

## **SELF-PACED ORIENTATION**

### **INSTRUCTIONS**

1. Review Contents of Handbook.
2. Sign the Orientation Manual Agreement
3. Complete Orientation Competency Quiz
4. Complete HIPPA Quiz
5. Complete the Influenza Consent Form
6. Sign the Confidentiality Agreement
7. Compare your answers against the answers on the Answer Key
8. Return all materials to the School Representative. The Handbook is for your resource.



Human Resources Department

*Self-Paced Orientation Handbook*

## **INTRODUCTION**

Welcome to Provena Covenant Medical Center. We are glad to have you join us in our mission of providing quality patient care and service. While you are working here, you will be representing the Medical Center to our patients, families and visitors. For that reason, we want to take this opportunity to inform you about our Mission, Vision, Values, Service Excellence program and relevant organizational policies that can guide you in your daily activities.

Please read this handbook information (an overview) and complete the attached quiz. In addition, sign the Self-Paced Orientation agreement.

Thank you for the care and support you will be providing to our patients, their families and our staff. We hope you enjoy working with us and welcome any suggestions that may help us continue to improve our services.

## **History of Provena Health**

Provena Health is sponsored by three religious organizations: Franciscan Sisters of the Sacred Heart, which formerly sponsored Franciscan Sisters Health Care Corporation; Servants of the Holy Heart of Mary, Holy Family Province, USA, which formerly sponsored Servant Cor; and Sisters of Mercy of the Americas, Regional Community of Chicago, which formerly sponsored Mercy Center for Health Care Services, McAuley Manor and Fox Knoll.

Provena Health was formed on December 1, 1997 as a result of the three religious congregations working together to affiliate their corporate health care entities. By coming together, we are significantly strengthening the Catholic health care ministry, particularly in northern and central Illinois, by creating one of the leading, integrated health care delivery systems in the region.

## **Provena Health Mission**

Provena Health a  
Catholic health system,  
builds communities  
of healing and hope  
by compassionately responding  
to human need  
in the spirit of Jesus Christ.

## **Provena Health Values - R.I.S.E.**

Building on the faith and heritage of our founding religious congregations, we commit ourselves to these Values that flow from our Mission and our identity as a Catholic healthcare ministry.

- Respect –

We affirm the individuality of each person through fairness, dignity, and compassion.

- Integrity –

We demonstrate the courage to speak and act honestly to build trust.

- Stewardship –

We use our human and economic resources responsibly, with a special concern for the poor and vulnerable.

- Excellence –

We achieve exceptional performance through continuous growth and development.

### **Provena Health Vision**

Provena Health providers are known for clinical and service excellence and are the preferred choice based on responsiveness to community needs, quality, value, and innovation.

### **Ethical & Religious Directives for Catholic Health Care Services**

The goal of the directives is to promote consistency between what is done under the auspices of Catholic sponsorship and Church teaching on moral matters as these relate to the provision of health services. The ERD's focus is on institutional commitments, not personal beliefs.

#### **- Six Catholic Ethical & Religious Directives -**

1. Social Responsibility (human dignity, poor, common good)
2. Pastoral & Spiritual Responsibility (respect for human dignity, holistic care, collaboration, healing presence)
3. Professional/Patient Relationship (respect for the person, professional ethical responsibility)
4. Care for the Beginning of Life (sanctity of human life, respect for marriage and family, appropriate use of technology)
5. Care for the Dying (stewardship of human life)
6. Forming new partnerships with Healthcare Organizations and Providers

### **Provena Health Diversity Philosophy**

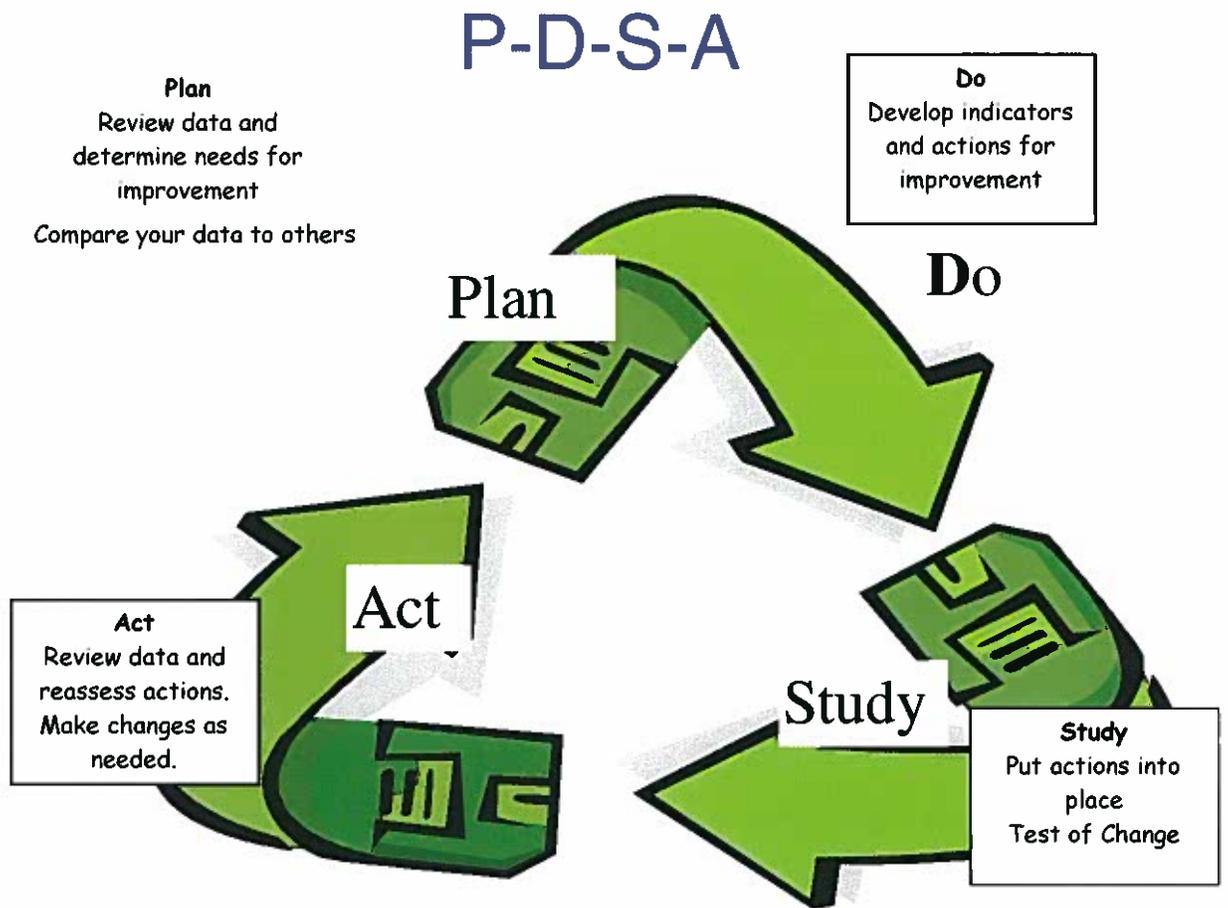
- Provena Health acknowledges, supports and celebrates the diversity of our patients, residents, families, employees, physicians, communities and vendors.
- System policies, standards, and behaviors are based on the values of respect, integrity, stewardship and excellence.
- Provena Health actively pursues and promotes an atmosphere of inclusion and respect in all our interactions.

### **About Our Quality Program – Provena PDSA**

Provena PDSA is a rapid cycle performance improvement process. This approach to performance improvement uses teams that Plan-Do-Study-Act (PDSA) to resolve identified problems and continuously improve our everyday work. The teams work to answer the questions:

- What are we trying to accomplish?
- What are the barriers?
- What changes can we make that will result in improvement?
- How will we know that the change is an improvement?

See PDSA Model on next page....



### CORPORATE RESPONSIBILITY STANDARDS OF CONDUCT

Our Standards of Conduct have the Provena Health Values as their foundation. Each individual working at Provena Covenant Medical Center has an ethical obligation to support and uphold our Corporate Responsibility Program. This means upholding the law and being truthful and honest in all business dealings with patients, vendors, third party payers and any other party with whom Provena Covenant Medical Center does business. We expect our workers to follow the intent, letter, and spirit of the law. Individuals must also be familiar with Provena Covenant Medical Center's policies and procedures and Standards of Business Conduct and adhere to them at all times.

You are responsible for the results of the decisions you make. When questions arise, it is your job to ask for help. Before you make a decision, you should ask yourself the following questions:

- Is safety at risk?
- Does it comply with our policies?
- Is it consistent with our Mission and Values?
- If my decision were made public, how would I feel?
- Would I advise family or friends to make this decision?

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Everyone has a duty to report issues or concerns. Follow the following reporting process in the order listed below should you ever have a question or issue you feel may need reported. Proceed to the next level only if you feel your concern has not been resolved or if you feel uncomfortable with any one step in the process.

- Discuss with your supervisor
- Discuss with our local Corporate Responsibility Liaison, Anne Little at ext. 2836.
- Contact Provena Health's System Corporate Responsibility Office, Meghan Kieffer
- Call AlertLine at 1-800-93ALERT

Individuals working at Provena Covenant Medical Center must never, under any circumstances:

- ❖ Destroy or alter documents or records in anticipation of a request for the document or record by a government agency or court.
- ❖ Lie or make false or misleading statements to any government investigator, or
- ❖ Attempt to persuade any employee, or any person, to provide false or misleading information to a government investigator or to fail to cooperate with a government investigation.

