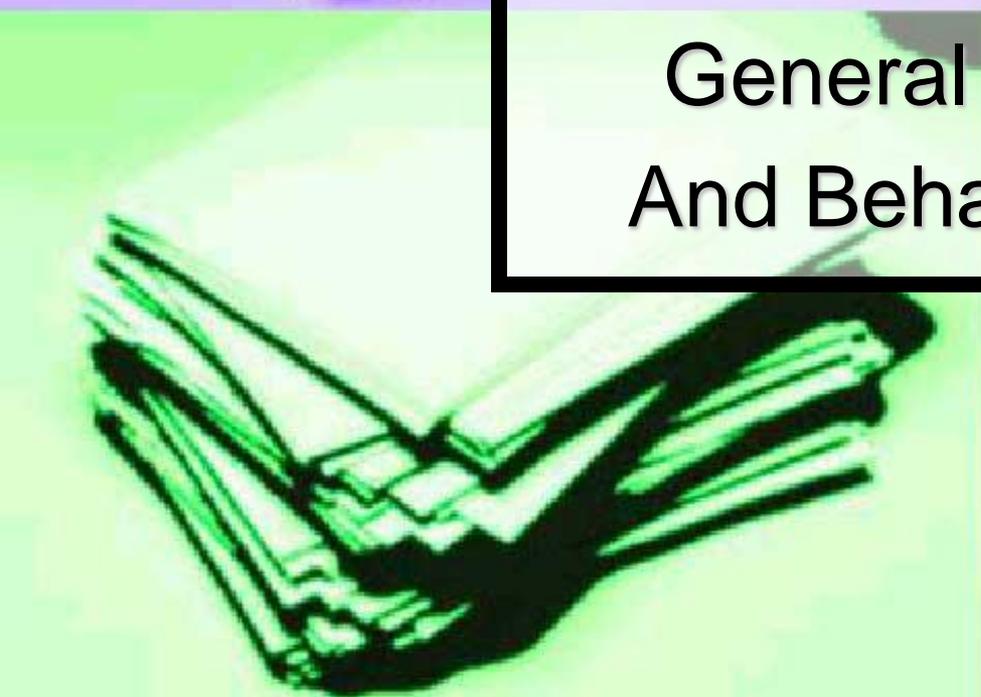
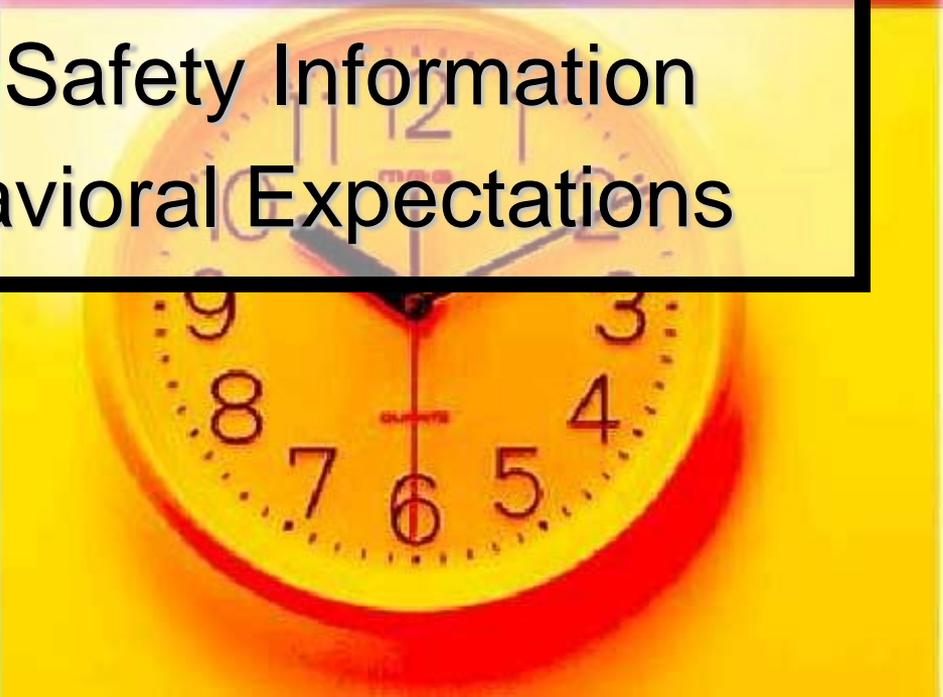


A stack of white papers or documents, slightly blurred, set against a light blue background.A close-up of a clock face, showing numbers and hands, set against a purple and blue background.

