

Tallahassee Memorial HealthCare



Student/Instructor Orientation Independent Study

Please review all materials in the independent study packet. Print the answer sheet, the Information Access Security and Patient Confidentiality Agreement, and the Code of Conduct & Business Acknowledgement Form and turn in all answered/signed forms to the **Academic & Community Outreach department in Human Resources, 1207 TMH Court**. If you have any questions, please do not hesitate to call Tallahassee Memorial HealthCare University at 431.5405. Thank you!

- Student/Instructor Independent Study packet
- [Tuberculosis Slide Show](#)
- Test
- Confidentiality
- Code of Conduct Form
- Post-test Answer Sheet

Student/Instructor Responsibilities and Restrictions

Student Responsibilities

1. Students must notify their clinical instructor if they are unable to meet their scheduled clinical rotation.
2. Students **must sign a confidentiality statement** and **must always maintain patient confidentiality**.
3. Students must have their school identification badges and green TMH identification badge visible at all times while in the hospital premises. The green TMH identification badge is obtained from Human Resources.
4. Students must conduct themselves with self-respect and respect for others. Conversations and activities should not be distracting to others.
5. Students must **verify procedures/treatments** with nurse prior to implementing the procedure or treatment.
6. Students are to **report on and off duty to nurse/TMH preceptor** with whom they are working. Students must inform the nurse/TMH preceptor whenever they are off the unit for breaks, lunches, in-services, or other reasons. Students must inform the nurse when they leave for the day.
7. If not assigned to a nurse/TMH preceptor, the student is to report off to the RN caring for the patient(s) the student is assigned to.
8. Students coming in to review charts at times other than designated clinical times must wear lab coats and name tags. Jeans are not allowed.
9. Students must identify the patient prior to the implementation of any procedure.
 - a. Positive identification of the patient is accomplished by checking the patient's identification bracelet for name and FIN number compared to paper Kardex.
 - b. Positive identification must be used to verify patient identification prior to any medication administration or blood specimen collection. The patient's name and the FIN on their ID band are to be compared and verified with the name and number on the Medication Administration Record or the blood specimen label.

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Student/Instructor Responsibilities and Restrictions; continued

Student Restrictions

1. Students are not allowed to witness any legal documents.
 2. Students are not allowed to enter any isolation rooms requiring the N95 respirator (mask) – airborne precautions and enhanced droplet precautions.
 3. Students are not allowed to set up or refill PCA/PCE equipment.
 4. Students are not allowed to administer certain chemotherapy agents.
 5. Students are not allowed to accept verbal or phone orders.
 6. Students are not allowed to administer hypertonic solutions.
 7. Students are not allowed to administer or discontinue blood or blood products.
 8. Students are to confer with the nurse responsible for the patient prior to initiating any nursing action.
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Instructor Responsibilities

1. Instructors are to supply a copy of the clinical objectives to the manager/director of department.
2. Instructors are to notify Charge Nurse/supervisor if student(s) are unable to meet their scheduled clinical rotation.
3. Instructors are to collaborate with Charge Nurse/supervisor, unit Clinical Specialist, and/or Nursing Administration for making assignments.
4. Instructors must oversee procedures for assigned students.
5. Instructors must accompany student for all NG, PEG, parental medications (including IVs). Student may administer po meds independently only **following** approval by faculty instructor.
6. Instructors must complete Pyxis tutorial and will be responsible for removing medications for students.
7. Instructors must sign a “Confidentiality” statement.
8. Instructors must ask patient/family for permission for students to work with patient.
9. Instructors must provide TMH with copies of:
 - a. Verification of current licensure
 - b. Proof of liability insurance
 - c. Statement of health status
 - d. Phone numbers (work and home)
10. TMH policies and procedures are to be adhered to at all times.

Instructors must verify that TMH has a valid Clinical Experiences Agreement with their educational institution on file prior to students beginning their clinical experience. **No clinical activities will be allowed under any circumstances without a signed, current affiliation agreement.**

About TMH

Hospital Mission

With caring hands and hearts, we honorably serve our community and maintain positive, collaborative relationships, by providing compassionate, leading edge, patient-centered health care for all. We pursue perfection in a trusting and learning environment, thus enhancing the quality of life of those we serve.

Hospital Vision

To be recognized as a world class community health care system.

I CARE Values

INTEGRITY

We believe in strict personal honesty and independence.

COMPASSION

We believe in sharing one's suffering and showing mercy.

ACCOUNTABILITY

We believe in being responsible for our actions.

RESPECT

We believe in showing consideration to others.

EXCELLENCE

We believe in achieving the highest level of quality.

TMH Strategic Goals

1. To be recognized for consistently exceeding national standards for clinical outcomes.
 2. To gain market share in targeted service lines & overall in the regional service area.
 3. To significantly improve the convenience and accessibility of services.
 4. To exceed patient, physician, and colleague expectations as demonstrated by satisfaction ratings consistent with best hospital performers.
 5. To be a trusted health care partner with area educational institutions, payers, and the communities served.
 6. To obtain financial performance that allows TMH to reinvest in colleagues, technologies, and facilities in order to achieve and sustain world-class community health care system status.
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About TMH; continued

Eight Focus Areas for Improvement

Through the strategic plan, TMH colleagues have eight specific areas for focus for improvement.

1. Develop infrastructure & processes to improve patient safety & clinical outcomes.
 2. Update medical technology & the physical environment of the hospital.
 3. Invest in and grow targeted service lines.
 4. Plan for regional distribution of inpatient and outpatient services.
 5. Target initiatives to improve financial and operating performance, monitoring and management.
 6. Launch an organization-wide colleague development initiative.
 7. Execute a sustained service excellence program.
 8. Establish medical & other health care careers training initiative with area educational institutions.
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Measures of Success

There are several measures we will use to determine our rank against other leading hospitals. They are:

- Patient outcomes
 - Patient satisfaction
 - Physician satisfaction
 - Financial performance
 - Colleague satisfaction
 - Community survey results
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It's All about the Patient

Finally, it is our focus on patients and their care that will lead us to success. This is why TMH has established eight clinical **service lines**, each with its own administrator, to focus on that one patient population.

The service lines are:

- Behavioral Health Center
 - Bixler Emergency Center
 - Cancer Center
 - Heart and Vascular Center
 - Medicine Services
 - NeuroScience and Orthopedic Center
 - Surgery Center
 - Women's and Children's Center
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Other Centers of Excellence are:

- Cancer Center Accreditation (ACOS)
- Chest Pain
- Brain and Spinal Cord Injury
- Level II Trauma
- Primary Stroke Center

Pastoral Care

- John G. Galloway, Chaplain, may be reached in the Chaplaincy office Monday – Friday, 8:00 a.m. – 5:00 p.m.
- Chaplain services are available 24 hours a day, 7 days a week by Beeper 489-0066

Nursing Administration

***Tallahassee
Memorial
Professional
Nursing
Mission***

Collaborative professionals pursuing excellence and perfecting our care by practicing Safely, Effectively, Patient Centered, Timely, Efficiently and Equitably.

***Professional
Nursing
Philosophy***

- We believe that registered professional nurses are **accountable for individualized patient care** through the use of the nursing process, incorporating and **respecting** the individual response of patients as influenced by culture, religion, race and life styles.
- We believe that registered professional nurses have a **collaborative, interdependent** relationship with physicians and other health care givers to provide cost-efficient quality care; the RN integrates the **multi-disciplinary plan of care** into an interdisciplinary plan of care and coordinates its implementation.
- We believe that the registered professional nurse is the leader of the nursing care team. Portions of care may be delegated to other members of the team, commensurate with the education, experience, and job description. All members are **accountable for their own actions**.
- We believe that all members of the nursing care team are **patient advocates**. Each member assists in creating an environment for patient care in which patients/families and their significant others participate in their own care and outcomes.
- We believe that all members of the nursing care team **use data to improve** the quality of patient care and organizational performance.
- We believe that each member of the nursing care team is **responsible for their own educational growth**, for promoting an environment that fosters continuous learning, and for mentoring students, novices and one another.

General Information

Personal Belongings

- Students are responsible for their valuables and are encouraged to leave them at home
 - TMH does not provide lockers for students.
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Access to Food

Cafeteria Hours of Operation:

Breakfast	7:30am – 10:30am
Lunch	11:00am – 2:00pm
Dinner	5:00pm – 7:00pm
Midnight	12:00am – 2:00am

Tobacco Free Policy

Recognizing the health, safety and comfort benefits of smoke-free air and as a healthcare provider, the special responsibility that Tallahassee Memorial HealthCare, Inc. has in establishing, maintaining, and promoting a healthy and safe environment for our community, all facilities, premises and all Tallahassee Memorial HealthCare, Inc. campuses are tobacco-free environments, where the use of tobacco products, including but not limited to, cigarettes, cigars, pipes, smokeless tobacco, chew, snuff, and dip, is strictly prohibited, with exceptions for patients made only by order of attending physicians.

Parking Information

- Nursing students are to park in the East Hill Baptist Church parking lot.
 - To request the shuttle, call from the lot phone.
 - To return to the lot, the shuttle will pick up students in front of the Magnolia Lobby (south lobby).
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Safety Information

General Safety Rules

- No storage is permitted in the exit corridors. Temporary carts (with wheels/castors), are parked only on one side of the corridor.
- Smoke and fire doors are not to be blocked or propped open.
- Fire hose cabinets, fire extinguishers, or any component of a fire alarm system are not to be blocked.
- Only approved ladders are used to work overhead.
- Storage areas are to be kept free of debris and clutter.
- All flammable liquid/materials are to be stored in approved containers and cabinets.
- Any spill is to be cleaned up promptly.
- Material Safety Data Sheets (MSDS) are available for all hazardous materials in the workplace.
- An 18 inch clearance between storage and sprinkler heads is to be maintained at all times.
- Compressed gas cylinders are to be in approved holders that are chained or safely secured. Gas cylinders must never be left free standing.
- Extension cords, provided by Plant Engineering are to be used only in temporary emergency situations.
- Worn, tattered or bubbled carpet is to be repaired or replaced in a timely manner. All staff will report these deficiencies to Plant Engineering.
- Storage in file cabinets is to be evenly distributed to maintain balance.
- Only one drawer of a file cabinet is to be opened at a time. File drawers will not be left open.
- The top of file cabinets is not used for storage which may create overturning, but may be used as a work area, if appropriate.
- All colleagues have a role in safety/hazard surveillance. Any potential hazard is to be reported to the Safety Officer.
- When driving vehicles on TMH property, all colleagues will obey Security directives. Patients, visitors and colleagues have the right-of-way as pedestrians.
- All colleagues will yield to patients being transported throughout the facility.
- Patient transport equipment such as wheelchairs and stretchers is to be left in a secure position when not in use.

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Safety Information; continued

General Safety Rules, continued

- All medical equipment is inspected by Clinical Engineering prior to placing the equipment into service. All medical equipment is inspected and dated annually.
 - Defective equipment is not to be used under any circumstance. Defective equipment will be removed from service and taken to or reported to Clinical Engineering.
 - When lifting heavy objects, let your legs, not your back, do the lifting.
 - All corridors intersections are to be approached with caution.
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Emergency Codes

Dial Phone #	Code	Condition
0	Code Red	Fire
0	Code Black	Bomb Threat
0	Code Pink	Infant/Child Abduction
88	Code Blue	Cardiac Arrest/Stroke Alert
0	Code Brown	Severe Weather
0	Code Grey	Violence/ Security Alert
0	Code White	Hostage Situation
0	Code Orange	Hazardous material spill
0	Code Yellow	Lockdown
0	Code Green	Disaster Internal/External

For staff response in any emergency, refer to the Environment of Care Manual (EOC Manual) located on the TMH Intranet, Safety Information section.

Fire Procedures – Code Red

Remember **RACE**:

- R** **Rescue** the patient
- A** **Alarm**, pull the alarm & call **0**: Give location & type of fire
- C** **Confine** the fire, close all doors
- E** **Extinguish** the fire

Pull stations for fire alarms are located near every exit.

Use of Fire Extinguisher – Remember **PASS**:

- P** **Pull** - safety pin at top of extinguisher
- A** **Aim** - hose, nozzle, at the base of the flames
- S** **Squeeze** - or press the handle
- S** **Sweep** - from side to side at the base of fire until it goes out

Do not use elevators when fire/smoke alarms are activated.

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Safety Information; continued

Infant/Child Abduction – Code Pink

When an infant/child is discovered missing, the staff member will immediately institute the following – Immediately notify the operator of a “Code Pink, age, race and sex” of abducted infant/child. Give the location of your unit.

Be on alert for the following:

- A person physically carrying an infant instead of using the bassinet to transport the child, or leaving the hospital with an infant/child on foot rather than a wheelchair & without a colleague escort.
 - A person carrying a large package (gym bag, duffel bag, back pack), particularly if the person is “cradling” or “talking” to the bag.
 - Be aware that a disturbance may occur in another part of the hospital, thereby creating a diversion that facilitates an infant abduction.
 - Stop anyone with an infant/child until a positive identification is made or until an all clear is called.
-

Bomb Threat – Code Black

- Remain calm, keep the caller on the line as long as possible & complete the “Bomb Threat Card.”
 - Immediately hang up the phone and call PBX with bomb threat.
-

Material Safety Data Sheets (MSDS)

MSDS information is available via the TMH Intranet, in the Safety Information section. These sheets & container labels provide safety & first aid information to colleagues using hazardous materials in the workplace.