### **ALERTLINE**

AlertLine is a mechanism for confidential reporting of violations of Standards of Conduct, HIPAA, or any other violations of policies and procedures that have been previously reported to a supervisor. Individuals who make a call to AlertLine in good faith will be protected from retaliation. The AlertLine number is 1-800-93ALERT.

### **LANGUAGE LINE**

To insure access to health care information and services for limited-English-speaking or non-English-speaking and deaf patients and families according to the Language Assistance Public Act (95-0667), the Language Assistance Services Act (210 Languages ILCS 87/), Civil Rights Act and the Joint Commission standards applicable to a Patient's right for effective communication. Employees will reference the Interpreters – Foreign Language & Hearing Impaired policy for direction on accessing interpreter and hearing impaired services.

### **CALL-INS, ABSENTEEISM, AND TARDINESS**

Every individual is expected to be at his or her assigned work area performing his or her assigned duties at the normal start time of each assigned shift. Departments may have specific call-in times and procedures to follow to provide adequate time to accommodate work assignments. Instructions will be provided as to whom you are to call before your scheduled start time if you are going to be late or unable to report to work due to illness or emergency. Excessive absenteeism and tardiness are unacceptable and will result in termination. Tardiness is defined as not present at your assigned station and available to begin normal duties at the assigned start time of your shift. There is no grace period for tardiness purposes. Temporary assigned staff failing to follow established guidelines on call-in or who are absent or tardy will be reported to the contracted agency.

### **DRUG-FREE WORKPLACE**

The Medical Center requires that all staff be drug and alcohol free while at work. All staff on Medical Center property or representing the Medical Center are prohibited from buying, possessing, selling, manufacturing, using, or distributing illegal drugs or alcohol, having prohibited drugs in their body, or being under the influence of alcohol.

This does not prohibit individuals from the lawful use and possession of prescribed medications. Individuals must consult with their health care providers about any medication's effect on their ability to work safely. Any individuals suspected of being under the influence of a substance will be relieved of their assignment and the incident will be reported for further action.

### **HOURS OF WORK**

Each department has established a work schedule necessary to provide quality services to patients and those we serve. Staff is required to work the assigned schedules and/or hours as directed by the Medical Center or their contract agency. Staff is expected not to leave their work area except for established breaks, lunch, or by permission of the supervisor.

### **LICENSURE OR CERTIFICATION**

All staff assigned to positions requiring a license or certificate must provide Human Resources and the department supervisor or designee with a copy of the required license or certifications.

### **ORIENTATION**

All staff new to the organization must complete an organizational and departmental orientation for the position they are filling.

### **TERMINATION OF TEMPORARY ASSIGNMENT**

The Medical Center may request temporary staff, in part or in whole, not be assigned or may be removed from assignment to the Medical Center at any time, with or without reason or cause.

### **DRESS CODE**

When you work here you are a representative of the Medical Center. We are judged not only by the service we render and our actions toward patients, but also by our personal appearance. The Medical Center dress policy is to avoid extremes and present staff to patients and visitors in apparel that is clean, neat, safe, and not offensive. Denim is not permitted. Individuals are expected to maintain good personal hygiene. Proper dress for various job classifications is determined departmentally. Your mentor will provide details on correct dress.

### **HARASSMENT POLICY**

The Medical Center is committed to maintaining a work environment free of harassment. In keeping with this commitment, we will not tolerate harassment by anyone, including administration, physicians, directors, supervisors, co-workers, vendors, clients, contractors, patients, or other visitors of the Medical Center.

Harassment consists of unwelcome conduct, whether verbal, physical, or visual, that is based upon a person's protected status, such as sex, color, race, ancestry, national origin, age, disability, or other legally protected group status. The Medical Center will not tolerate behavior that creates an intimidating, hostile, or offensive working environment.

Sexual harassment deserves special attention. Unwelcome sexual advances, requests for sexual favors, and other physical, verbal, or visual conduct based on sex constitute sexual harassment when the conduct has the purpose or effect of unreasonably interfering with an individual's work assignment or creating an intimidating, hostile, or offensive working environment.

**Individuals who believe they may have been subjected to or witnessed harassment or intimidation should immediately contact the Regional Director of Human Resources at 443-5235.** It is unacceptable for any individual to experience retaliation for reporting, assisting or cooperating in an investigation of a harassment complaint. All complaints are promptly and confidentially investigated. Any staff under investigation for alleged harassment or found to have harassed others, will not be allowed to continue to work.

### **NO-SOLICITATION AND NO-DISTRIBUTION POLICY**

In order to protect patients, visitors, and staff from disruptive intrusions upon their time and privacy, the Medical Center has adopted a no-solicitation and no-distribution policy.

Organizations and persons other than staff of the Medical Center may not engage in solicitation, distribution, or posting of written or printed material of any nature at any time in or within the confines of the Medical Center premises. The selling or distribution of any type of merchandise by non-employees is also prohibited.

### **PERSONAL BUSINESS, MAIL, AND TELEPHONE CALLS**

The Medical Center telephones may not be used for making personal telephone calls. Public telephones are located throughout the building and may be used to make calls during break and meal times. Incoming calls from friends and relatives should be limited to those of any emergency nature. In addition, personal mail may not be received through the Provena Covenant Medical Center mail service.

### **PERSONAL GIFTS AND GRATUITIES**

You have a responsibility to serve all patients and visitors equally. Therefore, all staff is prohibited from accepting gifts or tips from patients, visitors, or vendors. Whenever gifts or gratuities are offered in appreciation for services, they should be graciously declined and the persons offering them referred to the Medical Center Foundation.

### **REMOVAL OF PROVENA COVENANT MEDICAL CENTER PROPERTY**

It is absolutely prohibited to remove any property belonging to the Medical Center, such as food, medicine, clothing, towels, soap, equipment, etc., without proper authorization.

### **SECURITY OF WORK AREAS AND LOCKERS**

To maintain a secure work area, off-duty staff are treated like non-staff and governed by the same policies and procedures.

It is each individual's responsibility to keep his or her locker clean. Due to a shortage of space, most lockers are shared. You are prohibited from storing any illegal drugs, drugs that are not used for prescribed purposes or in prescribed dosages, alcoholic beverages, or weapons in a locker.

Lockers are the property of the Medical Center and are provided as a convenience to permanent and temporary staff. The Medical Center reserves the right to search lockers at any time.

### **DISRUPTIVE &/OR IMPAIRED BEHAVIOR ISSUES**

The purpose of a referral process for individuals, including physicians, who exhibit impaired and/or disruptive behavior, is to:

- Promote a care environment in which patients, staff and physicians are treated with respect.
- Identify and provide appropriate assistance to individuals with impaired and/or disruptive behavior, anger management problems and/or substance abuse/dependence issues.

Examples of Inappropriate Behavior may include:

- Blaming or shaming others for adverse outcomes
- Inappropriate medical record entries concerning quality of care
- Avoiding, unreliable behaviors

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- Recurrent conflict with others
- Sexual comments, jokes or innuendos
- Flirtation, sexual harassment
- Seductive, aggressive or assaultive behavior; inappropriate physical contact with another individual that is threatening or intimidating

Drug or alcohol-related impairment should be ruled out prior to addressing the issue as purely negative behavior. The key is to look for changes in any of these areas over time:

- Changes in physical appearance
- Personality or behavior changes
- Frequent or unusual accidents
- Frequent unexplained absences or tardiness
- Excessive working
- Excessive ordering or use of drugs
- Unreliability; isolation; withdrawal
- Unpredictable behaviors
- Frequent trips to the restroom
- Inappropriate responses to pages or calls
- Decreasing quality of performance or patient care

It is the responsibility of all staff to report disruptive and inappropriate behaviors, whatever the cause, which negatively impacts our ability to provide quality care. Anyone who observes or is subjected to inappropriate behaviors is responsible for communicating with their direct supervisor about the incident. The identity of the reporting individual will be kept confidential and not be disclosed. Situations involving physicians also are to be reported to supervisors.

It is the ultimate responsibility of the Department Director, COO/CNE and Human Resources to confront and pursue impaired or disruptive behaviors of staff. THE CEO, Regional Chief Medical Officer and medical staff leadership have the same responsibility for physician behaviors. The Provena Health System Ethicist acts as a consultant and resource to senior leadership regarding these issues.

### **SERVICE EXCELLENCE**

Provena Covenant Medical Center is very proud of our service excellence initiative. This initiative reflects the Mission of “compassionately responding to human need”, as well as the Provena Health Values. Service Excellence encourages each of us to treat each person as an individual worthy of dignity and respect. Several teams are in place to help us attain the goal of the Medical Center being the facility of choice for patients to receive care, staff to work and physicians to practice. Please refer to the Standards of Behavior booklet that provides guidelines for behavior of staff in line with our Service Excellence expectations.

### **SMOKING**

You are to refrain from smoking while in the Medical Center. Smoking is allowed ONLY in designated areas outside the Medical Center.

### **ACCIDENTS AND INJURIES ON THE JOB**

Any individual injured on the job, no matter how minor, must report the incident to his/her immediate supervisor at the Medical Center and to his/her employer as soon as possible. It is the individual’s responsibility to assist in the completion of an Incident Report either at the time of the injury or immediately after treatment. Failure to promptly report any accident or injury can result in the termination of the assignment at the Medical Center.

