2018 ANNUAL PHYSICIAN HOSPITAL CORE EDUCATION

New England Baptist Hospital
Course Objectives

In this training module you will learn about:

- Education designed to give you an overview of NEBH, key policies and procedures, and focused information on confidentiality, the compliance program, privacy & security, environment of care, quality & patient safety, and infection control standards.

- Critical information that meets accreditation standards.

At the end of the 6 modules covering Human Resources, Quality & Patient Safety, Compliance, HIPAA Privacy & Security, Infection Control and Environment of Care, you will be asked to acknowledge that:

- By completing this course, I attest that I have read, understand, and agree to abide by the Code of Business Conduct and all NEBH policies and standards.
This module provides an overview of New England Baptist Hospital’s Human Resources program, key policies and procedures.
Our Vision
New England Baptist Hospital will be recognized as the premier and preferred destination for musculoskeletal care. NEBH will lead the region as the most trusted source for care and education for patients with musculoskeletal disease and related disorders. We will earn our leadership position among the nation’s top hospitals through clinical excellence, innovation, scholarship, efficiency and legendary service to our patients.

Our Mission
New England Baptist Hospital will transform the lives of those we serve by alleviating pain, lessening disability, restoring function, promoting wellness, and advancing knowledge in musculoskeletal diseases and related disorders.
Our Core Values

New England Baptist Hospital is committed to upholding our core values of Respect, Ownership, Superior Service and Excellence:

- **RESPECT:** Acting with integrity in all things. Being trustworthy and respectful with fellow employees, physicians, patients and our community.

- **OWNERSHIP:** Being accountable to our core values and our patient outcomes, while we act as stewards of precious resources.

- **SUPERIOR SERVICE:** Behaving in a manner which recognizes that all customer requests are important and addresses these needs in a timely, accurate, compassionate and friendly manner - thereby creating a legendary experience.

- **EXCELLENCE:** Striving to reach ever higher levels of performance in all that we do through continuous improvement in care delivery, education and support processes.
Our Service Standards

- **Legendary Service** — We treat patients and others with courtesy, respect and care.

- **Self-Management** — We present a positive image of NEBH from professional appearance through behavior.

- **Communication** — We actively listen to the needs of patients and others before responding in a courteous and tactful manner.

- **Continuous Service Improvement** — We fulfill responsibility effectively and efficiently to achieve the greatest benefit for our patients, visitors and each other.

- **Positive Workplace/Joy and Pride in Workplace** — We recognize and reward behavior that exemplifies our values and mission.

- **Diversity & Inclusion** — We actively foster an inclusive work environment that values all members of our communities, and we embrace the diversity that strengthens us all.
Valuing Diversity at NEBH

Equal Employment Opportunity

NEBH is committed to offering equal employment opportunities without regard to race, color, religion, sex, pregnancy, national origin, ancestry, citizenship, age, marital status, disability, veteran status, sexual orientation, gender identity or any other basis protected by the law. This commitment extends to all aspects of employment, including but not limited to recruitment, hiring, promotion, transfer, compensation, benefits, training, termination and participation in social and recreational functions.

Diversity and Inclusion

We actively foster an inclusive work environment that values all members of our communities, and we embrace the diversity that strengthens us all.
Professional Conduct and Corrective Action

New England Baptist Hospital expects that workforce members will conduct themselves in a manner consistent with the highest standards of professional conduct conducive to a harmonious, pleasant and productive work environment. Performance/conduct that does not meet these standards, any breach of trust or confidentiality, or behavior that shows a serious lack of dependability or good judgment, will be addressed with corrective action.

Although corrective action may range from informal counseling up to immediate termination, the type of corrective action or the procedures which would be warranted in a particular situation will depend on the facts and circumstances of each particular infraction. Some situations warrant immediate termination (e.g. theft, narcotics use, violence, harassment, etc.).
Sexual Harassment

Sexual harassment occurring in the workplace or in other settings in which employees may find themselves in connection with their employment is unlawful and prohibited at NEBH.

Sexual harassment includes negative comments about sexual orientation and gender identity, sexual advances, requests for sexual favors, and verbal or physical conduct of a sexual nature when:

- It is a condition of employment or as a basis for employment decisions; or
- Such conduct interferes with an individual’s work performance.
- It is in exchange for actual or promised job benefits.
- It is unwelcome and has the effect of creating a workplace environment that is hostile, offensive, intimidating, or humiliating.
Electronic Communications

- The Hospital owns all electronic messages and voicemails stored on Hospital telephones and computers. Workforce members have no expectation of privacy.
- The Hospital may remove, delete, block, filter or restrict any materials stored on Hospital electronic resources.
- The Hospital reserves the right to monitor, review and inspect all uses and contents.
- Laptops and other portable devices must be **encrypted** (not just password protected) if used to store Hospital data. Find the Removable Media policy in the online Policy Library Organizational Policies & Procedures /Information Technology/ Information Technology Policies.
- The “delete” command does not mean that an email message is irretrievably erased from the computer system. Email messages are electronic communications that do not disappear, may be reproduced in written form and are discoverable in litigation.
2.4.11 Mandatory Self-Disclosure

Notification of Practitioner Health Committee
- Treatment prescribed or required by the Massachusetts Board of Registration in Medicine
- Admitted for, seeks, or is undergoing treatment for substance or alcohol abuse or a behavior health problem

