has the same needs or sees the world the same as you do.

## Special Tools

### **Things to know:**

- All staff should be familiar with the Administrative policy ADM.08.01.0002 **Communication-Impaired Patients Policy and Interpreter List**.
  - Hospital staff should ensure the patient understands explanations of services provided, treatments given, and informed consent forms.
  - Any staff can identify a communication-impaired patient (hearing, speech, visually impaired or limited English proficient) that requires an interpreter in order to carry out the care needed and should notify the Nursing Supervisor, or designee, immediately.
- Special tools are available for disabled or impaired patients/families. A communication-impaired patient is to be provided an interpreter and/or other appropriate tools for effective communication. These include, but are not limited to, Telecommunication Device for the Deaf (TDD), telephone amplifiers, readers, writing materials, sign language interpreters, and language interpreters for non-English speaking persons. Family members or friends of hearing/speech impaired or limited English proficient patients may not be used to translate *unless specifically requested in writing by the patient*. This request must be documented in the patient's medical record. **Other patients shall not be used to translate.**
- Staff who identifies a communication impaired patient that requires an interpreter or additional tools to communicate, are to notify the house supervisor who will assist in securing such.

### **Things to do:**

- Be aware of the needs of the patient or family, starting at the time of admission.
- Explain the options that are available.
- Inform the House Supervisor of the need for special tools, including the patient's name and room number.
- Provide needed education to the patient and family.
- Be sensitive to the needs and feelings of the disabled or impaired.

## Chaplaincy Services

### **Things to know:**

- BHSET's mission and vision reflect its commitment to providing for the spiritual and religious needs of all persons.
- This commitment is met by employing full-time professionally trained chaplains to meet the spiritual needs of patients, families, staff and the community.
- The chaplains coordinate care with community clergy of various denominations and have someone to contact for needs of any denomination.
- Special religious services are held in the hospital chapel on holidays and special occasions.
- Anyone can make a referral to the chaplain on behalf of a patient, family or staff member.
- A referral for a patient should be documented in the 24 hour Flow Record. Patients in need of spiritual assistance include: the dying patient and/or family; the CPR patient/family; patient/family contemplating Advance Directives; patients and/or families exhibiting alterations in coping mechanisms; preoperative patients and/or families; and any critically ill patient and/or family traumatized by the admission and treatments/procedures.
- Chaplains are also available to hospital staff for consultation and counsel. They are on duty 24 hours/day. (This can be done by contacting the chaplain personally or by calling the office).

- At BHSET, the Department Head is **David Cross**. The Chaplain's office hours are **Monday-Friday, 8:00am -4:30pm**. A Chaplain is on call by pager nights and weekends through the operator by dialing "0" from any house phone.

**Beaumont Office: (409) 212-5890**

**Things to do:**

- Be knowledgeable about the chaplaincy program.
- Be alert and aware of the spiritual/emotional needs of patients, families or staff.
- Always ask if the patient or family would like assistance or a visit from the chaplain or clergy of their choice.
- Make chaplain aware of needs of peers.
- Be helpful to the chaplain(s) during their visits to the units.
- Make appropriate referrals during crisis situations as listed above under "Things to Know."
- Document properly in the medical record when Chaplain referrals are made.



**Patient Rights Quiz**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. About the right to prepare advance directives, you need to know:
  - a. Drugs and severe illness can incapacitate patients, depriving them of the ability to make decisions.
  - b. The Medical Power of Attorney allows patients to name a surrogate decision-maker in the event they are unable to make their own decisions in the future.
  - c. Both (a) and (b)
2. For patients wanting to fill out an Advance Directive:
  - a. There is no need to document that the Advance Directive has been formulated.
  - b. They should have their own form and know how to fill it out.
  - c. Contact Patient Relations or the Chaplain for help as needed.
3. Concerning patient Privacy and Confidentiality:
  - a. There is only need to protect their auditory and visual privacy when they are being examined.
  - b. Employees are held accountable for patients' privacy and confidentiality.
  - c. Access to patients' medical records is open to family and closest friends.
4. In the event you have a disabled/impaired patient:
  - a. There is no need to explain options that are available, as they know their rights.
  - b. . The available tools include, but are not limited to, Telecommunication Device for the Deaf (TDD), Closed Captioned Television, telephone amplifiers, readers, writing materials, sign language interpreters, and language interpreters for non-English speaking persons.
  - c. If you don't know who to call as an interpreter, it can wait until the next shift.
5. BHSET has a Chaplaincy Program that:
  - a. Is available from 8:00AM to 4:30PM daily, Monday through Friday.
  - b. Has a chaplain in house or on call 24 hours/day & available to staff for consultation & counsel.
  - c. Both (a) and (b).

## **ETHICS COMMITTEE**

Both hospitals in the BHSET system have an Ethics Committee. This committee is available to the patients and families as well as to the physicians and hospital staff. The objectives for this portion of the module are:

- ⇒ **Understand how to make a referral to the institutional ethics committee**
- ⇒ **Identify the members & purpose of the committee**
- ⇒ **List the objectives of an institutional ethics consultation**

The committee is a multidisciplinary committee composed of chaplains, doctors, nurses, social workers, dietitians, therapists and community representatives.

This committee has a three-fold purpose:

- To write policies and procedures related to ethical issues and legislation.
- To educate hospital employees, physicians and the community about ethics related issues such as Advance Directives and Do Not Resuscitate orders.
- To provide consultation.

Institutional ethics consultation offers assistance in the resolution of ethical problems that arise in medical decision-making. Objectives of institutional ethics consultation include:

- Assisting the patient, family and attending physician by examining alternatives in treatment that improve the processes and outcomes of patient care.
- Increasing shared decision-making in the resolution of ethical issues.
- Affirming or validating that the family has made a decision that the patient would have wanted.

Any employee can make a referral to this committee.

To make a referral to the institutional ethics committee,

- Have the hospital operator contact the on-call chaplain who will begin the institutional ethics committee consultation process.

## **CARE OF THE DYING PATIENT**

Life is a continuum that eventually will end. We, as employees, need to develop and maintain a positive needs-perceptive relationship with these patient and their families that allows the patient to die in comfort and with dignity through recognition of the patients and families unique needs.

1. Realize that a patient needs compassionate, consistent, and realistic care during terminal illness.
2. Be aware that the patient is sensitive to the feelings of others and may prefer to discuss their current situation with a caregiver vs. their family. Do not avoid these patients.
3. Provide needed hope, human contact, and caring. Hope must be realistic; i.e., a patient needs treatment for alleviation of pain rather than getting well.
4. Be aware of patient's possible fears; provide an accepting environment and demonstrate warmth and friendliness. Utilize the resources of our chaplaincy department to help meet patient needs.
5. Understand that the patient needs to have each day be as comfortable, positive, and productive as possible - promote self-care and diversional activities and assist the patient to maintain a normal lifestyle for as long as possible.
6. Realize the family or significant other (s) will also need support during the patient's illness. Do not judge the actions or behavior of family.



7. Understand that a change in family structure is occurring: there is an emotional loss and possibly a financial loss as well.
8. Encourage family involvement with the patient - frequent visits/telephone calls, staying with patient, bringing valued objects, children and/or grandchildren for visits.
9. Understand that the family also goes through the stages of dying and the timing of the stages may not be the same as the patient's.
10. Assist the family in planning, both intermediate and long term.

In dealing with the dying patient and his family/significant other(s), staff must be ever alert to the uniqueness of the patient/family unit and reactions to death. As staff learn about the dying experience and grow in their comfort with death, the more they can provide positive experiences and support for the patient and his family.

### **The Stages of Dying**

- Denial and Shock
- Anger
- Bargaining
- Depression
- Acceptance



### **Ethics Committee QUIZ**

**True or False: Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Employees are allowed to make referrals to the Institutional Ethics Committee.
2. Committees are composed of chaplains, doctors, nurses, social workers, dieticians, therapists and community representatives.
3. Examples of policies that the ethics committee may author or review are Medical Futility and Informed Consent.
4. One of the objectives of an institutional ethics consultation is to assist the patient, family and attending physician by examining alternatives in treatment that improve the processes and outcomes of patient care.
5. One of the purposes of the Institutional Ethics Committee is to educate the hospital employees, physicians and the community about ethics related issues such as Advance Directives and Do Not Resuscitate orders.

# CULTURAL AWARENESS



Just like any other work environment, hospitals are faced with a **diverse** population of people they serve. We are not different here at BHSET. If you look around, you will see that many of the customers we serve as well as the people we work with identify and belong to a different culture than ours.

Does this matter?

It certainly does, most especially for our patients. To begin with, hospitals are scary places - so, for people from cultures that differ from ours, who, for example, have poor or insufficient communication skills in English, the sense of helplessness and lack of control is greatly increased. It is therefore our responsibility to try and make their stay in our hospital as comfortable as free of stress as possible to aid in their recovery. This can be very difficult when our ability to communicate is limited or totally lacking.

Aside from addressing the issues of communication and language difficulty, there are other important key cultural factors that we need to consider in taking care of patients belonging to a particular culture group. Not only is it important to become **aware** of the differences between people of different culture groups but we also need to develop certain skills to effectively and **competently** take care of such patients.

After completion of this module you would be able to:

- ⇒ **Identify your own assumptions about culture**
- ⇒ **Define the basic cultural components that can be used as reference points to communicate and deliver care or service to patients.**

**Definition of culture:** The values, beliefs and practices shared by a group that can affect views on illness and healthcare.

With this definition, however, we have to remember that:

***Individuals vary in many ways, and that we have to avoid stereotyping.***

We have to look at the individual as the “foreground”, and the culture as the “background”. Different generations and individuals within the same family may have different sets of beliefs.

***Other factors that may affect an individual patient’s health seeking behavior include:***

1. Gender of the patient and the health care provider (*a patient may prefer to receive care from someone of the same sex*)
2. Socio-economic status
3. Education and knowledge of medicine
4. Sexual orientation
5. Presence of a physical or mental disability.

As you relate to a patient – it is important to remember that you do not have to agree with every aspect of his/her culture (just as he/she does not have to accept everything about yours). Respect the patient’s cultural beliefs since this can affect their acceptance of treatments and the eventual outcome of your

efforts. At the same time, you don't have to "convert" them to your way of thinking to get a good result. All of us identify with our own culture, and it is easy to form biased views about other cultures and other belief systems –

- ***The key is in being aware of the possibility that we might be biased and recognizing when it is occurring and then changing our actions appropriately.***

Besides these factors that individually characterize patients, there are several key components of culture that we need to recognize. For us to be competent in taking care of a diverse population of patients, these key components must be included in our planning and delivery of care. They include:

- **Healthcare Beliefs/Religion**
- **Communication (Language & Style)**
- **Family Structure**
- **Dietary Practices**
- **Orientation to Time (Meaning Of Time)**
- **Touch (Meaning Of Physical Contact)**

**Healthcare beliefs/Religion:** this may affect the patient's

- ◆ Consent to treatment/medication – refusal to have skin pierced, as practiced by some Buddhist sects. Some cultures prohibit the use of alcohol; others prefer to continue using herbs and traditional methods for specific symptoms or consult with a spiritual healer.
- ◆ Attitude towards pain (emotional or physical) – Asians place an emphasis on "saving face," therefore not expressing their pain.
- ◆ Pregnancy & Childbirth – prenatal practices; practices about appropriate time of taking baths postpartum; diet while breastfeeding; are husbands expected to be present during delivery, or is it appropriate for a male to be present at all?
- ◆ Death & Dying – restrictions on who can touch the body; how soon can the body be moved to another location; rituals involved.

**Communication:**

- ◆ Per the Administrative policy ADM.08.01.0002 ***Communication-Impaired Patients Policy and Interpreter List***, any staff who identifies a communication-impaired patient (hearing, speech, visually impaired or limited English proficient) that requires an interpreter in order to carry out the care needed should notify the Nursing Supervisor, or designee, immediately. Family members or friends of hearing/speech impaired or limited English proficient patients may not be used to translate *unless specifically requested in writing by the patient*. This request must be documented in the patient's medical record. **Other patients shall not be used to translate.**
- ◆ Pay attention to non-verbal cues (body language) – eye contact may not be appropriate in some culture as this is a form of disrespect or it is an expression of being confrontational.
- ◆ Note differences in meaning of words – "yes" may be a form of acknowledgment, or expression of being polite instead of an indication of agreement.
- ◆ Speak clearly and slowly and take time to explore any issues – ask patient to repeat important information to make sure that he/she understood.

**Family structure:**

- ◆ Family hierarchy – who is the head of the family? Is it the father or oldest male sibling? Or is it the

mother or grandmother who makes the final decisions in the family? - is the patient allowed to make decisions as far as his/her care is concerned?

- ◆ Some cultures have extended families that may include long-time friends

### **Dietary practices:**

- ◆ Is the patient vegetarian? Are there foods avoided when nursing or when pregnant?
- ◆ Are there foods that are not to be eaten together?
- ◆ Religious practices such as fasting at certain times of year like the “*Ramadan*” for the Muslims may become problematic for diabetics.

### **Meaning of time/Orientation:**

- ◆ How important is the present time? Some cultures don't give “value” to time (there is no such thing as “wasting time”- so waiting is not a problem for them, but it can be for us); some cultures may not look at what is ahead - what is more important for them is the present – (immunizations and preventive care is not important)

### **Meaning of “touch”:**

- ◆ In some cultures, touch is part of non-verbal communication – it can be an expression of concern and care, but for others, it is taboo especially a male touching a female.
- ◆ Certain parts of the body are sacred (like the head), and others profane (feet) – so care must be taken when giving or assisting in baths.

Working with a patient or with someone who comes from a different culture than yours may be difficult at first. However, by understanding your own cultural values and biases you are more inclined to be respectful, interested and understanding of other cultures without being judgmental.

You can increase your knowledge about the cultural groups our hospital serves by consulting references available in your department, consulting the hospital chaplain and social workers, checking the local library, attending festivals and fairs sponsored by the city, or simply talking to your co-workers who may belong to one of these groups.



## **Cultural Awareness Quiz**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Stereotyping is:
  - a. “lumping” people in a group as all the same
  - b. describing the common biological features of a group of people
  - c. Preferring one brand of stereo from another
2. To comfort a patient who expresses sadness to you, what would you do to show your empathy or support?
  - a. give the patient a hug
  - b. give advice on how to overcome the feeling
  - c. offer our chaplain’s services
3. When talking to someone who speaks a small amount of English, what can you do besides get an interpreter?

