

Welcome to

Methodist Le Bonheur Healthcare

Required Reading

Be treated well.



MethodistSM
Le Bonheur Healthcare

MISSION

An inner calling to pursue an activity or perform a service

MISSION STATEMENT

A summary describing the aims, values, and overall plan of an organization or an individual

OUR MISSION

Methodist Le Bonheur Healthcare, in partnership with its medical staffs, will collaborate with patients and their families to be the leader in providing high quality, cost-effective patient- and family-centered care. Services will be provided in a manner which supports the health ministries and social principles of The United Methodist Church to benefit the communities we serve.

OUR VISION

Methodist Le Bonheur Healthcare is a faith-based healthcare system that, in partnership with its physicians, will be nationally recognized for providing outstanding care to each patient, achieved through collaboration with patients and their families.

Our Values and Guiding Behaviors

SERVICE

Patients and families are at the heart of all we do.

Our Guiding Behaviors:

1. I serve with a compassionate spirit and treat others with dignity and respect
2. I accept and value differences among people.
3. I listen to understand and meet the needs of patients and families.

QUALITY

We consistently provide the highest quality of care through safe, proven practices.

Our Guiding Behaviors:

1. I maintain respectful partnerships with our patients, families and other staff to provide safe, reliable care.
2. I openly share information with patients, families and my colleagues to achieve the best results.
3. I seek out best practices and take ownership for applying them.

INTEGRITY

We accept and honor the trust placed in us through our faith-based mission.

Our Guiding Behaviors:

1. I follow through on commitments.
2. I hold myself and others accountable for actions and outcomes in the care of the patient, their families and each other.
3. I do the right thing.

TEAMWORK

Together we are better.

Our Guiding Behaviors:

1. I take personal responsibility for working as part of a team to support patients and families.
2. I am willing to provide feedback, to be coached and to coach others for high performance.
3. I recognize the contributions of every individual, show appreciation and celebrate successes.

INNOVATION

We are a learning organization and embrace new ways to get better results.

Our Guiding Behaviors:

1. I am personally willing to change.
2. I am curious and openly seek new approaches, processes, technology and practices to improve outcomes.
3. I collaborate with patients, families and my team to implement new ways of improving the health care.

CLINICAL RISK MANAGEMENT / OCCURRENCE REPORTING

Objectives

- ◆ Introduce the Occurrence Report form and process
- ◆ Provide and understanding of the role of Clinical Risk Management department in prevention of errors and improve patient safety
- ◆ Encourage Associate involvement and accountability in opportunities for error prevention and process improvement

Contact Information

- Clinical Risk Management phone - 516-0810
- After hours, weekends & holidays the number gives you CRM pager to call.
- Legal also has 24/7 coverage for ethical issues, legal questions or concerns.

Your Role in Helping Provide Quality Care and Services “The Methodist Way”

Risk Management is the safety net you create when you reach out to help protect the health and well being of patients and others in your healthcare facility. But effective risk management does not just happen. It takes a commitment on the part of each Associate to provide the best possible care for our patients and the safest atmosphere for everyone - patients, visitors and Associates. Methodist Healthcare expects that each Associate will actively participate in the risk reporting system. We view your attentiveness and reporting as a very positive contribution to “THE METHODIST WAY”!

It is Your Responsibility to Complete an Occurrence Report For:

1. Any event that is not consistent with the desired operations of the facility or care of the patient.
2. Any unusual occurrence includes: incidents in which there is unexpected patient medical intervention and/or unexpected healthcare impairment or outcome.

The Role of the Associate

1. Make immediate notification of a serious incident.
2. Implement proper documentation procedures.
3. Preserve the evidence.
4. Observe the confidentiality regulations of the hospital.
5. Cooperate fully with in-house investigations by the hospital Risk Management Staff.
6. Do not discuss the occurrence or situation with anyone outside the institution or other Associates without permission of the Risk Management office.
7. Notify the Risk Manager’s office of any attempted communication by outside legal counsel and/or patients or family attempting to gain information about a particular occurrence or incident.