HIPAA Awareness Training

A stack of white papers or documents, slightly blurred, set against a light green background.A close-up of a clock face, showing numbers and hands, set against a yellow and orange background.

General Safety Information
And Behavioral Expectations

Awareness training for volunteers

- Confidentiality has always been part of the hospital culture. We have a strong tradition of protecting the privacy of patient information. However, now there is a new law that sets a **national standard** to protect medical records and other personal health information . It is called the Health Insurance Portability and Accountability Act or HIPAA.

OBJECTIVES

- Understand what HIPAA is.
- Know the meaning of **PHI** (Protected Health Information).
- Understand the significance of Treatment, Payment and Operations (**TPO**) and why it is important to remember.
- Understand what is new with **patient rights**.
- Know the consequences for non-compliance with the law.

What is HIPAA?

- HIPAA is a law passed by congress in 1996.
- HIPAA sets national standards for the protection of patient information – deadline for compliance was April 14, 2003.
- HIPAA applies to ALL health care providers: hospitals, physicians, insurance companies, labs, home care and surgery centers.
- HIPAA covers ALL forms of protected health information...oral, written and electronic.

It is **everyone's** responsibility to take the confidentiality of patient information—seriously. Anytime volunteers come in contact with patient information written, spoken or electronically transmitted, they become involved with some facet of the HIPAA regulations. The law requires training for ALL healthcare personnel, including volunteers.

What is Protected Health Information (PHI)?

Anything used to identify a patient

- Addresses
- Dates
- Telephone or fax numbers
- Social Security numbers
- Medical Record numbers
- Patient Account Numbers
- Insurance Plan Numbers
- Vehicle Information
- License Numbers
- Photographs
- Fingerprints
- Email addresses
- Internet addresses
- Medical equipment numbers

Sharing Patient Information

- HIPAA allows for the provider of care to use health information for **Treatment, Payment and Operations (TPO)**. Patients need to give prior authorization for the use of the health information for non-TPO purposes.
- What is **TPO**? Under the **Minimum Necessary Rule** volunteers should only have access to the information they need to fulfill their assigned duties.
- HIPAA allows us to share patient information for:
 1. Treatment – providing care to patients
 2. Payment – getting paid for caring for patients
 3. Operations – normal business activities such as quality improvement, training, auditing, customer service and resolution of grievances.

If use of the information does not fall under one of these, you must have the patient's signed authorization before sharing.

If personal health information (PHI) is involved

STOP

And ask yourself

- Does my sharing this information involve TPO for that patient?
- If the answer is **NO** then DON'T pass it along unless you have been authorized to do so.

This includes information you may see or hear about friends or acquaintances.

SCENARIOS

You work where you have access to the patient census.

While performing your regular duties you come across the name of a friend or acquaintance.

OK to: Continue your regular duties disregarding the information you happened upon.

NOT OK to: Assume, because he/she is a personal friend, it is OK to tell others you know.

Go home and tell your family that the neighbor next door is having a test done.

Scan the census looking for other people you may know.

OK to: Only use patient census for minimum necessary to do your job.

You are having lunch in the cafeteria with a group of volunteer friends and someone makes the statement “Did you know that Mary is in the hospital?”.

OK to: Politely stop the conversation and remind your fellow volunteers that sharing PHI for non TPO purposes is not something we do.

NOT OK to: Talk about any person’s health information , without authorization, EVEN when among friends.

You NEVER know who could be listening!!

What are the consequences of not complying with the law?

- Wrongful and willful disclosure of health information carries fines and can involve jail time.
- A breach of privacy for an employee may result in termination.
- Why do this? Because it is the right thing to do, it is in keeping with the values of our organization and it is how you would want a family member or loved one treated.

What is new with Patient Rights?

- **NEW rights** allow patients to:
 1. Obtain a list of who we have shared their health information with for the past six years.
 2. Request to amend their medical record
 3. Request other communications such as asking to be notified of lab results only at work and not at home.
- **REVISED rights** allow patients to:
 1. Review and copy their medical record.
 2. Request restriction on the use or sharing of their information, such as “opting out” of the hospital directory.

Hospitals can no longer share information with other companies for the purpose of marketing products or services.