- a. use gestures and drawings
  - b. make the conversation short to save time
  - c. maintain eye contact
4. An extended family may mean:
- a. grandparents, parents and siblings
  - b. uncle, aunt and cousins and a best friend
  - c. both of the above
5. The best way to learn about other cultures is to
- a. listen to the radio
  - b. attend cultural festivities in the hospital & community
  - c. practice writing in Spanish

## **PERFORMANCE IMPROVEMENT**

This module explores BHSET's commitment to quality through these objectives:

- ⇒ **Identify BHSET vision for quality.**
- ⇒ **Discuss the three "C's" that define quality.**
- ⇒ **Identify the structure for the quality process.**
- ⇒ **Identify the role of each employee in the process.**

Baptist Hospitals of Southeast Texas will be the premier healthcare system by creating the best possible outcomes with exceptional patient care experiences. We will accomplish this by keeping quality and patient safety at the core of everything we do.

### **The Vision:**

1. Meet or **EXCEED** our customer's **EXPECTATIONS**.
2. Continuously **IMPROVE**.
3. Do the Right Thing **RIGHT** the **FIRST TIME**.

The three areas that we focus on when implementing this vision are frequently referred to as the "three C's" they are:

1. **Customer Service**
2. **Clinical Excellence**
3. **Cost Reduction**

### **Customer Service:**

An important concept to remember when providing customer service is that we should be providing the CUSTOMER'S PERCEPTION of good service — not ours. Customer service is something our patients should demand. It's up to BHSET employees to deliver it. We not only deliver the best possible care, but so that in return we are given something that every business aims for- satisfied and repeat customers

- In order to provide this service to our customers, we must first find out what our customers want. Don't assume you know what they want. Ask them.
- Watch for signs/cues.
- Look for ways to continuously improve on the service you provide.

### **Clinical Excellence:**

The focus of much of our efforts to improve should obviously be to provide better care to our patients and to make sure that they leave us better than when they came to us, if at all possible — and, that the reason they came to us in the first place has been accomplished. It takes the collective efforts of every employee in the organization to make this happen.

We should also be constantly looking for ways to provide this care using the least costly measures.

- **Performance Improvement teams** are working to identify root causes of processes that lead to inferior patient care and service. These teams also are identifying strategies that change the way we do things so that problems do not reoccur.
- We use a process called the **PDCA Cycle** to develop performance improvement strategies which involves:

**P** for Plan - planning the improvement

**D** for Do - doing the strategies to improve

**C** for Check - checking to see if improvement happened

**A** for Act - acting to make sure the improvements stay in place

### **Cost Reduction:**

Today's healthcare climate has become more and more challenging. It costs money for people, supplies and equipment to take care of patients, and yet, the money we are reimbursed is becoming less and less. Our reimbursements come from many sources. Some of the most prominent are:

- Patients who pay their bills or have private insurance that pays for them.
- Companies who contract with us to provide healthcare for set amounts of money.
- Medicare and Medicaid reimbursement from the government for taking care of patients who are covered under these plans.

All of our reimbursement sources look to us to continuously decrease the money we spend in taking care of patients and are willing to reimburse less and less each year.

So.... the message is clear to us:

***We must decrease waste and decrease costs.***

### **The Structure:**

There are many ways that performance improvement is initiated in our organization. We've already discussed some of the teams that are working to improve care and service. In addition:

- Employees make individual improvements in their own performance.
- Employees, physicians, and others submit ideas for improving processes, care, and service.
- All the performance improvement efforts are communicated throughout the organization in many ways, including staff meetings.

Baptist Hospital's Plan for Improving Organizational Performance outlines the current reporting structure and defines the processes involved in performance improvement activities.

### **Your Part:**

So, what is the specific part you play?

Some of the ways you can take an active part in helping BHSET as a whole meet the **VISION for Quality** are by:

- Working every day to improve your personal performance
- Providing the best customer service you can
- Looking for ways to increase your own productivity and reduce use of supplies and other costs
- *Working with co-workers in your department on performance improvement activities*
- Working on hospital and system performance improvement teams
- Working with co-workers in your department on performance improvement activities
- Making recommendations for improvement by submitting quality idea. Discuss your ideas with your director to determine the best course of action.



### Performance Improvement QUIZ

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. BHSET's vision for quality is that we continuously improve, meet or exceed customer expectations and.....
  - a. Look for new ways to bring in business and increase patient volumes.
  - b. *Meet* performance goals for the hospital.
  - c. Do the right thing right the first time.
  
2. If I have a great idea for improving a process for BHSET that would save time and/or money, I should:
  - a. Implement my plan without approval or acknowledgment
  - b. Remain silent and not voice my opinion
  - c. Ask my co-workers if they like my idea and then to speak with my Director about it.
  
3. The three "C's" of Quality are:
  - a. Caring, continuous improvement and cooperation
  - b. Cost reduction, clinical excellence and customer service
  - c. Caring, clinical excellence and cost reduction.

## **IMPORTANT PRACTICE GUIDELINES** **EMPLOYEE COMPETENCY**

This module will help you to:

- ⇒ **Identify how competency is measured.**
- ⇒ **List various tools used to document competency.**

Each of us are accountable for our own performance and for making sure that we are competent to do our job. Some of the ways that we can continue to add to our competency levels are:

- Look for opportunities to learn new things that will help us in doing a better job.
- Attend in-services and staff meetings, refer to policies and procedures
- Further our education

- Work to improve our existing skills and knowledge
- Complete our skills checklist each year

Our competency is measured on an ongoing basis beginning with when we apply for a job. The measurement tools that are used to measure our competency throughout the time we work at BHSET are:

- **Job descriptions** — identifies qualifications necessary for the job as well as specific responsibilities we are expected to perform.
- **Employment application and resumes** — our past experience and qualifications are reviewed to be a match for the job.
- **Orientation documentation** — certificates of attendance at orientation classes, orientation skills checklists, orientation progress summaries and the 90-day performance appraisal demonstrate meeting competency requirements.
- **Annual education requirements** — at least annually we attend or complete safety education requirements
- **Annual skills/knowledge assessments** — at least annually we are checked off on high risk, problem prone skills. Patient care providers are also checked off on their ability to provide age-specific care to the patients they serve.
- **Performance appraisal** — overall performance is assessed at least annually to determine meeting expectations of the job.
- **Policy & Procedures** – These are instructions or guidelines for performing procedures or processes correctly.

## **IMPORTANT PRACTICE GUIDELINES** **IMPAIRED PRACTITIONER**

### **Guidelines for Addressing Possibly “Impaired” Practitioners**

All staff should be familiar with the Medical Staff policy **MS.01.05.0008 PROFESSIONALISM POLICY - Guidelines for Addressing Possibly "Impaired" or "Disruptive" Practitioners.**

CMS Standards, CHAPTER IV Sec. 482.22, Condition of participation: Medical staff, states: “The hospital must have an organized medical staff that operates under bylaws approved by the governing body and is responsible for the quality of medical care provided to patients by the hospital.”

The Hospital, its organized members, including Medical Staff and leaders have an obligation to protect patients, families, staff, and other persons in the hospital from harm. This includes Practitioners who may be identified as potentially impaired.

The Board of Trustees and the Medical Staff of BHSET are committed to ongoing monitoring and improvement of the quality of patient care. To meet Regulatory Agencies requirements as well as its responsibility of maintaining a high degree of confidentiality when dealing with matters of clinical competence, a mechanism was established whereby action by Medical Staff appointees which compromise, or might compromise, the quality of patient care can be identified, reviewed and resolved. This mechanism provides for the identification, intervention, and, when necessary, the referral for treatment, of appointees of the Medical Staff who may be identified as impaired practitioners. The Credentials Committee has oversight



responsibility for investigations, and corrective actions within the purview of this policy.

**Impaired Practitioner** – an individual who, because of physical or mental illness (including, but not limited to deterioration through the aging process, loss of motor skill, or excessive use or abuse of alcohol and/or other chemical substances) is unable to practice medicine with reasonable skill and safety, or is at risk for same because of the impairment.

#### **Procedure: Reporting and Investigation**

Any person having such reasonable belief of suspected impairment, is obligated to forward a *written* report a Physician Variance Report to the Medical Staff Services Department. The individual making the report does not need to have proof of impairment but must state the acts leading to the suspicion.

Report should include description of the incident behavior which led to the concern that the practitioner may be impaired.

The Medical Staff has processes established to address the appropriate action to take place upon receipt of a report.

#### **Signs of Concern: *what to look for***

- ⇒ Personality Changes (i.e. constant anxiety)
- ⇒ Behavioral Changes (i.e. negative change in performance, deterioration in quality of work)
- ⇒ Physical Changes (i.e. change in appearance)
- ⇒ Workplace Changes (i.e. unusual pattern of prescribing of drugs, personal administration of drugs to patients)

## **IMPORTANT PRACTICE GUIDELINES** **NATIONAL PATIENT SAFETY GOALS**

BHSETX has adopted the Joint Commission's National Patient Safety Goals as guidelines for delivering safe care.

### **1. Improve the accuracy of patient identification**

- ⇒ Use at least two patient identifiers when providing care, treatment or services, e.g. drawing blood or giving medications. 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. All specimens must be labeled at the bedside or in the presence of the patient.
- ⇒ Prior to start of any surgical or invasive procedure, conduct a final verification process, such as "time out", to confirm the correct patient, procedure and site, using active—not passive - communication techniques.
- ⇒ Make sure that the correct patient gets the correct blood when they get a blood transfusion.

### **2. Improve the effectiveness of communication among caregivers.**

- ⇒ For taking verbal or telephone orders or reporting of critical test results, verify the complete order or test result by having the person receiving the information record and "read back" the complete order or test result. (This should only occur when the providers are not physically present or involved in patient care.)
- ⇒ Standardize the abbreviations, acronyms and symbols and dose designations not to be used throughout the organization.
- ⇒ Measure, assess and take action to improve the timeliness of reporting and receipt of critical test results.
- ⇒ Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions.

⇒ Get important test results to the right staff person on time.

### **3. Use medicines safely**

- ⇒ 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.
- ⇒ Take extra care with patients who take medicines to thin their blood.
- ⇒ 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.

### **4. Use alarms safely**

- ⇒ Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

### **5. Prevent infection**

- ⇒ 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.
- ⇒ Use proven guidelines to prevent infections that are difficult to treat.
- ⇒ Use proven guidelines to prevent infection of the blood from central lines.
- ⇒ Use proven guidelines to prevent infection after surgery.
- ⇒ Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

### **6. Identify patient safety risks**

- ⇒ Find out which patients are most likely to try to commit suicide.

### **7. Prevent mistakes in surgery**

- ⇒ 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.
- ⇒ Pause before the surgery to make sure that a mistake is not being made.

## **INFECTION CONTROL**

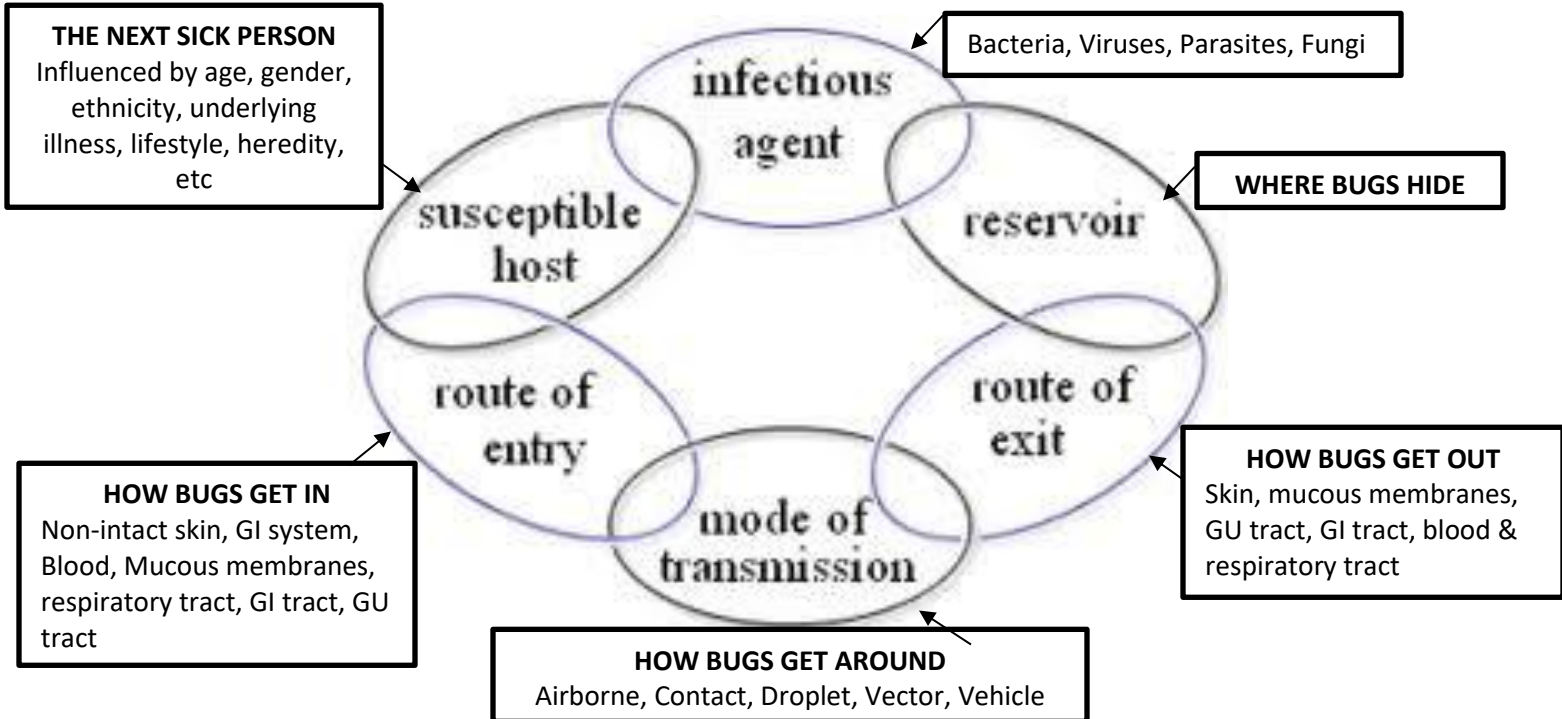
Our **objectives** for this module are:

- ⇒ **Discuss the importance of an Infection Prevention and Control Program.**
- ⇒ **Define Standard/Universal Precautions.**
- ⇒ **Identify the Bloodborne Pathogens exposure control plan.**
- ⇒ **Discuss the Tuberculosis exposure control plan.**
- ⇒ **Discuss identification, prevention and management of latex sensitivity and allergy issues**

Bacteria and viruses that cause diseases are called **PATHOGENS**.