Risk Management/Risk Reporting is a Part of Your Responsibility in Providing Quality Care and Services

CLINICAL RISK MANAGEMENT / OCCURRENCE REPORTING

Risk Management Umbrella

- Worker's Compensation
- Attorneys
- Claims Department
- Safety Department
- Clinical Risk Management

Why Occurrence Reporting Process?

- Quality Improvement...
- Early notification of a potential claim or legal situation...
- Hospital Policy

Regulatory Reason

- Federal-SMDA
- HCFA
- State-Tennessee Department of Health
- Accreditation-JCAHO

What to Report

- See policy for complete list
- Falls and/or injuries to patients or visitors
- Medication or treatment error
- Unexpected outcomes, OB, OR, ED, or AMA
- Equipment failure while in use on patient

How to Report

- Visitor falls or injuries ...
- Complete information...name, MD, date, facility, facts surrounding event...
- Information to be complete, factual, and thorough.

Headlines

- "New York Cites Doctor for Removing Healthy Kidney"
- "Successful Kidnapping of Newborn Shows Weakness in Hospital Security"
- "Fire in Patient's Throat during Surgery leads to Death"
- "Botched Transplant Victim Gets Second New Heart and Lungs... But Still Dies."

MLH Occurrence Reporting is Key to Patient Safety

- Why report? Because you care about our patients, and MLH Policy S-05-019.

SAFETY

Building a Safe & Secure Environment of Care

Corporate Environmental Health & Safety Department

Dana Dodson - Safety Director

Andrea Merriweather, R.N. - Safety Educator/Officer

Department phone number: 516-0800

General Safety

Tobacco-free workplace

- No tobacco products in or outside any MLH facility beginning November 15, 2007

Buckle up

- MLH System Policy states that seat belts be worn while on company business
- It's the law

Safety Hazards

- Infectious waste, blood, other pathogens
- Radioactive materials
- Wet floors
- Electrical cords across aisles
- Hazardous materials and chemicals
- Strain, sprain, over-exertion, exposures

Specific Hazard

Oxidizer - **OXY**
Acid - **ACID**
Alkali - **ALK**
Corrosive - **COR**
Use **NO WATER**
Radiation Hazard



Fire Hazard Flash Points

- 4 -- Below 73 F
- 3 -- Below 100 F
- 2 -- Below 200 F
- 1 -- Above 200 F
- 0 -- Will not burn

Health Hazard

- 4 -- Deadly
- 3 -- Extreme danger
- 2 -- Hazardous
- 1 -- Slightly hazardous
- 0 -- Normal material

Reactivity

- 4 -- May detonate
- 3 -- Shock and heat may detonate
- 2 -- Violent chemical change
- 1 -- Unstable if heated
- 0 -- Stable



Wet Floor *Walk to the right.*



BioHazard



Radiation Exposure Hazardous Areas

- Radiology/x-ray departments
- Nuclear medicine departments
- Radiation therapy departments
- Cardiac cath labs
- Operating rooms with x-ray units
- Emergency rooms with x-ray areas
- Cancer care areas
- Various areas where portable x-ray devices are used
- Patient rooms

Radiation Exposure Precautions

- Time: Keep time spent around any radiation source as short as possible
- Distance: Maintain maximum distance between yourself and the source of radiation (minimum of 6')
- Shielding: Use radiation shielding; lead aprons

Life/Fire Safety

- Respond to every fire alarm, even if the fire is not in your immediate area (close all doors and windows)
- Listen for the location of the fire
- Stand by for further instructions
- Your area may be asked to fill out a critique form

When you discover a fire, **RACE** into action.

Rescue all persons from the fire area

Alarm, pull the nearest fire alarm

Confine the smoke and fire (doors/windows)

Extinguish the fire if possible

Once you activate the fire alarm make a back up call to the Operator and give them the location of the fire.