Waste Disposal – Sharps Box

The following items are disposed of in the **sharps box**:

- all syringes with or without needles - clean or dirty
 - all needles - clean or dirty
 - pacemaker wires and pacing needles
 - introducers and guide wires
 - any glass contaminated with blood or body fluids
 - pieces of broken glass
 - disposable scissors, scalpels, blades and other instruments - clean or dirty
 - glass vials or containers
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Safety Information; continued

Waste Disposal – Red Bag Trash Container

The following items are disposed of in the **red bag trash container**:

- Swan-Ganz, CVP or dialysis catheters, PICC lines and IV catheters
 - suction tubing, catheters, yankauers and canisters with blood or body fluids should have Isolyser in to solidify the liquid to decrease chance of spill (no need to empty soft-sided canisters before disposal)
 - N/G or similar tubing with visible blood
 - any absorbent item saturated with blood or body fluids
 - blood or blood products bags and tubing
 - any non-absorbent item with blood or body fluids on it
 - any tubing, container, or drain contaminated with blood or body fluids like Penrose, Jackson-Pratt drain, Hemovac, etc. (no need to empty soft-sided containers before disposal)
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Waste Disposal – White/Clear Bag Trash Container

The following items are disposed of in the **white/clear bag trash container**:

- used paper towels, food wrappers, napkins, paper cups, and disposable dinnerware
- clean syringes with no needles
- IV tubing and bags with no visible blood – spiked end is considered a sharp and should be placed in the sharps box
- plastic vials or containers
- Styrofoam of any kind including Styrofoam cups
- all other non-paper items NOT contaminated with blood or body fluids
- plastic, glass, and metal items without blood or body fluids on or in them
- cardboard and packing materials
- newspapers, telephone books (not recyclable due to the poor quality of the paper)
- Alkaline batteries (all other batteries must be disposed of through Plant Engineering.)

IF IN DOUBT – USE A RED BAG OR A SHARPS CONTAINER!

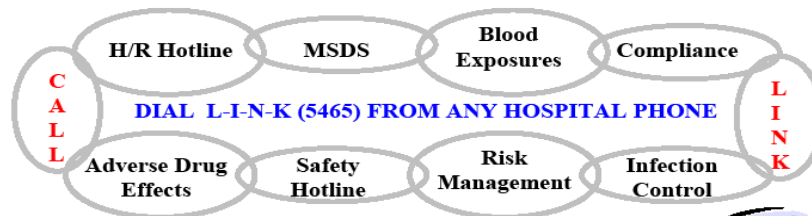
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Safety Information; continued

Available Help lines Your Quick Connections to the TMH Emergency Hotlines and Help lines

The only number you need to know

LINK



Human Resource Information

Harassment and Discrimination

TMH is committed to maintaining a work environment that is free of discrimination and harassment & will not tolerate harassment and/or discrimination in any form. It is the responsibility of each member of the TMH Leadership team to maintain a workplace free of harassment.

Types of Harassment:

- Hostile work environment – when an intimidating, offensive atmosphere is created that interferes with a person’s ability to perform their job.
- Tangible Employee Action (Quid Pro Quo) – Incidents & events that involve requests for favors & associated outcomes that impact decisions made regarding hiring, promotions, terminations, demotions, compensation decisions, and other workplace decisions.

TMH’s Internal Complaint Procedure:

Our goal in the investigation is to seek appropriate resolution of the matter within the applicable laws and policy guidelines. Any colleague who believes that he or she has been the object of harassment should report the incident immediately to the Chief Human Resource Officer or to Employee Relations.

Cultural Diversity

What is cultural diversity?

- Ways for people to be the same or different;
- One reason why we think, communicate, and behave the way we do;
- A mixture of people who have different beliefs and behaviors based upon ethnic background, upbringing, and national origin.

Why is cultural diversity important to us?

- We care for people from many different cultures.
 - Understanding different cultural preferences and behaviors helps us to meet the needs of patients more completely and to work with one another in a spirit of mutual respect.
 - Better awareness of different cultures also helps us to avoid misunderstandings.
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Human Resource Information; continued

Cultural Diversity, continued

What is a cultural assessment?

Fostering an environment that values diversity must include a cultural assessment. The core components should include:

- Cultural/racial ethnic identity
- Language/communication ability and style
- Religious beliefs and practices
- Illness and wellness behaviors
- Healing beliefs and practices

Also consider determining the patient's:

- Typical nutritional regimen
- Family system functions (identifying the chief decision maker)
- Lifestyle and habits

What do we need to do?

- We need to develop our cultural awareness. This means we need to recognize, understand, and respect our patients' beliefs, values, and practices.
- It also means to recognize, understand and respect the beliefs, values and practices of our co-workers.
- We all are responsible for solving problems created by diversity.
- We treat every person as an individual.
- We treat every person not as we would like to be treated, but as they would like to be treated.

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Human Resource Information; continued

Service Excellence at TMH

One of the seven focus areas for improvement in the TMH strategic plan is to execute a sustained service excellence program. The expectation for all TMH colleagues, students, and instructors is that we demonstrate or “live” the I CARE values in every interaction, every day. The following I CARE Service Standards provide the framework for doing so.

Integrity

- Be honest and trustworthy in all actions and communication.

Compassion

- Demonstrate understanding of customer needs and perceptions.

Accountability

- Take ownership for resolving customer issues and concerns.
- Follow up to ensure resolution and customer satisfaction.
- Apologize for service failures.

Respect

- Show consideration for colleagues, patients and visitors.
- Honor perspectives in addition to your own.

Excellence

- Achieve the highest level of quality by exceeding expectations.
- Anticipate customer needs.



In healthcare, when we think of customers, we often think of patients first. And while patients are certainly primary customers, we also have plenty of customers who are not patients. In fact, every person that enters our doors is our customer. Visitors, family members, physicians, and fellow colleagues are all customers and deserve the same level of service as our patients.

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Human Resource Information; continued

*Service
Excellence at
TMH,
continued*

Service Recovery is the process of making things right for a customer after a service failure has occurred. It is the responsibility of everyone at TMH. The LEAP process for service recovery, adopted from the Ritz-Carlton Hotel Company, is how we do this.

The LEAP Process for Service Recovery		
L	Listen	<ul style="list-style-type: none"> • Listen for feelings as well as facts. • Do not interrupt the customer – hear him out. • Take notes, if necessary, of important details.
E	Empathize	<ul style="list-style-type: none"> • Show the customer that you care and want to understand. • Acknowledge his or her feelings. • Reassure him or her that you will do whatever it takes to fix the problem.
A	Ask for Clarification	<ul style="list-style-type: none"> • Ask open questions to clarify pertinent information. • Attempt to gain and keep control of the conversation.
P	Produce a Solution	<ul style="list-style-type: none"> • Involve the customer in developing and implementing a solution. Confirm that the customer is happy with the solution. • Be realistic about when and what you can and can't deliver. • Inform appropriate parties (manager, colleagues, etc.). • Take action! • Follow up to ensure resolution.

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Human Resource Information; continued

*Service
Excellence at
TMH,
continued*

10 Habits of a CARE-ing Organization

Johns Hopkins University and Health System has developed the *10 Habits of a CARE-ing Organization* – a set of simple behaviors that help each of us deliver world-class service to our customers.

Habit #1: *Mind your manners.* Use courtesy words like "please", "thank you" and "may I help you".

Habit #2: *Be Present.* Give your customer 100% of your attention with your eyes, words and body language.

Habit #3: *Be Positive.* Think the best of people in all situations.

Habit #4: *Teamwork Works.* Respect each other's privacy and eliminate gossip.

Habit #5: *Do Sweat the Small Stuff.* A small gesture of kindness can make a big impact.

Habit #6: *Make a Promise, Keep a Promise.* Follow through with all commitments. If you say you're going to do something, do it.

Habit #7: *Re-discover Silence.* Practice active listening skills. Remember that listening is not just waiting for your turn to speak.

Habit #8: *Be Thankful.* Take time to thank someone every day.

Habit #9: *Think Ahead.* Anticipate your customers' needs.

Habit #10: *Just Do It!* Put yourself in your customers' shoes. How would you expect to be treated?

Corporate Compliance Information

Introduction

Governmental health care regulations and their enforcement are extremely complex and change frequently. They affect every area of the hospital. To assure full compliance with these laws, rules and regulations, and to maintain the professional integrity of our organization and operations, we have developed and instituted this Corporate Compliance Program.

It is our expectation that all colleagues, contractors, students, members of the Boards of Trustees and medical staff members maintain the standards established by the TMH Corporate Compliance Program in all hospital manners.

The Corporate Compliance Program is instituted to provide guidance to TMH employees to effectively detect, correct, and prevent irregularities, improper conduct and systematic problems which are or may become legal or regulatory violations or violations of the Corporate Compliance Program. The Corporate Compliance Program also assists in developing effective internal controls that promote adherence to applicable Federal and State law, and the program requirements of Federal, State and private health plans.

Code of Conduct and Business Practice Guide

Every Colleague Must Commit to the Following Standards:

1. PROVIDE QUALITY CARE AND SERVICES

We are committed to providing quality care and services to our patients, their families, visitors and the community by:

- Providing treatment and medical services without discrimination.
- Listening and doing our best to understand the needs of our patients, families and visitors by promptly addressing any issues or complaints.
- Including patients in decisions regarding their medical care, whenever possible.
- Ensuring that clinical duties are performed by properly trained, licensed or credentialed individuals. We will conduct appropriate background checks on all potential employees and also verify credentials and qualifications of licensed health care professionals providing services at our facilities.
- Acknowledging that patients and their families are to be informed about the outcomes of care and associated risks.

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Corporate Compliance Information; continued

*Code of
Conduct and
Business
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Guide,
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- Providing the patient a choice from the available home health agencies, durable medical equipment (DME) suppliers, long-term care providers, ambulance services and rehabilitation providers.
- Providing appropriate medical screening and necessary stabilizing treatment to all individuals who come to the hospital seeking emergency care, without delay to inquire about method of payment.

2. PROMOTE FAIR EMPLOYEE TREATMENT

We are committed to providing a work environment throughout the organization that promotes fair treatment and complies with laws in all matters relating to employment at TMH by:

Demonstrating appropriate respect and consideration for one another.

- Applying all Human Resources Policies & Procedures fairly, equitably and consistently, regardless of position.
- Hiring, training, promoting and compensating on the basis of personal competence and potential for advancement without regard for race, religion, gender, national origin, age, marital status, creed, citizenship or disability, or other classification protected by law.
- Maintaining an environment free of harassment, disruption, intimidation or hostility.
- Encouraging open expression of concerns and use of the problem-solving process.
- Protecting an employee's job status, working conditions or employment relationship if he/she, in good faith, follows the Problem Resolution Procedure or contacts the Compliance Office.

3. COMPLY WITH THE LAW IN ALL BUSINESS PRACTICES

We will provide health care services and otherwise conduct our business in compliance with laws, regulations and standards that apply to the services provided by TMH by:

- Pursuing only those business opportunities that are both legal and ethical.
- Refraining from engaging in illegal business practices including bribery, kick-backs or payoffs, intended to influence the decisions of TMH colleagues or any external representative.
- Marketing and advertising truthfully and accurately.
- Ensuring that every contract payment or other benefit paid to physicians is for specifically defined services at fair market value.

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Corporate Compliance Information; continued

*Code of
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Guide,
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- Maintaining company business records accurately and truthfully and discarding them only according to retention guidelines.
- Recording financial transactions in accordance with generally accepted accounting principles, established accounting policies and internal control policies.
- Ensuring that contracts are approved by legal counsel as and when required by TMH policies and signed only by authorized agents of TMH.
- Acting in good faith in contractual relationships.
- Complying with copyright laws for materials such as software, printed and audiovisual works.
- Complying with Risk Management reporting requirements.

4. RESPECT AND PROTECT CONFIDENTIAL INFORMATION

We will ensure the responsible use of patient, visitor, employee, business or other confidential information by:

- Maintaining the confidentiality of protected health information concerning our patients and TMH by using and sharing it according to established Privacy and other guidelines.
- Limiting access to confidential information to only those who need to know.
- Refraining from discussing confidential information in public areas.
- Preventing others from examining, making copies of or sharing confidential documents or information without authorization.
- Not disclosing to any outside party any restricted nonpublic business information, plans or data acquired during employment with TMH, unless specifically authorized to do so by management.
- Complying with HIPAA's security and privacy standards.

5. CODE, BILL AND COLLECT IN ACCORDANCE WITH APPLICABLE GUIDELINES

We are committed to integrity in our coding, billing and collection practices by:

- Maintaining honest and accurate records of all services provided to patients. We will submit charges for services and products in accordance with applicable laws and regulations.
- Ensuring bills submitted for payment are properly coded, documented and billed in accordance with applicable laws and regulations.

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Corporate Compliance Information; continued

*Code of
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- Ensuring that medical information is properly documented in patient records.
- Using codes that accurately describe the services that were appropriately ordered by physicians or health affiliates and actually provided to patients.
- Preventing the submission of claims for payment or reimbursement of any kind that are fraudulent, abusive, inaccurate or medically unnecessary including, but not limited to the following:
 - Billing for items or services not provided to patients;
 - Upcoding for higher reimbursement than is supported by documentation;
 - Submission of claims for outpatient services that are required to be included with an inpatient stay.
 - Submission of duplicate bills (more than one claim for the same service);
 - Unbundling claims (submission of bills in a fragmented fashion to maximize reimbursement if guidelines require the services be billed together);
 - Inclusion of costs that are not allowable to be reimbursed in a cost report; and
 - Billing for a patient discharge when it is appropriate to bill the claim as a patient transfer.
- Taking immediate steps to correct an error, and promptly refund or collect any payments due and owed in accordance with TMH Policies and Procedures should a billing error be discovered.