- Healthcare associated infections (HAI) are among the top 10 causes of death each year.
- HAI are preventable.
- Infection prevention and control strategies are aimed at breaking the chain of infection at one of its links.

## CHAIN OF TRANSMISSION OF INFECTION



### Standard Precautions

- Are self-protection guidelines to use every time you have the possibility of exposure to blood or other potentially infectious materials. All blood and body should be treated as though it is potentially infectious for anything.
- The three major components are 1) hand hygiene, 2) proper use of personal protective equipment and 3) cleaning & disinfection.

### GEL IN GEL OUT



Hand hygiene is the first line of defense against infections. At BHSET, **GEL IN GEL OUT (GIGO)** is practiced. This means that hands should be washed with gel product or soap and water **BEFORE ENTRY** and **UPON EXIT** from a patient care area. After care of a patient with *Clostridium difficile* (CDIFF), soap and water should be used since the gel is not as effective at removing the CDIFF spores from your hands. Hand hygiene compliance is monitored through observations of staff and providers on entry to and upon exit from the patient room or other care areas.

### PERSONAL PROTECTIVE EQUIPMENT (PPE)

Should be used when exposure to blood or other potentially infectious materials is likely. PPE includes but is not limited to gloves, gowns, masks, N95 respirators and eye protection (splash shields, goggles).

## Gloves



Gloves are worn when you come into contact with something that is “ooey, gooey or wet and not yours”, OSHA (Occupational Safety and Health Administration) mandates that gloves must be worn when drawing blood, starting IVs and drawing blood gases. Gloves should be changed between patients and between procedures on the same patient. They must be removed after the activity for which they were used. **GLOVES ARE NOT A SUBSTITUTE FOR HAND HYGIENE.** Hands must be washed before gloves are donned and after gloves are removed.

## Masks and Eye Protection



Masks and eye protection are used for procedures that may generate splashes or sprays of blood and other potentially infectious materials. Prescription eye glasses are not considered protective.

## Gowns



Gowns are used to prevent soiling of clothing. Gowns are not needed for all patient care but should be used during procedures and activities likely to generate splashes or sprays of blood and other potentially infectious materials.

## CLEANING AND DISINFECTION



Patient care items and surfaces used for multiple patient contacts must be adequately disinfected between uses. A hospital approved disinfectant must be applied and allowed to remain wet for the specified contact time. Contact time is also known as dwell time or wet time. It is the amount of time that a surface must remain wet with the disinfectant in order to be effective. If a surface will NOT stay wet for the recommended time, the surface must be wet again with the disinfectant product. The specific contact time is indicated on the container of the purple top wipes (2 minutes) and the gold top wipes (4 minutes).

## OSHA BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

- ❖ A copy of the OSHA Bloodborne Pathogen standard can be accessed at [https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=standards&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=standards&p_id=10051)
- ❖ Bloodborne pathogens are infectious microorganisms that cause disease and are spread from one person to another by contact with human blood or other potentially infectious materials (OPIM). HIV stands for Human Immunodeficiency Virus which is the causative agent for AIDS. A person can be infected with HIV for several weeks before showing any symptoms. Initial symptoms of HIV are flu like symptoms such as achy muscles and joints, a feeling of being very tired or having no energy and a low grade fever. Hepatitis B is an infection of the liver that is caused by the Hepatitis B virus (HBV). Symptoms of HBV are much like those of HIV but in addition may include jaundice. Hepatitis C is caused by a virus that is different from HBV. Symptoms of HBV and HCV.
- ❖ Tasks or activities that may involve exposure to blood and OPIM include but may not be limited to physical exams (including rectal and vaginal), wound care, phlebotomy, catheter care and caring for

- those with vomiting or bowel incontinence.
- ❖ The symptoms of Hepatitis are very much like a mild “flu”. Jaundice may develop as the disease progresses and urine may darken. It may take 1-9 months before symptoms become noticeable. The symptoms of HIV may vary but often includes weakness, fever, sore throat, diarrhea, weight loss and swollen lymph glands.
  - ❖ HIV, Hepatitis B and Hepatitis C are the viruses most likely to be transmitted via the following routes in an occupational setting: 1) needlestick / sharps injury 2) skin or eye contact 3) mucous membrane and non-intact skin exposure to contaminated blood or OPIM (scratches, cuts, bites or wounds)
  - ❖ The BHSET Bloodborne Pathogen Exposure Control Plan is available to all employees and can be found under Infection Control policies on the B-Line. A copy may also be requested by contacting the Infection Prevention Department at 212-5640.
  - ❖ Vaccination is available for Hepatitis B at no cost. Vaccine efficacy is reported to be very high. The immunization is given at 0, 1 and 6 months. A declination form must be signed if you are eligible and the vaccine is declined.
  - ❖ In the event of an exposure, do not delay treatment. If possible, immediately wash or flush the exposed area with soap and/or water. During normal working hours, please contact Tammy Newby, the Employee Health Nurse, at 212-7064. If after hours, follow-up can be facilitated by the Emergency Department. If you have any questions concerning bloodborne pathogens, personal protective equipment (PPE) or care of the patient, call the Infection Preventionist: **Deborah Marciniak, (409) 212-5640**
  - ❖ In an emergency situation involving blood or OPIM, always use Standard Precautions and try to minimize your exposure by wearing the appropriate PPE. If you are exposed, flush the injured areas with soap and water. IF blood is splashed in the eye or mucous membranes, flush the affected areas with running water for at least 15 minutes. Report the injury to your immediate supervisor. Print and complete ALL forms of the exposure packet. The supervisor will facilitate collection of blood from the source patient (if known). If medical treatment is accepted and it is after Employee Health hours, take the completed forms to ED. You will need to be registered through ED admitting. You will be seen by the physician and a drug screen will be performed. Afterwards, contact HR Workers Comp Specialist at X6012 on the next business day following the injury.
  - ❖ A written opinion regarding your exposure incident will be provided within 15 days after an exposure evaluation is completed.

**DURING CULTURE DAY, YOU WILL HAVE AN OPPORTUNITY FOR INTERACTIVE QUESTIONS AND ANSWERS REGARDING THE BLOODBORNE PATHOGENS STANDARD AS IT RELATES TO THE BHSET WORKPLACE.**

### **SIGNS AND LABELS**



The universal biohazard symbol is used to alert staff that containers, specimen refrigerators or secondary containers used to transport specimens may contain infectious materials. Linen, whether contaminated or not, are placed into blue bags.

### **Needles & Other Sharp Instruments**



Our sharps safety program includes 1) use of safety engineered devices 2) provision of puncture resistant sharps containers at the point of care and 3) staff education regarding the risks associated with unsafe procedures such as recapping..

## **TUBERCULOSIS EXPOSURE CONTROL PLAN**

### **What is Tuberculosis?**

Tuberculosis (TB) is an infectious disease that can be transmitted from person to person. It is spread when

a person with active TB sprays bacteria-contaminated droplets when they cough, speak, or sneeze.

### ***How Can I Avoid TB Infection?***

BHSET follows a guideline to limit the spread of TB. One of the methods is to

❖ Use respiratory protection to prevent the spread of TB germs when inducing and collecting sputum.

**A respirator mask is necessary to filter the air before breathing it, and reduce the potential for occupational exposure to TB.**

### **TB Respirator Mask Must Fit Well!!!**

When working or visiting in areas with suspected or confirmed cases of TB, use an appropriate respirator mask. **NO STAFF** member in the BHSET is to work around patients with potential or known TB unless the staff member has been tested to ensure that their TB respirator mask seals well and fits correctly.

### ***Have you had your annual fit test?***

If you have not been fit tested, or are unsure as to whether you should be fit tested contact your Employee Health Nurse, or Infection Control Nurse.

### **Medical Surveillance - Annual TB Skin Tests HAVE YOU HAD YOURS THIS YEAR?**

All employees have annual skin testing performed. Some high-risk job classifications may require more frequent skin testing.

#### **Symptoms of Active Tuberculosis:**

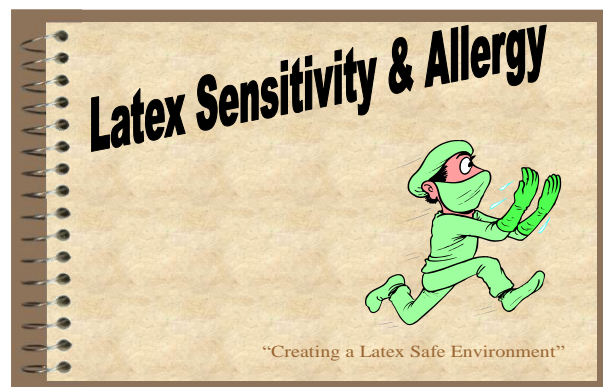


Symptoms of active TB include:

- Chronic cough
- Fatigue
- Fever
- Weight loss
- Loss of appetite
- Night sweats

#### **Procedures for Reporting an Exposure Incident of any kind.**

- Inform your supervisor immediately.
- Obtain a BBF Exposure Job Injury Packet located on the B-line (intranet) and follow instructions on pg. 2.
- Complete forms and report to either ER or Employee Health within 24 hours.



## Latex Allergy is extreme sensitivity to natural rubber latex

Increased use of rubber latex in healthcare has contributed to an increase in latex allergies. Symptoms can be mild to severe. So, by limiting exposure to latex, you will provide a latex safe environment for your patient.

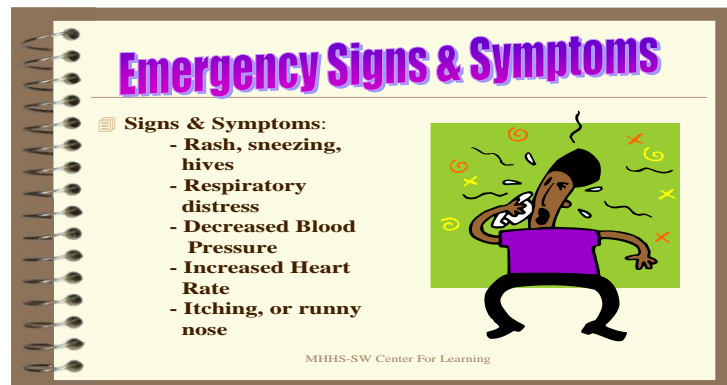
### Identifying the Latex Sensitive Patient

- ✓ Always ask the patient about their allergy history
- ✓ Know what patients are high risk and take action to protect them from contact with latex.
  - those with known latex allergy and document in record
  - patients with spina bifida or congenital urological abnormalities
  - patients medically advised to avoid latex contact



### Limiting Contact with Latex

- ⇒ If exposure cannot be prevented, consult physician for prophylactic pre-medication.
- ⇒ Remove all latex from patient's room. If not possible, cover or place items in the cabinets. Wear latex free gloves when cleaning the patient's room.
- ⇒ Wash your hands=before restocking the room.
- ⇒ Restock with latex free glove.
- ⇒ Wrap stethoscope, BP cuff, EKG wires etc. to prevent contact with the patient.
- ⇒ Wash again before leaving the patient's room.
- ⇒ Place sign for latex precaution on:
  - patient's door
  - at the foot or head of the bed



## EMERGENCY ACTION REQUIRED

- Stop treatment or procedure
- Call for help, support the airway
- Administer oxygen
- Treat as clinically indicated
- Document the reaction and response to treatment.

If you develop Latex Sensitivity  
**Notify your supervisor right away.**  
**Contact Employee Health Services.**



## Infection Control QUIZ

Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.

1. What standard/universal precautions should be used at BHSET as necessary?
  - a. Iodine, eye wash, or Neosporin.
  - b. Band-Aids, scissors, tongue depressors
  - c. Hand washing, gloves, masks, gowns, or goggles
2. You should always treat all body fluids as if they are infectious and avoid direct skin contact with them.
  - a. False
  - b. True
3. If you wear gloves when cleaning up an accident site, it is not necessary to wash your hands afterwards.
  - a. False
  - b. True
4. What is Tuberculosis (TB)?
  - a. TB is a disease which can be spread from person to person
  - b. TB is the medical name for a cough.
  - c. TB is a form of skin rash
5. Decontamination of surfaces, tools, equipment that come in contact with blood or potentially infectious materials must done with:
  - a. Formula 44
  - b. Hospital approved disinfectant
  - c. Scrubbing bubbles



# **FIRE SAFETY**

## **Fire Response Procedures**

### **Hospital Fires**

As an employee of BHSET, you may be the individual who discovers a fire in the Hospital. It is important that response is done safely and that you follow the specific guidelines provided below.

- ⇒ Demonstrate the use of the acronym **R.A.C.E.** in a timely manner to provide safety for our patients, visitors and employee's in the event of a fire.
- ⇒ List the steps associated with the acronym **P.A.S.S.** to safely use a fire extinguisher
- ⇒ Demonstrate the ability to call a code for a fire using the emergency number **5555** or locate and pull the fire alarm.

#### **Responding to a fire using R.A.C.E.**

##### **Person discovering fire should:**

- ☛ **R**escue person(s) in immediate danger of fire or smoke.
- ☛ **A**larm dial 5555 report fire location/type/size.  
\*\* OR \*\* Activate manual pull station.
- ☛ **C**onfine by closing all doors.
- ☛ **E**xtinguish fire by smothering or using a proper extinguisher.

##### **Things to know:**

- Pull stations are located at every exit door leaving the Hospital and the entrance to every stairwell door.
- There is an all-purpose extinguisher located every 50 feet in the Hospital. Type "K" extinguisher located at least 30 feet from commercial cooking equipment.
- **Code Red** and the location will be announced three times overhead for fire in the Hospital.
- Dial **5555** for fire and give name, location, type of fire and report any injuries.
- Help may be needed with the many other duties such as traffic control, equipment removal or patient evacuation.

#### **If fire is not in your immediate area you should take these steps using the acronym \*L I V E \***

**Listen** for location of alarm

**Inform** coworkers of alarm and location

**Verify** all doors are closed and hallways cleared

**Evacuate**-prepare for further action as directed by Fire Marshall, take patient chart if evacuation is necessary.

#### **Extinguishing a Fire Using P.A.S.S.**

##### **Steps to follow:**

- ☛ **P**ull the pin from under the handle.
- ☛ **A**im the nozzle at the base or source of the fire.
- ☛ **S**queeze the handle.
- ☛ **S**weep from side to side.