### **CAFETERIA**

The Medical Center provides cafeteria and/or dining facilities to staff and visitors for breakfast, lunch, and dinner servings.

### **VOLUNTEER SERVICES**

The Volunteer Services Department provides a wide variety of services to patients, visitors, and employees. Our Volunteers assist a vast majority of the areas at the Medical Center. These dedicated men, women, and teenagers come from all walks of life.

There is always a need for qualified volunteers to work with the staff to assist patients and their families and friends. If anyone is interested in becoming a member of our volunteer staff, please contact the Volunteer office.

### **PASTORAL CARE**

Pastoral Care staff is available for patient, family and staff support at all times. Please refer to your facility phone list for numbers to call or page the Pastoral Care staff member on call outside normal business hours.

### **IDENTIFICATION BADGE**

Individuals working for or on behalf of the Medical Center are expected to wear their identification badges at all times. Badges should be clearly visible, worn near the face, at all times except when prohibited due to personal protective wear. Each individual is responsible for displaying his or her identification badge at all times while on duty. Badges may be obtained by setting an appointment with the security department.

### **INQUIRIES FROM THE MEDIA**

All inquiries from the media seeking information about patients, facilities, incidents, etc, must be referred to the Community Relations Department. Under no circumstance may staff disclose any information to anyone from newspapers, radio, television, or other sources without prior Community Relations approval.

### **LOST AND FOUND**

Reports or inquiries about any items that are lost or found should be directed to the Security Department.

### **LUNCH AND BREAKS**

Work hours, lunchtime, and break time are scheduled according to the needs of each unit or department. It is intended that all staff assigned seven and one-half hours or more per shift will be provided one-half hour away from the assigned area for lunch. This time will not be recorded as time worked. Circumstances in some departments may not allow for time away from the work area. In this situation, staff will be paid for the lunch break if permitted to work. While it is intended that staff be permitted two 15-minute paid breaks in an eight hour work day, such breaks are not guaranteed and may be disallowed, depending on the needs of the department.

### **PARKING**

Free parking is provided by the Medical Center. We suggest you keep vehicle doors locked. Any incidents should be reported to Security immediately. The Medical Center shall not be responsible or liable for any thefts, accidents, damage, etc., that may occur in the Medical Center parking lots. All staff is to follow established parking procedures and park in the appropriate areas. Bring your license plate number with you to security to receive a parking permit and to obtain parking location options. Staff that fail to follow these procedures will be ticketed.

### **PAY PRACTICES**

Permanent staff records their work time through the Kronos time card system, available by phone in each department. If you are unable to clock in on Kronos for any reason, paper forms are available in your work area to record your time worked. The system will record you as clocking in early or as tardy when you clock in greater than 7 minutes before or

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after the designated start/end time of your shift. Paychecks may be picked up in your home department. Temporary staff is to follow procedures as instructed to record time worked.

### **SAFETY AND SECURITY**

The Medical Center is committed to providing a safe and healthy work environment and will comply with all applicable safety laws, regulations, and rules. All personnel must assist with the compliance of safety rules and procedures.

Safe working conditions and safe habits are essential to the successful operation of the Medical Center. Each individual should be alert for unsafe conditions, such as wet or slippery floors, defective or broken equipment, etc. Such conditions should be reported promptly to his or her supervisor. Additionally, staff must perform their job duties in a safe manner, including following all applicable safety procedures, using appropriate safety equipment, and using common sense to protect themselves and fellow staff from injury.

The Medical Center employs a fully staffed Security Department. When there is a security threat, theft or any kind of security incident in your work area or if you feel threatened by anyone, notify your supervisor and call Security immediately at 2456. The first priority is to maintain the safety of everyone. Get a name and phone number if the situation warrants and it is appropriate and safe to do so.

### **BOMB THREAT**

In the case of a bomb threat, try to keep caller on line and gather as much information as possible. Call Security immediately at 2456, and tell them to call you back stat on a regular phone. Complete form in Disaster Manual.

### **CODE 10**

A Code 10 is an alert to all staff that an infant or child is missing and possibly abducted. Staff members are to secure all exits and observe and retain any individuals leaving with an infant or carrying anything in which an infant or small child could be concealed.

Dial 77 to page a Code 10.

### **CODE BLUE GUIDELINES**

Code Blue is the term used for a cardiopulmonary arrest at Provena Covenant Medical Center.

Codes are to be paged by the first rescuer in the following manner:

1. Pick up any phone; dial 811.
2. State "Code Blue, (location)" – repeat this message 3 times.
3. If the Code Blue button in the room is pushed, the hospital operator will announce "Code Blue, room/location" 3 times. The operator will notify the code team via beeper after the code has been paged overhead.

### **Job Responsibilities**

Crash Carts are located on each nursing unit and patient care areas.

Staff may assist in a Code Blue according to their assigned job responsibilities, their training and their supervisor's direction.

## **INFECTION CONTROL**

The Medical Center has many infection control practices that focus on the prevention and spread of infections. In addition, many procedures performed in the delivery of patient care require special infection control techniques. It is your responsibility to become familiar with your departmental-specific infection control issues, policies, and procedures.

1. Biohazard (Exposure) Control Plans are kept in a file folder under the Emergency Plans icon on the PCMC intranet page. The purpose of the plan is to prevent or lessen the risk of staff exposure to tuberculosis and blood borne pathogens.
2. The primary way to prevent the spread of infection is effective handwashing with soap and water: when hands are visibly soiled with or without gloves; after use of the restroom; prior to eating or drinking.
3. Gloves are to be changed between each patient contact and if moving between dirty and clean areas of the same patient.
4. Use Calstat/Avagard D (in OB/OR), a waterless, alcohol hand sanitizer: before direct contact with patients; after direct contact with patients: before putting on and after removing gloves; and after contact with equipment close to the patient.
5. Standard (universal) precautions are a set of guidelines designed to prevent transmission of infections, particularly blood borne infections, between patients and/or health care workers. The spread of infection is prevented by following safe work practices, instituting engineering controls, and using appropriate barrier protection when blood or body fluid exposure reasonably is anticipated. Personal protective equipment should be used whenever necessary and may include use of gloves, gowns, face shields, goggles, etc.
6. The following are types of exposures to blood or body fluids containing visible blood or organ space fluids: a needlestick; contact with blood or body fluids to eyes, nose, mouth or skin that is not intact.
7. The proper actions to take following an exposure to blood or body fluid include cleansing or flushing the area immediately, completing an exposure form, notifying your supervisor, and following the procedure in Needle Stick Policy under "N" in Policy and Procedures icon on the PCMC intranet.
8. Three major blood borne pathogens threaten health care workers: Human Immunodeficiency Virus (HIV/AIDS); Hepatitis B Virus (HBV); and Hepatitis C Virus.
9. Tuberculosis (TB) is airborne and transmitted by "infected air" containing microscopic droplets of the TB bacillus. Transmission is prevented by negative pressure in respiratory isolation rooms, wearing fit-tested respirators, skin testing if potential exposure occurs, and using HEPA air filters and ultra-violet lights in potential risk areas. Only staff that has been fit tested for respirators may enter a room or care for a patient with TB or suspected of having TB. "Airborne Isolation" signs will be posted on TB patient rooms, indicating what you need to do.

## **UTILITIES/MEDICAL EQUIPMENT**

1. The Medical Center has back-up capabilities for all utilities, i.e., communications, gas, electricity and water. Notify Security, Maintenance and the House Supervisor immediately should any utility in your area fail.  
  
Your response will depend on which utility that has failed. Follow instructions under the Emergency Plans Icon on the PCMC Intranet. In the event oxygen is unavailable, contact Pulmonary Services for oxygen tanks.
2. Medical equipment must be inspected and maintained at regular intervals. Stickers placed on the equipment indicate the expiration date for the equipment. For example, 06/03 means the equipment expires and needs to be re-inspected in June 2003. If the sticker is expired contact Biomed immediately.

Label any equipment not working correctly as "defective" and clearly describe the problem. Report the problem to your Supervisor and Maintenance.

### **FIRE PLAN**

1. If you detect a fire, follow the PCMC Fire Plan as posted and described by R-A-C-E below:
  - a. **Remove** the patient/personnel from the immediate area.
  - b. **Sound** the Alarm
  - c. **Confine** the fire by closing doors and windows. Do not open fire doors that separate work areas.
  - d. **Extinguish** only small blazes with a fire extinguisher
2. To announce a fire, pull down the handle of the nearest fire alarm, then dial 77 to confirm a Dr. Red and the exact location. Know the location of fire alarms in your area.
4. If a fire is announced or found while you are in another area, stay in that area and help as needed. Close all doors and windows and do not open fire doors that separate work areas in order to contain the fire.
5. Know the location of fire extinguishers in your area. To use fire extinguishers remember:  
**P** - pull pin;  
**A** - aim the nozzle at the base of fire;  
**S** - squeeze the trigger;  
**S** - sweep slowly back and forth.
6. If a fire is announced or found while you are in another area, stay in that area and help as needed. Close all doors and windows and do not open fire doors that separate work areas in order to contain the fire.
7. **Be prepared to move to another smoke compartment if the one you are in is compromised by smoke.** Know your department's horizontal evacuation plan (move to another part of the same floor).
8. Evacuate only if instructed to do so by the Fire Department. Move patients horizontally away from the fire first (past the fire doors on the same floor), then vertically down stairs to another level if necessary. Ambulatory patients should walk together, holding hands. Use wheelchairs and gurneys if necessary for non-ambulatory patients. Non-ambulatory patients can be moved from the immediate fire area by rolling them onto a blanket and then dragging the blanket to a safe area.
9. When the fire is extinguished, persons in charge of the area where the fire occurred will call telephone operator who will announce: "Dr. Red has left the building".