6. AVOID CONFLICTS OF INTEREST

We will conduct ourselves with integrity, honesty and fairness to avoid any conflict between personal interests and the interests of TMH by:

- Graciously declining any offers of money from patients, their families, visitors and others which are not intended for the benefit of TMH and refer such offers to the TMH Foundation.
- Not providing, or appearing to provide, payment or other benefits for referrals of patients.
- Not accepting gifts/gratuities offered in exchange for favorable treatment.
- Not using any proprietary or nonpublic information acquired as a result of employment with TMH for personal gain or the gain of another organization.

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Corporate Compliance Information; continued

*Code of
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- Not accepting educational activities grants that create the appearance of a conflict of interest or exchange for favorable treatment.
- Following the Conflict of Interest Policy in reporting any circumstances that could cause a conflict of interest.
- Conducting all fundraising ethically, within the guidelines and in support of TMH and the TMH Foundation.
- Not contributing or donating TMH funds, products, services or other resources to any political cause, party or candidate without the advance approval of the General Counsel.

7. SAFEGUARD ASSETS, PROPERTY AND INFORMATION

We will use our resources wisely and will be accountable for their proper use by:

- Maintaining, preserving and being personally responsible for TMH assets, property, facilities, equipment and supplies, as well as the property of others.
- Reporting time records accurately and using time at work responsibly for work-related activities.
- Ensuring that property is disposed of in accordance with TMH Policies and Procedures.
- Using E-mail, Voice-mail, Intranet, Internet and other present and future electronic communication responsibly and for approved business purposes in accordance with TMH policies and procedures.

8. MAINTAIN A SAFE ENVIRONMENT

We are committed to providing a safe environment for our patients, staff and visitors by:

- Recognizing, correcting and/or reporting unsafe practices, conditions or potential hazards that may violate any rule, regulation or TMH policy and procedure.
- Refraining from any threats or acts of violence. Immediately reporting such acts or threats to a supervisor and/or Security.
- Using TMH equipment, property and medical products appropriately.
- Using care in the handling and disposal of medical waste or other hazardous materials.
- Eliminating or minimizing hazards to the health and safety of employees, patients and visitors.

Continued on Next Page

Corporate Compliance Information; continued

*Code of
Conduct and
Business
Practice
Guide,
continued*

- Refraining from using illegal drugs either on or off the job, using non-prescribed controlled substances, or reporting to work under the influence of alcohol.
- Not manufacturing, distributing or possessing a controlled substance or drug not medically authorized.

9. WHAT TO DO WHEN YOU BELIEVE THERE MAY BE A PROBLEM

- Refer to TMH's Compliance Program and/or Policies and Procedures for additional information.
- Contact your department manager or, if necessary, up to the appropriate Vice President.
- Contact Human Resources for employment-related matters to begin the Problem Resolution Procedure as outlined in the TMH Personnel Policy and Procedures Manual.
- Contact the Compliance Office at 431-COMP (2667) or the Compliance Helpline at 1-877-772-6723 to seek additional information or report improper conduct. You are encouraged to resolve issues, whenever possible, by utilizing TMH's Policies & Procedures or by contacting your department manager or, if necessary, other appropriate Vice President. If you are unsuccessful in using this approach, the Compliance Helpline is available to you at 1-877-772-6723 (24 hours per day). When calling the Compliance Helpline, you may remain anonymous. Should you choose to identify yourself, your identity will be protected to the limit of the law. Concerns brought to TMH attention through the Compliance Helpline will be promptly and thoroughly evaluated and investigated for proper resolution.

*Important
Terms to
Know*

- **Abusive/Abuse** – Inappropriate, consistent or incorrect practices that directly or indirectly lead to incorrect payment for services; abusive acts may be committed without certainty of knowledge, willfulness or intention.
- **Billing for Services and Items Not Rendered** – Submitting a claim which represents that the provider performed a service all or part of which was not performed.
- **Colleagues** – All TMH Employees, Medical Staff members, temporary per diem personnel, volunteers, students and others rendering paid or unpaid services to TMH, and all TMH Agents.

Continued on Next Page

Corporate Compliance Information; continued

*Important
Terms to
Know,
continued*

- **Compliance Program** – A process designed to promote ethical and honest practices in our day to day operations, detect and prevent illegal activities by employees, physicians, vendors and all others providing services and/or doing business within TMH.
- **Conflicts of Interest** – Any situation in which the personal interest of any individual may conflict with the interest of the TMH System.
- **Copyright Laws** – Laws granting the legal right for exclusive publications, products, sale or distribution of material to the author or designated individual. Material cannot be reproduced without written permission of the copyright holder.
- **Credentialed/Credentialing** – The process of assessing qualifications and granting privileges to licensed health care professionals to treat patients.
- **Duplicate Billing** – Submission of more than one claim for the same service of the bill is submitted to more than one primary payer at the same time.
- **Fraudulent/Fraud** – False statements, representation or concealment of material facts to obtain a benefit or payment for which no entitlement exists; acts that are committed knowingly, willfully and intentionally.
- **Good Faith Reporting** – Reporting an act of known or suspected non-compliance based upon facts or observations that the individual making the report considers to be true to the best of their knowledge and belief.
- **Harassment** – An inappropriate or unwelcome act or series of acts that significantly impacts the ability of another individual to perform his/her duties.
- **Informed Consent** – Informed consent is a process which involves exchange of information between the patient and practitioner as well as permission, approval or assent. Informed consent is consent given by the patient based on knowledge of the nature of the procedure to be performed and its risks, benefits and alternatives, including neuroleptic drugs.
- **TMH Agents** – Includes all persons and entities that have contracted with TMH to provide health care related services, equipment or other goods or services.
- **Upcoding** – The practice of using billing codes that provide a higher payment rate than the billing code that actually reflects the service furnished to the patient.

Continued on Next Page

Corporate Compliance Information; continued

***Reportable
Acts***

The following are reportable acts:

- **Waste**
- **Fraud**
- **Abuse**

Contact the Compliance Office at 431-COMP (2667) or the Compliance Connection Helpline at 1-877-772-6723 to seek additional information or report improper conduct.

See **Appendix A** for more information regarding TMH's Corporate Compliance Program and a list of resource staff and their contact information.

Continued on Next Page

Corporate Compliance Information; continued

HIPAA Privacy and Security Rules

In today's healthcare industry, health information is frequently created, stored or shared electronically through the use of computers, email, fax machines, and the internet. The positive and negative features of this new communication environment have been debated and now these communications are regulated by law. The Health Insurance Portability Act of 1996 (HIPAA) was created for the following purposes:

- To guarantee portability of health insurance coverage
- Reduce Fraud and Abuse
- Protect Patient Information
- Establish Standards for simplification of the administration of health insurance claims

Generally, the Act provides standards and requirements for maintaining and transmitting health information including:

1. **Transaction and Code Set Standards:** The Transaction and Code Set Standards define and standardize the form and format of health insurance claims.
2. **Privacy and Security Standards:** Developed to protect the confidentiality and security of health information (known as **Protected Health Information** or **PHI**).
 - The Privacy Standards deal with all forms of health information – oral, written, and electronic. There are policies & procedures that became effective on April 14, 2003 because of these standards.
 - The Security Standards deal with information created, maintained or transmitted electronically. The Security Standards were released in final form on February 13, 2003 with a compliance date of April 21, 2005.

See **Appendix B** for more information regarding HIPAA and TMH Privacy Officer contact information.

Patient Information

Patient Rights and Responsibilities

Patients at Tallahassee Memorial Hospital have certain rights and responsibilities. When patients understand these rights and responsibilities, they can contribute to the effectiveness of their treatment and the quality of their care.

As a member of the healthcare team, you can play an important role in educating patients and their families. A summary of the *Patient Rights and Responsibilities* that reflect TMH's concern and commitment to patients is found in **Appendix C**. This list refers to all patients; the parents or guardians if the patient is a newborn, child or adolescent; or person acting on their behalf if the patient is incapacitated. This summary is part of the Patient Admission Packet.

Advance Directives

“Advance Directives” means a written instruction, such as a living will, designation of healthcare surrogate, organ donation direction, or durable power of attorney for healthcare, signed by the patient, recognized under state law, and related to the provision of healthcare when the person is incapacitated. Advance Directives are important when severe illness or accident makes the patient unable to communicate. These directives allow the patient to be treated as if the patient were able to communicate health care decisions.

Information on the extent to which the hospital is able, unable, or unwilling to honor advance directives is given to every patient upon admission. Individuals are not required to complete advance directives. Tallahassee Hospital will not condition the provision of care or otherwise discriminate against an individual based on whether or not the individual has executed an advance directive.

For more information on “Advance Directives”, refer to Administrative P&P 40-61.

Continued on Next Page

Patient Information; continued

Abuse, Neglect, and Exploitation

Tallahassee Memorial Hospital's Administrative Policy and Procedure (Administrative P&P 40-59, 40-39, 40-73 Abuse Child, Abuse Adult, Abuse Domestic Violence) describes our duties and responsibility in reporting abuse, neglect, and exploitation cases. Please refer to the above policy for an extensive list of characteristics of abuse, neglect, or exploitation, as well as the reporting contact information.

- **“Domestic Violence”** is any assault, battery, sexual assault, sexual battery or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single dwelling unit.
- **“Abuse”** is intentional maltreatment or infliction of injury, either physical or psychological, upon an elderly or disabled adult. This includes mental, physical, or sexual abuse:
 - Mental Abuse - includes humiliation, harassment, and threats of punishment or deprivation.
 - Physical Abuse - includes hitting, slapping, pinching, or kicking. Also includes controlling behavior through corporal punishment.
 - Sexual Abuse - includes sexual harassment, sexual coercion, and sexual assault.
- **“Neglect”** is failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. This includes withholding food, hydration, clothing, medical care, and good hygiene.
- **“Exploitation”** of the elderly or disabled is knowingly obtaining or using or trying to obtain or use an elderly or disabled adult person's funds, assets, or property with the intent to temporarily or permanently deprive them of the use, benefit or possession of funds, assets, or property or to benefit someone other than the elderly or disabled adult by a person or conspiring to do the same with another person.

Continued on Next Page

Patient Information; continued

*Abuse,
Neglect, and
Exploitation,
continued*

Florida law mandates that any physician, nurse, or hospital employee that is involved in the admission, examination, care or treatment of a person with suspected abuse, neglect, exploitation **MUST report this to the Department of Children and Family Services @ 1-800-962-2873.**

- The patients' primary physician and case management should be notified.
- An incident report must be made and forwarded to Risk Management.
- Document in the patient's medical record date, time, name, and title of the person to whom you reported the suspected or actual abuse, neglect, or exploitation.

The patient/family may access protective services independently. Case Management Services can provide assistance. Please check the TMH abuse policy for the list of protective services and advocacy groups.

See **Appendix D** for the physical indicators of elderly abuse and neglect

See **Appendix E** for physical and behavioral indicators for the abuse and neglect of children

Clinical Information

Restraint and Seclusion Policy

PURPOSE:

To promote an environment that reduces restraint use through preventive strategies or use of alternatives, to use the least restrictive methods(s) to prevent harm to self or others and /or to minimize interruption of therapies or treatments necessary for patient well-being, to protect patient's health and safety and to preserve their dignity, rights and well-being when restrained, to eliminate the use of restraints whenever possible and, when they are used, to discontinue their use as soon as possible.

DEFINITIONS:

Restraint: Direct application of physical force to a patient, with or without the patient's permission, to restrict his or her freedom of movement. The physical force may be human, mechanical devices, or a combination thereof. Some devices serve multiple purposes (i.e., Geri chair, side rails, sheets...). Such devices are considered a restraint when they are used to restrict a patient's movement and cannot easily be removed by the patient.

Non-behavioral use: Restraints used to the promotion and / or maintenance of medical healing, including the limitation of mobility, and preventing removing of necessary equipment (i.e., IVs, tubes, monitors, oxygen...)

Behavioral use: restraint (or seclusion) used when there is imminent risk of the patient physically harming himself or others and nonphysical interventions would not be effective; often involves an emotional or behavioral disorder.

Seclusion: Involuntary confinement of a person in a locked room.

Chemical restraint: a medication used to control behavior or to restrict the patient's freedom and is not a standard treatment for the patient's medical or psychiatric condition.

Licensed Independent Practitioner (LIP): Any individual permitted by law and by the hospital to provide patient care services without direction or supervision, within the scope of the individual's license and consistent with the individually granted clinical privileges. (In this policy, references to LIP = physician / MD.)

Nurse: In context of this policy, applies to either RN or LPN who is competent and trained in restraint use. "RN" is used when the statement applies only to a registered nurse.

Qualified caregiver: Clinical caregiver who has been trained in the application and release of restraints.

Continued on Next Page

Clinical Information; continued

Non-behavioral use of restraints

- Physician's order must be **renewed every 24 hours**.
- The patient must be **released a minimum of every 2 hours** for range of motion, food, fluids, toileting and assessment.
- Restraints are discontinued if the behavior is resolved, a sitter is with patient, or clinical justification no longer exists.
- Patients are not restrained in the prone position. Patients restrained in the supine position are done so in a manner to prevent aspiration.
- For patients in non-behavioral restraints, attempt a trial release daily and document response in nurse's note on the restraint treatment plan.
- Only hospital approved restraints will be utilized. Restraint options include:
 - 1.) 2 point restraints – alternate limbs restrained
 - 2.) 3 point restraints- either one wrist and two ankles OR two wrists and one ankle restrained.
 - 3.) 4 point restraints- two wrists and two ankles restrained.
- Any qualified and trained caregiver may apply the restraints and do ongoing monitoring and documentation.