##### **Things to know:**

- Stand approximately 10 feet away moving inward no closer than 6 feet when using the extinguisher.
- Be sure to use an adequate amount of the agent; if necessary, the entire contents. If you do not use an adequate amount, it may still be hot enough to re-ignite.

- Use proper type extinguisher on fire. (If not certain, instructions are located on front of extinguisher.)

**Types of fires:**

- A** Paper, wood, trash and cloth.
- B** Gasoline, grease, oil, paint and other flammable liquids.
- C** Electric fires created from the source of electricity.

**Be able to locate in your work environment:**

- Fire alarm pull station
- Fire extinguishers
- Fire exits

**Other Emergency Codes:**

- Code Red** - Fire Emergency
- Code Blue** - Medical Emergency/Cardiac Arrest
- Code Pink** - Infant/Child Missing
- Code Gray** - Computer Failure/Loss of Utilities
- Code White (Fannin)** - Violent Situation
- Code Black** - Bomb Threat
- Code Yellow** - Internal/External Disaster
- Code Orange** - Bioterrorism Threat
- Code Brown** - Nuclear Warfare (Weapons of Mass Destruction)
- Code 44** - Rapid Response Team
- Code C - (Orange Campus)** Emergency C- Section
- Security Type 1** - Heightened Alert
- Security Type II** - Partial Lockdown of area
- Security Type III** - Complete Facility lockdown
- Code One to One** – Patient that requires 1 to 1 observation

**Things to Know:**

- **Reggie Wasson – Safety Officer for BHSET**  
**Office Number: (409)212-5096**
- For emergencies such as fire, medical emergencies and disasters in BHSET off-site buildings (i.e. Behavioral Health, Cancer Institute, the Professional Building) always dial 9 for outside dial tone then dial 911.
- The red and white Environment of Care and Safety Management Policy and Procedure should be located in your department and available to every employee at all times.
- When the fire or drill is over you will hear **Code Red All Clear**; you may return to your normal duties.
- Always return unused, sealed extinguishers to original box or hanger.



### Fire Safety QUIZ

Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.

1. When the fire code is paged overhead by the hospital PBX operator you will hear?
  - a. Fire, Fire and location, 2 times.
  - b. Code Red and location, 3 times.
  - c. Code Red and location, 20 times.
  
2. To report a fire these are the sequence of steps to follow:
  - a. Sound the alarm, get everyone to safety, close all doors and extinguish.
  - b. Rescue anyone in danger, close all doors, sound the alarm and extinguish.
  - c. Rescue anyone in danger, sound the alarm, close all doors and extinguish.
  
3. When uncertain of how to use an extinguisher or what type of fire it can be used on, you could look in/at the following:
  - a. On the instruction label on the front of the fire extinguisher
  - b. In the Hospital's Policy and Procedure Manual.
  - c. . In the Fire Safety Policy on the B- Line
  
4. What are your duties if the fire is not in your area?
  - a. Be alert and retain patients and visitors in your dept.
  - b. Clear all corridors of equipment & close all doors.
  - c. Both of the above.
  
5. How is a fire reported?
  - a. By activating the manual pull station or calling the emergency number 5555.
  - b. By filling out the proper fire report form and giving it to your supervisor.
  - c. By calling Maintenance and giving your name, type of fire and location.

## **GENERAL SAFETY**

As an employee at BHSET, there are many safe work practices that will be used as you carry out your daily duties. Safety should be your first consideration with any part of your work. Our objectives for this module are:

- ⇒ **Demonstrate the use of safe work practices in performing your daily responsibilities.**
- ⇒ **Identify unsafe situations & take corrective action.**
- ⇒ **Demonstrate familiarity with security and personal safety issues that affect you as an employee.**

There are several important categories in General Safety:

- ◆ **Electrical Safety**
- ◆ **Internal and External Disasters**
- ◆ **Security and Personal Safety in the Hospital**

The following content describes the needs as well as some of the actions that must be taken to appropriately respond to a safety issue.

## **ELECTRICAL SAFETY**

### **Things to Know:**

- Medical equipment owned by patient and used in hospital should be checked by Maintenance or Bio-med.
- Don't use equipment if cord is frayed or plug and cord are not connected well.
- Don't use electrical equipment with wet hands or while standing in water.
- Don't yank cords out of the outlet; always remove by using the plug.
- Make sure the plug has the third grounding prong on it and has not been removed.
- Never make temporary repairs on electrical equipment.
- Never use extension cords except when authorized by engineering for use in an emergency.
- Never use power strips on patient care equipment with the exception of a hospital approved power strip received from the Engineering/Biomed department.
- Don't plug a power strip into another power strip (daisy chain)- power strips must be plugged directly into a wall outlet.

### **Proper Use of Electric Wall Outlets.**

- White outlets and switches are for regular use and will supply power only from Entergy power.
- When Entergy power is lost the generator will supply power to red plugs.
- Bed outlets located in every patient room are for bed use only. The marked bed only outlet is designed to shut off power to the bed if I.V. pole comes in contact with the over bed light when the bed is being raised.

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### **Electric shock!**

#### **If you witness someone being electrocuted!**

- Don't touch the person.
- Turn off the power
- If necessary use non-conductive item (wood broom or belt.) to free person from current.
- Call for help, administer first aid.

**Shock may cause: Paralysis, respiratory failure, heart failure and severe burns.**

---

## **Internal/External Disasters**

### **Things to Know:**

- Internal disaster is an event occurring suddenly and surprisingly, which significantly damages or impairs the hospital's ability to function normally.
- Causes may include power outages, loss of water, internal explosion or flooding and bomb threat.
- External disasters are any occurrence outside the hospital causing a sudden large influx of casualties.
- Causes may include severe weather, fires, explosion, flood, a nuclear-biological-chemical (NBC) event, civil disturbances and large transportation accidents.

### **Things to do:**

- Know your responsibility when an Internal or External Disaster is called. Consult the Emergency Operation Plan on the B-Line.

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## Pneumatic Tube System

(For ER, ICU and Laboratory at the Sabine Tower in Beaumont)

### **Things to Know:**

- Anything that can spill is to be considered a biohazard.
- This includes blood, urine, powders, liquids, etc. Even the resulting water melted off the ice used to package a “blood gas” is to be considered a biohazard.

### **Things to do:**

- Always use foam inserts when transporting breakable items.
- All biohazard products must be packaged, marked and sealed in a marked biohazard bag.
- When placing the item in the carrier do not over stuff, check the latches, make sure they are properly fastened, don't let anything hang out of the carrier.
- If the carrier is damaged it should not be used.
- Report any concerns of malfunction to **Facilities Management (ext. 5092)**. They do routine maintenance / repair on the system.
- The system may take up to 30 seconds to launch.
- The weight limit of the carrier will hold and lift approximately a 1-liter bag of saline.

*The following specimens are **“Not Eligible”** for tube transport and must be hand carried:*

- **Chain of custody specimens**
- **Pap Smear**
- **Spinal Fluid**
- **Tissue samples**
- **Feces, Urine specimens not in leak proof containers**

In the event of **leakage** into the tube system, **discontinue use immediately** and notify maintenance for decontamination of the system.

# **Gloves will be worn whenever handling specimens.**

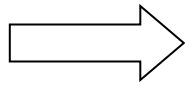
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## Hospital Security and Personal Safety

### **Things to Know:**

- Recognize that security is everyone's responsibility.
- Normal Hospital visiting hours are 7am to 9pm.
- Security issues involve, access to sensitive areas, parking, suspicious persons, theft, work place violence, infant safety, bomb threat and drugs.
- Employees are prohibited from bringing weapons onto BHSET premises.

Security personnel may be reached at ext. 0 (Operator) or 626-0154. They may supply the following services to employees:



## Jumpstarts, Escorts

Should a patient get locked in a restroom, the door can be opened by using a flathead screwdriver or any flat device such as, a coin or a pair of scissors, inserted into the door lock.

### **Things to Do:**

- Always wear your BHSET name badge while on duty.
  - Be aware of surroundings, suspicious persons and unusual objects.
  - Call the operator for security any time you feel uncomfortable or a situation call for an officer's presence.
  - Park in designated areas and never leave valuables in open view in vehicle.
  - You should encourage patients to secure valuables in Business / Cashier's Office (with proper documentation) or send them home. This includes cash, credit cards jewelry, etc.
  - Report all instances of work place violence to Security or your supervisor.
- Bomb threats should be reported to security immediately and also complete a "bomb threat call" checklist located on the B-Line

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### Is That Stranger A Danger?

- D**o not approach strangers in your area.
- A**sk if you can be assistance.
- N**ote anything out of the ordinary.

### Infant Safety

#### **Things to Know:**

Although infant abductions are rare they cause enormous damage to the parents, their family and the hospital. Always maintain a sharp awareness for suspicious and unauthorized persons on the floor.

All employees should be aware of the infant abduction "warning signs." They include:

- A person that repeatedly comes to the hospital to visit the babies.
- A person that ask questions about the layout of the maternity floor, infant feeding times and visiting hours.
- Persons attempting to take hospital scrubs or identification tags.
- An infant that is being transported not in a bassinet.

Anytime the fire alarm sounds – BE AWARE- door access security is deactivated.

#### **Things to Do:**

You should report to security any of the above listed behaviors. When a staff nurse suspects an infant is missing, they will immediately place the hospital in a **CODE PINK** response. All employees should respond as follows.

- Search and secure your area immediately.
- Telephone all proper response areas.
- Obtain and
- Record all pertinent information.

- Keep everyone in place during the alert, do not allow anyone to leave the hospital or your area during a Code Pink.

Note: Both parents should be wearing hospital ID bracelet and the infant will be banded with monitoring bracelet.



### **General Safety QUIZ**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Two items that are “Eligible” for tube system transport are:
  - a. 2 liter bag of saline and drugs from Pharmacy.
  - b. Chain of custody specimen and tissue sample.
  - c. Urine specimen in leak proof container with lid and blood specimen tubes.
2. It is proper to do the following when someone is being electrocuted:
  - a. Ask a stronger person to pull the person out
  - b. Turn off the power
  - c. Use fire extinguisher on the person.
3. A patient’s family member has become irate and loud over an issue concerning their loved one, and is exhibiting threatening behavior, you would:
  - a. Call the house supervisor immediately.
  - b. Ask them to calm down or leave.
  - c. Page security through operator by dialing 0
4. A Code Pink is paged overhead. As an employee on duty you would:
  - a. Call the operator and get any information.
  - b. Search and secure your area immediately and keep everyone in the department.
  - c. Go to the visitor elevators and monitor for suspicious persons.
5. A patient is wearing a valuable necklace and does not feel comfortable leaving it in their room while going to have a procedure in Radiology you should:
  - a. Document and secure it with Cashier’s Office.
  - b. Lock it up at the nurse’s station in the drug cabinet.
  - c. Send it to Security with the proper paper work.

# HAZARDOUS MATERIALS

Chemicals are a part of our everyday life and it would be impossible to operate without items like drugs, fibers and cleaning solutions in our workplace. BHSET has developed and uses a written Hazardous Communications Program. Our objectives for this module are:

- ⇒ Explain how the Hazardous Communications Program is in effect in our workplace.
- ⇒ Identify and properly use container labels and Safety Data Sheets.
- ⇒ Explain safe procedures when working with hazardous substances.
- ⇒ List pieces of personal protective equipment.

## Types of Hazardous Materials

### What are Hazardous Materials?

Substances that are hazardous to your health and safety.

#### ➤ Infectious substances

Some infectious substances (such as some viruses) can be transmitted by blood and other body fluids, equipment, containers, glassware, linens and people.

#### ➤ Flammable Liquids and Gases

(Chemicals, such as alcohol, ether, can burn or explode.)

#### ➤ Radioactive Materials

#### ➤ Toxic Chemicals

### Know the potential hazards

In each area of the facility where you work. Observe signs and take precautions when entering an area identified as hazardous. Know what's inside a container before you handle it.

### *Things to Know:*

#### Container Labels

Container Labels list the substance name, hazardous ingredients, hazard warnings, and the manufacturer's name and address.

#### Transfer Containers

If you move a hazardous substance from its primary container to a new one, be sure your transfer container is labeled.

#### Torn Labels

**If a label is torn or misplaced, ask your supervisor to replace it.**

What information is on a label?

- **Basic warnings.** List hazardous ingredients with warnings such as keep the substance away from heat or flame.
- **First Aid.** The label may list what to do if you splash the substance in your eyes or on your skin. You may need to flush your eyes at an eyewash station for 15 minutes or wash contaminated skin in a full body



shower.

- **Fire.** The label may tell you what to use to put out an accidental fire. Use the acronym **R.A.C.E.** if there is a fire involved. There are four different types of fire extinguishers: water spray, carbon dioxide, dry chemical and halon.
- **Spills.** There may be a section on how to handle spills. For any spill contact your supervisor right away. You may need to wear P.P.E. to clean up a spill.
- **Handling and Storage.** The label may list P.P.E. that you need to handle the substance safely. The substance may need to be stored away from other substances, in a fireproof enclosure or with extra ventilation.
- **Disposal.** Treat empty containers as if they were full and don't fill them with anything else. Empty containers can be hazardous, since they often hold residues that can burn or explode. Follow the label and Hospital policy on how to dispose of empty containers.

**For specific information refer to the SDS for the substance.**

The SDS is much like the label but includes much more detail and includes special precautions and protections.

SDS (Safety Data Sheet)

Below are the different categories covered on a Safety Data Sheet. Each SDS may look different, but **each one provides the same basic information to help you safely use a substance in the workplace.**

**SDS's include the following sections:**

- **Substance Identification.**
- **Hazardous ingredients.**
- **Physical Data.**
- **Fire and Explosion Data.**
- **Health hazards.**
- **Reactivity Data.**
- **Spill and Leak Procedures.**
- **Special Protection.**
- **Special Precautions.**

SDS sheets are now available on the hospital intranet.

**Work smart and read the SDS and Label**

Because hazardous materials can endanger such a large area, your actions affect the safety of the entire facility.