Notification to the Department Chairperson
- Any circumstance of condition which would affect or result in a change in status of any of the Practitioner’s qualification for Staff Membership and/or Clinical Privileges as set forth in the Bylaws
- Any disciplinary action or restriction related to the Practitioner’s professional practice by any entity (including but not limited to the Practitioner’s employer, other hospitals, health plans, and agencies)
- Criminal proceedings against the Practitioner, including arrest, arraignment, or indictment, even if the charges against the Practitioner were dropped, filed, dismissed or otherwise discharged. Practitioners must also report: convictions for felonies and misdemeanors; nolo contendere pleas; matters where sufficient facts of guilt were pled or found; matters that were continued without a finding even if they were ultimately dismissed; and any other plea bargain. A charge or Driving Under the Influence is not a “minor traffic offense” and must also be reported
- Investigation of allegations (or a finding) related to the Practitioner’s professional practice by any governmental or regulatory agency, including but not limited to an investigation or finding related to the abuse or neglect of any person or misappropriate (improperly taking or using) the property of a client or other person

Available through the online portal: http://nvmaxima/eresources/ab88tw00.pdf
Part II: Quality, Patient Safety & Continuous Improvement

This module provides an overview of New England Baptist Hospital’s quality and patient safety program, key policies and procedures and your role in maintaining and advancing quality and continuous improvement.
Quality and Patient Safety

Our priority areas:

- Quality: Delivering the highest quality of care to all of our patients
- Service: Meeting and exceeding all of our patients’ and customers’ expectations
- Cost: Keeping our costs in line, wisely using and respecting resources

High Reliability:

- Creating a framework and culture that generates and maintains high levels of safety.
- Maintaining consistently high levels of safety and quality over time, across all settings.
- Seek to eliminate errors by standardizing processes to remove the variability in outcomes.
Just Culture, Teamwork, Communication & Collaboration

- A culture in which staff are not punished for actions, omissions or decisions taken by them which are commensurate with their experience and training, but where gross negligence, wilful violations and destructive acts are not tolerated.

- We want staff to report errors so that we can identify faulty systems and can create safer ones. We want to learn from mistakes.

- Creates an open, fair and Just Culture, creating a learning culture, designing safe systems and managing behavioral choices.

- Teamwork is a key component in the success of an organization.

- Staff meetings, huddles, multidisciplinary committees, open forums, safety huddles and rounding all contribute to building a unified team.

- Listening is also a crucial skill.

- Communication, coordination and collaboration among staff members promote more successful interactions and outcomes for our patients, visitors and customers.
Continuous Improvement

Continuous Improvement (CI) is ongoing:

- **Plan** the improvement.
- **Do** the improvement, collect data and analyze.
- **Study** the results.
- **Act** to hold the gain and to continue to improve the process.

Everyone is responsible for continuous improvement

You are involved in continuous quality improvement by:

- Knowing your department’s ongoing continuous improvement projects
- Being involved in any continuous improvement teams (falls, medication safety, patient satisfaction, etc.)
- Reporting deficiencies
- Suggesting your own improvements
Clinical Dashboards = Our Performance

- Dashboards tell us about our clinical performance in:
  - Falls
  - Medication Errors
  - Skin Breakdown
  - Infection Rates
  - Patient Satisfaction

- Review the department monthly dashboard to identify opportunities for improvement!

### Quality & Patient Safety

#### FY16 Monthly & Cumulative Year-to-Date Dashboard

<table>
<thead>
<tr>
<th>Metric</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16 YTD</th>
<th>Jun-16</th>
<th>NEBH Target</th>
<th>National Benchmark</th>
<th>Desired Direction</th>
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<tr>
<td>Adverse Drug Events</td>
<td>NA</td>
<td>NA</td>
<td>4</td>
<td>1</td>
<td>≤6</td>
<td>NA</td>
<td>↓</td>
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<tr>
<td>Adverse Drug Reactions</td>
<td>NA</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>≤6</td>
<td>NA</td>
<td>↓</td>
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<tr>
<td>Overall Inpatient Fall Rate</td>
<td>2.01</td>
<td>1.29</td>
<td>1.48</td>
<td>0.97</td>
<td>1.16</td>
<td>2.92</td>
<td>↓</td>
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<tr>
<td>Overall Inpatient Fall with Major Injury Rate</td>
<td>0.07</td>
<td>0.00</td>
<td>0.06</td>
<td>0.00</td>
<td>0.00</td>
<td>3.28</td>
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<tr>
<td>Overall Outpatient Fall Rate</td>
<td>NA</td>
<td>0.06</td>
<td>0.07</td>
<td>0.00</td>
<td>0.05</td>
<td>NA</td>
<td>↓</td>
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<tr>
<td>Overall Outpatient Fall with Major Injury Rate</td>
<td>NA</td>
<td>0.01</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>NA</td>
<td>↓</td>
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<tr>
<td>Hospital Acquired Pressure Ulcers Stage II and Above Monthly Rate</td>
<td>NA</td>
<td>0.36</td>
<td>0.40</td>
<td>0.48</td>
<td>0.32</td>
<td>1.49</td>
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<table>
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<th>Quarterly Measures</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16 YTD</th>
<th>Q3 FY16 (April - Jun)</th>
<th>NEBH Target</th>
<th>National Benchmark</th>
<th>Desired Direction</th>
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<td>Hospital Acquired Pressure Ulcers Stage II and Above - Quarterly Prevalence Study</td>
<td>0.72</td>
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<td>0.00</td>
<td>0.24</td>
<td>1.49</td>
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</table>

Bold scores mean that the score is above/below +/-2 standard deviations away from the mean.
Patient Safety

- The National Patient Safety Goals (NPSG), as defined by The Joint Commission, are consistent with and supportive of our organization’s drive to provide excellent patient care, to measure the quality of our care, and to constantly strive to improve our care.

- These patient safety requirements must be incorporated in our everyday practices.