Behavioral Health / Emergency Use of Restraints

Restraint (or seclusion) used when there is imminent risk of the patient physically harming himself or others and non-physical interventions would not be effective.

- The patient's medical needs are assessed, condition stabilized, and patient transferred to appropriate psychiatric facility as soon as possible.
- The patient must be continuously observed by an assigned staff member
- Observation will be recorded q 15 minutes. Observations and assessments will include safety, signs of injury associated with restraint or seclusion, nutrition / hydration, ROM, VS, hygiene & elimination, signs of physical & psychological distress, and readiness for discontinuation of restraint or seclusion.
- Any qualified and trained caregiver may apply the restraints under the direct supervision of the RN and do ongoing monitoring and documentation. The monitoring caregiver must have visual contact with the patient at all times for fast response if an emergency arises.
- Restraint position: The patient will be placed on his/her back with head elevated. NEVER restrain a patient who is lying on his/her stomach.
- The RN must frequently assess / reassess the patient for continued need for restraints.

Continued on Next Page

Clinical Information; continued

Threatening Behavior

A person's behavior often reflects his or her mood. Emotional responses can vary from calm to anxious, angry, or aggressive. Behavior can also be influenced by injuries and illnesses. Aggressive behavior may be caused by:

- Head injury
- Seizure disorder
- Diabetes mellitus
- Respiratory distress with hypoxemia
- Medications
- Alcohol intoxication
- Substance abuse
- Dementia/cognitive decline

Situations in the hospital can also lead to aggressive behavior by patients or families – some of these are influenced by staff behavior:

- Time delays
- Not understanding staff comments or explanations
- Perceiving staff to be rude or uncaring
- Grief
- Trauma
- Being a victim of a crime

A patient's behavior should dictate the staff member's response. When the patient is anxious but still able to exhibit some control, the most important thing that staff can do is listen.

- When it is time to talk, use a calm, low tone of voice.
- Reassure the patient that his / her needs will be met, but don't make unrealistic promises like "we'll get rid of your pain".
- Set reasonable limits and be prepared to act on them.
- Do not allow patients to make bargains with you.
- Be realistic in the management of patients with severe judgment impairment. Recognize that medications or restraints may be indicated to maintain safety of the patient and to treat their condition.

See **Appendix F** for more information on managing escalating behavior

Continued on Next Page

Clinical Information; continued

Care of the Dying Patient – End of Life Issues

1. **Assessment** (by the RN, in collaboration with the interdisciplinary team)
 - Review chart for presence of advance directives/living will. If none available, discuss with patient/loved ones their wishes regarding end-of-life care and assist patient in formulating an advanced directive, as appropriate.
 - Assess symptoms such pain, discomfort, nausea/vomiting, abnormal patterns of elimination, inadequate nutrition, dehydration and ineffective breathing patterns
 - Monitor coping abilities of patient & loved ones.
2. **Reportable Conditions** – Report the following to the physician:
 - lack of pain relief or lack of relief from obvious discomfort-look for signs such as facial grimacing, tearing, restlessness, air hunger, anxiety, or tachycardia
 - lack of relief from other adverse symptoms
 - adverse reactions or side effects to medications or treatments
3. **Care & Consults**
 - Provide/assist with hygiene/ grooming and other ADLs
 - Position of comfort
 - Symptom control & management (a) non-pharmacologic-presence of family/friends/pastoral care, private & peaceful environment (b) pharmacologic-analgesics and sedatives
 - Discuss care goal with patient/loved ones and allow them to participate in decision making
 - Coordinate visitation, provide privacy, when preferred & encourage loved ones to participate in care, if appropriate
 - Respect patient's/loved ones' cultural, social & spiritual beliefs;
 - To provide a holistic & optimum care, collaborate and consult with the following disciplines, as needed:
 - Case management (social worker)
 - CNS
 - Respiratory therapist
 - Dietitian/Nutritional Support
 - Other – ethics committee
4. **Safety**
 - Appropriate safety monitoring and measures (include assessment for Fall Risk)
5. **Patient/Family Education** – Instruct the patient & loved ones the following, as appropriate:
 - Advance Directives
 - Plan of care, medical management as directed by the physician
 - Appropriate interaction skills with a dying person (e.g. - attentive listening, avoiding false reassurances)
 - Coping skills
 - Provide family with support as needed in the grief process
6. **Documentation** – in daily flow sheets, and other clinical forms as appropriate.
 - assessment findings
 - instructions, interventions & response
 - symptom assessment, interventions & response
 - TMH provides **medical ethics consultation**. Please contact the Medical staff office at 431.5121.

Continued on Next Page

Clinical Information; continued

***Isolation
Precautions:
AIRBORNE
ISOLATION***

PURPOSE:

Utilized to prevent transmission of tuberculosis due to *M. tuberculosis*, *M. bovis* or *M. africanum*, *Varicella*, *Measles*, *Variola*

PROCEDURE:

1. Place AIRBORNE ISOLATION sign on patient's door. Sign indicates the following:

- Wear N95 mask* to enter room
- KEEP DOOR CLOSED* - this is a negative airflow room
- Limit transporting patient to essential purposes. Mask patient with surgical mask for transport and notify receiving department
- Use Standard Precautions for all other aspects of care

**Continue precautions for 1.5 hrs after patient has been discharged from room.*

2. Write AIRBORNE on the Patient Alerts Sticker and affix to the inside front cover of the patient's chart.
3. Personnel and visitors must:
 - a. Wear Respirator Mask (N95) to enter room.
 - b. Keep door closed.
 - c. Utilize Standard Precautions for all other aspects of patient care.
4. Continue the precautions of wearing a respirator mask, keeping the door closed and maintaining the negative air pressure in the room for 1.5 hours after the patient is discharged from the room.
5. Transporting the patient should be limited to essential purposes. The patient should be masked with a surgical mask for transport. The transporter and receiving department are to be notified. (Refer to: **Transporting Patients Who Require Isolation Precautions in Addition to Standard Precautions** for additional instructions.) *Do not place an N95 mask on patient for transport.*
6. The N95 Respirator Mask can be reused by one healthcare worker only it cannot be shared with another person. The respirators should be labeled for each colleague. Store in a clean dry location and discard if damaged or if it becomes wet.

Continued on Next Page

Clinical Information; continued

***Isolation
Precautions:
DROPLET
ISOLATION***

PURPOSE:

Utilized to prevent the transmission of microorganisms which may be transmitted by droplets generated by the patient during coughing, sneezing, talking, or during the performance of procedures.

NOTE: Transmission by droplets requires relatively close contact with the source because droplets generally do not remain suspended in the air for extended periods.

PROCEDURE:

1. Place DROPLET ISOLATION sign on patient's door. Sign indicates the following:

- | |
|---|
| <ul style="list-style-type: none">• Wear surgical mask/eye shield when entering room• Limit transporting patient to essential purposes. Mask patient with surgical mask for transport and notify receiving department• Use Standard Precautions for all other aspects of care |
|---|

2. Write DROPLET on the Patient Alerts Sticker and affix to the inside front cover of the patient's chart.
3. Personnel and visitors must:
 - a. Wear Mask/Eye Shield protection when entering the patient's room.
 - b. Utilize Standard Precautions for all other aspects of patient care.
4. Refer to the specific disease/infection on the alphabetical listing (adult or pediatric) for additional recommendations. (Note: A patient with Influenza or one of the hemorrhagic fevers, i.e., Ebola-Marburg viral disease or Lassa fever, requires a negative air pressure room in addition to the other measures required by Droplet Isolation.)
5. Transporting the patient should be limited to essential purposes. The patient should be masked with a surgical mask for transport the transporter informed and receiving department notified. (Refer to: **Transporting Patients Who Require Isolation Precautions in Addition to Standard Precautions** for additional instructions.)

*Enhanced
Droplet
Isolation* is used for H1N1 and requires N 95 mask.

Continued on Next Page

Clinical Information; continued

***Isolation
Precautions:
CONTACT
ISOLATION***

PURPOSE:

Utilized to prevent transmission of microorganisms which may be transmitted by direct contact with the patient (i.e., hand or skin-to-skin contact) that occurs when performing patient-care activities that require touching the patient's intact skin) or indirect contact (i.e., touching) with environmental surfaces or patient-care items in the patient's environment.

PROCEDURE:

1. Place CONTACT ISOLATION sign on patient's door. Sign indicates the following:

- | |
|---|
| <ul style="list-style-type: none">• Wash hands before donning gown/gloves and immediately after removing gown/gloves• Wear gown and gloves to enter room• When transporting patient, place clean gown & sheet on patient and notify receiving department• Use dedicated patient care equipment only• Use Standard Precautions for all other aspects of care<ul style="list-style-type: none">○ Mask with eye shield required○ Soap & Water only hand hygiene |
|---|

2. Write CONTACT on the Patient Alerts Sticker and affix to the inside front cover of the patient's chart.
3. Personnel must:
 - a. Wear gloves and gown to enter the room each time regardless of patient care need.
 - b. Perform hand hygiene immediately after removal of gloves and/or gown.
 - c. Use dedicated patient care equipment for each patient.
 - d. Utilize Standard Precautions for all other aspects of patient care.
4. Refer to the specific disease/infection on the alphabetical listing (adult or pediatric) for additional recommendations.
5. Place a clean gown and sheet on the patient and notify the transporter and the receiving department of isolation status. For transporting the patient refer to **Transporting Patients Who Require Isolation Precautions in Addition to Standard Precautions** for instructions.

Continued on Next Page

Clinical Information; continued

Hand Hygiene Hand hygiene is the single most important practice to reduce the transmission of infectious agents in healthcare settings and is an essential element of standard precautions.

When do you perform hand hygiene?

- Hand hygiene should be performed before and after: patient care, eating, using restroom facilities, after glove removal, contact with environmental surfaces in the immediate vicinity of patients, lifting or transporting a patient and whenever hands may become contaminated

How to Perform Hand Hygiene

- Alcohol-based hand gels are the most efficacious agent for reducing bacteria on the hands. Alcohol based gels are NOT appropriate for use with suspected or confirmed Clostridium Difficile (C. Dif).
- Patient care colleagues may NOT wear artificial fingernails or extenders and MUST keep natural fingernails ¼ inch or less in length.
- Moisturizing hands helps to maintain skin integrity; only a lotion approved by Infection Control/ Occupational Health should be used. (Some lotions/ products may contain petroleum which can cause microscopic deterioration of gloves, reducing the effectiveness.)

Alcohol-based Hand Gel Procedure:

- Apply an adequate amount of hand gel to allow for adequate coverage of ALL hand surfaces
- Run all over hand surfaces and allow to dry thoroughly without wiping them with a paper towel

Hand washing Procedure:

- Turn water on to a warm temperature
- Wet hands and dispense a small amount of soap
- Using friction and keeping hands lower than the elbows work soap into a lather paying special attention to the areas between the fingers and the nail beds.
- Wash for 15 seconds or sing two happy birthdays to time this activity
- Rinse hands well
- Using paper towels dry hands
- Use paper towel to turn off faucets.

Continued on Next Page

Clinical Information; continued

***Fall
Prevention for
the Adult
Patient***

GOALS:

1. Falls and/or complications related to falls are prevented.
2. A safe environment is maintained for the patient.

ASSESSMENT:

1. Assess the patient for the following risk factors on admission:
 - a. Cognitive or physical deficits that may increase the potential for falling
 - b. Communicative barriers (i.e. non-verbal, hard of hearing, different language)
 - c. History of falls
 - d. Altered mobility
 - e. History of orthostatic hypotension, dizziness and/or vertigo
 - f. History of weakness
 - g. History of incontinence and/or urinary frequency
 - h. Uncompensated sensory deficits that would impede safe access to restroom facilities, chair, etc.
 - i. Currently taking laxatives, diuretics, and/or sedatives, antihypertensive, psychotropic drugs
 - j. 65 years or older
2. Utilizing the following Morse Risk Assessment Tool, assess as follows for an increased risk of falling:
 - a. Assess the adult patient on admission and then every shift
 - b. Assess the obstetrical patient on admission and then every morning

Continued on Next Page

Clinical Information; continued

*Fall
Prevention
for the Adult
Patient,
continued*

Morse Risk Assessment Tool		
History of falling	No = 0	Yes = 25 A fall immediately prior to admission, fall during admission or one fall every 6 months in long-term care
Secondary Diagnosis	No = 0	Yes = 15 Two or more medical diagnoses are listed on the patient's chart
Walking aid	No = 0	Crutches/Cane/Walker = 15 Furniture = 30 Walks clutching furniture for support
IV therapy/ pump	No = 0	Yes = 20 IV or saline lock
Gait	Normal/Bedfast/ Wheelchair/Immobile = 0 Patient has normal gait, head is erect, arms swing freely or is on bed rest or immobile	Weak = 10 Patient has a weak gait with stooped posture or uses the support of furniture with featherweight touch; steps are short or may shuffle Impaired = 20 Patient has difficulty rising from chair, balance is poor, grasps on to furniture or a support person, uses a walking aid for support or cannot walk without assistance
Mental Status	Oriented to own ability = 0 Patient's self assessment of own ability matches nurse's/ physician's assessment or orders	Overestimated/forgets limitations = 15 Patient is unrealistic or overestimates his or her ability and forgetful of limitations
A score of 55 or greater means the patient is high risk for falls		

Continued on Next Page

Clinical Information; continued

*Fall
Prevention for
the Adult
Patient,
continued*

INTERVENTIONS for Standard Fall Precautions:

NOTE: This applies to ALL adult patients admitted to the hospital.