**Use (PPE) Personal Protective Equipment to protect yourself. Proper PPE may include:**

- Respirator or mask to prevent you from being exposed to dangerous vapors, gases, aerosols or airborne pathogens.
- Protective apron or gown for working with disease-causing substances or harmful chemicals, lead apron when working around radioactive substances.
- Proper foot wear-low heeled nonskid shoes, boots, or shoe covers.
- Goggles with side shields for handling chemicals or other substances that may splash in your eyes. Full-face shields may also be needed.
- Protective gloves for working with infectious materials or body fluids, removing glassware from autoclaves, or handling cleaning solvents, for example.

### **In Case of Hazardous Spill!**

- Act quickly, clean up small spills immediately, using proper safety methods and disinfectants. Report large spills to housekeeping and leave cleanup to trained personnel.
- Contain the spill using absorbent materials. The area should be blocked off. Notify housekeeping/maintenance.
- Wear PPE involving spills of infectious organisms or chemicals that may require gowns, gloves, mask, etc. (Refer back to page 47 of the Infection Control module).
- Always dispose of waste properly, according to SDS label or hospital policy.
- Complete a Variance Report (located on the intranet).

### **Hazardous Materials!**

- ☛ **Know** what you are handling.
- ☛ **Know** where SDSs are located.
- ☛ **Be aware** of the hazards you face.
- ☛ **Use** proper techniques and instruction from Supervisor and refer to the Hazardous Waste Policy for handling, storing and disposing of hazardous materials.



### **Hazardous Materials QUIZ**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Identify a resource used to determine what PPE is required for handling a hazardous material.
  - a. Container Labels
  - b. SDS
  - c. Both
  
2. To prevent exposure to dangerous vapors, gases or aerosols what PPE should you use?
  - a. Electric fan
  - b. Respirator or mask
  - c. Gloves and goggles
  
3. What is the title of the report you fill out if there is a hazardous material that has leaked onto the floor?
  - a. Variance report
  - b. Chemical loss report
  - c. Hazardous material leak report
  
4. As an employee, what are some of your responsibilities described in the Hazardous Materials Program?
  - a. Attend training sessions
  - b. Wear PPE as appropriate
  - c. Both
  
5. Action(s) to take if exposed to a hazardous chemical.
  - a. Refer to SDS.
  - b. Report exposure to supervisor/ employee Health Nurse and fill out spill form.
  - c. Both.

# NBC EMERGENCY PREPAREDNESS

The threat of a terrorist employing a Nuclear, Biological or Chemical (NBC) weapon has become much higher in recent years. Some of the most likely targets of an NBC attack surrounding Southeast Texas are critical facilities (hospitals & high profile areas), the Port of Beaumont, petrochemical plants and military establishments. The objectives for this module are to teach you how to:

- ⇒ **Recognize signs, symptoms and indicators of an NBC incident.**
- ⇒ **Report an incident to the proper authorities.**
- ⇒ **Demonstrate the steps for Emergency Self Decontamination.**

## The Four Don'ts of a Responder!

**Don't become a victim yourself.** Additional victims result from impulsive or overly aggressive responses and complicate the situation.

**Don't rush in.** Assess the situation before doing anything. Minimize exposure by separation of contaminated area and victims.

**Don't test.** Do not taste, eat, smell or touch anything.

**Don't assume anything.** The scene could possibly be a terrorist event, making it a crime scene with mass casualties. There could be secondary devices or perpetrators could still be present.

## **Don't Forget!**

★ *Safety comes first.*

☼ **Assess before acting.**

★ *Focus on avoiding the hazard.*

☼ **Evaluate the situation and report.**

## **Tips for Emergency Decontamination**

### **If you are exposed to a hazard:**

1. Strip off all clothing.
2. Flush the affected area with large amounts of water.
3. Cover the affected area.
  - For chemical contamination carefully blot the agent off exposed skin immediately.
  - For Nuclear and Biological contamination wet down exposed surfaces to prevent contamination re-suspending into the air.
4. Powder must be brushed off the victim.

## **Recognizing and Reporting**

A large number of patients with similar symptoms or non-seasonal symptoms could be indicators of an incident. There may be more obvious signs such as several people in a group displaying symptoms of heart attack, shortness of breath, vomiting, red skin with watery eyes, etc. You should report this to Administration during the day Monday-Friday and to the House Supervisor after hours and on the weekend. Always describe the scene, number of casualties, symptoms and request assistance as appropriate.

## FOLLOW SAFETY STEPS!

- Awareness level responders are personnel who will notify proper agencies, assist in evacuation procedures, maintain crowd control, and evaluate incident scene.



### NBC Emergency Preparedness QUIZ

Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.

1. What information should be provided when reporting an NBC incident?
  - a. Number and symptoms of victims
  - b. Strange odors/vapors cloud and wind direction
  - c. Both of the above.
2. You would always blot this type of contamination off of exposed skin area.
  - a. Chemical
  - b. Biological
  - c. Nuclear
3. When reporting an incident inside the hospital you would call?
  - a. Maintenance personnel so they can report to the scene with Decon Personal Protective Equipment
  - b. 911 operator
  - c. The House Supervisor or Administration
4. *What are some of the most likely targets of an NBC attack in our city?*
  - a. Critical facilities such as hospitals & high profile enclosed areas.
  - b. The Port of Beaumont, petrochemical plants and military establishments.
  - c. Both of the above

## MRI Safety



### **BE ALERT TO THE DANGER!** **BASIC KNOWLEDGE OF MRI**

The basic design used in most MRI machines is a giant cube. There is a horizontal tube running through the magnet from front to back. The patient, lying on his or her back, slides into the tube on a special table. MRI scanners vary in size and shape, and newer models have some degree of openness around the sides, but the basic design is the same. Once the body part to be scanned is in the exact center of the magnetic field, the scan can begin.

In conjunction with [radio wave](#) pulses of energy, the MRI scanner goes through the patient's body point by point, building up a 2-D or 3-D map of tissue types. It then integrates all of this information together to create 2-D images or 3-D models. MRI provides an unparalleled view inside the human body. The level of detail we can see is extraordinary compared with any other imaging modality. MRI is the method of choice for the diagnosis of many types of injuries and conditions because of the incredible ability to tailor the exam to the particular medical question being asked. By changing exam parameters, the MRI system can cause tissues in the body to take on different appearances. This is very helpful to the radiologist (who reads the MRI) in determining if something seen is normal or not. We know that when we do "A," normal tissue will look like "B" -- if it doesn't, there might be an abnormality. MRI systems can also image flowing [blood](#) in virtually any part of the body. This allows us to perform studies that show the arterial system in the body, but not the tissue around it. In many cases, the MRI system can do this without a contrast injection, which is required in vascular radiology.

### **Basic Knowledge of Magnetic Intensity**

To understand how MRI works, let's start by focusing on the "magnetic" in MRI. The biggest and most important component in an MRI system is the magnet.

The magnet in an MRI system is rated using a unit of measure known as a tesla. Another unit of measure commonly used with magnets is the gauss (1 tesla = 10,000 gauss). The magnets in use today in MRI are in the 1.0-3.0 tesla range. Compared with the Earth's 0.5-gauss magnetic field, you can see how incredibly powerful these magnets are. MRI magnet is stronger than the magnet used to move junk cars.

The MRI suite can be a very dangerous place if strict precautions are not observed. Metal objects can become dangerous projectiles if they are taken into the scan room. For example, paperclips, pens, keys, scissors, hemostats, stethoscopes and can be pulled out of pockets and off the body 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. [Patient implanted devices](#), such as pacemaker or neurostimulator could have harmful consequences in the strong magnetic field.

The magnetic force exerted on an object increases exponentially as it nears the magnet. This means it will get stronger as you approach the magnet.

Imagine standing 15 feet (4.6 m) away from the magnet with a large pipe wrench in your hand. You might feel a slight pull; a couple of steps closer and that pull is much stronger. When you get to within 3 feet (1 meter) of the magnet, the wrench likely is pulled from your grasp. The more mass an object has, the more dangerous it can be -- the force with which it is attracted to the magnet is much stronger. Mop buckets, [vacuum cleaners](#), IV poles, oxygen tanks, patient stretchers, [heart](#) monitors and countless other objects have all been pulled into the magnetic fields of MRI machines. Smaller objects can usually be pulled free of the magnet by hand. Large ones may have to be pulled away with a winch, or the magnetic field may even have to be shut down. Patient monitoring equipment must be MRI compatible. The MRI department has a "MRI Safe" wheelchair and stretcher so that no outside transport equipment is needed in the scan room. Be aware of the potential dangers of this unit and keep patient safety in mind!

**REMEMBER: The magnet is always on;** even when the unit is not in use. Listen to your MRI technician, the gatekeeper of the MRI scan room.

**MRI Safety Zones:** This map with description has been placed on the B-Line under the Quick Link, "Employee Resources". Any employee can access and review the designated MRI Safety Zones in the Radiology Department located on the 1st Floor which defines the level of access for each area.

**Zone 1 Anyone can be in this area**

**Zone 2 Controlled area and non-hospital employees should be accompanied by a hospital employee**

**Zone 3 Must be accompanied by MRI Staff**

**Zone 4 Must be screened by MRI staff prior to entering and must be accompanied by MRI staff to enter**



### **MRI Safety QUIZ**

**True or False: Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. The MR scanner's magnetic field is stronger than an industrial magnet used to move junk cars.
2. Everyone is the gatekeeper of the MRI scan room and has the right to expel anyone who is not following MR safety policy.
3. All patient monitoring equipment, IV pumps, monitors, etc. must be MRI compatible and approved for safety by the MRI tech.
4. The MRI department has a "MRI Safe" wheelchair and stretcher, so that no outside patient transport equipment is ever needed in the scan room.
5. The patient implanted devices, such as pacemaker or neurostimulator, do not have harmful or fatal consequences in the strong magnetic field.
6. It is not permitted to enter Zone 1 of the MRI Safety Zones without a MRI technologist.

## **RADIATION SAFETY**

The Radiation Officer is Stephen Cherewaty, MD. The Radiation Safety and Isotope Committee meets quarterly. During regularly scheduled meetings, all radiation dosimetry is reviewed.

Employees who work daily in areas using ionizing radiation are monitored with personal dosimeters. Other employees who **may** be exposed to ionizing radiation are monitored via area monitors. The area monitors are **always** in the rooms where ionizing radiation is used. These dosimeters are reviewed quarterly and as long as they only register minimal radiation, employees in these area do not need individual monitoring. Appropriate actions are taken by the Radiation Safety and Isotope Committee.

The Imaging Department has an inventory list of all personal protective wear such as lead aprons, thyroid shields, etc. If any radiation protection apparel is found, please send to the Imaging Department. We will evaluate the device and get it to the department it belongs to. Imaging evaluates all protective devices annually and will replace as necessary.

Questions should be directed to Chuck Self, ext: 5809

### **Lead Aprons and Thyroid Shields**

**Lead Aprons:** The integrity of all leaded aprons and thyroid shields have been inspected and identified with the year 2015 written inside the apron near the collar area. This indicates that the lead has been

evaluated and is safe for use for the current year. When an employee uses a piece of lead protective wear (an apron, thyroid shield or lap shield) they should check the year. If it is not current the lead protective wear should be removed from service and X-Ray should be contacted to inspect the lead, and add the current year inspection date. Aprons **MUST** be inspected annually for integrity. Inspections will take place during the month of December each year, and at the time of inspection, the new year will be written on the apron. Imaging should be contacted anytime new lead protective wear is purchased.



### Radiation Safety Quiz

**Choose the correct answer from the true or false and multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Lead aprons should not be used if the current year is not marked on the inside of the lead apron.
2. You should wear a radiation exposure badge If you accompany a patient to the x-ray department for an imaging procedure.
3. The MRI Safety Zones are found on the B-Line under the quick link section - Employee Resources.
4. Who is the Radiation Safety Officer?
  - a. Chuck Self
  - b. Mary Dumas
  - c. Steven Cherewaty, M.D.

## **RISK MANAGEMENT**

You should always be on the lookout for situations that might put the hospital at risk. Early intervention and proper reporting measures should be followed in order to:

- ⇒ **Evaluate the risk to patients, and visitors.**
- ⇒ **Prevent losses by eliminating exposures to a risky situation.**
- ⇒ **Controlling losses by notifying your supervisor and properly completing a variance report.**

We can accomplish the goals of Risk Management if all employees remain aware of their environment. This module will discuss two important methods of reporting and trending possible risk management issues. It describes the use and purpose of the **Variance Report** and the policies and procedures that accompany compliance with the **Safe Medical Device Act (SMDA)**.



## Variance Report

A *Variance Report* is a record used to record facts pertaining to **any** unplanned, unexpected and unusual occurrences that happen to patients, visitors, and non-employees. Per Administrative policy **ADM.00.01.0008 Patient Safety Program and Reporting & Escalating of Events**, variance reporting should be done through the facility electronic variance system. ALL staff must be aware of events that are REQUIRED to be reported.

### Question:

When would a Variance Report be filled out and by whom?

### Answer:

Per ADM Policy **ADM.00.01.0008 Patient Safety Program and Reporting & Escalating of Events**, Any BHSET employee who has knowledge of a preventable adverse event is **REQUIRED** to submit a Variance. In addition, **any** BHSET employee who witnesses an unplanned, unexpected or unusual occurrence involving a patient, visitor or non-employee, or **any** event, practice or behavior outside the normal acceptable standard should submit a Variance Report.

### Question:

What is the purpose of a Variance Report?

### Answer:

Other than simply recording the facts relating to an unplanned, unexpected or unusual occurrence, a Variance Report identifies areas for improvement, allows for tracking & trending of events & provides information to prevent recurrence of an adverse event.

### Question:

If I witnessed an unplanned, unexpected or unusual occurrence, where do I find a Variance Report and where does it go once it is filled out?

### Answer:

The facility variance system can be accessed by clicking on **the variance icon on the home page of the B-Line** or clicking (or pasting into browser) the following link: <https://risk.communityhospitalcorp.com/rmweb3/riskweb3.dll/FrmLogin>.

Enter the system by clicking the “**Anonymous**” tab. Every entry is reported anonymously, however, the user may provide their name once inside the system, if they choose. After completion, the report goes to Quality Management for reescalation, if needed, and for tracking & trending purposes.

## Situation Example:

### Question:

What do I do if a visitor falls on our premises?

### Answer:

- ◆ Check to see if they are hurt & offer assistance
- ◆ Offer them the opportunity to go to the ED and advise that the ED charges will be submitted to their insurance for payment.
- ◆ Submit a Variance Report via the facility electronic variance system.

### Question:

Does the location of the fall come into consideration?