USING COMPUTERS

Everyone who uses a computer has a duty to keep health information secure. We do this by:

- Properly signing-on with individual IDs and passwords.
- Signing-off of computers if walking away from the desk, even for a moment.
- Keeping IDs and passwords **CONFIDENTIAL**.
- Protecting computer screens from unwanted viewing.

Disposal of information is also important

- a **SHREDDER** should be used for all documents that may have PHI. NEVER use an open trash bin. NEVER fax or email any PHI without special training on the rules that apply.

REPORTING VIOLATIONS

- It is EVERYONE's responsibility to report violations or wrong doings. Whether someone received patient information improperly, or shared information in the wrong way. When in doubt....ASK!!!
- Your department supervisor or your director is a good place to start for answers to your questions or reporting issues.

You can also call the:

Corporate Compliance Helpline

1-866-633-2307

24 hours a day, 7 days a week

OR

Betty Bullard, Chief Privacy Officer

(409) 212 – 5701

REMEMBER TO.....

- ALWAYS STOP, and ask yourself, should I be sharing this patient information?
- If it doesn't pertain to TPO, don't discuss it!!
- Think of patient information about friends, neighbors and acquaintances as PROTECTED INFORMATION, not for sharing!!
- Cover all patient schedules and census info.
- Dispose of information properly by shredding.
- Turn computer screens off if leaving the station for any reason.
- Report all abuses...enforcing the regulations is everyone's responsibility.

Update: November 10th, 2004

Richard Gibson, former cancer care center worker, Seattle, Washington. Stole identity of an elderly patient – was sentenced on November 5th to 16 months in prison, three years of supervised release and more than \$9,000 in restitution for wrongful disclosure of protected health information. This was the first criminal conviction in the United States under HIPAA.

HIPAA complaints are on the rise. An assessment of complaints revealed that nearly 7,500 complaints had been filed through June 2004. So far the Office of Civil Rights has closed 55% of complaints related to privacy because of lack of jurisdiction or discovery that the actions did not violate HIPAA.

STANDARD PRECAUTIONS

- Good infection control practices reduces your risk of getting a disease @ work.
- The following are self-protection guidelines to use every time you have the possibility of exposure to diseases, blood or body fluids.
- The word STANDARD means that these precautions are to be used no matter what the circumstances.

HANDWASHING

Hands must be washed:

- Immediately and thoroughly when soiled with any blood or other body fluids.
- After gloves are removed.
- When coming on duty
- Before leaving the restroom
- After blowing your nose
- After entering and before leaving a patient's room
- Before eating
- On completion of duty

Wet hands and apply hospital approved antibacterial soap.

Lather well for 15 seconds before rinsing under running water.

Be sure to completely rub all surfaces of the hands and fingers.

Be sure to clean under nail beds and remove any jewelry.

PPE

- Personal Protective Equipment – should be used as required
- If you are working in an area where there is a likelihood of exposure, you should never eat, drink, smoke, apply cosmetics or handle contact lenses.

GLOVES

- MUST BE WORN
 1. When drawing blood
 2. Starting IV's
 3. When there is a possibility that there will be contact with blood and other body fluids.
 4. Assure you do not have a latex allergy before wearing gloves.

Masks, face shields, eye covers

- Worn if splashing of the face or eyes is likely to occur.

Aprons and Gowns

- Worn if clothing is likely to be soiled by blood or other body fluids.

Needles & Other sharp instruments

- MUST be discarded in puncture resistant containers.
DO NOT RECAP
- Employees who have open sores will not do direct patient care or handle patient care equipment until well. These employees should report to the Health Nurse.

DISINFECTION

- A solution of household bleach/Clorox (5.2% sodium hypochlorite) diluted at a ratio of 1:10 with water. Use a quarter cup of bleach to one gallon of water.
- Lysol or some other EPA approved tuberculocidal disinfectant.

RESPIRATOR MASK

- Used for TB exposure
 - Filters the air before breathing it and reduces the potential for occupational exposure to TB
 - Must be tested for accurate fit
-
- Also – will have annual TB test done by employee health nurse.

FIRE SAFETY

- R.A.C.E. –
 1. Rescue person in immediate danger
 2. Alarm – dial 5555 report fire location or activate manual pull station
 3. Confine by closing all doors
 4. Extinguish fire by smothering or using a proper extinguisher

L.I.V.E.

If the fire is not in your immediate area:

1. Listen for location of alarm
2. Inform coworkers of alarm and location
3. Verify all doors are closed and hallways cleared
4. Evacuate and prepare for further action as directed by Fire Marshall, take patient chart if necessary

P.A.S.S.