- Current NSPGs include:
  - Improve the accuracy of patient identification
  - Improve the effectiveness of communication among caregivers
  - Improve the safety of using medications
  - Improve alarm safety
  - Reduce the risk of health care associated infections
  - Identify patient safety risks
  - Prevent mistakes in surgery
Specific Patient Populations

- In order to ensure that each patient’s care meets his or her unique needs, staff who interact with patients must develop skills for delivering age-appropriate care, communication and interventions.
- People grow and develop in stages that are related to their age and share certain qualities at each stage.
- Certain populations and specific categories of patients require unique care and interventions.
  - Adolescents (greater than or equal to 15 and less than 18 years).
  - Adults (greater than 18 years and less than 65 years).
  - Geriatrics (greater than or equal to 65)
- By utilizing these guidelines, staff can build a sense of trust and rapport with the patient and meet their psychological needs as well.
Organ, Eye, and Tissue Donation

- NEBH participates in the referral, management and recovery of anatomical gifts according to the Memorandum of Understanding signed by NEBH Administration and the New England Organ Bank (NEOB).
- The NEOB staff is available 24 hours a day to provide necessary assistance in all aspects of the donation process.
- The physician of record or designated representative is responsible for informing the family of the patient’s death, either asystole or impending brain death (date and time) shall be documented in the patient’s record.
- NEBH (any care team member) must contact the NEOB by telephone as soon as possible after an individual has died, has been placed on a ventilator due to a severe brain injury, or who has been declared brain dead (ideally within one hour).
- Refer to the NEBH Organ, Eye, and Tissue Donation Policy for any questions regarding NEOB notification requirements.
Patient Rights

- NEBH is dedicated to providing outstanding patient care, education and research in a manner that always respects the dignity of our patients and is respectful of cultural beliefs.

- Patients receive information about their rights before the first treatment encounter. A copy of Patient Rights and Responsibilities is posted on the NEBH web site and in the main lobby Patient Access area.

- Some examples of Patient Rights include:
  - Interpreter services
  - Informed consent to treatment
  - Participation in care decisions
  - Effective pain management

- Patients may use cell phones however taking pictures or video anywhere in the hospital is discouraged to protect patient / employee privacy.
Interpreter Services

Use a certified medical interpreter for all consultations and discussions with the patient regarding care, including:

- History & Physicals
- Informed consent
- Reviewing discharge information

Do not interpret for a patient or family unless you are certified.

Remember to document interpreter use.

For more information:

Contact the Nursing Office at Ext. 4-5027

Note: interpreter services are required under a number of Federal and State regulations including Americans with Disability, Civil Rights, CMS, Mass DPH, etc.
Mandatory Reporting: Abuse

- Report all cases of suspected patient mistreatment to:
  - The Hospital’s department of Case Management and Social Services: Ext. 4-5050 or
  - Nursing Coordinator if Social Services is unavailable
- The Department of Quality & Patient Safety can assist in determining what mandatory external reporting is required.
- Victims and perpetrators of abuse may include patients, family members and employees.
- Contact Human Resources if you are concerned that a fellow workforce member is being abused.
External Reporting

If you have any concerns about patient safety and quality of care that cannot be resolved through the Hospital, you may contact The Joint Commission as indicated below, without fear of disciplinary or punitive action.

800-994-6610

or

www.jointcommission.org
Access the Online Policy Library

1) Go to the General Portal on the Hospital’s Intranet
2) Click on the Organizational Policies and Procedures Link
3) Search by topic

- Administrative
- Central Sterile Processing
- Clinical Education
- Emergency Management Plan
- Emergency Operations
- Environment of Care
- Ethics, Privacy and Compliance
- Fiscal Services
- Food and Nutrition
- Health Information Management
- Human Resources
- Infection Control
- Information Systems
- And more

References
- Woodard Library
- Departmental Business Forms
- Guidelines for Sharing Proprietary Information
- Material Safety Data Sheet (MSDS)
- Organizational Policies & Procedures
When Something Goes Wrong, what Are Your Options?

- It is your responsibility to report!
  - You are the first step
  - Talk to your division chief/department chair
  - Chief Medical Quality Officer
  - Surgeon in Chief

- Patient Complaints
  - Refer to Dept. of Quality & Patient Safety
    - The Patient Advocate and the Department are responsible for coordinating efforts to address patient concerns.
    - The Department is available M-F 8 – 4:30 p.m. – x4-5147
    - For after hours issues, call the Nursing Coordinator
Event Reporting – RL Solutions

- An incident/occurrence is defined as any event that is:
  - Not consistent with the routine care of a patient
  - A major violation of established procedure
  - A disturbance or unfavorable situation that could disrupt NEBH’s functions or damage NEBH’s public relations

- If an event occurs, immediately notify a supervisor and the employee most familiar with the event should complete an objective description of the occurrence in the event reporting system (RL Solutions). Link can be accessed on the intranet page.

- Reporting occurrences, including near misses, is important because the information helps identify opportunities for improvement. Some things warrant immediate action. Other things are tracked to identify recurrent system problems that would be appropriate performance improvement projects.
Regulatory Ready Every Day

- NEBH like all hospitals across the country are highly regulated by local, state and federal agencies
- We need to be ready every day
- Requires all of us to follow our policies and procedures
- Requires a focus on working within your role and scope of practice where applicable
- Requires excellent communication & documentation
Part III: Ethics, Integrity & Compliance

This module provides an overview of New England Baptist Hospital’s Ethics, Integrity & Compliance Program, key compliance policies and procedures and your role in the Compliance Program.
Compliance

Compliance means more than just following laws, policies, and procedures. It means practicing strong ethical standards in everything we do.

It allows us to deliver excellent care. Simply stated, our philosophy is to do the right things, right.

The Compliance Program is an ethics and integrity program that:

- Commits all of us to high standards of conduct, honesty, and reliability in NEBH business practices
- Helps us maintain our culture of compliance
- Continuously evolves to meet changing regulations
- Helps us detect and prevent fraud, waste and abuse
- Encourages the reporting of concerns
- Is everyone’s responsibility
What is a Compliance Program?