### Answer:



Yes. If the fall occurs in a BHSET off-site building (i.e. Behavioral Health, Cancer Institute, the Professional Building), then 911 should be called to transport the visitor to the ED, if indicated. At the time of the fall, please notify the Patient Advocate, House Supervisor, Security, and the Risk Management Liaison as soon as possible.

### **Safe Medical Device Act**

The Safe Medical Device Act, Public Law 101-629, was enacted to track and trend medical device failures. It is a responsibility placed on hospitals to report, track and trend, (like our Occurrence Report), any medical device failures including those that result from operator error. If the device fails prior to its expected lifetime and must be removed/replaced, *it must be reported*. We do not have to be the facility where the device was implanted to have responsibility to report the failure.

### **Question**

What step should I follow if I am the care-giver who removes a medical device that has failed?

### **Answer**

- Remove the device from service
- KEEP THE DEVICE. Do not dispose of or destroy.
- Submit a Variance Report via the facility electronic variance system.
- Notify Tina Myrick, Quality Data Management Specialist @ 212-5631

### **Question**

What if the Medical Device that fails is not hospital property?

### **Answer**

The Quality & Risk Management liaison still has the responsibility of clearing the device before any manufacturer or sales representative is called. Quality & Risk Management is responsible for reporting any device failure to the Food & Drug Administration as well as compiling a report for the manufacturer.

**Remember – At BHSET, We are all Risk Managers.**



### **Risk Management QUIZ**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Evaluating a potential risk is the responsibility of?
  - a. Risk Management & Administration
  - b. All BHSET Employees
  - c. Directors Managers
2. Two Tracking & Trending methods discussed in this module are?
  - a. Safe Medical Device Act & Variance Report
  - b. The Wagner Act & The Variance Report
  - c. None of the Above
3. A Variance Report is a record used to record facts pertaining to:
  - a. an unplanned or unexpected event
  - b. an unplanned or unusual event
  - c. An unplanned, unusual, or unexpected event

4. You witness a fall involving a patient, visitor or non-employee, what do you do **first**?
  - a. Explain, if asked, that Risk will contact them regarding the expenses after the Emergency Department visit
  - b. Offer them the opportunity to go to the Emergency Department
  - c. Check to see if they are hurt and offer assistance if indicated.



## BACK SAFETY

*Back injury is one of the highest job-related causes of medical leave and lost time in the healthcare industry. Back injuries usually result from lifelong habits that violate good body mechanics. When you injure your back, you lose time from your job that may impact the quality of care to patients. Most important, however, is that, you cause yourself pain, and perhaps, a lifetime state of pain or physical suffering not to mention the cost of treatment.*

*This module on Back Safety will teach you the following:*

- ⇒ **Identify your risks for a back injury.**
- ⇒ **Discuss the use of muscle tone and body mechanics to maintain natural curvature and strength of back.**
- ⇒ **Identify safety precautions to use in preventing back injury.**

### **Things to Know:**

- **Prevention is a lot easier than treating back injuries.**
- **There are 3 main principles you can follow to lower your risk for a back injury: good posture, practice good body mechanics and engage in a regular exercise program.**
- **It is your responsibility to take care of your back when you do work that requires lifting, twisting, bending or reaching.**

**HOW TO KEEP A HEALTHY BACK:  
USE GOOD BODY MECHANICS**

**Good body mechanics start with maintaining a good posture (standing, walking or sitting)**

## ***TIPS FOR GOOD BODY MECHANICS***

Good body mechanics can help prevent back injury. An example is lifting a load close to your body. This distributes the weight of the load evenly throughout your spine, reducing strain on your lower back. Reaching and lifting even a light load can put excessive strain on the lower back since it forces your back to support your upper body plus the load. Routinely doing this over time can cause damage to the joints in your back and lead to a back injury.

### ***Things to Do:***

#### **LIFTING & PATIENT TRANSFERS:**

1. Get assistance.
2. Always lock the bed, the stretcher or wheelchair before doing anything else.
3. Bed to stretcher (or stretcher to bed transfers):
  - Adjust bed level to stretcher or vice versa.
  - Use aids like draw sheets, a roller, or a sliding board.
  - Get close to patient by placing knee on bed/stretcher, if necessary, get on bed to move patient to edge.
  - Move patient in 2 stages: first, to edge of bed/stretcher and then to middle.
4. **Bed to wheelchair** (or wheelchair to bed): *pt usually can help*
  - Lock the Bed.
  - Lock the wheelchair.
  - Lower height of bed at lowest setting.
  - Support patient's weak knee(s) between your legs.
  - On signal, move pt to standing position with a rocking motion, keeping your knees slightly bent, back balanced.
  - Pivot and bend knees to lower the pt into wheelchair or bed.
  - Have patient hold your **waist or shoulders** (not your neck) if necessary.
  - Use a gait belt if needed.
5. **Pulling a patient up in bed:**
  - Adjust height of bed below your waist.
  - With knees bent, work from side of bed, feet wide apart and pointed in direction you'll move patient.
  - Reach under pt's shoulders & back, slide; ask pt to push against mattress with feet &/or elbows.
  - Teach pts to use a trapeze to help move his/her self or assist during transfers.
6. **Turning patient over:** (always use a draw sheet)
  - Adjust bed height to mid or upper thigh.
  - Put bed rails down (if safe for patient.)
  - Have patient cross arms on chest; cross legs as well.
  - Place your knee on bed close to pt's shoulder, grab draw sheet, using your whole body, turn pt toward you.
7. When a patient is falling:
  - Don't try to prevent the fall. Instead, guide patient easily & safely to floor by staying close to patient, bending your knees, **not** your back.
  - Get help to lift the patient from the floor.

**Good Posture is defined as: ear, shoulder and hip in alignment.**

**MAINTENANCE OF GOOD POSTURE:**

1. Prolonged standing:
  - Stand close to the task at hand and avoid leaning.
  - Keep your knees slightly bent, **avoid** locking knees.
2. Prolonged sitting:
  - Provide good lumbar support (use a roll if your chair does not have one)
  - Sit close to your work to avoid leaning.
  - Keep shoulders and arms relaxed, elbows to fingers in a straight line.
  - Keep knees slightly higher than hips (use a low stool to raise feet)
  - Shift positions often to prevent back fatigue.
  - Arrange work area to reduce reaching and twisting.
  - Instead of twisting, use entire body to turn, keeping hips and feet pointed in the same direction.
  - When reaching down to lift something, use one arm to support your upper body.

**LIFTING:**

1. Keep load close to your body, bend knees and hips.
2. Tighten abdominal muscles, lift with legs & buttocks.
3. Avoid twisting as you lift.

**BENDING:**

1. When cleaning under beds & furniture, kneel down on one knee, bend knees and hips and not your back.
2. Lean forward by moving whole body, not just your arms.

**REPETITIVE MOTIONS:** (such as stacking linens)

1. Get close to load, avoid reaching & lifting, and keep loads small.
2. Turn whole body instead of twisting.
3. Tighten stomach muscles, & lift with arms & legs, not your back.
4. Change positions frequently.

**PUSHING & PULLING:**

1. Stay close to the load.
2. Whenever possible, **push** rather than pull.
3. Use both arms and tighten your stomach when pushing.

**REACHING:**

1. Use a stool instead of stretching to reach for something.
2. Test weight of load before lifting by pushing up on one corner.
3. Again, use your stomach muscles, arms and legs to lift.

A regular exercise program at least 3 times a week will strengthen and stretch your abdominal, hip, buttocks, and thigh muscles. However, it is advisable to check with your healthcare provider before beginning a new exercise program.



## Back Safety QUIZ

Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.

1. It is the employer's main responsibility to prevent employees from sustaining back injuries.
  - a. False
  - b. True
  
2. To prevent or relieve fatigue and strain from prolonged sitting it is important to \_\_\_\_\_ positions frequently.
  
3. A good posture is defined as?
  - a. Ear, shoulder, and hip in alignment
  - b. Standing tall with chest out, feet together, arms on side.
  - c. Chin slightly tucked in, shoulders relaxed, eyes directed forward.
  
4. Select the appropriate actions when moving a patient from bed to wheelchair:
  - (1) lock the bed
  - (2) call for help
  - (3) adjust bed height
  - (4) lock the wheelchair
  - (5) use a gait belt (if needed)
  - a. All of the choices are correct
  - b. (1) & (2) only
  - c. (1), (3), & (5)
  
5. You can prevent back injuries when lifting by:
  - a. doing some stretching exercise in preparation for the lift.
  - b. resting first to gather your strength, and taking a deep breath before the lift.
  - c. keeping the load close to your body, bending your knees, and avoiding a twisting motion.

# **CORPORATE COMPLIANCE**

Corporate compliance means following business laws and regulations. Some laws and regulations for healthcare are:

- Federally Funded Program regulations (i.e. Medicare)
  - Any facility that participates in Federally Funded Programs must:

- Meet the standards for quality of care
  - Not bill Medicare for unnecessary items or services
  - Not bill Medicare for costs or charges that are significantly higher than the usual cost or charge
  - Follow other rules for claims and billing
- Federal False Claims Act
  - The Federal False Claims Act makes it illegal to submit a falsified bill to a government agency
    - Applies to healthcare because Medicare is a government agency
    - Allows a citizen who has evidence of fraud to sue on behalf of the government. This “whistleblower” is protected from retaliation for reporting the fraud.

BHSET has policies, procedures and processes in place for detecting and preventing fraud, waste, and abuse, specific to the False Claims Act, that include, but are not limited to, the following BHSET policies: Identity Theft Red Flag Policy, Code of Ethics Policy, Voluntary Disclosure of Misconduct, Disclosure of Overpayment and Deficiencies, and Refund Policy. In addition, the Compliance Program Policy ADM.01.02.0003 identifies these processes and procedures and contains information about the Federal False Claims Act and “whistleblower” protection.

BHSET have created a Voluntary Corporate Compliance Program to support moral and ethical decisions made in our facilities. The compliance program was designed to be user friendly, progressive in its implementation, totally confidential. Objectives for this module are:

- ⇒ **Describe the Corporate Compliance Program.**
- ⇒ **Determine why BHSET needs a Corporate Compliance Plan.**
- ⇒ **Identify the Corporate Compliance Officer.**
- ⇒ **List some of the high risk areas in healthcare fraud and abuse.**
- ⇒ **Determine how to internally report a possible compliance question or concern.**

BHSET implemented this Corporate Compliance program to go hand in hand with our purpose and values, “We demand integrity, fairness and respect in all of our relationships.” “Do the right thing.” It is part of our continuous quality improvement program, “Do it right the first time.” It is part of many current policies and procedures such as ethics, conflict of interest, documentation, coding,

Corporate Compliance is defined as:

## **DOING THE RIGHT THING BY FOLLOWING GOVERNMENT REGULATIONS AND THE LAW.**

This makes good business sense and helps insulate our hospital from healthcare fraud.

A Corporate Compliance Plan is:

***A system-wide plan designed to make sure that we always follow government regulations and laws.***

A compliance plan will look at many areas ranging from documentation and coding, to billing, patient confidentiality, employee rights and OSHA regulations.

BHSET’s Corporate Compliance Plan includes:

- Written Standard of Conduct

- A Corporate Compliance Officer and a Corporate Compliance Committee
- Effective training and education
- Effective lines of communication for internal reporting
- Enforcing Standards of Conduct through well-publicized disciplinary guidelines
- Internal monitoring and auditing
- Responding promptly to detected offenses and developing corrective action plans.

**Question:**

Why Have a Corporate Compliance Plan?

**Answer:**

It is a good business practice leading to performance improvement in key areas. It improves internal communication and employee feedback to management preventing unethical and illegal conduct. Being aware of Corporate Compliance issues helps identify possible compliance problems early and reduces the likelihood of fines and penalties for employees and BHSET.

Having a Corporate Compliance Plan protects the hospital, and protects you, the employee. Here are some steps that will help you make the right decision and make BHSET a better place to work.

- Follow the law
- Follow healthcare regulations
- Use ethical judgment
- Discuss any questions about the law or regulations with your supervisor first, if possible
- If you think you may be in violation of a law or a regulation, or you still have questions, then you or your supervisor need to call the Compliance Helpline.

The Corporate Compliance Hotline is answered 24 hours a day by voice mail. All calls are confidential and the caller may remain anonymous. The Corporate Compliance Helpline is: **1-844-754-3341**

An employee may even request to speak to the **Corporate Compliance Officer** of Baptist Hospitals of Southeast Texas, **Deborah Verret @ 212-6167**.

BHSET has taken strides to cultivate ethical business processes. There are activities that have a high risk in regard to Compliance. These processes require special consideration.

**Some High-Risk Compliance Areas are:**

- Patient Rights
- Documentation
- Coding
- Business Office Operations Reporting
- Business Relationships

**Patient Rights:**

A hospital with a dedicated ER should examine and stabilize all pts with an emergency medical condition prior to being transferred, if a transfer is required. Patients should never be transferred based on their ability to pay. It is important that the hospital complete the appropriate documentation, per policy, that shows the proper transfer procedures were followed. All patients being transferred from our hospital to a home health, nursing home, or rehab facility has the **right to choose** the facility they would like to go to.

**Documentation:**

Good documentation is essential to prove services by our facility were a medical necessity certified by a

doctor.

**Coding and Business Office Operations:**

Accurate coding for the diagnosis prescribed by the doctor is important when billing for services. Billing pts for an incorrect diagnosis or services not actually performed is unethical and illegal. Our system needs to identify duplicate billings. Although sending a duplicate bill can just be a mistake, if it happens a lot, it can be viewed by the government as a false claim. Failure to refund any overpayments received by patients is also a high risk area.

Other high-risk activities are separating bills that are usually billed together in an attempt to get more money for outpatient testing. Another example is billing for the discharge of a pt that you transferred to another facility or sending false cost reports to Medicare, just to name a few.

Question

What should I do if a government agent comes and asks for information?

Answer

During weekday business hours, **call VP Quality & Risk Management @ 212-6040 (O) or 540-8029 (C)** before giving out any information & notify Administration. After hours & on weekends notify the House Supervisor

**Beaumont - Pager: 841-7455 / Office: 212-5008**

**Orange—through the operator**

Question

What should I do if someone from the media comes and asks me questions about BHSET?

Answer

**Call Public Affairs and Marketing at 409-212-6145**, and then notify Administration during regular business hours and the house supervisor after hours and on weekends.