Fire Extinguisher

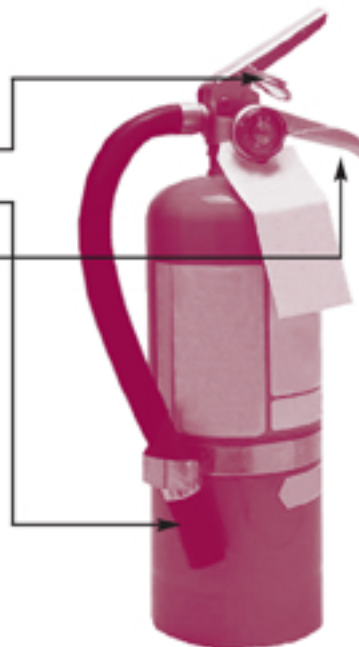
Pull the Pin

Aim Nozzle at base of fire

Squeeze the Trigger

Sweep from side to side

- Keep an exit to your back
- Only last for 30-seconds
- Pull stations and extinguishers can be found near stairwell and exits



Keeping Your Environment Safe

Remember...

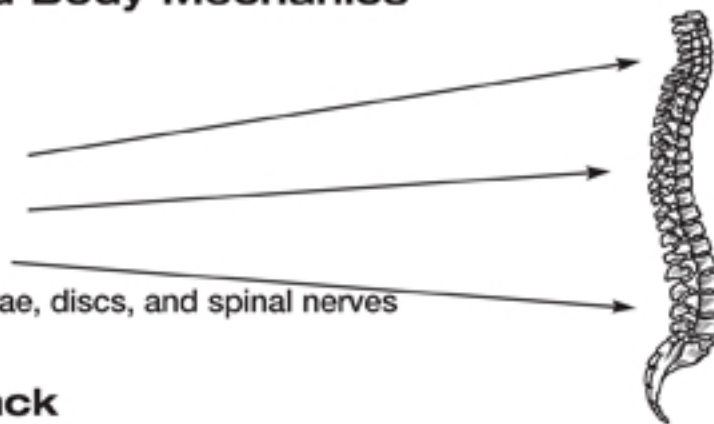
- Do not prop open doors
- Do not place things on a shelf or stack items from floor to ceiling closer than 18 inches from the ceiling
- Do not block halls, doors, exits, fire extinguishers, or fire alarm pull stations
- Do not use any fire hose in the facility
- Space heaters are strictly prohibited in any Methodist Le Bonheur Healthcare area

Back Safety and Body Mechanics

Your back...

- Cervical Curve
- Thoracic Curve
- Lumbar Curve

The back houses vertebrae, discs, and spinal nerves



Protect Your Back

Most back injuries are a result of multiple small incidents over time.

To move an object do the following:

- Visualize the lift by first asking, "Can I safely lift this load by myself? Can I keep the load close to my body?"
- Tuck your pelvis by tightening your stomach muscles.
- Bend your knees instead of your waist. Let the large muscles of the legs support your back and carry the weight.

Lift It Right

- Hug the load and lift it close to your body; gradually straighten your legs to a standing position
- Avoid twisting while carrying the load; be sure your knees and torso are facing in the same direction
- Ask for help if you cannot lift the load alone!

Back Safety in Patient Care Areas

- Use lifting/transfer devices if available
- Adjust bed or chair to help move patient
- When assisting patients while walking, hold on to their clothing.
- If they start to fall, do not break their fall but assist them to the floor

Hazardous Materials and Waste

“Right to Know” Law

- Outlined by Occupational Safety Health Administration (OSHA)
- Every Associate has the right to know safety related information about hazardous chemicals with which they work

Material Safety Data Sheet (MSDS)

- Dangers of using the chemical
- Special protection and precautions
- How to clean up a spill
- Locate the MSDS in your area
- If you have a spill or exposure and do not have the MSDS in your book, call a sister unit in the hospital, the manufacturer of the chemical, or poison control.