Compliance programs are required to include seven core elements:

- Written policies and standards that clearly describe how to perform our jobs to meet regulatory requirements.
- Naming a Chief Compliance Officer to oversee the program and a Compliance Committee to provide advice, guidance and support compliance initiatives.
- Training and education on policies and standards.
- Reporting mechanisms to raise compliance concerns without fear of retaliation.
- Auditing and monitoring to ensure compliance with laws and regulations including an annual risk assessment.
- Enforcement and disciplinary action when warranted.
- Responding to detected offenses and implementing corrective action and/or reporting to the government if necessary.
Code of Business Conduct

- Provides the standard by which we conduct ourselves.
- Is our commitment to our values and ethical business behavior and The Baptist Way.
- It is the responsibility of each of us to understand and comply with the organizational polices and procedures based on our Code of Business Conduct.
- Compliance Policies and Procedures include but are not limited to:
  - Code of Business Conduct
  - Corporate Disclosure of Material Interest Policy (conflict of interest)
  - Privacy and Confidentiality
  - Gifts and Gratuities
  - HIPAA Privacy and Security policies and procedures

Find the Code of Business Conduct policy in the online Policy Library Organizational Policies & Procedures under Ethics, Privacy and Compliance / Compliance Policies.
Disclosure of Material Interest Policy

It is important to disclose potential conflicts of interest to help NEBH identify, manage, and limit any relationships that may appear to compromise professional judgment and objectivity.

Disclose relationships you or your immediate family have with an entity that:

- Does business or proposes to do business with NEBH
- Provides or seeks to develop goods or services to the health care industry
- Competes with NEBH
- Solicits employees from NEBH
- Could influence or appear to influence your duty to NEBH

Fraud, Waste and Abuse

Everyone pays the price for health care fraud, waste and abuse because it drives up health care costs.

**Fraud** is intentional deception or misrepresentation which results in an inappropriate gain, including
- Billing for services knowingly not provided;
- Altering or falsifying documents, including medical or research records; or
- Identity theft

**Waste** is overuse and careless spending of funds or resources, including
- Duplicate testing;
- Unnecessary services;
- Failing to properly prepare the patient; or
- Prescribing medication or therapy for longer periods of time than is necessary

**Abuse** is unsound medical or business practices that create unnecessary costs, including
- Excessively or incorrectly charging for services;
- Providing unnecessary health care services;
- Discrimination; or
- Failing to be properly informed, or ignoring warning signs of a problem.
Potential Penalties

If you engage in fraud, waste, and abuse or other non-compliant behavior, potential penalties include:

- Non payment of claims
- Exclusion from federal and/or state funded programs (individually and/or NEBH)
- Criminal penalties (individually and/or NEBH)
- Civil penalties (individually and/or NEBH)

<table>
<thead>
<tr>
<th>False and fraudulent claims</th>
<th>$10,000 max /item or service</th>
<th>3x amount improperly claimed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anti-Kickback</td>
<td>$50,000 max / item improper act</td>
<td>3x remuneration</td>
</tr>
<tr>
<td>False Claims Act</td>
<td>$5,500 to $11,000 / false claim</td>
<td>3x government damage</td>
</tr>
</tbody>
</table>
Report Concerns, Non Retaliation

Report concerns and ask questions

- You have a duty to report any known or suspected violation of law or policy. You also have a duty to ask questions when you are uncertain, need clarification or guidance.

- You may ask a question or report a concern by:
  - Calling Human Resources for employee relations related questions or issues
  - Calling the Compliance Office at 617-754-6575
  - **Compliance Alertline: 800-294-3653** (The Alertline is in place to report concerns or ask questions about ethics, integrity, privacy or compliance. You can choose whether to reveal your name or remain anonymous.)
  - Web Site Reporting: [http://nebh.alertline.com](http://nebh.alertline.com)

- All concerns will be taken seriously and investigated

- We will protect any workforce member who reports a concern in good faith

- Report any retaliation or harassment immediately to Human Resources, the Director Compliance & Privacy, the Chief Compliance & Privacy Officer or the Compliance Alertline.
Gifts and Gratuities

Gifts from patients to care team members are allowed only if the gift is:
- A small gift of gratitude valued at less than $50 (flowers, food, etc.)
- Not meant to influence care and not solicited
- Not allowed: money, gift cards or gift certificates
- Donations should be directed to the Philanthropy Department

Gifts from Vendors* are NOT allowed in any circumstance:
- Money, gift cards
- Gifts, including such items such as pens or tote bags
- Entertainment or sports tickets
- Food or meals on any NEBH campus (private or employed practice)
- Anything of value

*Vendors include any pharmaceutical company, medical device company, biotech manufacturing/supply company or their representatives, or any person or entity that provides or is seeking to provide goods, services or business with the organization.

This module provides an overview of New England Baptist Hospital’s HIPAA Privacy and Security Program, key policies and procedures and your role protecting the privacy and security of our patients, co-workers and our hospital.
HIPAA Regulations

HIPAA is a federal law - the Health Insurance Portability and Accountability Act (HIPAA) - that sets the minimum requirements for the protection and confidentiality of patient health information.

HIPAA:

- Protects the privacy of health care information, known as protected health information (PHI)
- Identifies permitted uses and disclosures of PHI
- Gives patients certain rights with respect to their PHI (Patients’ Rights)
- Protects an individual’s electronic PHI (ePHI) that is created, received, used or maintained by health care organizations

Certain state laws also protect patient health information and may impose stricter requirements. The Massachusetts State Law* is the most strict in the nation in guarding the protection of its residents’ Personal Information (PI).

* Standards for the Protection of Personal Information for the Residents of the Commonwealth; Rule 201 CMR 17.00 (effective March 1, 2010)
What is PHI and PI?

**Protected Health Information (PHI)** is any information that relates to the past, present, or future health of an individual, which identifies, or could be used to identify, the individual. This includes, but is not limited to, information related to providing health care services or payment for providing health care services.