**Corporate Compliance QUIZ**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. What Corporate Compliance program did BHSET implement that goes hand in hand with our purpose and values?
  - a. “We demand that BHSET employee’s adhere to our HR policies”
  - b. “We demand integrity, fairness and respect in all of our relationships.”
  - c. “Treat others the way you would like to be treated”
  
2. Who is BHSET Corporate Compliance Officer?
  - a. Deborah Verret
  - b. William Toon
  - c. Phil Eubanks



3. Being aware of Corporate Compliance issues helps identify possible compliance problems early and reduces the likelihood of fines and penalties for who?
  - a. employees only
  - b. employees and BHSET
  - c. Beaumont residents
4. The Ethics Hotline number is?
  - a. 1-800-HELP
  - b. 1-800-863-3698
  - c. 1-844-754-3341
5. There are activities that have a high risk in regard to Compliance. These processes require special consideration. Some High-Risk Compliance Areas are:
  - a. Hospital beds, employees, and patients
  - b. Business Relationships, Former Employers, Coding
  - c. Patient Rights, Documentation, Coding

## **SEXUAL HARASSMENT**

BHSET expects all employee partners to treat everyone with dignity and respect, thereby maintaining a unique, productive and caring customer service and work environment. While all forms of harassment are prohibited, it is important to emphasize that sexual harassment of or by employees, patients, medical staff, vendors or others is unacceptable behavior.

### **What is Sexual Harassment?**

Title VIII of the Civil Rights Act of 1964 defines sexual harassment as:

- Unwelcomed sexual advances.
- Requests for sexual favors
- Other verbal or physical conduct of a sexual nature that affects an individual's employment, unreasonably interferes with his/her work performance, or creates intimidating, hostile or offensive work environment.

### **Types of Sexual Harassment:**

- Quid Pro Quo (Latin for "this for that")
- Hostile work environment
  - Speech or conduct that is severe and/or pervasive enough to create an abusive or hostile work environment.
  - Also includes explicit or suggestive items displayed in the workplace.

### **What are your responsibilities?**

- Know and comply with company policy and procedure.
- Avoid sexual flirtations, touching, advances or propositions.
- Avoid verbal abuse, especially of a sexual nature.
- Never display sexually suggestive objects or pictures.
- If you experience such conduct, confront the offender and make it clear that what they have done or said is inappropriate and offensive.
- Report incidents that you experience directly or witness to management or Human Resources.
- Never make false allegations of harassment.
- Never retaliate against someone for making a report, as retaliation is prohibited.
- Cooperate with investigations.

Each employee of BHSET has a right to expect a workplace free of such conduct, and no person's employment, advancement, salary, evaluation, duties, hours, or other conditions of employment will be affected because he or she refuses to submit to or tolerate such conduct, or for making a report of sexual harassment.

# HIPAA

## Health Insurance Portability & Accountability Act of 1996

The **HIPAA Privacy Rule** ensures that personal medical information shared with doctors, hospitals and others who provide and pay for healthcare is protected.

The **Privacy Rule** does the following:

- Sets standards for when patient information may be disclosed
- Sets standards for protecting the privacy of patient information
- Sets severe civil and criminal penalties for people who violate a patient's privacy

To comply with HIPAA:

- Share protected patient information only with people who are directly involved in the patient's care.
- Discuss a patient's case only with people who are directly involved.
- Do not gossip about patients.
- Discuss cases in private.
- Do not leave patient charts out where they might be seen.
- Do not display protected patient information where it might be seen.

### Covered Entity

You're covered by the HIPAA Privacy Rule and termed a covered entity if you are a:

- Healthcare provider
- Health Plan
- Healthcare Clearinghouse

All information provided to a covered entity by a patient becomes Protected Healthcare Information or **PHI**. This includes all information about a person's physical or mental health, services rendered or payment for those services as well as personal information. PHI may be oral, recorded, on paper, or sent electronically. Information that might link the individual to personal health information are:

1. Individual's name or address
2. Social Security or other identification numbers

3. Physician's personal notes
4. Billing information.

Disclosure of PHI is permitted:

- ⇒ For treatment, payment and healthcare operations
- ⇒ With authorization or agreement from patient
- ⇒ Health oversight activities
- ⇒ For incidental uses such as physicians talking to patients in a semi-private room.

Releasing PHI for use or disclosure is required:

- ⇒ When requested or authorized by individual patient
- ⇒ When required by the Department of Health and Human Services for compliance or investigation.

You are required to obtain a signed authorization from the patient if you use or disclose his / her PHI for purposes other than:

1. Treatment
2. Payment
3. Healthcare Operations
4. As allowed by law

Authorization is required to use PHI:

1. For use or disclosure of psychotherapy notes
2. For research purposes
3. For use and disclosure to third parties for marketing activities such as promoting services.

#### **MINIMUM REQUIREMENT NECESSARY**

The use / disclosure of PHI is limited to the minimum amount of health information necessary to get the job done right. The minimum requirement doesn't apply to use of medical records for treatment, since healthcare providers need the entire record to provide quality care.

#### **PRIVACY OF MINORS**

Parents have the right to access and control the PHI of their minor children except when state law overrides parental control e.g. Cases of Abuse

#### **COMPLIANCE—EVERYONE'S RESPONSIBILITY**

BHSET have developed policies and safeguards to protect PHI and limit incidental use and disclosure **HIPAA Privacy Rule** is everyone's responsibility Remember to:

1. Make sure you fully understand your facility's privacy practices.
2. Protect your patient's personal health information
3. Encourage others to do the same.

The purpose of the **HIPAA Security Rule** is to provide for the confidentiality, integrity and availability of all **electronic** protected health information created, received, maintained, or transmitted by a health care organization.

We have the **Information Security Program at BHSET**, to make sure that the security of these electronic records is maintained at all times. The **Information Security Program** applies to:

- ⇒ All computers and network systems owned by and / or administered by BHSET
- ⇒ All operating systems

- ⇒ All application systems
- ⇒ All corporate media
- ⇒ All facilities used to store BHSET's corporate information assets and conduct daily business operations
- ⇒ It covers the corporate information assets handled in transit on BHSET's network

All employees should understand their roles which are defined in the following **policies and procedures** of the Information Security Program to protect health information.

- ⇒ Password and Used ID Management
- ⇒ Communication System usage
- ⇒ Internet / Intranet Usage
- ⇒ Internal Threats and Defenses
- ⇒ Physical Security
- ⇒ Software and copyrighted materials
- ⇒ Login success / Failure monitoring and reporting

**Baptist Hospitals of Southeast Texas  
HIPAA Privacy Officer is William Toon**

And you may contact him at **(409) 212-7624** for any questions and concerns regarding the HIPAA Privacy Rule

**HIPAA Security Officer is Derek Spangler**

And you may contact him at **(409) 212-7619** for any questions and concerns regarding the HIPAA Security Rule

**Password:**

- All passwords shall be kept confidential and may not be shared with anyone to prevent exposure of corporate information assets.

**Communication System Use:**

- Email is primarily for business use
- Personal use of email shall be limited to a level that doesn't impede worker productivity
- Employees shall refrain from opening, responding, and forwarding email messages from unknown source
- Employees should not use email to solicit commercial, religious, and political ventures, outside the organization not approved by the organization, or in any other non-job-related situations
- Messages should never contain derogatory remarks regarding, race, ethnicity, nationality, disability, religion, or gender.

**Internet Use:**

- Access to the internet is a privilege and will be revoked if abused or misused.
- Use of the internet/intranet that interferes with employee productivity is not acceptable.
- Access to Internet is intended to facilitate business activities and may not be used to disrupt productivity, offensive to others or harmful to morale
- Copying, retrieving, modifying or forwarding copyrighted materials, except as permitted by the copyright owner or as a single copy for reference use only is not acceptable
- Downloading unauthorized software from the internet is not acceptable.

**Internal Threats and defenses:**

- Internal security breaches include activities such as accessing data in which the employee is not an intended recipient, or logging into a server or account that the employee is not authorized to access.
- Any authorized user of hospital information assets shall not reveal their account password or others or allow for use of their account by any other individual for any reason
- Copying, transmitting or providing information about hospital information assets to any individual without proper authorization is prohibited.

**External Threats and Defenses:**

- All information and computer systems are vulnerable to hacking from the outside
- Never provide your username or password to anyone, especially over the telephone.
- Any potential security threat to our corporate information assets should be reported immediately to IT Department

**Physical Security:**

- Physical access controls serve to prevent unauthorized physical access to BHSET corporate information assets and verify that all personnel have proper authorization before being granted access.
- All employees shall wear an identification badge on their outer garment so that the information on the badge is clearly visible.
- Employees shall report any known breach of physical security to a member of their management or the Corporate Compliance Hotline at **1-844-754-3341**.

**Software and Copyrighted Materials:**

- Under no circumstances should employees download software from the internet onto hospital computers, or install unauthorized software programs on hospital systems.
- Copying, retrieving, modifying or forwarding copyrighted materials, except as permitted by the copyright owner or as a single copy for reference use only is not acceptable.
- Creating, sharing, copying, distributing or selling BHSET Internet or Intranet applications, software, or copyrighted material for personal gain will not be tolerated.

**Login Success / Failure Monitoring and Reporting:**

- Password shall be required in order to log onto any work station that accesses our network.
- To secure workstations and protect corporate information assets, automatic logoff is required
- If an employee steps away from their workstation, they shall sign out completely.
- Workstations shall be logged off when not in use.
- Workstations shall automatically invoke a password protected screen saver to conceal displayed information from unauthorized users while authorized users are away from their desks.



**HIPAA QUIZ**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. The purpose of the HIPAA Privacy Rule is to:
  - a. Impose new restrictions on the use and disclosure of personal health information
  - b. Deny patients access to their medical records

- c. Prevent disclosure of unfavorable information to patient and families
2. Who is responsible to make sure that all patients' information is kept private and secure?
    - a. everyone
    - b. Administrators and Senior management of the hospitals
    - c. My director
  3. In order to release a patient's healthcare information for purposes other than payment, treatment or healthcare operations, we must obtain a:
    - a. Verbal permission over the phone or in person
    - b. Valid authorization signed by the patient or the patient's legally authorized rep.
    - c. Note from the patient stating, "You may release my healthcare information."
  4. The purpose of the HIPAA Security Rule is to:
    - a. Provide computer password for use of computers in the hospital
    - b. Provide guidelines for the confidentiality of patient records
    - c. Provide for confidentiality, integrity, and availability of all electronic protected health information created, received, maintained or transmitted by a health care organization
  5. Which of the following statements is false?
    - a. Use of the internet/intranet that interferes with the employee's productivity and responsibilities is not acceptable.
    - b. Access to the internet is considered to be a privilege and will be revoked if abused or misused.
    - c. Copying, retrieving, modifying or forwarding copyrighted materials is allowed.

## **AGE APPROPRIATE CARE**

As a patient care provider in the hospital setting you will come in contact with patients and visitors of all ages. It is important that you know how to interact with each of these age groups. The scope of service for your own department will outline the groups of patients to which you are responsible for providing care. Objectives for this module are:

- ⇒ **Recall various developmental stages of different age groups.**
- ⇒ **Identify appropriate interactions with each of these age groups.**

This module will give generic information for each age group. When considering age-appropriate care, there are two categories of growth and development that need to be considered:

- Physiological needs
- Psychosocial needs

The following content describes these needs as well as some of the actions that must be taken to appropriately meet the needs of the specific age groups.

### **Infant (<1 day to 1 year)**

#### ***Things to Know:***

- Thermoregulation in infants is immature.
- Their bodies cannot adjust for exterior temperatures.

- They are startled easily.
- Their primary method of communication is crying.

**Things to Do:**

- Handle gently and with care.
- Keep the infant warm.
- Give familiar objects to infants for comfort.
- Keep parents in infant's line of vision.
- Use distraction techniques to sooth crying infants.

**Pediatric (1-12 Years)**

**Things to Know:**

- They crawl, walk, climb, from anywhere to everywhere. They can amaze you by getting to places you never dreamed them capable of. Falls are a major risk for this age group.
- They are learning at a phenomenal rate and becoming more independent
- They will mimic what they see you do and they will use the word "NO" frequently.
- Around the age of 3 their thinking becomes "mystical." They take most everything you say very literally. If you say "I'm going to take your blood pressure," they may translate that you are taking it away. Instead, say "I'm going to **listen** to your blood pressure."
- They also begin asking many questions: "who, what, where, and the dreaded "WHY."
- The child reaching age 6 begins to demonstrate the ability to reason. They will want to know what is being done and why. They also demonstrate interest in activities as their intellectual abilities develop.

**Things to Do:**

*Think safety all the time!*

Keep side rails up when they are in the bed. Teach patients that this is required. Make sure someone is with them. Be careful not to leave any dangerous objects lying around that would attract their curiosity. Watch what you say to them and do in front of them. Don't ask them for a decision, if you can't accept the word "No" when you ask them.

Speak to them on their level — crouch down so you can communicate with them "eye to eye." Be patient with their questions - remember this is how they learn.

When caring for the school age child, be sure to communicate to the child as well as the parent. Also provide this age child with things to do such as materials to draw with, games, books, etc.

**Adolescent (13-19 years)**

**Things to Know:**

In teen years, the individual takes more interest in his/her personal appearance.

*Privacy becomes very important to them.*

Physical coordination improves and their knowledge and skills increase significantly. The adolescent begins to assert his/her independence as they work toward establishing their own identity. Interactions with peers is also very important.

**Things to Do:**

- Provide them with the resources for grooming and comment on their appearance.
- Respect their privacy. Knock before entering and be especially careful in caring for them not to expose any unnecessary parts of their body.
- Be patient. Don't force yourself on them.
- Talk to them directly - not through their parents. Allow them to ask questions.

- Encourage the visitation by peers.

### **Adults (20-64 years)**

#### ***Things to Know:***

In early adult years, 20-45 years, starting a career and family and beginning to establish a lifestyle and goals. They're making their first big purchases. (car, home, etc.)

*Situations, such as hospitalization, that interfere with their reaching the goals they've set result in frustration.*

In middle adult years, 45-64 years, the individual has generally accomplished much. They are often at the height of their careers. Many are leaders. Their children are older and less dependent on them.

They begin to experience physical changes accompanying aging, such as failing eyesight, gradual hearing loss and may be somewhat vain about letting others know it.

#### ***Things to Do:***

- Address them by name and provide all the necessary information they need.
- Give them directions that are easy to follow.
- Allow them to talk about their concerns.
- Demonstrate concern for inconveniences caused by hospitalization.
- Focus discussions surrounding their care toward getting them healthy and out of the hospital or treatment setting.
- Be sensitive to hearing & sight problems identified. Speak louder when appropriate and provide reading materials in larger print.
- Expedite discharge as soon as possible.