Secondary Container Labeling Use Only

Product Name _____

Hazard _____

Expiration Date _____

Storage _____

Exposure Instructions _____

Methodist Le Bonheur Healthcare HZMTCOM 2001

Emergency Management

Fire	Dr. Red
Chemical Spill	Dr. Spill
Earthquake	Dr. Shaker
Tornadoes/Severe Weather	Dr. Storm
Utility Failure	Dr. Power
Bomb Threat	No Code
Physical Force Situation	Dr. Strong
Suspicious Person	COLD
OB Emergency	Dr. Stork
Child Abduction	Dr. Child
Missing or Lost	Dr. Roam
Resuscitation:	
Adult	Dr. Emery House
Pediatric	Harvey Team
Chemical, Biological, Nuclear Event	Dr. Arms

National Code Orange / Code Red Alert : High risk of Terrorist attacks.

Methodist may implement additional security measures

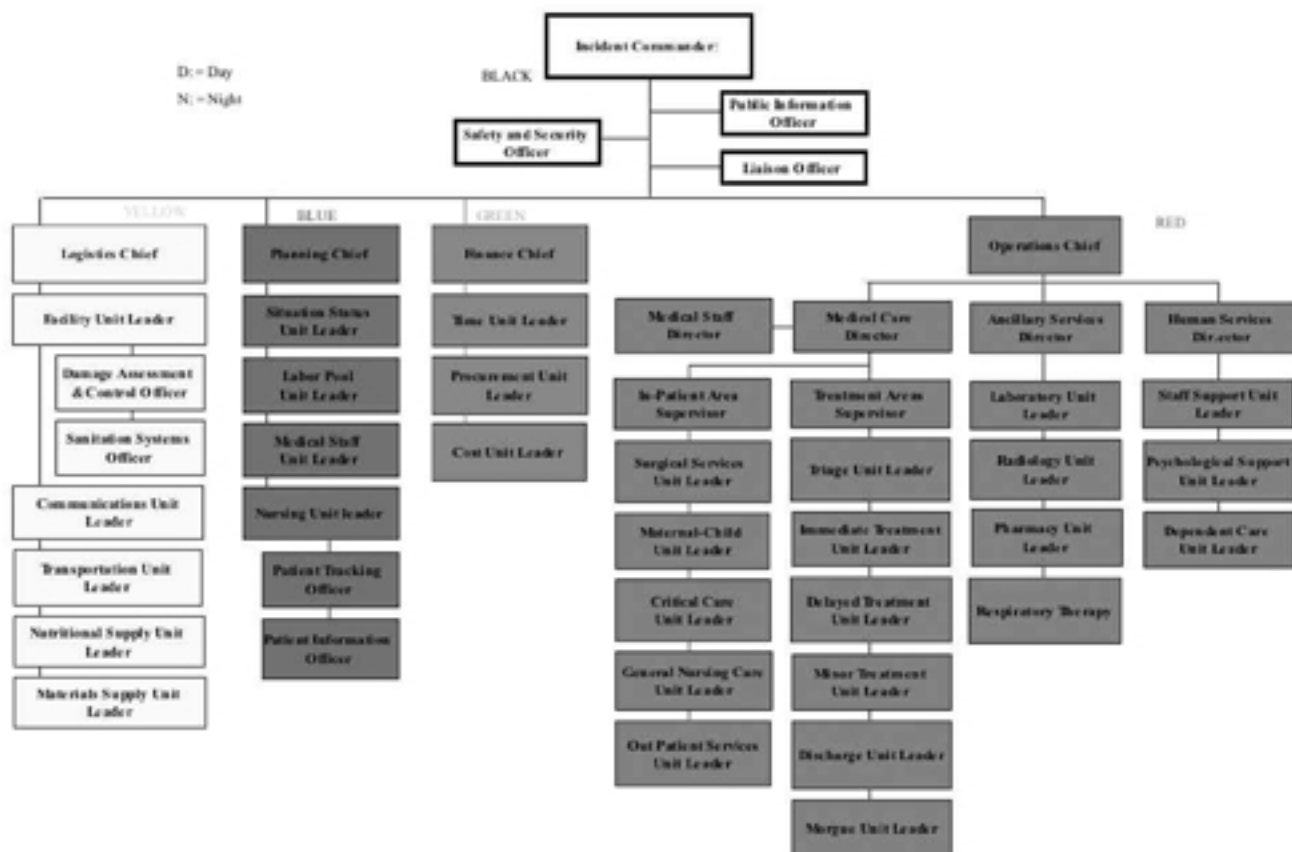
Disaster Notification

- Internal incident such as flood child abduction etc.
- Outside calls from Fire or Police Department, MedCom, Emergency Management Agency, other Hospitals
- Security will notify the Emergency Department, Administrator on Call and the Safety Director.
- Code announcement:
 - Dr. Able Stage I - Minor Disaster: In the event of a minor disaster, emergency department personnel and assigned Associates will handle all incoming patients. Stage I will not be paged overhead. Only the Emergency Department is alerted.
 - Dr. Able Stage II - Large Scale, Major Disaster: All on-duty Associates will be asked to help during this event. The emergency department cannot handle the number of victims by themselves. Most Associates will report to the labor pool. Refer to your departmental policy and procedures.
 - Dr. Able Stage III - Catastrophic Disaster: This level of disaster would involve a large number of significantly injured patients. The entire medical community could be needed. All off-duty Associates could be called in to assist on-duty personnel.

Response to Disaster Situation

- Refer to the Disaster manual for department responsibilities
- Report to assigned disaster stations
- Remain on campus until released by supervisor or emergency situation is terminated
- Implement HEICS (Hospital Emergency Incident Command Structure)

HEICS Organizational Chart