1. Place the call light and any personal items, including urinal or bedside commode, within reach.
2. Use side rails, both upper or both upper and one lower, as needed.
3. Place the bed in the lowest position and make sure wheels are locked.
4. Encourage the patient to wear non-skid socks or rubber soled shoes.
5. Encourage the patient to wear his/her prescription glasses and hearing aids as much as possible while awake.
6. Remove clutter from the floors and room. Maintain a clear path to the bathroom and room door.
7. Provide assistive devices to steady gait. Ask the family to bring in the patient's own assistive device(s).
8. Monitor gait, balance and fatigue level with ambulation. Monitor level of alertness and cognition.
9. Use proper technique to transfer the patient to and from a wheelchair, bed or toilet. Lock the wheels on wheelchairs and recliners.
10. Collaborate with other health care team members to minimize side effects of medications that contribute to falling.
11. Ensure adequate lighting. Consider use of a night light.
12. Ask the patient to call for assistance after receiving sedatives or narcotics.
13. Instruct the patient to sit on the side of the bed a few moments before slowly standing. Do not proceed if the patient is dizzy or lightheaded.
14. Explain to the patient and family about the need for precautions.
15. Provide the patient and family with a "Tips to Avoid a Fall" handout.

INTERVENTIONS for High Risk Fall Precautions:

NOTE: This applies to any patient with a score greater than or equal to 55 on the Morse Risk Assessment Tool.

1. Maintain Standard Fall Precautions interventions as above.
2. Place a "Falling Star" sign on the patient's room door. Exception: At the Behavioral Health Center (BHC), an orange armband will be placed on the patient.
3. If applicable, mark on the yellow "Patient Alerts" sticker that is to be placed on the inside covers of the patient's chart that he/she is on High Risk Fall Precautions. This sticker is then to be checked each night during the 24 hour chart checks to make sure it is correctly marked.

Continued on Next Page

Clinical Information; continued

***Fall
Prevention for
the Adult
Patient,
continued***

4. Check on the patient regularly. Assess for personal needs and assistance in toileting. Ensure that the call bell, urinal, water, etc. are within reach.
5. Consider placing a bedside commode next to the bed.
6. Consider restraints if the patient cannot cooperate with other safety measures.
7. Encourage the family to provide supervision for the patient. Ask them to inform staff when leaving the patient unattended. Assist in obtaining a cot, recliner, etc. if a family member chooses to stay with the patient for prolonged periods. Discuss the use of sitters if the family does not want the patient restrained. Inform the family that TMH does not provide sitters for patients at risk for falls.
8. Collaborate with the physician(s) and pharmacist regarding medications currently ordered which may contribute to a higher fall risk such as narcotics, opioid, diuretics, psychotropics, antihypertensives or sedatives.

TEACHING:

1. Instruct the patient to call for assistance when getting out of bed.
2. Instruct the patient on the importance of wearing prescription glasses and hearing aids as much as possible.
3. Give the patient/family/caregiver a copy of the “Tips to Prevent Falls” handout.
4. Educate the patient and family/care giver about risk factors that contribute to falls and how they can decrease risks. Document this education appropriately.

DESIRED OUTCOMES:

1. The patient does not fall during the hospital stay.
2. The patient/family/care giver verbalizes/demonstrates an understanding of all teaching.

DOCUMENTATION:

1. Refer to Nursing Policy #40-05240: “Charting”.
2. Appropriately document all fall assessments.
3. If a fall occurs, complete the Clarity and forward to Risk Management.

Continued on Next Page

Clinical Information; continued

Patient Transportation

Patient Transportation Services are available Monday-Friday from 7:00am-6:00pm

- Procedures will call unit to allow Nursing services to coordinate
- Nurse determines when the order is placed in PowerChart

When the order is received by the transportation dispatch office, the next available transporter will be dispatched.

Use of Abbreviations and Symbols in Medical Record Documentation

PURPOSE:

The purpose of this policy is to:

- A. Establish standards for the use of abbreviations, acronyms and symbols used throughout the organization.
- B. Eliminate the use of potentially dangerous abbreviations and dose expressions used in prescribing medications.

POLICY:

Symbols and abbreviations may be used in the medical record only when approved by the Medical Staff. Stedman's Book of Abbreviations, Acronyms & Symbols, with the exception of the abbreviations listed on the unacceptable abbreviations list attached, shall be considered the official source of abbreviations for all TMH colleagues. This source shall be made available in all patient care areas and other departments as deemed necessary.

Abbreviations and symbols with more than one definition in the approved reference should be used only when the caregiver is reasonably able to identify the purpose/intent of the prescriber through professional experience and content of orders or notes. When the intent is not clear to the caregiver, the prescriber will be contacted for clarification.

Unacceptable abbreviations and symbols related to medication orders shall be approved by the Medical Staff and published to all caregivers as on the following list. If an unacceptable or unclear abbreviation is used in a medication order, the order will be clarified with the prescriber prior to its being filled.

RESPONSIBILITY:

Each patient care area, clinical department managers and the Chief Medical Officer are responsible for assuring compliance with this policy and procedure.

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Clinical Information; continued

“Do Not Use” List		
The Joint Commission for Accreditation of Health Care Organizations has determined a minimum required list of acronyms, symbols, and abbreviations that should never be used anywhere in the medical record.		
Do Not Use	Potential Problem	Preferred Term
U (unit)	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write "International Unit"
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d, qod (once daily & every other day)	Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I"	Write "daily" Write "every other day"
Trailing zero (X.0 mg) Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

Risk Management Information

2009 National Patient Safety Goals and Universal Protocol

There are some particular areas of patient safety that have become the national focus for JCAHO. TMH is committed to making a culture of safety our priority. The following goals are those that apply to the inpatient setting.

***Joint
Commission
Safety Goals***

Goal 1: Improve the accuracy of patient identification

- Our 2 patient identifiers are the Patient Name and FIN (Financial Identification Number) for medication administration, blood samples and other specimens: Take MAR/Comparison document to the bedside. Label blood and other specimens in presence of patient

Goal 2: Improve the effectiveness of communication among caregivers

- “Write and read-back” verbal orders and critical values
- Do not use unsafe abbreviations
- Write legibly and ask doctors to do like wise.
- There is a process in place to ensure the timely reporting of critical lab values, including reporting of critical test results from other departments as well (radiology, cath lab, etc)
- Implement a standardized approach to “hand off” communications, including an opportunity to ask and respond to questions. (change of shift report, transfers to another floor or facility, transfer of care during meal breaks or other times the patient’s primary caregiver is off the floor)

Goal 3: Improve the safety of using medications

- Standardize and limit the number of drug concentrations available in the organization.
- Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization, and take action to prevent errors involving the interchange of these drugs.
- Label all medications, medication containers (e.g. syringes, medicine cups, and basins) or other solutions on and off the sterile field in perioperative and other procedural settings.

Goal 7: Reduce the risk of health care-acquired infections ~

- Comply with current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.
- Use hand hygiene products before care and between steps of care
- Use hand hygiene when you enter a patient’s room to perform an intervention
- Encourage patients, visitors, and all caregivers to use hand hygiene
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with health care-associated infection

Continued on Next Page

Goals

Goal 8: Accurately and completely reconcile medications across the continuum of care

- Use a process for obtaining and documenting a complete list of the patient's current medications upon the patient's admission to the organization and with the involvement of the patient. This process includes a comparison of the medications the organization provides to those on the list.
- A complete list of the patient's medications is communicated to the next provider of service when it refers or transfers a patient to another setting, service, practitioner or level of care within or outside the organization.

Goal 9: Reduce the risk of patient harm resulting from falls

- Implement and evaluate the effectiveness of the Fall Prevention Program.

Goal 13: Encourage patients' active involvement in their own care as a patient safety strategy

Goal 15: The organization identifies safety risks inherent to its populations

- Identify patients at risk of suicide and provide resource information at discharge

Goal 16: Improve recognition and response to changes in the patient condition-MET (Medical Emergency Team)

UNIVERSAL PROTOCOL (Eliminate wrong-site, wrong-patient, wrong-procedure/surgery)

For all procedures requiring a consent:

- Conduct a pre-operative verification process (correct person, procedure, site, relevant documentation, images and required equipment)
- Mark the operative site "yes" in conjunction with the patient's input.
- Implement a time-out before starting any invasive procedures (other than IVs), to properly identify the patient and procedure. Document that this step was performed.

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Risk Management Information

Incident Reporting System

An incident is "any happening not consistent with the routine operation of the hospital or the routine care of a particular patient which causes harm. It may be an accident or a situation which might result in an accident". Employees and physicians are obligated to report incidents.

Further, Florida law also places a legal obligation on all health care providers, agents, and hospital employees to report incidents to Risk Management. Incidents are to be reported immediately, particularly those involving:

- a) death of a patient
- b) brain or spinal damage to a patient
- c) performance of a surgical procedure on the wrong patient
- d) performance of a wrong site surgical procedure
- e) performance of a wrong surgical procedure.

Healthcare *SafetyZone* Portal located at:

<http://172.16.32.50/hsz101/home.aspx>

What is it? **An online reporting and educational forum** ... to increase our awareness of events that signal harm or potential harm to our patients, staff and visitors and support our efforts to enhance service and safety.

How to use it? **Select and click** ... to submit a report click the center button or to view policies, procedures, and educational materials without submitting a report, select and click *Library*, the other topic headings, or *Search*.

Policy Reference

Administrative P&P 10-8 Incident Reports

See **Appendix G** for a list of reportable incidents

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Risk Management Information; continued

Working in an Inter- disciplinary Team Setting

Providing safe patient care requires team effort. Every member of the health care team has a key role in ensuring an error-free health care environment.

Interdisciplinary communication has a relationship to patient safety. JCAHO's research into sentinel events identified that a contributing factor to every event is unclear communication. Our aim is to increase your awareness about team dynamics, developing mutual understanding, and the **importance of communication and collaboration.**

As a TMH colleague or student/faculty member, you have a vital role in effective communication. Team training facilitates communication among health care providers.

What is your focus?

- Be aware that **effective communication** is the key to excellence in patient care.
- Recognize that everyone at TMH has the potential to play a significant role in the care and treatment of patients.
- Respect the advice and suggestions any employee, student, or volunteer has to offer.
- Do your part in making every member of the team feel comfortable in contributing.
- Seek every opportunity the hospital offers to improve how you perform as a member of an interdisciplinary team.
- Remember, it's all about the patients.

As part of the hospital team, you are expected to:

- Serve the needs of our patients as part of an interdisciplinary team.
 - Get the most out of being a team player for yourself and for the well-being of your patients.
 - Use only approved, recognized, abbreviations, as trained.
 - Properly report all errors or near misses.
 - Follow all nationally recommended safety guidelines.
 - Support a blame-free culture.
 - Remember our "Golden Moment" for procedures.
-

Appendix A

Corporate Compliance Program

Reporting: TMH colleagues are encouraged to report actual or perceived violations of the Corporate Compliance Code of Conduct utilizing various reporting methods including:

- Contacting the colleague's Supervisor or Department Director
- Contacting any Corporate Compliance Officer
- Contacting the Corporate Compliance Office directly at 2667
- Placing a call to the 24 hour Compliance Helpline at **1.877.772.6723**

TMH is committed to an environment that encourages reporting of perceived or actual violations to the TMH Corporate Code of Conduct. You will not be punished for raising an issue in good faith.

The following staff members are your resources in the Corporate Compliance Program at Tallahassee Memorial HealthCare Inc.:

Name and Title	Department	Telephone
Corporate Compliance Department Staff		
Richard Zyski – Corporate Compliance Officer	Corporate Compliance	850.431.5339
Richard Zyski - Corporate Compliance/Privacy Officer	HIPAA/Privacy Officer	850.431.5339
Integrity Liaisons – Tallahassee Memorial HealthCare		
Judy Davis – Director of Risk Management	Administration	850.431.5364
Bill Giudice – Chief Financial Officer/VP	Finance	850.431.5238
Barbara MacArthur – Chief Patient Services Officer/VP	Patient Care Services	850.431.5304
Jason Moore – Chief Operating Officer/VP	Administration	850.431.5876
Dr. John Mahoney – Chief Medical Officer/VP	Medical Staff Office	850.431.5121
Steve Adriaanse – Chief Human Resources Officer/VP	Human Resources	850.431.2048
Warren Jones – Chief Communications Officer/VP	Public Relations	850.431.5450
Don Lindsey – Chief Information Officer/VP	Information Technology	850.431.5662
Mark O'Bryant – Chief Executive Officer	Administration	850.431.5380

Appendix B

HIPAA Privacy Standards

First and foremost, the HIPAA Privacy Standards address the rights of patients concerning the use and disclosure of their protected health information. They were developed to provide federal-level protection of the privacy and confidentiality of a patient's health information.

Patients are granted certain rights under the HIPAA Privacy Standards.

- 1. Notice of Privacy Practices:** Patients have the right to receive a copy of the hospital's Notice of Privacy Practices (NPP).
 - The NPP describes the ways in which we access, use, and release (disclose) their health information during the course of providing health care services.
 - The NPP provides our patients with a notice of their rights and our legal duties under the HIPAA Privacy regulations.
 - On the first date of service occurring on or after April 14, 2003, the hospital began providing its patients with a copy of the NPP. The Privacy Standards also permit the NPP to be mailed if the service is not face to face and to be provided as soon as is reasonably possible in an emergency situation.
 - Delivery of the notice is only required **once** in the patient's association with the hospital. We are not required to issue the notice at each encounter. We must make a "good faith effort" to get a written acknowledgement that the patient **received** the Notice.