- PHI can be found on medical records, labels on IV bags, visit summaries, test results and any documentation related to patient care.

**Electronic PHI (ePHI)** is PHI that is found on electronic media devices. This includes:
- Desktop computers, laptops, tablets, smartphones and other mobile devices;
- Memory sticks (USB, thumb drives);
- Email or websites; and
- Computer networks.

**Protected Information (PI)** is an individual’s first and last name or first initial and last name in combination with one or more of the following:
- Social Security Number;
- Driver’s license number; and
- Financial account number, credit or debit card number.
As a member of NEBH medical staff you have access to patient sensitive, personal and protected health information. You have a legal and ethical obligation to protect patient privacy.

HIPAA Privacy and Security policies:

- guide NEBH workforce and medical staff members in protecting PHI
- describe the privacy rules and outline your responsibilities
- apply to all workforce members, including physicians, who use or have access to NEBH information, information systems or networks

If PHI is inappropriately used and disclosed, it is reportable to the Office for Civil Rights.

If PI is inappropriately used or disclosed, it is reportable to the Massachusetts State Attorney General and the Office of Consumer Affairs

Find the HIPAA Privacy Policies in the on-line Policy Library Organizational Policies & Procedures, Ethics, Privacy & Compliance, HIPAA & Privacy Policies
Notice of Privacy Practices

The NEBH Notice of Privacy Practices describes patient rights under HIPAA, including the right to:

- Inspect, obtain copies and amend records
- Limit disclosures of records
- Request confidential communications
- Receive notice of any breach of PHI

We must:

- Give the NEBH Notice of Privacy Practices to the patient before the first treatment encounter.
- Make a good faith effort to obtain written acknowledgment that the patient has received the Notice.

All patient requests for access to copies, amendments, listing of disclosures or restrictions of medical records must be made in writing and processed through the Health Information Management (HIM) department.
Sharing PHI — when is it allowed?

HIPAA allows physicians, nurses, technicians and other workforce members to use* or disclose* patient information for the purposes of Treatment, Payment, or Healthcare Operations (TPO).

- **Treatment**: inpatient and ambulatory medical care and services
- **Payment**: billing and receipt of payment for services provided
- **Healthcare Operations**: activities, such as looking at procedure data or doing quality audits, that are necessary to run the organization and ensure that all patients are receiving high quality care

**Minimum Necessary**:
Only use, disclose, and request the least amount of PHI necessary to do to the job, never access PHI unless you have a need to know that information. This includes information about family members, friends, and co-workers.

*Used means sharing within the hospital workforce.
*Disclosed means sharing outside of the hospital.
Social Media and Protecting Patient Privacy

- Hospital policy states that employees may NOT discuss patients on social media.
- HIPAA – employees are expected to follow the HIPAA guidelines and never engage in discussions involving Protected Health Information (PHI).
- Remember that the same privacy laws you would observe in protecting PHI in your personal interactions outside of work also apply online.
- Employees may not post any pictures of patients online without their written permission.

See the Photography, Filming, Videotaping or Interviewing Policy in the on-line Policy Library Organizational Policies & Procedures, under Ethics, Privacy and Compliance/Rights and Ethics.
How to Report a Suspected Breach

A breach is defined by law as “an impermissible use or disclosure of unsecured PHI which compromises the security or privacy of the PHI and compromises the information disclosed”.

If you suspect a HIPAA breach you may contact any or all of the following:

- Patient Advocate, Jane Berger, Jberger@nebh.org (617-754-5147)
- Interim Director Compliance & Privacy, Chandra Stephenson, cstephen@nebh.org (617-754-6575)
- Director for Infrastructure and Security, Tom Leonard, tleonard@nebh.org, (617-754-5378)
- Report via RL Solutions
- Call the Compliance Alertline: 1-800-294-3653

The Alertline is independently operated and confidential. The vendor has trained, professional personnel always available to speak with you. Reports are treated confidentially and you are protected from retaliation by NEBH policy and Federal and State law.
Penalties for Violating HIPAA Rules

You and NEBH may receive severe penalties for HIPAA Privacy or Security Rule violations.

- There may be both civil and criminal penalties.
- If you do not protect an individual’s health information, you may face disciplinary action.
- Disciplinary action includes up to and including termination of employment.
- Office for Civil Rights enforcement actions include both individuals and organizations.

Be aware, in addition to HIPAA:

- The State of Massachusetts has strict privacy laws requiring violations be reported to the Department of Justice Attorney General’s office.
Computer Security Basics

- Never share or write down passwords.
- Use strong passwords—never based on your name, the Hospital name or loved ones.
  - Passwords must be a mix of numeric, alpha characters (upper and lower case), special characters and a minimum length of eight characters.
  - Use Pass Phrases for passwords:
    - Examples: IlikeT0mBrady12, R3dS0x#1, llive@634HarborAve
- Lock your workstation or log off when not in use.
- Carefully position your workstation.
- Do not change your browser or add toolbars.
- Even if you have administrative rights on your PC, do not download programs without assistance from the IT Help Desk.
E-Mail Security

- E-mail sent within the NEBH network (@nebh.org) should include only the minimum amount of PHI necessary for the intended purpose.
- Do not send e-mail containing patient information or financial information outside of the NEBH network (to addresses that don’t include “@nebh.org”), unless it is encrypted by using #secure or [secure] in the subject line and sent to an authorized recipient.
- Be careful with opening e-mail attachments. Contact the IT Help Desk before opening if they seem suspicious or illegitimate.
- Don’t use Instant Messaging or peer-to-peer transfer.
  - Anything transferred via IM or P2P is considered available to the entire internet—i.e., a hacker – and a violation of Hospital policy.
- Contact the IT Help Desk (4-5300) for secure file transfer options.
Email Phishing and Malicious Links

- Opening an email attachment from someone you don’t know could expose your system, or the entire NEBH network of systems to:
  - A computer virus
  - Spyware
  - Ransomware