### **DISASTER PLAN**

PLAN D, the Disaster Plan is activated when we receive notification that large numbers of medical emergency patients are being brought to, or are on their way to the Medical Center for treatment.

1. The activation will be announced over the P.A. system: "Attention all personnel, Initiate the (internal or external) distaste plan." This will be repeated 3 times.  
  
The cancellation will be announced over the P.A. systems: Disaster Plan all clear.
2. The victims will be received through triage, located in the Emergency Department Entrance. In most situations, the victims will be wearing ESDA tags. These tags will determine where to route the victim.
3. All staff is to report to their assigned work areas.

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4. Staff assigned to work will be allowed through roadblocks after showing their ID cards. Staff is to report to the Heritage Room, a meeting room off the cafeteria. Security Officers will check ID badges of all personnel entering the hospital.
5. Some do's and don'ts during an evacuation:
  - a. Patients in immediate danger are evacuated first.
  - b. Do not use elevators.
  - c. Do not use wheelchairs or carts unless a partial evacuation has been ordered.
  - d. Charge person in each area will check every room in department/unit for any stragglers.

For Evacuation: Follow Evacuation Procedure as described in Fire Plan

**ELECTRICAL SAFETY**

1. Disconnect defective electrical equipment from power and do not use. Tag the equipment as defective, describe the problem, and report to your supervisor and Maintenance.
2. Every plug should have 3 prongs. The third thicker prong acts as a ground and is needed to protect personnel.

**CHEMICAL HAZARDS/RIGHT-TO-KNOW**

1. Definition: Any chemical that has the potential to cause a physical or health hazard.
2. MSDS Sheets (Material Safety Data Sheets) contain information about the chemical ingredients, safe handling procedures, proper protective equipment and emergency first aid procedures. MSDS sheets may be accessed by logging onto the Provena PCMC home page, clicking on the MSDS icon and following the directions as outlined.
3. Hazardous waste is defined *ONLY* as waste that contains or has been soiled by visible blood and/or body fluids that contain visible blood. Disposable items containing visible blood are the only items to be deposited into red bags and disposed of as hazardous waste.

**BODY MECHANICS**

1. Prior to lifting a patient or object, do the following:
  - a. Check for obstacles or wet surfaces
  - b. Check object for shape, size and weight
  - c. Adjust work height if possible
  - d. Check wheelchair/bed that brakes are locked.
  - e. Get help if necessary
  - f. Explain to patient what is about to happen
2. Correct body mechanics for lifting heavy objects include:
  - a. Maintain normal body curves
  - b. Keep a wide base of support. Keep legs spread apart.
  - c. Always face the object
  - d. Bend knees, NOT back
  - e. Keep elbows tucked in
  - f. Tighten abdominal muscles
  - g. Center weight over feet
  - h. Keep weight close to body
  - i. Avoid jerky movement
  - j. Turn with feet, NEVER twist back

ARJO lifting and moving equipment is available for use to safely lift and move patients. You may use this equipment after attending a training session and demonstrating competency in its use. You also are to review the system policy and local policy addendum which provide guidelines in the use and cleaning of the equipment and related supplies.

### **LATEX ALLERGY**

Health care workers are at high risk for developing latex sensitivity and allergy. Latex allergic contact dermatitis is characterized by an itchy, oozing rash similar to poison ivy, which develops 24-48 hours after exposure. The rash develops at the areas of latex contact. Individuals with these symptoms should wear latex-free gloves. All non-sterile gloves in the hospital are now latex- and powder-free to reduce the chances of developing latex sensitivity. Special latex-free products are available to care for those patients who are latex sensitive.

Latex allergy also can present as a more serious condition with hives, swelling of the hands or face, runny nose, and itchy or watery eyes. Notify your director if she/he is in-house or notify the house supervisor on off shifts weekends and holidays. Go to the Emergency Department during off shifts or in the case of an emergency if you should develop any of these symptoms.

### **VICTIMS OF VIOLENCE/ABUSE/NEGLECT**

In accordance with State and Federal requirements, patients will be screened for victimization of violence, abuse and neglect.

Patients will be assessed by the admitting RN for violence/abuse/neglect upon admission by asking initial screening questions. If unable to assess at admission due to critical condition of patient, this screening will be deferred until patient is able to comprehend questions appropriately.

If the initial screening questions results in a positive result, a complete abuse screening will be performed. Please reference Provena Covenant Medical Center policy Victims of Violence/Abuse/Neglect.

The hospital will report internally following the chain of command cases of abuse and neglect. The hospital reports cases of possible abuse and neglect to external agencies in accordance with State and Federal requirements.

### **PATIENT RIGHTS/PAIN MANAGEMENT**

All patients have the right to be involved in their own care and have their pain assessed and managed.

Patient care staff is to report any noted medical or health care errors.



### **PHARMACEUTICAL WASTE STREAM MANAGEMENT**



Appropriate disposal of pharmaceutical waste is a responsibility of all healthcare providers. Provena Health recognizes the fundamental link between healthy people and a healthy environment.

Because Provena Health cares about the health of our entire community, we are committed to taking good care of our environment too. Various regulatory bodies provide guidance on proper disposal of pharmaceutical waste. The State of Illinois also provides guidance under the Safe Pharmaceutical Disposal Act. Some regulating bodies include: U.S. Environmental Protection Agency, Illinois EPA, Joint Commission, and Dept of Transportation

All pharmaceutical waste will be placed into specially designated containers and not into regular trash, sharps/infectious waste containers, or flushed down drains, and properly handled and disposed. Containers are strategically placed in each department and sometimes in individual rooms.

Pharmaceutical waste, requiring segregation, will be identified by the PCMC Pharmacy utilizing warning notifications on the Pyxis screen and on the MARs, and/or by providing visual reminders on some pharmaceutical containers and packaging.

The waste containers will be available in centralized areas on each unit. Generally, the containers will be placed in the Soiled Utility Rooms, Med Rooms, and in some procedure rooms (unit dependant).

Ministry EVS personnel will be responsible for container management and exchange within the ministries. Stericycle will transport waste for appropriate offsite management and disposal.

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All non-hazardous pharmaceutical wastes, including partial or full containers, (without label or identifier) will be placed in the BLUE non-hazardous pharmaceutical waste containers. Empty non-sharps packaging/containers may be placed into the trash. Partial or full non-hazardous pharmaceutical syringes and sharps should be placed into the SHARPS container.



All compatible hazardous pharmaceutical waste (identified with \*Black Container Disposal\* on Label, Pyxis screen, on MARs, and/or with black circle stickers) must be placed in the BLACK hazardous pharmaceutical waste container. Includes all items in direct contact with the medication regardless if they are full, partially full, or empty. (Examples: u/d packaging, soufflé cups, bottles, and vials and containers.) Exception: For Syringes, expunge liquid from the syringe into gauze. Place the gauze into the BLACK container and the syringe into the SHARPS container.

All incompatible hazardous pharmaceutical waste (identified with \*Black/Orange Container Disposal\* on Label, Pyxis screen, on MARs, and/or with black/orange triangle stickers) must be placed into a plastic zip lock bag prior to disposal into the hazardous pharmaceutical waste container with the BLACK w/ ORANGE TRIANGLE SYMBOL. Includes all items in direct contact with the medication regardless if they are full, partially full, or empty. Exception: For Syringes, expunge liquid from the syringe into gauze. Place the gauze into a zip lock bag prior to disposal into the BLACK/ORANGE container. The empty syringe should be placed into the SHARPS container.

All hazardous pharmaceutical waste containers must be kept closed at all times, except when accessing to dispose of waste. An authorized trained employee will be responsible for inspecting each hazardous pharmaceutical waste container on a weekly basis.

# 2011 Hospital

## National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The Goals focus on problems in health care safety and how to solve them. This is an easy-to-read document. It has been created for the public. The exact language of the Goals can be found at [www.jointcommission.org](http://www.jointcommission.org).

**Identify patients correctly** Improved the accuracy of patient identification. Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the medicine and treatment meant for them. Make sure that the correct patient gets the correct blood type when they get a blood transfusion. Label containers for blood and other specimens in the presence of the patient. A time-out is performed before every procedure.

**Improve staff communication** Improve the effectiveness of communication among caregivers. Quickly get important test results to the right staff person.

**Use medicines safely** Improve the safety of using medications. Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins. Take extra care with patients who take medicines to thin their blood. Immediately discard any medication or solution found unlabeled. Maintain and communicate accurate patient medication information.

**Prevent infection** Reduce the risk of health care-associated infections. Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Use proven guidelines to prevent infections that are difficult to treat. Use proven guidelines to prevent infection of the blood from central lines. Use safe practices to treat the part of the body where surgery was done thereby preventing surgical site infections

**Check patient medicines** Accurately and completely reconcile meds across the continuum of care. Find out what medicines each patient is taking. Make sure that it is OK for the patient to take any new medicines with their current medicines. Give a list of the patient's medicines to their next caregiver or to their regular doctor before the patient goes home. Give a list of the patient's medicines to the patient and their family before they go home. Explain the list. Some patients may get medicine in small amounts or for a short time. Make sure that it is OK for those patients to take those medicines with their current medicines.