### **Geriatric: 65 Years and Up (Late Adulthood)**

#### Physical Development

Vulnerability to disease increases due to general diminution of function. Ability to maintain homeostasis decreases. The rate of cellular reproduction declines.

Integumentary changes include wrinkling, sagging, growths, and discolorations, loss of hair for men and growth of hair on women's faces, drying and thinning of hair. Musculoskeletal changes include decrease in bone mass, loss of elasticity in joints, degeneration of cartilage and connective tissue and gradual decrease in muscle mass. May lead to difficulty in ambulation and balance. Pulmonary alterations include decreases in breathing capacity, residual lung volume, and total lung capacity. Metabolic rate declines. Changes in digestive system include slowed peristalsis, periodontal disease (which is preventable!), and decrease in secretion of digestive juices. Cardiovascular changes include narrowing or loss of elasticity of blood vessels. Renal atrophy predisposes to urinary tract infection and diminished renal function and thus decreased clearing of drugs that are filtered via the kidneys. There is decreased hormone secretion. Sexual function declines.

There is LITTLE change in IQ. Skills and abilities tend to become obsolete from disuse rather than from deterioration of mental capacity. Memory losses affect more recent events, whereas events of long ago are remembered.

#### Psychosocial Development

Retirement introduces many changes in schedule, reduced income, and leisure time activities. There may be a change in living facilities, such as moving from a home to a congregate living facility. A warmer climate is often sought. Individual has often experienced the death of close family members or friends and may reflect on his/her own death. Often has developed close religious ties.



### Nursing Considerations

Feelings of worth, pride, and usefulness and independence need to be maintained. Suggest volunteer work to meet these goals. Suggest natural seasoning for foods such as lemon or onion as sense of taste and smell decline. Encourage intake of high fiber diet and at least two to three liters of fluid to prevent constipation. Acidic fluids will help maintain acid urine, thus reducing the risk of urinary tract infection. Yearly dental check-up should be recommended. A regular exercise program is useful, such as walking or bicycling. Protect from hazards as agility and balance decline with aging. Medications often require smaller doses due to degenerative changes in body functions.



### Age Appropriate QUIZ

Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.

1. To ensure the safety of an infant, be sure to:
  - a. Talk in low soothing tones to avoid startling the infant
  - b. Have parents wait outside while you provide care to their infant
  - c. Make sure clothes and covers are light to avoid the infant becoming too warm.
2. When caring for a pediatric patient be sure to do all the following, **except**:
  - a. Keep dangerous objects out of their reach.
  - b. Communicate with parents about the care you are giving because the child won't understand.
  - c. Maneuver your position when speaking to them so that you are at their level.
3. Of the concerns listed below, which is **not** of primary concern to the Adolescent patient?
  - a. Privacy
  - b. Appearance and grooming
  - c. Frustration at having life goals interrupted.
4. Adults find hospitalization frustrating because it interferes with their goals. To care for an adult, you should:
  - a. Dissuade them from dwelling on their concerns
  - b. Expedite their discharge as soon as possible
  - c. Focus on how they feel & not the status of their treatment.
5. Elderly patients can become confused and disoriented in unfamiliar hospital surroundings. Be sure to:
  - a. Allow them to keep familiar items near them.
  - b. Clear surroundings of obstacles to ensure their safety.
  - c. Both (a) and (b)

## **RECOGNIZING & REPORTING ABUSE OR**

# NEGLECT

It is the policy of Baptist Hospitals of Southeast Texas to comply with Texas Law providing for the mandatory reporting of suspected cases of abuse or neglect of a child or person 65 years or older or an adult with disabilities by any person having cause to believe that such case exists. Employees have a duty to report suspected patient abuse or neglect regardless of the identity or status of the person who is suspected of committing the abuse or neglect. With education employees may recognize abusive situations sooner, allowing interventions to be applied earlier. Our **objectives** for this module are:

- ⇒ **To define the terms abuse, neglect & exploitation.**
- ⇒ **To identify signs & symptoms of abuse or neglect.**
- ⇒ **To identify procedure for reporting suspected abuse or neglect.**

## **Definitions:**

Per Texas Department of Family and Protective Services (DFPS):

- **Abuse is mental, emotional, physical, or sexual injury to a child or person 65 years or older or an adult with disabilities, or failure to prevent such injury.**
- **Neglect of a child includes (1) failure to provide a child with food, clothing, shelter and/or medical care; and/or (2) leaving a child in a situation where the child is at risk of harm.**
- **Neglect of a person 65 years or older or an adult with disabilities results in starvation, dehydration, over- or under-medication, unsanitary living conditions, and lack of heat, running water, electricity, medical care, and personal hygiene.**
- **Exploitation is misusing the resources of a person 65 years or older or an adult with disabilities for personal or monetary benefit. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.**

## **Those at Highest Risk for Abuse or Neglect include:**

- Elderly
- Disabled
- Very Young

## **Hospital Staff can be found guilty if a patient is abused or neglected and:**

- Staff failed to intervene in a timely manner.
- An incident occurred with staff's knowledge.
- Adequate supervision of the patient was not provided.

## **Recognizing Abuse or Neglect:**

**Physical Abuse** is the most recognizable form of abuse and it includes hitting, slapping, pushing, pinching, burning, striking with objects.

Assess by performing a thorough exam looking for:

- Bruises (unusual locations such as neck or genitalia)
- Pattern injuries (caused by an object striking a person)
- Parallel injuries (bilateral bruises on the upper arms which suggests person was held tightly and shaken)
- Burns (especially cigarette, iron, rope & liquid burns)

It's often difficult to help because the person being abused is:

- Loyal or fearful of abuser
- Ashamed
- Uninformed/misinformed of services
- Family members insist on being with person at all times

Look for the clues:

- Elder or child is described as accident prone or clumsy
- Treatment has been delayed (always a **red flag**)
- Suspicious behavior – undue concern, undue worry about medical costs, and over-protectiveness
- Excessively detailed accounts of the injuries (like they practiced ahead of time).

**Mental/Emotional Abuse** – signs are more subtle. Clues to look for:

- Threats, insults, or humiliation by care provider
- Caregiver indifferent or angry toward the person
- Caregiver unwilling to cooperate with health care providers or is domineering
- SUSPECT abuse if victim appears withdrawn, isolated, depressed, demoralized or fearful
- Person doesn't realize it's happening until it's too late
- Elder is often reluctant to take action because of emotional attachment

Healthcare providers who intervene and report abuse are protected by laws from civil and criminal liability.

## **REPORTING ABUSE OR NEGLECT**

All staff should be familiar with the Administrative policy **ADM.08.01.0017 Reporting Suspected Victims of Abuse or Neglect (Adults and Children).**

## **REPORTING PROCEDURE**

It is recommended that the reporter discuss his/her concerns about the patient's condition with another member of the healthcare team (i.e. Charge Nurse, Supervisor or other resource person) to avoid over or under reporting of suspected abuse. Social Services are also notified of suspected abuse cases and will provide follow-up and assistance as needed.

### **Cases occurring prior to hospitalization:**

**WHO must report?** Any person who has cause to believe that a person is being abused, neglected or exploited. *Failure to report is a criminal offense.*

**Professionals\* are required** to report to the Texas Department of Protective and Regulatory Services **1-800-252-5400** (24-hour number) or by Secure Internet Website:

<https://www.txabusehotline.org/Login/Default.aspx>

\*A professional may not delegate to or rely on another person to make the report. A "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children.

**WHEN to report?** When a person reasonably believes that abuse, neglect has/will occur a report should be filed **as soon as possible, but no later than required by law:**

*The Texas Family Code 261.101 requires professionals\* to **make a report within 48 hours of first suspecting** abuse, neglect or exploitation of children. The Human Resources Code Chapter 48 (48.051) requires a person having cause to believe that an elderly or disabled person is in the state of abuse, neglect, or exploitation **to report the information required immediately.***

### **Cases Suspected of Occurring during hospitalization:**

Abuse or neglect of a patient that occurs while in the hospital **will be reported *immediately after discovery to the House Supervisor or designee***. Processes for Reportable Events are to be followed as outlined in the Administrative policy **ADM.00.01.0008 Patient Safety Program and Reporting & Escalating of Events**. Law enforcement officials will be notified and a Variance Report submitted via the facility electronic variance system.

### **VARIANCE REPORT should include:**

- Patient's name, age, sex, date of admission, diagnosis and medical record number
- Date of incident
- Location incident occurred
- Description of any physical injuries
- Description of medical care offered, refused or obtained in connection with injuries including results of X-ray or other tests
- Description of facts and circumstances
- Names of employee(s) involved (if any)
- Date and time Administration notified
- Names & relationship of anyone else who was notified, if applicable

The Quality Management Department will refer to the appropriate department or entity the allegations and report/assist with reporting the occurrence to the appropriate Texas Department of Health and Human Services agency as above. In the absence of Quality Management personnel, the Nursing Supervisor will submit the report within the time frame as required by law.

Allegation of abuse to a patient or resident involving anyone employed, affiliated or associated with the hospital will be investigated and appropriate authorities/law enforcement officials notified.

**Per Human Resources Policy, HRF.3.1.0021 Managing Performance and Behaviors at Work**, during the investigation, the alleged employee/abuser will be suspended until the investigation is complete. If the allegation proves to be substantiated the employee will be automatically terminated.



### **Abuse/Neglect QUIZ**

**Choose the correct answer from the multiple choices that follow each question. Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Visitor reports to you that an employee who you do not think would do such a thing physically abused their mother. What is your responsibility?
  - a. Verbally report it to House Supervisor or designee immediately
  - b. Do nothing.
  - c. Document in Medical Record only.
2. In addition to a verbal report for an abuse incident, an employee must:
  - a. Participate in the investigation.
  - b. Complete a Variance Report
  - c. Send first report of alleged incidence to Texas Department of State Health Services (TDSHS)

3. Persons at highest risk for abuse/neglect are:
  - a. Elderly, disabled and the very young.
  - b. Children ages 6-12.
  - c. Women and children.
4. An example of Neglect is:
  - a. Verbal assaults and threats.
  - b. Sexual contact against a person's will
  - c. Failure to ensure patient receives proper medical care.

## **RECOGNIZING RISKS & PREVENTING SUICIDE**

In the time it takes most people to watch a television drama, go for a run, or do their laundry, about one hour, 100 Americans try to end their own lives. According to the American Foundation for Suicide Prevention (AFSP), approximately one million Americans attempt suicide each year, of which 40,000 are successful. Our job as health care professionals is to be able to recognize and identify those persons who are at risk for suicide and to take appropriate actions. Our **objectives** for this module are:

- ⇒ **List myths and facts about suicide.**
- ⇒ **Identify motivation, risk factors and danger signs of persons at risk for suicide.**
- ⇒ **Discuss suicide precautions and implementation of suicide precautions including safety actions.**

**SUICIDE STATISTICS** (taken from *Suicide 2015 Facts*, [www.asfp.org](http://www.asfp.org)):

- Suicide is the eighth (8<sup>th</sup>) leading cause of death in the United States
- High risk groups include:
  - Chemically addicted young people.
  - Those suffering from depression.
  - Patients with Schizophrenia.
  - Elderly, who are often depressed.
  - Eight (8) out of ten (10) persons talk about it with someone prior to the act.
- Men kill themselves 4x more than women, but women are 3x more likely to attempt suicide.
- The combined medical and work loss costs in the United States each year from suicide is \$44 Billion

(Taken from CDC's Understanding Suicide 2015 <http://www.cdc.gov/ViolencePrevention/suicide.html>)

**DEFINITION OF SUICIDE:** Suicide is when people direct violence at themselves with the intent to end their lives, and they die as a result of their actions.

**ATTEMPTED SUICIDE:** A suicide attempt is when people harm themselves with the intent to end their lives, but they do not die as a result of their actions. Many more people survive suicide attempts than die, but they often have serious injuries.

### **WHO IS AT RISK FOR SUICIDE?**

There is no single cause of suicide. Several factors can increase a person's risk for attempting or dying by suicide. However, having these risk factors does not always mean that suicide will occur.

Risk factors for suicide include:

- Previous suicide attempt(s)
- History of depression or other mental illness
- Alcohol or drug abuse
- Family history of suicide or violence
- Physical illness
- Feeling alone

Suicide affects everyone, but some groups are at higher risk than others. Men are about four times more likely than women to die from suicide. However, women are more likely to express suicidal thoughts and to make nonfatal attempts than men. The prevalence of suicidal thoughts, suicide planning, and suicide attempts is significantly higher among young adults aged 18-29 years than it is among adults aged ≥30 years. Other groups with higher rates of suicidal behavior include American Indian and Alaska Natives, rural populations, and active or retired military personnel.

**Suicide is preventable. Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems.**

**Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them.**

### **Warning Signs**

Suicide is a significant public health problem, and there is a lot to learn about how to prevent it. One strategy is to learn about the warning signs of suicide, which can include:

- Individuals talking about wanting to hurt themselves,
- Increasing substance use,
- Having changes in their mood, diet, or sleeping patterns/Anxiety, agitation, unable to sleep or sleeping all the time
- Hopelessness
- Rage, uncontrolled anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there's no way out
- Withdrawing from friends, family and society
- No reason for living; no sense of purpose in life

### **Employee Responsibility:**

Report to the nurse caring for the patient if you witness any of the signs or symptoms or statements identified in this module. We all have a responsibility to protect our patients.

Per Administrative Policy **ADM07.01.0022 Modified Columbia-Suicide Severity Rating Scale**, patients identified "at risk" for suicide will be immediately protected for safety to minimize the possibility of harming themselves while awaiting a psychiatric evaluation and determination of placement. The house supervisor will be notified when safety precautions are implemented for at risk patients.





### **Suicide QUIZ**

**True or False: Select the correct answer from the dropdown menu on the answer sheet provided in your task list.**

1. Suicide is the 8th leading cause of death in the United States.
2. Women kill themselves four times more than men and use more extreme means.
3. If you think that a person is thinking of suicide, you should avoid discussing it with them because it might make them more likely to perform the action.
4. People who commit suicide do not give warnings and are more likely to keep the suicidal ideas to themselves.
5. Suicide is never an attempt to end an intolerable situation or state of mind that is characterized by feelings of hopelessness, powerlessness, worthlessness and is not a psychiatric emergency. It is merely a cry for attention.