Note: The acknowledgement is that the patient *received* the Notice. There is no requirement or expectation that there be an acknowledgement of acceptance or understanding of the Hospital's privacy practices.
- 2. Restrictions on Uses and Disclosures:** Patients have the right to request that we not use their information for certain purposes, such as the inclusion in the patient directory, marketing, etc. However, we do not have to agree to the restrictions requested.
- 3. Confidential Communications:** Patients have the right to receive communications about their protected health information in a confidential manner. A patient may request to be taken to a private area to discuss his or her health situation or may request that billing information be sent to a different address.
- 4. Sensitive Subjects:** The only class of information that is given special protection under the **HIPAA** Privacy regulations is psychotherapy notes. Specific authorization is required for release of psychotherapy notes. However, other information that is commonly considered as "Super Confidential" such as general mental health records, substance abuse and HIV information continues to be governed by applicable state law and is not separately addressed by HIPAA other than as PHI.

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5. **Authorization for Release of PHI:** Hospitals are permitted to use and disclose PHI for the purposes of Treatment, Payment, and Health Care Operations or as required by law. Any other use or disclosure of PHI will require an explicit Authorization from the patient.
6. **Accounting for Disclosures:** Patients have the right to request a written listing of who we disclosed their PHI to (outside the hospital) for purposes other than treatment payment or health care operations.
7. **Right to Access:** Patients or their legal representatives have the right to review their PHI. They may inspect the actual record or obtain a copy. However, if the release of the information contained in the record could present a danger to the patient or others, we are permitted to suspend the patient's access rights.
8. **Right to Request Amendment of PHI:** Patients have the right to request amendment (correction) of information in their medical record. This request must be made in writing.
 - a. We may deny the patient's request if the information to be amended:
 - Was not created by us (came from another provider)
 - Is not part of the official record
 - Is accurate and complete
 - b. We will not alter or delete information in the medical record; amendments will be added to the record.
9. **Complaints:** Patients have the right to file a complaint with the hospital and / or with the Department of Health and Human Services if they feel their privacy rights under the HIPAA Privacy regulations have been violated. The patient should not be **retaliated** against for issuing a complaint.

Basic Concepts of the HIPAA Privacy Standards

1. What is the information we are supposed to protect?

There is a great deal of information sharing in a hospital. The HIPAA Privacy Standards are only concerned with a specific type of information: Individually Identifiable Health Information (**health-related information that can be traced back to the patient to which it relates**).

- The information can be actual medical information related to the care given (e.g., lab results, progress notes, dictated reports, physician orders, nurses notes)
- Or it can be information related to payment for the health care given (patient bill, UB92, HCFA 1500 form, account notes in the Hospital Information System).
- The information can be about past, present, or future activities related to the patient's health care
- The information can be in any form (oral, written, or electronic format).

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Any health information that meets the definition above is considered **Protected Health Information** or “**PHI**” according to the HIPAA Privacy Standards. From a practical perspective, this is essentially all of the patient-related information you would work with at the hospital.

2. How is this Protected Health Information utilized?

The HIPAA Privacy Standards and Security Standards address the concept of **Access** related to PHI. The HIPAA Privacy Standards address two different activities related to PHI: **Use** and **Disclosure**.

- **Access:** Your ability to see, hear, or read protected health information (PHI).
 - Access to the computer system
 - Access to the medical record
 - Access to the patient, physicians, or other healthcare employees
- **Use:** Taking that information you have accessed and using it or sharing it with others within the hospital.

Examples:

- To provide treatment to the patient
 - To communicate with other departments about patients
 - To monitor quality of services
- **Disclosure:** Sharing (releasing or transmitting) PHI to people or organizations **outside of the hospital**. It may be oral disclosure, disclosure of written documents or electronic disclosure.

Examples:

- Sending reports to a doctor or another hospital
- Filing a claim to an insurance company
- Reporting communicable diseases to the health department

Hospitals are familiar with the practice of “Release of Information” associated with the release of a medical record to the patient or another outside individual or entity. The vast majority of the official releases of information are handled through the Medical Record Department. It is very important for the Medical Record Department to control or coordinate the releases of medical record documents to assure that standards are met and releases are tracked.

3. How and where is PHI used and disclosed?

Hospitals are permitted to use and disclose PHI for some activities without seeking the patient’s consent. Hospitals may, without the patient’s consent, use and disclose protected health information for the purposes of **Treatment, Payment, and Health Care Operations** otherwise known as “**TPO**”.

- **Treatment:** We may use and disclose PHI to **treat** the patient. Treatment providers include individuals who are part of our work force as well as those who are independent of the hospital yet directly involved in providing treatment services for the patient.

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- **Payment:** We may use and disclose PHI to seek **payment** for the services we have provided or will provide to the patient. This includes activities to determine future eligibility (getting authorizations from health plans prior to providing services).
- **Health Care Operations:** We may use or disclose PHI for activities that are necessary to run the hospital and to monitor and improve the quality of the services we provide. The use or disclosure of PHI for Health Care Operations is permitted only between individuals (or organizations) that have or have had a relationship with the patient.
- Examples:
 - Quality assessment and improvement activities
 - Reviewing the competence or qualifications of health care professionals and evaluating practitioner and provider performance
 - Conducting training programs for students trainees or practitioners and training of non-health care professionals
 - Accreditation, licensing, certification or credentialing activities
 - Conducting or arranging for medical review, legal services, and auditing functions, and compliance programs
 - Business planning and development activities related to managing the covered entity
 - Business management and general administrative activities of the covered entity
 - Use of PHI for the purpose of customer service activities as long as PHI is not inappropriately disclosed
 - Resolution of internal grievances

We may also disclose PHI for Health Care Operations to those individuals or organizations with which we have a Business Associate Agreement.

- **Business Associates:** Business Associates are people or entities outside of our workforce that perform functions on our behalf and with whom we would normally share PHI in order for them to perform those functions for us. Under the HIPAA Privacy Regulations, we are responsible for the manner in which our Business Associates use and disclose PHI that they have received from us. Because of this, we have and will establish contractual agreements (**Business Associates Agreements**) that hold our Business Associates to the same requirements that we are held to under HIPAA.

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4. Do the HIPAA Privacy Standards impose limitations on what or how much PHI may be released?

The Standards state that when accessing, using, or disclosing PHI (in any form), we must limit the access, use or disclosure to only the information that is necessary to fulfill the purpose. There are no hard and fast rules or lists that define what is “**minimum necessary**” in every setting. Professional judgment will often be employed in determining what is necessary to meet any specific situation involving the release of PHI.

In fact, there are certain circumstances in which the Minimum Necessary provisions do not apply, such as:

- The purpose of the use or disclosure is for **treatment of the patient**;
- Disclosing a patient’s **own PHI to that patient**;
- The use or disclosure is made based on a **valid Authorization** (from the patient);
- Providing a patient with an **accounting of disclosures** of his/her PHI;
- Disclosing PHI to the Department of Health and Human Services for **compliance or enforcement purposes**; or
- The disclosures are **required by law**.

Personnel Access to PHI: Because of the Minimum Necessary provisions, we have assessed job assignments within the Hospital to determine how much PHI each position needs to access. Policies and procedures have been developed to define this and help assure that personnel access only information necessary to do their jobs. Inappropriate access of PHI, including yours or that of your family, is a violation of TMH policy and will result in disciplinary action, up to and including termination of employment.

If you have any questions about the HIPAA Privacy Standards or patient confidentiality in general please contact the TMH Privacy Officer.

TMH Privacy Officer	Richard Zyski	850.431.5339
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HIPAA Security Rule

ePHI – Electronic Protected Health Information

You are aware of the HIPAA Privacy Rule – federal standards that protect our right to privacy & confidentiality. Now there is a second set of federal standards to protect health information in electronic form. This is the HIPAA Security Rule.

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Covered entities are expected to comply with the Security Rule by April 21, 2005.

The Security Rule protects the following:

- Confidentiality of electronic protected health information, termed ePHI.
- Integrity of ePHI – this means that once ePHI is created it can't be tampered with.
- Availability of ePHI – ensuring information can only be accessed by people with the authority to do so whenever it is needed.

The Security Rule is divided into 3 parts. They cover the policies, procedures, processes & systems you need to protect ePHI from the time it is created to its disposal and all parts in between.

Administrative Safeguards

Administrative safeguards are carried out by teams, managers & the designated HIPAA Security officer who has the ultimate responsibility for TMH's security program.

- Security incident policies on how to handle violations & security breaches. This includes internal process for reporting security concerns and infractions.
- Contingency plans that outline how to respond in emergencies or natural disasters that damage ePHI.
- Back-up systems off-site that can be retrieved quickly in the event of an emergency or disaster.
- On-going evaluations & audits to ensure TMH is in compliance with the Security Rule.

Computer passwords

- Never share your password – they could breach security in your name.
- If someone is terminated, steps are taken to lock the person out of the system.
- Each user must use their unique user identification to log on and access ePHI to verify that the person logging on to workstation is who he/she claims to be.
- Passwords to log on to your workstation are changed regularly.

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Physical Safeguards

Physical safeguards address the protection of physical things such as computer systems and high tech equipment as well as the facility where ePHI is stored.

- Physical access controls limit access of ePHI and ensure an authorized person can access data when they need it.
- Facility access controls to protect areas where ePHI is housed.
- Security guards and ID verifications, such as ID badges and nametags.
- Device & media control to ensure the security of ePHI when moving or disposing of hardware or software both inside & outside TMH.
- Workstation guidelines to secure areas where ePHI is accessed & guarded against unauthorized access including laptops & PDAs on & off campus.
- Workstations located away from public areas.
- Transmission safeguards to protect ePHI transmitted over open networks from intruders.
- Encryption convert ePHI into code for transmission over public networks.
- Monitoring systems to track who is logging into the system successfully, and who is trying to log in unsuccessfully.

Technical Safeguards

Technical safeguards include all the technology that makes physical safeguards possible.

- Access controls for electronic systems that hold ePHI to make sure people with access rights can access data when they need it.
- Internal system audits & controls to track & record daily activity in information systems to look for abnormal or suspicious behavior.
- Reporting to alert administration of possible intruders.

Think security

- When you enter TMH make sure you have on your ID badge.
- Never leave laptops or PDAs in your car. You or TMH will be held liable for the data on those portable devices.
- Never download or use software given to you. All software must be approved by the IT department.
- Never open an email attachment unless you know who sent it. Email attachments are the most common way for viruses to infect an entire network. I.e. Do not send chain mail electronically.
- Always, log off when you walk away from your workstation.

Violations of the Privacy and Security Rules can result in fines, prison time and dismissal from your job.

Appendix C

Patient Rights & Responsibilities

Tallahassee Memorial HealthCare recognizes the rights you have as a patient receiving medical care or undergoing treatment at our hospital. Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

You as a Patient

- have the right to be treated with courtesy and respect, with appreciation of your individual dignity, and with protection of your need for privacy.
- have the right to a prompt and reasonable response to questions and requests.
- have the right to know who is providing medical services and who is responsible for your care.
- have the right to know what patient support services are available, including whether an interpreter is available if you do not speak English.
- have the right to know what rules and regulations apply to your conduct.
- have the right to refuse any treatment, except as otherwise provided by law.
- have the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for your care.
- if eligible for Medicare, have the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- have the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- have the right to receive a copy of a reasonably clear and understandable itemized bill and, upon request, to have the charges explained.
- have the right to impartial access to medical treatment or accommodations regardless of race, national origin, religion, physical handicap or source of payment.
- have the right to treatment for any emergency medical condition that will deteriorate from failure to provide treatment.
- have the right to know if medical treatment is for purposes of experimental research and to give your consent or refusal to participate in such experimental research.
- have the right to express grievances regarding any violation of your rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility that served you and to the appropriate state licensing agency.

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Appendix C; continued

- have the right to be given by your health care provider information concerning diagnosis, planned and unplanned outcomes in the course of treatment, alternatives, risks and prognosis.
- have the right to have your pain treated, to be taught about pain and how your pain can be relieved, and to have your complaint of pain addressed.
- have the right to be free from restraint unless the restraint is needed to protect you or others from harm.
- are responsible for providing to your health care provider, to the best of your knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications and other matters relating to your health.
- are responsible for reporting unexpected changes in your condition to your health care provider.
- are responsible for reporting to your health care provider whether you comprehend a contemplated course of action and what is expected of you.
- are responsible for following the treatment plan recommended by your health care provider.
- are responsible for keeping appointments and, when you are unable to do so for any reason, for notifying the health care provider or health care facility.
- are responsible for your actions if you refuse treatment or do not follow the health care provider's instructions.
- are responsible for assuring that the financial obligations of your health care are fulfilled as promptly as possible.
- are responsible for following health care facility rules and regulations affecting patient care and conduct.

Availability of a Medical Ethicist

Recognizing the stress and indecision that may accompany any illness, Tallahassee Memorial provides medical ethics consultation that may assist patients and families to better understand a variety of choices or decisions that may arise during the course of an illness. You may contact the Medical Staff Office at (850) 431-5122.

Access to Patient Advocacy Groups

- Suspected abuse or neglect of a child, elderly person or a disabled person 1 (800) 962-2873 - Abuse Registry Hotline
- Suspected sexual abuse or partner abuse (850) 681-2111 - Refuge House
- Suspected violation of Residents Rights at Long Term Care (850) 493-9000 - Long Term Care Ombudsman

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The Medical Ethicist will assist you if you need help in calling or contacting one of these groups. Contact the Medical Staff Office at (850) 431-5122.

Filing a Complaint

If you have a complaint against a hospital or ambulatory surgical center, call the Consumer Assistance Unit at 1 (888) 419-3456, (press 1) or write to:

**Agency for Health Care Administration
Consumer Assistance Unit
2727 Mahan Drive/Bldg. 1
Tallahassee, FL 32308**

If you have a complaint against a health care professional and want to receive a complaint form, call the Consumer Services Unit at 1 (888) 419-3456 (press 2) or write to:

**Agency for Health Care Administration
Consumer Services Unit
P.O. Box 14000
Tallahassee, FL 32317-4000**

Para obtener una copia en Español de “Sus Derechos y Responsabilidades Como Paciente,” haga el favor de preguntarle a su enfermera.