**Identify patient safety risks** The hospital identifies safety risks inherent in its patient population. Find out which patients are most likely to try to kill themselves.

Contact the Joint Commission at: The Joint Commission  
One Renaissance Blvd.  
Oakbrook Terrace, IL 60181 630-792-3007

Main number: (630) 792-5000

## HIPAA Introduction

HIPAA legislation dates back to 1996, when congress enacted the

**H** **e** **a** **l** **t** **h** **I** **n** **s** **u** **r** **a** **n** **c** **e** **P** **o** **r** **t** **a** **b** **i** **l** **i** **t** **y** **a** **n** **d** **A** **c** **c** **o** **u** **n** **t** **a** **b** **i** **l** **i** **t** **y** **A** **c** **t**. The purpose of this act, at that time, was to ensure the *continuity* of *Health Insurance* coverage when you change from job to job. At the time, the legislation also included standards for **health information transactions** and the **security** of patient data. These standards now form the requirements for the **Privacy** rules, enacted in 2003 and the **Security** rules, enacted in 2005. These rules form the foundation for the way we *collect, maintain, use, transmit* and *store* patient information.

HIPAA standards protect patient rights by giving patients *access* to their health information and *control* over how it will be used. HIPAA standards also ensure that we protect the *physical security* of medical records, used or shared in any form.

**Today, we will review:**

- HIPAA **Privacy** and **Security** Standards.
- How these standards align with the **Mission, Vision** and **Values** of **Provena Health**.
- What **you** need to do to maintain these standards.

## HIPAA at Provena Health

Although HIPAA is a relatively new term, the **confidential handling of patient information** and the **protection of patient's rights**, has been a part of the Provena culture since it's inception.

HIPAA Standards are completely reflective of Provena Health's Mission, Vision, and Values.

### **Provena Mission**

*Provena Health a Catholic Health System, builds communities of healing and hope, by compassionately responding to Human need, in the spirit of Jesus Christ*

No matter how you slice it, maintaining patient confidentiality is a basic human right. In response to human need, it is our obligation to keep patients informed and ensure their right to confidentiality.

These behaviors align with our Catholic and Religious Directives and are keeping within the spirit of Jesus Christ.

### **Provena Vision:**

*Provena health providers are know for clinical and service excellence, and are the preferred choice based on responsiveness to community needs, quality, value and innovation.*

In keeping with that vision, it is our responsibility, as health care providers, to uphold all laws and honor patient rights by ensuring personal health information remains protected

### **Provena Values:**

- **Respect** – *We affirm the individuality of each person through fairness, dignity and compassion.*
- **Integrity**-*We demonstrate the courage to speak and act honestly to build trust.*
- **Stewardship**-*We use our human and economic resources responsibly with a special concern for the poor and vulnerable.*
- **Excellence**-*We achieve exceptional performance through continuous growth and development.*

**Respect results from trust.** We build trust with our patient by our professionalism and maintaining their basic human rights. One of these rights is that we protect the confidentiality and privacy of health information in each and every situation, time and time again. Protection of patient rights *is* the foundation for building trust.

## Privacy and Security Standards – Common Ground

Now that we have established that **Patient Rights** and the maintenance of **Patient Confidentiality** are cornerstones of Provena Health, let's look at the specifics of these standards.

The **HIPAA Privacy Standards** ensure that patients have access and control over how their health information is utilized. These standards deal with patient expectations of how providers use that information. This is the **people** part of the HIPAA standards as it deals with individual rights and control.

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The **HIPAA Security Standards** ensure that protect the physical forms of patient information and keep that information stored information safely. Think of these standards as the physical **building** portion of the HIPAA standards.

**Infractions:** One thing that both the Privacy and Security standards have in common is they share equal penalties for infractions.

- **Failure to comply with HIPAA regulations:** Each violation is \$100, with the maximum penalty not to exceed \$25,000 for each identical violation.
- **Wrongful disclosure of information:** \$5,000 and or/one year of prison.
- **Obtaining information under false pretense:** \$100,000 and/or prison for up to 5 years.
- **Intent to sell:** \$250,000 and up to 10 years in jail.

**Important:** Not only is there the potential for our ministry to be fined, if you are the one making the inappropriate disclosure *you* would be fined and face possible prison time as well.

As you can see both the Federal Government and Provena take HIPAA regulations very seriously.

### Provena HIPAA – Organizational Structure

Within Provena Health, HIPAA shares a common organizational structure.

Anne Little is our Corporate Responsibility Liaison at Provena Covenant Medial Center and can be reached at 369-5843

#### Ministry Level:

Each Local ministry has both Privacy and Security Officers. In this role, our HIPAA Officers ensure that federal and system HIPAA requirements are met and maintained, and that we investigate/resolve potential HIPAA Privacy or Security violations.

Here at PCMC our HIPAA Officers are:

- **Privacy Officer: Pat Mannen, Risk Management Director extension: 2158**
- **Security Officer: Paula Keele, IS Director extension:2267**

### HIPAA PRIVACY STANDARDS

Now that we have gained an overall understanding of HIPAA, let's look more specifically at the Privacy standards.

HIPAA Privacy regulations came about as a result of patient concerns regarding **breeches in confidentiality**. It has been reported that 1 out of every 5 Americans believe their health information is used inappropriately. Additionally, 1 in 6 Americans report that they have provided inaccurate information to their health care provider because they did not feel it would be kept confidential.

#### Examples of breeches in confidentiality include:

- Accidentally a hospital in Michigan posted thousands of patient medical records on the intranet.
- An employee from a Florida health department took home a disk containing names of 4,000 patients/residents with positive HIV results.
- A congressional candidate reported her campaign was derailed when confidential information on her psychiatric treatment following a suicide attempt was made public.
- A bank president was able to access health records on many cancer patients within his state and used this information to cancel loans on many of those individuals.
- A famous athlete had his medical records from a drug rehab facility viewed by over 340 people, when in fact, only 4 people had a medical need to review those records.

As you can see, when patients do not trust us, quality and accuracy of care is compromised. The potential for conditions to go undetected increase, and both, patient safety and patient rights are compromised.

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**Protected Health Information – PHI** The cornerstone for HIPAA Privacy is the recognition of what information is considered confidential. This is referred to as **Protected Health Information** or **PHI**.

**PHI is any health information, created or received by our ministries that could be used directly or indirectly to identify an individual.**

(*Demographic – Name – Address*) PHI specifically includes:

Name, address, city, country, zip code, fingerprints, names of relatives or employer, date of birth, telephone number, social security number, fax number, photos, medical record or account numbers, and license number.

**PHI includes any of this information shared in any format: verbal, written or electronic.**

HIPAA regulations state that we must take reasonable steps to supply only the information that is **minimally** needed to achieve the intended purpose of the use or disclosure.

Access is give on a **need to know basis**:

**“Do I need this information to do my job?”**

As employees we must utilize the *minimum necessary* information to accomplish the normal tasks needed for patient care, treatment and payment.

**Vital Behaviors in regards to maintaining PHI include:**

- Only sharing information on a need to know basis and accessing, using and disclosing information as specifically required by my duties for Provena.
- Make reasonable efforts to maintain privacy with my customers, their families and significant others while engaging in verbal communication by keeping my voice down, closing doors and curtains, and never discussing patient/resident information while in elevators or other public places.
- Patient charts or medical records are stored out of view so they cannot be viewed by passers by.
- Reduce patient identification that is visible.
- When announcing a patient overhead, use of the name is acceptable, however the patient or family member should be referred to a reception desk or a more non-specific location.
- When leaving messages on answering machines, limit the amount of information to: The name of the facility or physician, and time of appointment. If it is necessary to discuss treatment or procedures, leave a call back number.

Keep in mind, these confidentiality behaviors include **everyone**:

Physicians; Nurses; Support Staff; Social Workers; Pharmacists; Techs; Diagnostic Staff; Environmental Services; Transportation; **every person that works in your ministry.**

HIPAA Standards also are applicable for all:

Volunteers; Students; Consultants; Visitors; Vendors; Construction Crews; and Patients themselves.

**Access and Control:**

In addition to keeping a patient’s medical record confidential, HIPAA standards require that we provide patients *access* and *control* over their medical record.

Within Provena Health, we provide all patients with a **Notice of Privacy Practices**. This document serves as the cornerstone of our Provena Health HIPAA Policy. This document is available in both English and Spanish

The **Notice of Privacy Practices** informs our patients how we use and disclose their protected health information. The document details their rights to privacy and that there information may be transmitted to other third parties for routine use in **treatment, payment, or other health care related operation.**

It is not the *intent* of federal HIPAA Standards to stand in the way of using health information for treatment, payment or normal operation, *however*, if we decide to use health information for another non-routine or non-healthcare purpose, a specific authorization form is required.

Examples of this would include health information used for marketing or research.

HIPAA Standards further state that patients/residents have a right to inspect and obtain a copy of their medical record. An Authorization form is signed, by the patient/resident to permit this access.

### **Employees/Families as Patients:**

When an employee is a patient or family members are patients, they have the same rights as any patient, but the status of an employee does not mean they have special rights that any other patient would not have.