- If you think you have received a phishing email or malicious link: **STOP**
  - Do NOT click on any links in the email
  - Do NOT reply to the email or reach out to the senders in any way
  - Do NOT open any files or attachments when you do not know the source

  **Do call the IT Help Desk Ext. 4-5300!**
Removable Media Do’s and Don'ts

- Do not copy any confidential information onto unencrypted removable media: USB drives, CDs, portable hard drives, etc.
- You can request a Hospital-issued, encrypted USB drive if necessary.
  - ePHI must be encrypted if not on Hospital network
  - Do not take work home without encryption
  - Encryption is more than a Windows password - Ask IT
- Laptops are encrypted with Safeboot.
Warning Signs You Have Malware

- Be careful with opening e-mail attachments. Contact the IT Help Desk before opening if they seem suspicious or illegitimate.
- Unusual items appear on your screen (graphics, odd messages, system error messages).
- Programs are inaccessible.
- Programs take longer to start up or don’t run.
- Your settings (i.e., for browser) can’t be changed back to the way they were.
- Your browser contains tool bars or menu items that you did not add.

*If you suspect malware on a NEBH computer,*

*call the IT Help Desk Ext. 4-5300!*
This module provides an overview of New England Baptist Hospital’s infection prevention and control program, key policies and procedures and your role in infection control and prevention.
Standard Precautions

Are used at all times with everyone.

Includes proper Hand Hygiene practice.

- Before any patient contact.
- Before any aseptic (sterile) task.
- After any blood/body fluid exposure.
- After any patient contact.
- After any contact with patient surroundings.
- After glove removal.

NEBH follows the current World Health Organization (WHO) hand hygiene guidelines.

Involve the use of gloves or other personal protective equipment (or PPE), to avoid direct contact with body fluids, tissue and non-intact skin.

Precautions apply to blood, all body fluids, secretions, excretions, non-intact skin, and mucous membranes.

Don’t Forget to wash: After breaking scrub, After touching the patient
General Disinfection

- Surfaces and most equipment are disinfected using disinfecting wipes.
- To achieve proper disinfection, using wipes, surface or object must remain wet for minimum contact or wet time which is on the product label.

For most disinfection, NEBH uses Oxivir TB wipes.
Contact time is 1 minute - the object or surface remains wet for the full minute.

For patients who are on Special Contact precautions, we use Clorox wipes.
Contact or wet time is 3 minutes. The object or surface remains wet for 3 minutes.
Transmission-Based Precautions

We use 4 types of Transmission—Based Precautions

- Airborne Precautions
- Droplet Precautions
- Contact Precautions
- Special Contact Precautions

*Used in addition to Standard Precautions, when Standard Precautions are not enough.*
Airborne Precautions

- Used for patients with diseases spread by the *airborne route* of transmission.
- Requires use of designated isolation rooms (also called negative pressure rooms).
- Requires fit testing for N-95 mask or PAPR (Powered Air Purifying Respirator).
- Diseases include TB, Smallpox, SARS, Chickenpox, and Measles.
- Patient wears a mask when leaving room.
Droplet Precautions

- Used for patients with diseases that are spread by large respiratory droplets.
- Requires use of regular mask within 6 feet of the patient.
- Diseases include Pertussis (Whooping Cough), Meningococcal Meningitis, Influenza (Flu).
- Patient wears a mask when leaving room.
Contact Precautions

- Used for patients with diseases that are spread by contact with intact skin (such as Lice or Scabies).
- Also used for MDRO’s (Multi-Drug Resistant Organisms such as MRSA, VRE, ESBL, etc.).
- Wear gloves when entering room or cubicle.
- Wear gown whenever anticipating contact with the patient, their items, or potentially contaminated environmental surfaces.
Special Contact Precautions

- Used with illnesses that contaminate the environment which is then difficult to disinfect such as C. difficile, Norovirus, Rotavirus.

- Requires the use of gloves and gowns when entering the room.

- Wash hands with soap and water before leaving room. **NO FOAM**

- Room & Equipment Disinfection requires **Bleach (Clorox) Wipes.**
Medical Waste

Defined as potentially infectious waste materials generated in health care facilities such as:

- Bulk blood or bloody body fluids
- Materials substantially contaminated with blood/body fluids
- Selected Lab waste (pathology, cultures, etc.)
- Sharps (needles/syringes, blades, wires, etc.)

All medical waste disposed of in bio hazardous bags, except for Sharps. Sharps are disposed of in rigid, bio hazardous containers.

**Medical Waste does NOT Include:**

- Urine, urinary drainage bags, and urinary catheters unless visibly bloody.
- IV bags and tubing unless used for blood transfusion.
- Dressing materials NOT visibly contaminated with blood/body fluids
  
  NOTE: If visible still NOT medical waste unless saturated and/or dripping with blood/body fluids.
- Isolation waste, or waste from patients on transmission based precautions.
Blood/Body Fluid Exposure

What should you do if you have an exposure?

- Wash/Flush affected area IMMEDIATELY. Use plain soap and water OR flush eyes with water. **DO NOT USE BLEACH.**
- Report to Employee Health. If not open report to Nursing Coordinator.

Other Exposure
What should you do if you have or think you had an exposure to a communicable disease? (Chickenpox, measles, meningococcal meningitis, pertussis, etc.)

You should immediately:

- Speak to your division chief/department chair or the Chief Medical Quality Officer
- Report to Employee Health. If not open report to Nursing Coordinator.
Antibiotic Stewardship Program (ASP)

- We have a multidisciplinary team dedicated to promoting optimal use of antimicrobials, infection treatment, as well as minimizing associated adverse events. Committee members include Quality, Infection Disease MDs, Pharmacy and Microbiology.
- The team reviews the use of restricted antibiotics, develops and revises policies and procedures, and discusses current scientific literature. The program aims to decrease costs associated with antibiotics utilization, adverse events, and length of stay.
- NEBH’s Antibiogram, which details microorganism susceptibility and resistance patterns, is updated on a yearly basis and is available on the intranet portal for review.
- These efforts align with The Joint Commission’s standards to promote optimal antibiotic prescribing and avoid the growth of resistant infections.
The Environment of Care section will provide you with information essential to ensuring the safety and security of NEBH, as well as the employees within it.