To Extinguish a Fire

1. Pull the pin from under the handle
2. Aim the nozzle at the base or source of the fire
3. Squeeze the handle
4. Sweep from side to side

Stand approx. 10 feet away – get no closer than 6 feet, be sure and use an adequate amount and be sure to use the proper type extinguisher.

*LOCATE THESE: Fire alarm pull station –
Fire extinguishers – Fire exits*

EMERGENCY CODES

Code Red – Fire emergency

Code Blue – Cardiac Arrest

Code Pink – Infant/Child Missing

Code Gray – Computer failure or loss of utilities

Code White – Violent Situation

Dr. Armstrong – Violent Situation

Code Black – Bomb Threat

Code Yellow – Internal/External Disaster

Code Orange – Bio-terrorism Threat

Code Brown – Nuclear Warfare

ELECTRICAL SAFETY

- 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 use extension cords except when authorized by engineering for use in an emergency
- **Red Outlets and switches** may be used at anytime for normal and auxiliary power.

ELECTRICAL SHOCK

- Don't touch the person
- Turn off the power or pull the plug
- If necessary use non-conductive item (wood broom or belt) to free person from current
- Call for help and administer first aid
- Shock may cause: Paralysis, respiratory failure, heart failure and severe burns

DISASTERS

- This is an event occurring suddenly and surprisingly which damages or impairs the ability to function normally
- Internal may include power outages, loss of water, internal explosions, flooding, bomb threat.
- External may be severe weather, fires, explosions at local refineries, airplane crash, civil disturbances, anything that would cause a large influx of casualties.

SECURITY

Security is everyone's responsibility

Security issues involve:

1. Access to sensitive areas
2. Parking
3. Suspicious persons
4. Theft
5. Work place violence
6. Infant safety
7. Drugs

Things to do

- Always wear your name badge
- Be aware of surroundings
- Call the operator for security any time you feel uncomfortable
- Park in designated areas and NEVER leave valuables in open view
- Call for an escort to your car if you feel you need to

Things to do

- During a Code Pink –
 - OBSERVE all individuals in the area.
 - CALL for assistance if you notice anyone carrying a bag and are attempting to leave the building.
-

HAZARDOUS MATERIALS

May be: Infectious substances, flammable liquids and gases, radioactive materials, toxic chemicals

1. Know what is inside a container before you handle it.
2. Protect eyes from splash hazard
3. Dispose of bio-hazard waste in **RED** bio-hazard bags or containers
4. Wear PPE when working with hazards
5. Find information about a chemical in MSDS book – know where it is kept.

MSDS

Material Safety Data Sheets contain:

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

In Case of a Hazardous Spill: Act quickly, clean up small spills immediately. Report large spills to housekeeping and leave cleanup to trained personnel.

QUESTIONS

- What are two things you should locate in your area of the hospital in case of a Code Red?
- When you see a red outlet on the wall, what does that mean?
- What do you think you could do during a Code Pink?
- What does MSDS stand for?
- If you have any type of emergency while you are in the hospital, what number would you dial?
- What do the letters PPE stand for?
- What would a Code Blue mean?
- What is the MOST IMPORTANT thing you can do to help prevent the spread of infection?

BEHAVIORAL EXPECTATIONS

- As Partners in Caring, it is the responsibility of every Baptist Hospital employee to treat all of our customers, including patients, families, co-workers and all outside contacts, with courtesy, dignity, respect, and professionalism. The following are specific expected behaviors and customer service performance standards by which all employees are measured in their appraisals:
- Behavioral Expectations are the manner in which work should be accomplished at Baptist Hospitals. They explicitly spell out ways of behaving that support our strategies and represent the desired culture.

BEHAVIORAL EXPECTATIONS

- **COMPASSIONATE**

We genuinely care about people. We are empathetic, available and ready to help.

- **RESPECTFUL**

We value uniqueness and treat everyone with dignity and respect.

- **ACCOUNTABLE**

We accept responsibility for tasks, actions, results, and risks. We are concerned with the quality and impact of all decisions.

- **COMPETENT**

We possess the skills, attitudes and knowledge necessary to achieve desired outcomes and we embrace continuous learning.

- **INNOVATIVE**

We generate and implement new ideas, methods, and designs.

- **COLLABORATIVE**

We develop, maintain and strengthen partnerships inside and outside the organization to drive desired outcomes.