Although you may have the computer access to look up your own health information, labs, test or diagnostic results, doing so will result in corrective action and potential termination. You will be able to obtain copies of this information, but first must sign an Authorization form, as any patient would. *There may be fee charged to access this information.*

In situations, in which a co-worker is hospitalized within our ministry, you are only allowed access of their health information if you have a medical, work-related reason to do so. Although, your intentions may be based out of concern for your co-worker, keep in mind, your co-worker has the same right to privacy as any patient.

Provena Health has a **HIPAA Corrective Action** policy. In this policy, any willful or intentional violations that have potential for gross harm will result in immediate dismissal.

## **HIPAA Security**

Earlier you read that **HIPAA Privacy Standards** can be thought of as the *people* portion of HIPAA regulations and that **HIPAA Security Standards** can be thought of as the *building* portion of HIPAA regulations.

We are all aware of the increases in communication and storage technology. Healthcare is no exception. Although this increase in technology has revolutionized the way we store, transmit, obtain and communicate patient medical information, it does increase the risk of potential unauthorized access to medical information.

At Provena Health we take every step possible to protect confidential patient information. Our HIPAA Security Standards takes a 3 pronged approach to protecting information:

1. Administrative Safeguards – specific policies and procedures that ensure HIPAA Security is a priority.
2. Physical Safeguards – protective software, firewalls and controls.
3. Technical Safeguards- encryption, password protection.

### **Workstation Management & Security**

Computers are an important part of our work. A workstation is defined as *any electronic computing device*. This includes, desk-top computer terminals, laptops, PDA's (Blackberries, Treos, Motorola Q, Fujitsu laptops and Pocket PC's).

This also includes all associated electronic media, such as diskettes, tapes, CDs, tapes and flash drives used to perform you job related tasks within Provena Health.

All of these devices are property of Provena Health and it is your **professional responsibility** to maintain and care for these devices. Not only are you responsible for the content you send and receive, but also **the physical care of that equipment.**

Workstations are made available for **authorized activities only**. These would be the work-related functions you do to perform your job.

### **Unauthorized activities would include:**

- Any activity that violates the privacy of residents, patients or employees.
- Unauthorized copying of protected health information, Provena Health property and/or copyrighted material.
- Activities that violate the Provena Health harassment policies.
- Circumventing workstation security.
- Any commercial activity other than those expressly permitted.

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Provena Health does not condone the use of unlicensed software for **any reason on any occasion**. Employees must not install unlicensed software on Provena Health workstations. Use of unlicensed software is illegal and disciplinary action will be taken.

### **Protection of your workstation**

All Provena Health workstations require password access. You are professionally responsible for your password and are responsible to **protect all information you have access to**.

Passwords are confidential and must not be shared with anyone for any reason.

### **Appropriate password practice includes:**

- Make your password at least **6** characters long.
- Include **numbers** and **special characters**.
- Use **upper** and **lower case** characters.

Example:

- Poor Password: flower
- Better Password: 1flower
- Best Password: F1ow\$r

### **Logging in and out:**

In many situations, Provena Health utilizes shared workstations. Security is maintained by the practice of logging in and out of the workstation.

### **Provena Health takes computer access and security seriously!**

**Log out to lock your computer anytime you leave your workstation.** Just as you would lock your desk with your purse or other personal effects.

**Never leave a computer unattended, logged in under your personal password.** User ID's are recorded and all inappropriate use of activity under your password will reflect on you, resulting in disciplinary action.

**Never share your password and never log in for anyone else** under your password. As mentioned above, this could result in disciplinary action.

As most passwords are case-sensitive, make sure to use the appropriate caps and non-caps reflected in your password. The Meditech system allows 3 unsuccessful password attempts before locking, and your workstation allows 5 unsuccessful attempts before locking.

An added safety feature for shared-workstations is that a screen-save will appear and lock the computer, after 5 minutes on inactivity.

If not sharing a workstation, log off at any point you are away from your desk and be sure to log off or shut down your workstation at the end of each day.

### **Virus Control:**

All Provena Health computer systems have Mcaffee Anti-Virus software, but new viruses appear everyday. The largest risk for viruses comes from the downloading of files from unknown sources. **Never open unexpected attachments from unknown sources.**

### **Electronic Applications:**

#### **E-mail:**

Because e-mail is quick, easy and convenient, it is a common and primary form of communication throughout Provena Health. E-mail is used to share information electronically instead of sending paper copies or talking with someone face to face or on the phone.

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Proper use of e-mail within Provena Health is your **Professional Responsibility**, and for **Business-Use only**.

Keep in mind, that in **each and every e-mail you send, you represent Provena Health, and the Provena Health name is associated with that e-mail.**

**Provena Health Email Expectations:**

- Do not type in ALL CAPS.
- Check your email in a timely manner and manage your mailbox.
- Do not forward any joke, "chain-letter" or non-business e-mails.
- Never provide health information without confirming that the receiving party should have that information.
- Always minimize, compress, or "zip" large files before sending.
- Do not forward virus warnings. If a virus warning is needed the IS staff will make everyone aware.

**Sending PHI through e-mail?**

Before sending any Protected Health Information (PHI), you must get your immediate **supervisors approval, approval from the patient or resident, and password protect all documents.**

Include only the PHI that is the *minimum necessary* for that transaction.

**Internet:**

The internet is a valuable tool that provides information on a simple "mouse-click". Depending on your role or position you may have access to the internet from your workstation. Our policy at Provena Health is that, **all usage of the internet is for business purposes only.**

Inappropriate internet site and material usage would include:

- Any adult explicit materials.
- Hate speech of any kind.
- Sites that support criminal skills
- Audio/video streaming movies
- MP3 or other audio files

Provena Health has firewall protection concerning specific sites at all locations. All employees must never **disable any security controls.**

All internet usage is recorded, and regular audits are performed to ensure intended use. Failure to comply with Provena Health internet standards will result in disciplinary action, up to termination.

**Faxes:**

Sending confidential information via fax poses increased security risks. It is important that you follow Provena Health Standards when sending a fax.

- Fax from a machine in a secure area.
- Include a cover sheet with the PH Confidentiality Statement.
- **Double check the phone number, before you enter on the key pad, and after you enter on the key pad.**
- Pick up documents just after sending.
- Retrieve confirmation sheet just after sending.
- **Call and make sure another qualified person is there to receive the fax.**

**HIPAA Resources:**

For General HIPAA Questions: contact your local HIPAA Privacy and Security Officers:

**Privacy Questions: 2158 ext.**

**Security Questions: 2267 ext.**

When faced with a HIPAA **concern** or **potential violation**, it is recommended that you follow the normal **Chain of Command** to resolve this issue or question.

**Chain of Command:**

- Your **immediate supervisor**
- Your **director or manager**
- Your ministry-specific **Privacy or Security Officer**
- The **System Privacy Officer**.

Although the Chain of Command is highly encouraged, another confidential option for concerns is the:

**AlertLine: 1-800-93-ALERT**

Your call to the **AlertLine** is answered by an independent third-party communications specialist. This specialist will document the information and generate a written report that will be assigned to the AlertLine Liaison. After review by the Liaison, the report will be assigned to the appropriate department to initiate an inquiry.

Calling the AlertLine is confidential, you are not asked to provide your name or ID. Calls are not recorded, and caller ID is not utilized.

**HIPAA Policies:**

System HIPAA Policies are available on-line and are located on the Provena Health **Dovenet**.

For Access:

- Select Internet Explore – which will bring up **Dovenet**
- Click on “Policies”
- Choose “View in Folder Format”
- Click on the + at “Provena Health System”
- Under “Provena Health System, click on the + HIPAA.
- You will then have access to the Provena Health HIPAA Policies under the general headings of:
  1. **Human Resources**
  2. **Privacy- General**
  3. **Privacy – Medical Records**
  4. **Security – Administrative Safeguards**
  5. **Security – Physical Safeguards**
  6. **Security – Technical Safeguards.**

Sample **\*\*AUTHORIZATION\*\*** Sample **TO USE AND DISCLOSE HEALTH INFORMATION**

**Provena Health**

**Patient's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
**Telephone Number:** ( ) \_\_\_\_\_ **Master Patient Index Number:** \_\_\_\_\_

I hereby authorize the use and disclosure of the individually identifiable health information about me that is described below by Provena Health for the specific purposes listed below. I understand that such uses and disclosures may only be made by, and only to, the persons or organizations identified below, and that Provena Health is not receiving any remuneration from any third parties as a result of this use or disclosure of information.

I understand that Provena Health may not and will not condition health care treatment or payment, or enrollment in a health plan or eligibility for health care benefits, upon my signing this authorization for the requested use and disclosure. I further understand that if the person or organization to whom this information is disclosed is not a health plan or health care provider, or if the information does not relate to a federally-funded substance abuse program, the information may no longer be protected by federal privacy law and regulations after disclosure. In such a case, the information may be redisclosed by the recipient to others for other purposes. I understand that I may, at any time, inspect or obtain a copy of the information about me that will be used and disclosed, as described below, by mailing a written request to, or presenting it in person at, any Provena Health facility.