It is EVERYONE’S responsibility to maintain a safe environment of care!
Environment of Care

The Environment of Care (EOC) consists of 6 sections:

- Safety Management
- Security Management
- Hazardous Materials Management
- Fire & Life Safety Management
- Medical Equipment Management
- Utilities Systems Management
Emergency Contact Numbers

Dial 6-3333 for all of the following:
(For offsite locations, dial 911)

**CODE BLUE** – Cardiac Arrest

**CODE RED** – Fire

**CODE GREEN** – Medical Emergency

**CODE PURPLE** - Violence or Threat of Violence

**RAPID RESPONSE** – Patient Concern
Security Management

Call SECURITY at 4-5911:

- If you have a concern about security in your area.
- If you need a door locked or unlocked.
- If you have lost your photo ID.
- If you need an escort to your vehicle, or Jackson Station (off-hours and weekends)
- If there are unauthorized personnel in your area.
Hazardous Materials Management

HAZARD COMMUNICATION

- Know what Hazardous Materials are being used in your department

- Know what to do if you discover a hazardous spill
  - Leave the area
  - Call Security at 4-5911

- Know where to find a Safety Data Sheet (SDS)
  SDSs are documents that describe the properties of a product, any physical or health hazards associated with the product, precautions of safe handling, storage, and spill control.
To ensure that employers and employees know about work hazards and how to protect themselves so that the incidence of illnesses and injuries due to hazardous chemicals is reduced.
Requirements of a Label

The Basic Parts of A GHS-Compliant Label

1. **n-Propyl Alcohol**
   - UN No. 1274
   - CAS No. 71-23-8

2. **DANGER**
   - Highly flammable liquid and vapor. Causes serious eye damage. May cause drowsiness and dizziness.
   - Avoid breathing fumes/mist/vapours/spray. Wear protective gloves/protective clothing/eye protection/face protection. IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present. Continue rinsing.

3. **Keep away from heat/sparks/open flames/hot surfaces. No smoking.**

4. **Fill Weight:** 18.65 lbs  
   **Lot Number:** B56754434  
   **Gross Weight:** 20 lbs  
   **Fill Date:** 6/21/2013  
   **Expiration Date:** 6/21/2020

5. **Acme Chemical Company • 711 Roadrunner St. • Chicago, IL 60601 USA • www.acmechem.com • 123-444-5567**

6. **See SDS for further information.**

1. **Product Identifier** - Should match the product identifier on the Safety Data Sheet.
2. **Signal Word** - Either use “Danger” (severe) or “Warning” (less severe)
3. **Hazard Statements** - A phrase assigned to a hazard class that describes the nature of the product’s hazards
4. **Precautionary Statements** - Describes recommended measures to minimize or prevent adverse effects resulting from exposure
5. **Supplier Identification** - The name, address and telephone number of the manufacturer or supplier.
6. **Pictograms** - Graphical symbols intended to convey specific hazard information visually.
Safety Data Sheets

The safety data sheet (SDS) should provide comprehensive information about the chemical that allows employers and workers to obtain concise, relevant and accurate information that can be put in perspective with regard to the hazards, uses and risk management of the chemical product in the workplace.

- The SDS also provides important information to emergency responders and must contain 16 sections.

- SDSs for chemicals at New England Baptist can be found on the hospital’s intranet by accessing SDSonline.
Spill Control Procedures

In an Emergency Contact Security at 4-5911

It is the responsibility of the person discovering the spill to report the event immediately and to assist if trained.

- Only persons trained in safe and effective spill control shall be permitted to initiate spill control activities for incidental spills.
- Spills not meeting the criteria below are classified as an emergency response and are not to be cleaned up by staff.

An incidental spill is:

- Release of a hazardous substance which does not pose a significant safety or health hazard to employees in the immediate vicinity or to the employee cleaning it up
- Limited in quantity, exposure potential, or toxicity
- Present minor safety or health hazards to employees in the immediate work area or those assigned to clean them up.

For an incidental hazardous chemical spill:

- Notify supervisor and surrounding personnel of incidental spill.
- Incidental spills may be safely cleaned up by employees who are familiar with the hazards of the chemicals with which they are working.
- Consult the Safety Data Sheet on SDSOnline.com for cleanup procedures.
Emergency Eye Wash

- Employees must be familiar with the location and use of eyewash and safety showers even if their job does not involve working directly with toxic or corrosive chemicals.
- Why? You may be need to assist a fellow employee who has had an exposure.
- Remember to always consult the Safety Data Sheet in the event of a chemical exposure. If a coworker has been exposed, guide them to the emergency wash areas and then retrieve the Safety Data Sheet on the NEBH portal. Eyewash, drench hose and safety showers locations have been determined by a risk assessment of the potential hazards in the area.
- The location of all eyewash, drench hose and safety showers are clearly marked with a highly visible sign and must remain unobstructed.
- The area around the eyewash, drench hose and safety showers must be well lit.
- It is the responsibility of the department where the units are located to perform weekly inspections.
P-Listed Waste

Drugs considered to be **environmentally hazardous** by the MA Dept of Environmental Protection

- Special requirements exist for the disposal of P-Listed drugs and any packaging or delivery systems that have residue on them
- Black containers have been supplied in areas where these drugs are used for proper disposal of P-listed waste

- The following drugs must be disposed of in black P-listed waste containers:
  - Coumadin
  - Nicotine
  - Physostigmine (Antilirium)
Radiation Safety