Appendix D

Abuse and Neglect of Elderly

From California Registry/Elder Abuse Website:
www.calregistry.com/resources/eldapag.htm and

Los Angeles County District Attorney's Office Website:
<http://da.co.la.ca.us/seniors/abuse.htm>

Physical Abuse	Financial Exploitation	Neglect
<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> • Obvious lacerations, abrasions, fractures, welts, bruises, discoloration, or swelling • Reluctance to seek medical treatment for injuries or denial of their existence • Pain or tenderness on mere touch • Burns caused by cigarettes, ropes or other bonds • Detached retina, bleeding, or scalp wound • Elder becomes withdrawn or protective of the suspect 	<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> • Cashing of pension check without proper authorization from elder • Bills and expenses continually unpaid • Standard of living not appropriate for an elder's income level • Sudden sale of property belonging to an elder • Sudden revision of will, naming of a new beneficiary • Disproportionately high contribution by the elder to household expenses • Granting power of attorney under suspicious conditions 	<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> • Shows signs of dehydration or malnutrition • Sudden weight loss • Does not have necessities such as eyeglasses, dentures, prostheses, hearing aids, canes, walkers, or other critical items • Caregiver has history of violence, or alcohol or drug abuse <p>** Another form of neglect is SELF-NEGLECT. This is the inability of an elder who does not have a caregiver to provide for himself/herself (This is not a crime).</p>

Appendix E

Abuse and Neglect of Children

From Prevent Child Abuse/New York Website:<http://www.pca-ny.org/childabuse.html>

Physical Abuse	Sexual Exploitation	Neglect
<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> • Bruises, welts, or bite marks • Injuries to BOTH eyes and cheeks • In clustered, forming pattern • In shape of article (belt, cord) • Lacerations or abrasions to <ul style="list-style-type: none"> ◆ Mouth, lips, gums, eyes ◆ External genitalia ◆ [On] back of arms, legs, or torso • Burns <ul style="list-style-type: none"> ◆ Cigar, cigarette ◆ Scalding water immersion ◆ Patterned, eg., electric iron ◆ Rope burn on arms, legs, neck, torso 	<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> • Difficulty walking or sitting • Torn, stained, or bloody underclothing • Pain or itching in genital area • Bruises or bleeding in external genitalia, vaginal, or anal areas • Bruises to hard or soft palate • STDs, especially in preteens • Repeated UTIs • Foreign bodies in vagina or rectum 	<p><u>Physical Indicators:</u></p> <ul style="list-style-type: none"> • Failure to thrive • Positive indicator of toxicology (especially in newborns: drug withdrawal symptoms, tremors) • Consistent hunger, poor hygiene • Inappropriate dress for the season • Speech disorders • Consistent lack of supervision, especially in dangerous activities for long periods • Unattended physical problems or medical needs • Chronic truancy • Abandonment
<p><u>Behavioral Indicators:</u></p> <ul style="list-style-type: none"> • Wary of contacts with parents or other adults • Apprehensive when other children cry • Behavioral extremes • Afraid to go home • Reports injury to parents (sometimes blames self – “I was bad.”) • Low self-esteem 	<p><u>Behavioral Indicators:</u></p> <ul style="list-style-type: none"> • Unwilling to change for gym or participate in physical education class • Withdrawal, fantasy, or infantile behavior • Unusual sexual behavior • Poor peer relationships • Delinquent or runaway • Reports sexual assault by care taker • Prostitution • Forcing sexual acts on other children • Extreme fear of being touched • Suicide attempts • Low self-esteem 	<p><u>Behavioral Indicators:</u></p> <ul style="list-style-type: none"> • Begging, stealing food • Extended days at school • Constant fatigue • Alcohol or drug abuse • Delinquency • States that there is no caretaker • Runaway behavior • Habit disorder (sucking, biting, rocking) • Conduct disorder • Neurotic traits (sleep disorders, inhibition of play) • Overly adaptive behavior, adult-like or infantile • Lags in mental/emotional development • Attempted suicide

Appendix F

Managing Escalating Behavior

The first step in managing a potentially violent situation is to recognize behaviors associated loss of control.

Watch for signals that associated with impending violence:	
Verbal	Nonverbal
<ul style="list-style-type: none">• Repeating the same thing over and over• Talking rapidly, verbally expressing anger and frustration• Speaking in a loud, angry voice	<ul style="list-style-type: none">• Interacting in a euphoric or grandiose manner• Piercing stare• Perspiring heavily• Glaring eyes• Signs of drug or alcohol use• Threatening gestures• Pacing

Behavioral signs of danger escalate from small (wringing of the hands) to extreme (yelling, kicking, hitting) in a steady progression as frustration and anger build. To have the best success in diffusing the situation, intervene as early as possible, while the behavior is manageable.

The Diffusing Approach	
Step	Action
1. Watch your attitude	<ul style="list-style-type: none">• Present a calm, caring attitude – smile, show interest in the person
2. Watch your tone of voice	<ul style="list-style-type: none">• Use a calm tone of voice and normal volume — respond to a loud voice with lowered volume when you speak
3. Don't present behaviors that will escalate aggressive behavior in the other person	<ul style="list-style-type: none">• Don't match threats• Don't give orders• Move slowly• Respect personal space and privacy

Continued on Next Page

Appendix F; continued

It is also important to be alert to the environment and the situation to manage escalating behavior and avoid potential violence.

The Environment and the Situation	
1. Evaluate the situation for potential violence	<ul style="list-style-type: none">• Is there something negative attached to the situation that could cause anger and/or hostility?• Does an individual show signs of hostility?• Continually monitor behavior
2. Evaluate the environment and adjust	<ul style="list-style-type: none">• Do not isolate yourself with a potentially violent person• Always keep an open path for exiting — do not let a potentially violent person stand between you and the door.

Appendix G

Reportable Incidents

Maintaining an effective incident reporting and trending system that meets the early warning and data needs of the organization and complies with regulatory requirements is essential. This system is dependent upon communication from all employees and physicians. An adverse event is an accidental or unexpected happening or any occurrence or outcome which is not consistent with the care or condition of a patient, excluding ordinary complications arising out of illness or foreseen risks of treatment; and any happening of an untoward nature to a visitor. An incident report form is completed immediately after an incident is discovered. A sentinel event is an unexpected occurrence that results in death or serious injury. Therefore, any of these occurrences are to be reported to Risk Management **immediately**:

- Unexpected or unexplained death
- Brain Damage
- Spinal Damage
- Surgical procedure or medical treatment performed on the wrong patient
- Surgical procedure or medical treatment unrelated to the patient's diagnosis or medical needs
- Surgical procedure or medical treatment performed on the wrong site
- Wrong surgical procedure or medical treatment performed
- An unplanned surgical procedure to remove foreign objects remaining from surgical procedures
- Surgical repair of injuries or damage resulting from a planned surgical procedure or other medical treatment
- Unexpected or unexplained returns to surgery
- Unexpected permanent disfigurement
- Unplanned fracture or dislocation of bones/joints
- Injury or removal of a healthy tissue
- Any event requiring surgical or medical intervention to correct/control
- Any event that extends the patient's length of stay
- Any event requiring definitive or specialized medical attention which is not consistent with the routine management of the patient's needs or patient's pre-existing condition
- Any event resulting in the transfer of the patient within or outside the facility to a unit providing a more acute level of care
- Any event that results in an unexpected limitation of neurological, physical, or sensory functions which continues after discharge from the facility

Continued on Next Page

Appendix G; continued

Other issues requested to be reported include:

- Patient/family dissatisfied with hospital care with specific complaints noted
- Serious threats/complaints of lawsuit by patient/family
- Specific concerns verbalized by patient/family

Risk Management Issues

Safety Terms:

- **Error** – an unintended act of omissions or commission that does not achieve its intended outcomes.
- **Sentinel event** – a serious, unexpected negative event or problem that could have lead to an undesirable outcome.
- **Near miss** – a variation in the process which did not affect the outcome.
- **Hazardous conditions** – a set of circumstances which significantly increase the likelihood of a serious adverse outcome.

Sentinel or **adverse events** are reported to the Agency of Health Care Administration and/or the Joint Commission. The hospital conducts detailed analysis & follow-up: so that we focus our attention on the underlying cause(s) of the event, to increase our knowledge of why things happen & implement plans to prevent further occurrences, & to improve patient care.

When an **adverse event** occurs: stop, think, remain calm, & stabilize the situation, remember that the patient is the first priority, save all physical evidence – it may help to reconstruct when happened & document accurately & notify Risk Management.

A **root cause analysis** is the process used to follow up on a **sentinel** or **adverse event**. This process: includes all involved parties looking at the circumstances/systems surrounding the even to figure out why this event occurred & develop action plans to prevent recurrence.

Near miss (close call) is: a term used to describe any process variation which did not affect the outcome, but for which a recurrence carries a significant chance of a serious adverse outcome, could have resulted in an accident, injury or illness, but did not do so, and is stopped either by chance or through timely intervention.

In accordance with administrative policy and procedure 40-68 “Patient Identification” every patient undergoing a procedure, test, or treatment must have an identification bracelet. When a patient is received in any department, the person receiving the patient will check the patient’s medical record or face sheet against the patient’s identification bracelet and FIN to make certain the identification matches.

Orientation Independent Study Post Test

Tallahassee Memorial Healthcare University

Class Title	Content Code	Class Title	Content Code
General Orientation	3063	Orientation Safety	3005
Corporate Compliance	REG3007	HIPAA Privacy	REG3001
HIPAA Security	REG3010	OSHA/TB/Employee Health	3000
Drug and Alcohol	3009	Risk Management	RIS2003
Harassment and Discrimination	LCC7002	TB Orientation	3145

Please read material and complete the following test. Return or fax (850.431.6555) post-test and signed forms to Coordinator Academic & Community Outreach, 1207 TMH Court.

Please PRINT to assure proper credit

TMH Number	Name	Unit/Department

Please put your answers on the answer sheet at the end of the test.

Please use the materials found in your home-study orientation packet to answer the following questions:

1. The vision of TMH is to be recognized as a “world-class” community health care system.
 - a. True
 - b. False
2. Which of the following I CARE values have been identified as important to guiding TMH in fulfilling its purpose?
 - a. Honesty, Teamwork, Creativity
 - b. Innovation, Caring, Action, Responsibility, Empowerment
 - c. Integrity, Compassion, Accountability, Respect, Excellence
 - d. Learning, Stewardship, Sustainability
3. TMH’s customer groups are:
 - a. Colleagues
 - b. Patients
 - c. Physicians
 - d. All of the above

Continued on Next Page

Orientation Independent Study Post Test; continued

4. The TMH Corporate Compliance office can be reached at which number?
 - a. 3405
 - b. 2667
 - c. 1.877.772.6723
 - d. b & c
5. TMH is committed to maintaining a work environment that is free of discrimination & harassment & will not tolerate harassment and/or discrimination in any form. It is the responsibility of each member of the TMH Leadership team to maintain a workplace free of harassment.
 - a. True
 - b. False
6. “Committed to providing quality care” from the Corporate Compliance Program includes:
 - a. Listening & doing our best to understand the needs of our patients, families & visitors by promptly addressing any issues or complaints
 - b. Acknowledging that patients & their families are to be informed about the outcomes of care & associated risks
 - c. Providing treatment & medical services without discrimination
 - d. All of the above
7. TMH’s all LINK emergency contact number is 5465.
 - a. True
 - b. False
8. If you discover a fire in your department, you should:
 - a. Make sure all doors are open so to avoid smoke inhalation
 - b. Follow the RACE and PASS protocols
 - c. Put as many people as possible on the elevators to quickly evacuate the area
 - d. All of the above
9. When “Code Red” is announced on the overhead paging system, it means that fire or smoke have been reported in the building.
 - a. True
 - b. False
10. If you answer the phone and the caller tells you there is a bomb in the area, you should:
 - a. Remain calm, keep the caller on the line as long as possible, and complete the “Bomb Threat Card”
 - b. Immediately hang up the phone and call PBX
 - c. Put the caller on hold and notify your supervisor
 - d. Hand the phone to a colleague and go in person to alert security

Continued on Next Page

Orientation Independent Study Post Test; continued

11. A “Code Pink” announcement alerts staff to:
 - a. An infant or child kidnapping
 - b. A community disaster
 - c. A bomb threat
 - d. A telephone system failure
12. The goal of TMH is to ensure that dying patients and their families will receive end of life care that optimizes:
 - a. Assessment and palliative treatment of primary and secondary symptoms
 - b. Assessment and appropriate management of pain
 - c. Consideration of patient’s and family’s cultural, social, and spiritual values and preferences
 - d. All of the above
13. Material Safety Data Sheets are available for all chemical hazards found in the hospital. These sheets and container labels provide safety and first aid information to colleagues using hazardous chemicals in the workplace.
 - a. True
 - b. False
14. TMH facilities are tobacco free.
 - a. True
 - b. False
15. The single most important measure in preventing the spread of infection is:
 - a. Airborne isolation precautions
 - b. Hand washing
 - c. Contact isolation precautions
 - d. None of the above
16. A student exposed to blood, body fluid, or infectious disease should immediately notify Occupational Health. After clinic hours, the student should:
 - a. Report to the Leon County Health Department
 - b. Call his or her physician
 - c. Call the Occupational Health on-call nurse
 - d. Wait until office hours and report to the clinic
17. Which of the following items are used to prevent the risk of exposure to blood and body fluids?
 - a. Gloves
 - b. Red Bag trash
 - c. Needle and sharps disposal boxes
 - d. All of the above
18. Risk Management is every colleague’s responsibility.
 - a. True
 - b. False