**Specific description of health information to be used or disclosed:**

\_\_\_\_\_  
*(e.g., if not specifically limited or restricted, the types of information to be used or disclosed may include medical, psychiatric, or psychological records, records of evaluation and treatment for alcohol or drug abuse\*, records and results of HTLV-III, HIV, or AIDS testing, etc.)*

**Approximate dates of treatment:**

**Purpose of the use or disclosure:**

\_\_\_\_\_  
*(e.g. further care, insurance claim, attorney inquiry, at the request of the individual, personal use, etc.)*

**Persons or organizations using or disclosing the information:**

**Persons or organizations receiving the information:**

I understand that my decision to sign this form and authorize this use and disclosure of health information about me, as described above, is entirely voluntary and that I may refuse to sign this form. I understand that I may revoke this authorization, in writing, at any time. However, such a revocation will not be effective for uses or disclosures that have already been made, or other actions that have already been taken, in reliance on this authorization or as required by law. I may make such a written revocation by mailing it to, or presenting it in person at, any Provena Health facility. I also understand that I may request a copy of Provena Health's Notice of Privacy Practices, or ask any other questions, by calling Provena Health's AlertLine, at 1-800-93-ALERT, or the Medical Records Department of the Provena Health facility where I receive treatment, at any time, in order to learn more about how information about me is used or disclosed by Provena Health or about revocation of this authorization.

Unless revoked by me sooner or limited or restricted to a shorter time period by applicable law, this authorization shall be effective for \_\_\_\_\_ days/months/years *(complete blank and circle appropriate period)* after the date of my signing below. I understand that I am entitled to a copy of this authorization after signing below, and if signing in person at a Provena Health facility, I will ask for such a copy, if one is not provided, before I leave. I ACCEPT THESE TERMS AND AUTHORIZE THE ABOVE USE AND DISCLOSURE:

\_\_\_\_\_  
*Signature of Patient or Legally Authorized Representative* \_\_\_\_\_ *Date*  
 \_\_\_\_\_  
*If not Patient, then Relationship of Legally Authorized Representative to Patient*

\_\_\_\_\_  
*Signature of Witness* \_\_\_\_\_ *Date*

1/03

\* Notice to Recipients of Alcohol & Drug Abuse Information: The confidentiality of alcohol and drug abuse patient records maintained by Provena Health, and disclosed to you pursuant to this under this authorization, is protected by Federal law and regulations (see 42 U.S.C. § 290dd-3 and 290ee-3, and 42 C.F.R. pt. 2). Generally, you may not further disclose the identity of the patient, or any information identifying the patient as an alcohol or drug abuser, unless: (a) the patient consents in writing; (b) the disclosure is allowed by a court order; or (c) the disclosure is made to medical personnel in an emergency care situation or to qualified personnel for research, audit, or program evaluation purposes. Violation of Federal laws or regulations is a crime. Suspected violations should be promptly reported to appropriate authorities, in accordance with Federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient or about any threat to commit a crime. Federal laws and regulations also do not protect information about suspected child abuse or neglect from being reported under State law or regulations to the appropriate State or local authorities.

**HIPAA Quick Reference Guide**

*For Situations Not Addressed, Please Call Pat Mannen (Privacy Officer) at 2443.*

SITUATION	INFORMATION THAT MAY BE RELEASED
<b>ATTORNEYS</b>	None. Refer to Risk Management, x2443.
<b>BEHAVIORAL HEALTH</b>	Follow the State of Illinois guidelines for information release. HIPAA does not supersede these guidelines.
<b>CALLING PATIENTS AT HOME</b> <ul style="list-style-type: none"> <li>• • Reminder Calls</li> <li>• • Call Backs</li> </ul>	Ask for the patient by name. If they are not there or you receive an answering machine, state the following: "This is Provena Covenant Medical Center calling for "Patient Name". Please call us at (dept. phone number), at your convenience. Thank you!"
<b>COLLECTION AGENCY</b>	None. Refer to a Financial Counselor, x2866 or x2257.
<b>CONFIDENTIAL PATIENT</b> Family Members/Friends (asking for patient by name)	<ul style="list-style-type: none"> <li>• • None. Answer, "I'm sorry, but I have no record of that person being a patient in our hospital."</li> <li>• • Follow-up with the patient to advise them someone called for them so they can ensure all of their family/ friends have been notified as to how they can be reached.</li> </ul>
<b>CORONER</b>	Information needed to investigate a death.
<b>DCFS</b>	Once you have verified they are the guardian of the patient in question, there is no restriction on information release. Exception is for suspected abuse. Any information may be disclosed.
<b>PATIENT INQUIRY – FAMILY/FRIENDS/OTHERS</b> (Caller <u>IS LISTED</u> on the Patient Family / Friend Disclosure Form)	Detailed condition and treatment information may be disclosed as we have received the consent from the patient to release information to this individual.
<b>PATIENT INQUIRY – FAMILY/FRIENDS/OTHERS</b> (Caller is <u>NOT</u> listed on the Patient Family / Friend Disclosure Form & the patient is <u>NOT</u> listed as Confidential)	<ul style="list-style-type: none"> <li>• Location in hospital</li> <li>• Patient's General Condition (Undetermined, Good, Fair, Serious, Critical)</li> <li>• Religious Affiliation</li> <li>• Additional information may be released, if it is in the best interest of the patient and/or the family member is directly involved in the patient's care. You should consult with your Director prior to disclosing additional information.</li> </ul>
<b>PATIENT INQUIRY – NO PATIENT NAME.</b> Such as: "How is the lady who was in the car accident last night?"	None. "I'm sorry, I am unable to provide that information."
<b>HEALTHCARE PROVIDERS</b> (NOT involved in patient care)	None. "I'm sorry, I can't release that information."
<b>INSURANCE COMPANY</b>	None. Refer to a Utilization Review x2265.
<b>LAW ENFORCEMENT OFFICIALS</b>	<ul style="list-style-type: none"> <li>• Blood alcohol results pursuant to Illinois Vehicle Code</li> <li>• Mandatory reporting of certain injuries</li> <li>• To assist in locating a suspect/fugitive/witness/missing person. In this instance, you may release patient's name, address, date of birth, social security number, blood type, type of injury, date/time of treatment, date/time of death, physical description.</li> <li>• <b>DO NOT</b> release DNA information, dental records, samples/analysis of body fluids or tissues.</li> </ul>
<b>MEDIA</b>	None. Refer to Marketing (business hours) x2221 or House Supervisor (after hours)
<b>NURSING HOMES/OTHER FACILITIES</b>	If the patient will be discharged back/transferred to the home/facility, there is no restriction on release of information, since it is part of the continuation of care.
<b>PASTORAL CARE VISITS</b> (If they have <u>NOT</u> opted out of Pastoral Care visits.)	<ul style="list-style-type: none"> <li>• Location in hospital</li> <li>• Patient's General Condition (Undetermined, Good, Fair, Series, Critical)</li> <li>• Religious Affiliation</li> <li>• <b>NOTE:</b> Pastoral Care employed staff <u>only</u> may access the chart.</li> </ul>
<b>PASTORAL CARE VISITS</b> (If they have opted out of Pastoral Care visits.)	None. "I'm sorry, I can't release that information."
<b>PHARMACY – COMMERCIAL</b>	The MINIMAL information needed to process a patient's script.
<b>RECORD COPIES</b>	Except for continuity of care, none. Refer to Health Information Management, x2338.
<b>ROBI – GIFT OF LIFE</b>	Required information.
<b>SCHOOLS</b>	None, unless there is a signed release on file.
<b>STATE GUARDIAN</b>	Once you have verified they are the guardian of the patient in question, there is no restriction on information release.
<b>WORKMAN'S COMPENSATION</b>	Employer's and their Work Comp insurers have the right to information on work related injuries. Refer to Health Information Management, x2338.

Self-Paced Orientation  
Competency Questions

*Mark one correct answer for each question on answer sheet*  
**\*\*\*DO NOT WRITE ON TEST\*\*\***

1. If you felt threatened by someone coming into the facility or even another co-worker, you would
  - a. Stay calm; call Security and/or 911
  - b. Run
  - c. **Stay calm; if appropriate, talk with the individual; provide for your own safety and the safety of others; call Security , dial 77 as quickly as possible if necessary; report to your supervisor if threatened by a co-worker.**
  - d. Stay calm; report the incident to your supervisor
  
2. When a Code 10 is paged
  - a. All employees call the operator.
  - b. **All employees are to report to their supervisor**
  - c. All employees are to monitor entrances and exits to their area, stop anyone leaving with a baby or any item large enough to hold an infant and call Security.
  - d. Close all doors and windows.
  
3. A chemical hazard is
  - a. **Any chemical that has the potential to cause a physical or health hazard.**
  - b. Chemicals that are a health hazard.
  - c. Chemicals that cause physical problems.
  
4. MSDS sheets have information about
  - a. Contents of the substance, application for use, and cost.
  - b. Contents of substance, application for use, proper protective equipment.
  - c. **Chemical ingredients, safe handling procedures, personal protective equipment, emergency first aid procedures.**
  
5. To call a Code Blue at PCMC, you would
  - a. **Dial 811 (to access the paging system) and announce Code Blue and the room number three times.**
  - b. Dial 77 and tell Operator the location of the code.
  - c. Dial 911 and give the location
  - d. Dial 811 (to access the paging system) and announce Code Blue and the floor three times.
  