- This symbol indicates the presence of RADIOACTIVE material.
- Areas displaying this symbol are restricted to AUTHORIZED PERSONNEL only.
Emergency Management
Disaster Code List

- Code Operations – Operations Meeting
- **Code Orange** – Chemical/Biological/Radiological Spill
- Code Triage – Patient Centered Event
- Code Weather – Severe Weather Emergency
- **Code Yellow** – Communications/Utilities Failure
- Code **Black** – Suspicious Package/Bomb Threat
- **Code Active Shooter** – Security Alert/Violence with a Weapon
Hospital Incident Command System (HICS)

- The hospital follows HICS for all emergencies.
- The Administrator on Call (AOC)/Nurse Executive or Nurse Coordinator will assume the role of Incident Commander.
- All staff should take direction from the Department Manager during an emergency.
Code Active Shooter Response
Policy/Definition

**Purpose**

Provide guidance in responding to and managing any event, occurring on NEBH property, involving violence or a threat of violence that involves the use of a weapon.

**Active Shooter:**

A person or persons who appear to be actively engaged in killing or attempting to kill people in the hospital or on the hospital property.

Because active shooter situations are often over within 2 to 10 minutes, before law enforcement arrives on the scene, individuals must be prepared both mentally and physically to deal with an active shooter situation.
Code Active Shooter Definitions

- **Facility Lockdown** – The closing of all methods of access to the Hospital to minimize the potential hazards for a person(s) or for chemical, radioactive, or biological vapors, particulate or materials to enter or exit the premises. No entry or exit to the facility.

- **Restricted Access** – Imposing conditions on access throughout the Hospital. Key personnel will have or be denied access to areas depending on the situation – or their access to areas is restricted based on imposed threats.

- **Evacuation** - Evacuate the building using your department specific fire evacuation route.

- **Shelter in Place** - Lock department or office doors, turn off lights, and advise patients and visitors to stay within secured area and hide from danger.

**Run, Hide, Fight**

- **Running** is preferred.

- However, if there is no possible escape, employees should attempt to **hide** (cover and conceal), stay as close to the ground as possible, and physically make themselves as small of target as possible. Hide behind locked doors if possible, barricade doors with furniture if necessary, and turn off or silence all lights and electronic devices.

- There may be a time to **fight**! If you are trapped in a room and there are no other survival techniques, a last resort is to fight, by any means necessary and as a team if possible.
Active Shooter Guidelines

GENERAL RESPONSE

☐ Get to a safe location as soon as possible and report the situation.
☐ Call 911 (9-911 if calling from a hospital landline).

INFORMATION YOU SHOULD PROVIDE TO LAW ENFORCEMENT OR 911 OPERATOR

☐ Location of active shooter.
☐ Number and type of weapons held.
☐ Number of shooters, if more than one.
☐ Physical description of shooter(s).
☐ Number of potential victims at the location.

If safe to do so, notify (or have a second person simultaneously notify) Security at x4-5911.

Main Campus — Announcements will be made throughout the hospital to notify staff via either Overhead announcement and/or Everbridge notification system.

Off-Campus Locations — Notification will be made by phone and/or Everbridge notification system.
Active Shooter Guidelines

WHEN LAW ENFORCEMENT ARRIVES

- Remain calm, and follow officers’ instructions.
- Immediately raise hands and spread fingers.
- Do not stop to ask officers for help or direction when evacuating, just proceed in the direction from which officers are entering the premises.
- Keep hands visible at all times officers are entering the premises.
- Avoid making quick movements toward officers such as attempting to hold on to them for safety.
Fire Safety Plan: RACE

R – Rescue anyone in immediate danger
A – Pull Fire Alarm and call 63333
C – Contain fire – Close all windows and doors
E – Extinguish or Evacuate

(Horizontally first in patient care areas!)

If you discover fire or smoke, implement RACE and follow any department specific instructions related to fire safety.
Fire Extinguishers: PASS

When using extinguishers use the following 4 action steps:

P – Pull safety pin
A – Aim nozzle at base of the flame
S – Squeeze trigger
S – Sweep nozzle from side to side
Defend in Place versus Evacuation

- Inpatient areas of the hospital employ a defend in place strategy in case of a fire.
- Staff are to assist patients during a fire and do not evacuate the building.
- The inpatient areas are constructed in to “smoke compartments” to stop or slow the passage of fire, smoke, and hot gas.
- If a fire originates in a smoke compartment, the staff in that area is required to assist patients by relocating them to an adjacent smoke compartment.
- Each department has a fire plan which identifies the location of the smoke compartments.
- Portions of the campus with defend in place protocol:
  - Lahey 3, 4, & 5
  - Jenks 3, 4, & 5
  - Converse 2 & 3
- All other areas follow general evacuation upon initiation of the fire alarm system.
- It is CRITICAL for workforce members to be aware of these boundaries relative to patient safety in a fire emergency.
Operating Room Fire Alarm Message

- Since patients in these areas are in a more critical state, an alternative message that is less disruptive is utilized in lieu of the traditional fire alarm.
- This less disruptive message is used to alert staff, which can view the location of the area of origin at the nearest nurses station fire alarm annunciator panel.
- Staff will initiate the emergency management plan as appropriate once notified.
Utility Systems Management

Utility Failures

- In the event of a utility system failure notify Facilities at 4-5010 and be prepared to respond to an emergency.
- In an emergency, the charge nurse, is authorized to shut off the oxygen.
- In a clinical department without a nurse, a licensed healthcare provider is authorized to shut off the oxygen.
- Know the location of the medical gas shut off-valve.
Final Attestation

By completing this course, I attest that I have read, understand, and agree to abide by the Code of Business Conduct and all NEBH policies and standards.

Print Name: __________________________________________
Signature: ___________________________________________
Date: _______________________________________________