Continued on Next Page

Orientation Independent Study Post Test; continued

19. An incident is defined as any happening that is not consistent with the routine operation of the hospital or the routine care of a particular patient which causes harm.
 - a. True
 - b. False
20. The Joint Commission for Accreditation of Health Care Organizations has come forward with a minimum required list of acronyms, symbols, and abbreviations that should never be used in a medical record. Which of the following are on the list?
 - a. MS
 - b. U
 - c. QD
 - d. All of the above
21. TMH has a policy that gives guidelines for reporting actual or suspected cases of abuse for any patient (aged, battered women, drug-exposed newborn, and child) in the hospital.
 - a. True
 - b. False
22. A Code Blue is a patient in cardiac arrest/stroke alert.
 - a. True
 - b. False
23. The intent of the HIPAA Privacy Rule is to ensure that doctors, hospitals, and others who provide and pay for healthcare protect patients' personal medical information.
 - a. True
 - b. False
24. PHI (Protected Health Information) can be disclosed in which of the following forms?
 - a. Verbal
 - b. Paper
 - c. Electronic
 - d. All of the above
25. TMH has guidelines for the security of:
 - a. Computers and printers
 - b. E-mail and networks
 - c. Copy machines, fax machines, and telephones
 - d. All of the above
26. If a person is acting violently, you should:
 - a. Present a calm, caring attitude
 - b. Give clear orders to the person and those that are nearby
 - c. Move slowly and respect personal space and privacy
 - d. A & C are correct

Continued on Next Page

Orientation Independent Study Post Test; continued

27. TMH is a drug-free workplace. This means that:
- Colleagues or students found using, possessing, selling, or buying drugs on TMH property may be dismissed
 - Colleagues or students may not report to work with traces of illegal drugs in their system
 - Colleagues or students should notify their immediate supervisor if they are taking prescription or non-prescription drugs that may affect their work performance
 - All of the above
28. Violations of the Privacy and Security Rules can result in fines, jail time, and dismissal from your job.
- True
 - False
29. Which of the following privacy principles are accurate?
- Patient information should not be discussed outside the workplace
 - Caregivers should speak quietly when discussing a patient's condition with family members in waiting room
 - Documents and other records with confidential information should not be left in public view
 - All of the above
30. Which of the following is a way to guard against computer viruses?
- Not opening unknown attachments
 - Documenting suspicious activity
 - Neither of the above
 - Both A & B
31. The goals for fall prevention include:
- Improve or maintain the patient's condition during the hospital stay
 - Prevent falls or complications related to falls
 - Maintain a safe environment for the patient
 - All of the above
32. Smoke and fire doors should not to be blocked or propped open.
- True
 - False
33. You spend extra time with an elderly patient. The family is appreciative and gives you \$50.00 for being nice to their mother. You should:
- Accept if it makes the family happy
 - Accept the money, but make sure to tell your supervisor immediately
 - Tell the family that you cannot accept the money, but you would appreciate a gift
 - Graciously decline the money and refer such offers to the TMH foundation.

Continued on Next Page

Orientation Independent Study Post Test; continued

34. Behaviors such as absenteeism, frequent breaks, lapses in memory, and decreased care in physical appearance are common in:
- People who are abusing substances
 - People who are not qualified for their positions
 - People who suffering from tuberculosis
 - People who are being harassed
35. Tuberculosis is transmitted by:
- Needle sticks
 - Airborne particles
 - Touching respiratory secretions
 - None of the above
36. Symptoms of active tuberculosis include which of the following:
- Fever
 - Night sweats
 - Weight loss
 - All of the above
37. Which of the following is not a service standard related to Accountability?
- Take ownership for resolving customer issues and concerns.
 - Anticipate customer needs.
 - Follow up to ensure resolution and customer satisfaction.
 - Apologize for service failures.
38. In the LEAP process for service recovery, A stands for:
- Act quickly
 - Ask for help
 - Ask for clarification
 - Announce that you are willing to help
39. The Morse Risk Assessment tool is related to patient:
- Eating habits
 - Spiritual needs
 - Medications
 - Falls
40. Patients are not restrained in the prone position.
- True
 - False
41. TMH provides medical ethics consultation that may assist patients/families to better understand a variety of choices or decisions that may arise during the course of an illness.
- True
 - False

Continued on Next Page

Orientation Independent Study Post Test; continued

42. Which of the following are expectations of hospital team members?
- Properly report all errors or near misses.
 - Support a blame-free culture.
 - Remember the “Golden Moment” for procedures.
 - All of the above
43. Which of the following is a National Safety Goal?
- Reduce the risk of patient harm resulting from falls
 - Improve the safety of using medications
 - Improve communication among caregivers
 - All of the above
44. Fostering an environment that values diversity must include a:
- Personal assessment
 - Health assessment
 - Cultural assessment
 - Risk assessment
45. Hands should be washed for a minimum of:
- 8 seconds
 - 10 seconds
 - 15 seconds
 - 20 seconds
46. Which of the following should go in the sharps box?
- All syringes with or without needles – clean or dirty
 - Glass vials or containers
 - Pacemaker wires and pacing needles
 - All of the above
47. HIPPA Privacy Standards have no hard and fast rules or lists that define what “minimum necessary” in every setting is.
- True
 - False
48. **“Domestic Violence”** is any assault, battery, sexual assault, sexual battery or any criminal offense resulting in physical injury or death of one family or household member by another who is or was residing in the same single dwelling unit.
- True
 - False
49. Airborne isolation is utilized to prevent transmission of tuberculosis due to *M. tuberculosis*, *M. bovis* or *M.africanum*, *Varicella*, *Measles*, *Variola*.
- True
 - False
50. PRN orders are acceptable for the use of restraints.
- True
 - False
-

Orientation Independent Study Answer Sheet

Class Title	Content Code	Class Title	Content Code
General Orientation	3063	Orientation Safety	3005
Corporate Compliance	REG3007	HIPAA Privacy	REG3001
HIPAA Security	REG3010	OSHA/TB/Employee Health	3000
Drug and Alcohol	3009	Risk Management	RIS2003
Harassment and Discrimination	LCC7002	TB Orientation	3145

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Please PRINT to assure proper credit

TMH Number	Name	Unit/Department

- | A | B | C | D | A | B | C | D | A | B | C | D | A | B | C | D | | | | |
|-----|-----------------------|-----------------------|-----------------------|-----------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|-----|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 14. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 27. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 40. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 15. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 28. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 41. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 16. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 29. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 42. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 17. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 30. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 43. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 18. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 31. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 44. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 19. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 32. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 45. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 20. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 33. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 46. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 21. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 34. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 47. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 22. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 35. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 48. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 23. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 36. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 49. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 24. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 37. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 50. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 12. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 25. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 38. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | |
| 13. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 26. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | 39. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | | |

INFORMATION ACCESS SECURITY AND PATIENT CONFIDENTIALITY AGREEMENT

(Please complete this document electronically, print, sign and fax to the Customer Support Center)

The undersigned agrees and commits to the following statement:

Tallahassee Memorial HealthCare respects the confidentiality of our patients' medical information. We believe that patients have the right to have their medical information used appropriately for their care and to expect that caregivers will carefully protect the privacy of that information. Florida Statutes and the HIPAA Privacy Standards place certain restrictions on the use and disclosure of Protected Health Information. During the performance of duties, colleagues (employees), students, volunteers, and certain contract staff may have access to and/or be involved in the processing of confidential information, including but not limited to: patient health care records; indexes of medical information; patient demographics, billing and appointment history; confidential communications for diagnosis and treatment purposes; Human Resources records; and other business, financial, corporate and proprietary information. Tallahassee Memorial HealthCare sets the expectation that all individuals who have been granted authorized access to confidential information will do so in a manner consistent with established policies and procedures related to the processing of confidential information.

Given such access, I understand and agree to adhere to the following:

1. All information related to a patient's treatment in any facility, department, or unit of Tallahassee Memorial HealthCare is considered "protected health information". This information can only be accessed and shared with those who have a "need to know" while performing duties related to treatment, payment, and healthcare operations. While performing my duties, I may have access to information concerning all TMH patients; however, only the minimal amount of information necessary to adequately perform my specific job responsibilities will be accessed.
2. No information concerning TMH patients will be used, disclosed, or discussed outside of Tallahassee Memorial HealthCare unless specifically authorized by the patient, permitted by the HIPAA Privacy Rule, or required by law. If I have any questions about the appropriateness of disclosure, prior to disclosure, I will make inquiry to the appropriate supervisor or Privacy Officer as indicated.
3. Patient information will not be discussed openly in a public environment, such as elevators, corridors, hallways, cafeterias, or at any other location where others may overhear comments. Discussions necessary for the care of the patient will be conducted as discreetly as possible.
4. Only authorized personnel may release copies of the patient's medical record and only in accordance with TMH policy and consistent with state and federal regulations. Patient information, such as name, date of birth, address, and/or social security number, will not be recorded on any documents which are removed from my work area or from the facility. Patient information may not be photocopied for personal or school-related use.
5. Telephone inquiries concerning a patient's condition must be referred to individuals who are authorized to respond to such inquiries. Disclosure of protected health information over the telephone will be done in a manner that reasonably ensures protection of the information, to the greatest extent practicable, without interfering with the intended purpose of the communication.
6. Computer passwords will be kept confidential. Inappropriate use of or failure to maintain the confidentiality of any computer password will be cause for disciplinary action.
7. I shall not provide any opinion or testimony, in any form, concerning care provided at TMH or otherwise assist in any way, any attorney, plaintiff or prospective plaintiff or defendant in any cause of action against or contemplated against TMH unless subpoenaed or Court ordered to do so.
8. I will use my user identification code (user ID) and password solely in connection with my authorized access to information. I will take all necessary steps to prevent anyone from gaining knowledge or use of my user ID and password. I understand that my password is recognized as my personal signature on each computer function. For security purposes, I understand that if my account is inactive for 90 days or more, it will be disabled until notice is given by the authorized user or supervisor.
9. I will use TMH information resources for business reasons only and will not use information resources for personal use. Under no circumstances will I utilize TMH information resources (specifically e-mail) for personal messages, solicitation, or distribution of information that is not related to TMH business, with the exception of short informational messages approved by my supervisor.

-
10. I acknowledge that e-mail communications, computer systems, and any other information resources are not private and may be monitored by TMH to ensure that there is no unauthorized use of the company's systems. I also acknowledge that use of TMH communications facilities to convey offensive, harassing, vulgar, obscene or threatening information, including disparagement of others based on race, national origin, marital status, sex, sexual orientation, age, disability, pregnancy, religious or political beliefs, or any other characteristic protected under federal, state or local law, is strictly prohibited and can result in termination.
 11. I will respect laws regarding copyrighted software and not make unauthorized copies of software, even when the software is not physically protected against copying.
 12. I acknowledge that my obligations and responsibilities continue after termination of employment, contract or affiliation with TMH.
 13. I will ensure that Anti-virus software is run by authorized information technology department staff on all new software loaded on TMH computers. I understand that I am not authorized to bypass this step.
 14. I will sign off and/or physically secure a terminal or PC when leaving it unattended in an area open to unauthorized individuals.
 15. I will not load copyrighted software, shareware and/or freeware, etc. (software programs that are not protected by copyright) on any TMH computer without prior approval by the Information Technology Department.
 16. I will protect terminals, network devices and personal computers from theft and physical damage.
 17. If applicable to my job description, it is my responsibility to correct colleagues' time; I must follow hospital policies set forth in the TMH Personnel Policy and Procedure Manual. I understand that failure to pay colleagues in accordance with hospital policy can and will result in disciplinary action up to and including termination.
 18. I will report any violation of the information security and patient confidentiality policy to Supervisors, the TMH Security Officer or the TMH Privacy Officer.
 19. I understand that breaches of security and patient confidentiality, whether due to carelessness or malicious intent, are causes for appropriate corrective action, up to and including discharge, based on the seriousness of the breach.
 20. I understand this agreement will not expire, however, will be reviewed annually.
 - All TMH colleagues' access is subject to be renewed at their annual review to re-enforce TMH's confidentiality policy, as set forth in the TMH Security policy and procedures manual AS1.05.
 - All Non-TMH employees must revise their Confidentiality agreement annually thereafter or at the beginning of a new engagement and/or contract when a break in continuous service is greater than two months.
 - Students must sign a confidentiality form at the beginning of an academic year, or at the start of a new academic semester.
 21. I will acknowledge my access privileges are subject to periodic review revision or renewal, my obligations to maintain the confidentiality of any new information or systems I am granted access to in order to perform my specific job responsibilities.

Colleague Name	Department
Signature	I.D. #
School Affiliation (if applicable)	Date

**Code of Conduct & Business
Acknowledgement Form
Return to Human Resources – Employee Records**

I hereby acknowledge that I have received and reviewed the Code of Conduct and Business Practice Guide. I fully understand that, as an employee, colleague or TMH agent that I have an obligation to fully adhere to the policies and principles of the Compliance Program.

In particular, I hereby acknowledge and affirm that:

1. I agree to comply with TMH policies and The Compliance Program.
2. When I have a concern about a possible violation of TMH policy, I will promptly report the concern to the appropriate manager, Corporate Compliance officer, Richard Zyski at 431.2667 or Compliance Connection Helpline at 877.772.6723 in accordance the Compliance Program.

Signature

Date

Print Name

TMH Employee # if applicable