6. If you found fire or possible fire at work, you would
  - a. Call 911 and tell the operator where the fire is located.
  - b. Page a Dr. Red and put out a small fire with the closest fire extinguisher.
  - c. **Follow PCMC Fire Plan as described by (RACE) Rescue anyone in danger. Pull the Alarm box.. Call 77 and Confine fire by closing doors. Evacuate per policy, Extinguish with fire extinguisher if small enough blaze only.**
  - d. Both a and c

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7. To let everyone know about a fire or possible fire, you would
- a. **Pull down closest fire alarm handle, then dial 77 as soon as possible to confirm a Dr. Red and exact location.**
  - b. Pull down closest fire alarm handle, and then call 811.
  - c. Dial 811 and announce Dr. Red over the P.A. system.
  - d. Call the Operator only
8. To keep smoke and fire from spreading, you would
- a. **Close all doors and windows. Keep fire doors closed between work areas.**
  - b. Close doors, but open windows to let out smoke.
  - c. Open doors to keep smoke in halls and out of patient care area.
  - d. Close fire doors only.
9. The best way to evacuate patients and staff during a fire or disaster is as follows:
- a. Move to an area on the same floor that is away from fire, then down stairs to another level if necessary.  
Leave the building only if instructed to do so by the Fire Department and use elevators only.
  - b. **Move away from the fire to another area on same floor then down stairs to another level if necessary. Evacuate only if told to do so by the Fire Department and use stairs only.**
  - c. Move down stairs to another level, then to an area on that floor away from the fire area. Leave the building only if told to do so by the Fire Department and use stairs only. Patients should stay together and hold hands.
10. If you find equipment not working properly, you would
- a. Put a note on it for someone to report to Maintenance.
  - b. Put a note on it that it is defective.
  - c. Put a "Caution-Broken" note on equipment, but may continue to use if no obvious sparks come out of it.
  - d. **Disconnect from power and do not use. Label "Defective", describe the problem and any alarm messages, and report it to Director and BioMed Engineering.**
11. The best way to prevent the spread of infection is by
1. Effective hand washing with soap and water when hands are visibly soiled or contaminated.
  2. Effective hand hygiene with hand alcohol wash prior to and following direct contact with a patient.
  3. Wearing a face mask.
  4. Wearing gloves.
- a. 1, 2, and 4 above
  - b. **1 and 2 above**
  - c. 2 only
  - d. 3 only
12. Types of personal protective equipment available for use include
- a. Gloves, gowns.
  - b. Face shields.
  - c. Goggles.
  - d. **All of the above.**

13. How do you know a TB patient is in a room and that you should not enter?
- An "Airborne Precautions" sign is posted listing what you should do.
  - The nurse will tell you.
  - A "Respiratory Isolation" sign is posted listing what you should do.**
  - You will receive a memo from the nurse.
14. When should you change gloves?
- Between each patient contact
  - If glove becomes soiled
  - Between each patient contact and if moving between dirty and clean areas of the same patient**
  - At the end of each shift
15. Proper action following an exposure to blood or body fluid are all of the following except:
- Take care of it at the end of your shift.**
  - Clean or flush the area immediately.
  - Fill out an exposure form, notify your supervisor, and follow the procedure for Needle Stick Policy, if applicable.
  - Follow up with Employee Health.
16. What would you do if the water throughout the Medical Center became contaminated?
- Continue to use water to bathe patients, but not for drinking.
  - Continue to use water in a normal manner.
  - Use emergency water supplies for drinking and essential tasks, such as bathing for obvious soiling, only.**
17. In the event there was a phone outage, you will
- Communicate by messenger only.
  - Use department-specific Power Fail phones, specified direct SBC (Ameritech) phones in designated areas or pay phones. Walkie-talkies will be made available.**
  - Relay messages through your supervisor only.
18. A tag with 02/08 on a piece of medical equipment means
- The equipment will be thrown away in February 2008.
  - The equipment will be rotated to another area in February 2008.
  - The equipment will be put up for sale in February 2008.
  - The equipment "expires" and needs to be re-inspected in February 2008.**
19. Good body mechanics techniques for lifting heavy objects include
- Keeping normal body curves in the spine.
  - Keep a wide base of support, face the object, bend knees-NOT back.
  - Keep elbows tucked in, tighten stomach muscles, center weight over feet, keep weight close to body.
  - Avoid jerky movements, turn with feet - NEVER twist back.
- 1, 2 and 4.
  - 2, 3 and 4.
  - 1, 2 and 3.
  - All of the above.**

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20. If a healthcare worker is diagnosed with a serious latex allergy, the following change must be made:
- a. **Avoid exposure to latex**
  - b. Allow employee to remain at current work area
  - c. Use low-protein, powder-free gloves
21. Provena Covenant Medical Center's confidentiality policy defines a breach of confidentiality as
- a. Talking about a patient's diagnosis with him/her.
  - b. Talking about a patient's diagnosis with his/her physician.
  - c. **Looking at, telling or giving access to information not required to do a job.**
  - d. Talking about a treatment with the patient.

**Please indicate if the following statements are TRUE or FALSE.**

- |  |             |              |
|--|-------------|--------------|
| 22. It is my responsibility to report issues of concern to my Supervisor, Corporate Responsibility Liaison, or AlertLine   | <b>True</b> | False        |
| 23. If you are approached by an agent of any federal or state government agency, such as the OIG, you have the right to have your supervisor present while being questioned. | <b>True</b> | False        |
| 24. Any type of patient information is considered protected health information according to HIPAA guidelines.  | True        | <b>False</b> |
| 25. Diversity is about developing non-inclusive behaviors.   | <b>True</b> | False        |
| 26. Our <i>MISSION</i> is "... building communities of healing and hope by compassionately responding to human need in the spirit of Jesus Christ."                          | <b>True</b> | False        |
| 27. Our Provena <i>VALUES</i> are Faith, Respect, Integrity and Excellence.  | True        | <b>False</b> |
| 28. The Provena Health Vision does NOT express the goal that we are the preferred choice for health services.  | True        | <b>False</b> |
| 29. Provena PDSA is our performance improvement/quality program.   | <b>True</b> | False        |
| 30. PCMC staff are encouraged to report medical/health care errors.  | <b>True</b> | False        |
| 31. Patients do not have a right to be involved in their care and have their pain assessed and managed.  | True        | <b>False</b> |
| 32. Pastoral Care Staff are available Monday-Friday only.  | True        | <b>False</b> |
| 33. If I forget to clock in, I must fill out a paper form to record my work time.  | <b>True</b> | False        |
| 34. Paychecks may be picked up in my "home" department.  | True        | <b>False</b> |
| 35. I may be up to 10 minutes late for a work day.   | True        | <b>False</b> |

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- |   |      |       |
|---|------|-------|
| 36. My identification badge is to be visible only when I provide direct patient care.   | True | False |
| 37. In the event I witness or am subject to any type of harassment, I should immediately contact Security.  | True | False |
| 38. Our Service Excellence initiative, <i>On the road to Excellence</i> , identifies Standards of Behavior that apply to all staff within the Medical Center. | True | False |

## HIPAA COMPETENCY

Name (*print*) \_\_\_\_\_ KEY \_\_\_\_\_ Today's Date \_\_\_\_\_

Department/Location \_\_\_\_\_

Circle appropriate status: Employee Volunteer Physician Student Other \_\_\_\_\_

1. HIPAA Standards are the foundation for the way we collect, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_ health information.
  - A. develop, transform, identify, delay
  - B. maintain, use, transmit, store
  - C. prioritize, mission, vision, values
  - D. secure, develop, align, delete
  
2. HIPAA Privacy Standards ensure that:
  - A. Patient/Residents have access to their health information.
  - B. Patients/Residents have control over how we use their health information.
  - C. Patients/Residents have the right to confidentiality.
  - D. All the above are reflective of HIPAA Privacy Standards.
  
3. HIPAA Security Standards ensure that:
  - A. Health information is stored securely.
  - B. Specific codes are present for all billable services.
  - C. Patient rooms have key-pad access.
  - D. All the above are reflective of HIPAA Security Standards.
  
4. A wrongful disclosure of health information could result in a fine of \$50,000 and up to 1 year in jail.  
**TRUE**                      FALSE

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5. One in six Americans report that they have provided inaccurate information to their health provider. What happens to our quality of care when patients do not trust their health provider?
  - A. The potential for conditions to go undetected increases.
  - B. Patient safety is compromised.
  - C. Patient/Resident rights are compromised.
  - D. All the above decrease the quality of care.
  
6. Protected Health Information (PHI) includes all information, verbal, written, or electronic.  
**TRUE**                      FALSE

7. HIPAA regulations state that we must take reasonable steps to supply only the information that is \_\_\_\_\_ needed to achieve the intended purpose of the disclosure:
- A. Maximally
  - B. Minimally
  - C. Indirectly
  - D. Compassionately
8. Patients/Residents have the right to receive information on we use and disclose their health information. At Provena Health, we provide this information through which of the below documents:
- A. Occupational Incident Report form
  - B. Variance form
  - C. Notice of Privacy Practices
  - D. Admission form
- 
9. As an employee of Provena Health, you are not only responsible for the information utilized on a workstation, but the physical care of that workstation as well.
- TRUE**                      FALSE
10. Proper workstation behaviors that maintain HIPAA Security include:
- A. Never sharing your passwords with anyone.
  - B. Logging out when you leave your workstation.
  - C. Never disabling any security controls.
  - D. All the above behaviors help maintain HIPAA Security standards.
11. If protected health information must be sent by email, the sender must:
- A. Obtain approval from the patient/resident, send as secure and send only the minimum necessary.
  - B. Obtain approval from a family member and send as much information as possible.
  - C. Ensure that their director or immediate supervisor is included in the email.
  - D. All of the above are correct responses.
12. When sending confidential information by fax, make sure to follow-up with a phone call to see if the information was received 30 minutes after sending
- TRUE**                      **FALSE**

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(Signature)

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(Date)