Utilities Management

- Heating/Air conditioning
- Communications
- Sewer systems
- Medical gas
- Electricity
- Water

Emergency Power

- Vital patient equipment should be plugged into red emergency outlets
- Red outlets are connected to back up generators
- Equipment kept on emergency power:
 - Medical gases
 - Life support
 - Communication
 - Fire alarm system
 - Medical vacuum
 - Designated lighting
 - Designated elevators

Electrical Safety

- Use only approved extension cords provided by Facilities Services
- Extension cords should only be used on a temporary basis
- Inspect electrical appliances before each use
- Never use damaged electrical equipment
- Check for frayed or damaged wires
- Never use electrical equipment in wet areas



Medical Equipment

Training

Make sure you receive training on any type of equipment you will operate in your department before using it

Medical Equipment Malfunction

- Immediately attend to any injuries that may occur
- Complete an Occurrence Report
- Complete the MSDA equipment reporting tag and place on equipment immediately
- Remove the equipment from service and tag

METHODIST		EQUIPMENT REPORTING TAG	
METHODIST HEALTH SYSTEMS		* To be used with Occurrence Report for Patient/Associate Injury Only	
Date: ___/___/___	Occurrence Report #: _____		
ECN: _____	Contact Person: _____		
Manufacturer: _____	Mod #: _____ Ser #: _____		
Equipment Fault: (000-0100)	_____		
MHS RISK MANAGEMENT OR MDM CLINICAL ENGINEERING USE ONLY			
Date Sequestered: ___/___/___	WOP: _____	Risk Management Called: _____	_____
Action Taken: (000-0100)	_____	_____	_____
Date Released: ___/___/___	By Whom: _____	_____	_____
MHS Risk Management Tel#: 734-7465		MDM Production Control Tel#: 734-7163	

Wrong Storage of Oxygen Cylinders

- Cylinders can not sit directly on floor
- They can not be placed on top of rack
- They must be placed in the rack appropriately
- Never leave H cylinders unchained



Correct Storage of Oxygen Cylinders

- All E-Cylinders must be placed in a rack or care. All H-Cylinders must be secured in a rack and unchained; Or chained to the wall



Wrong Transportation of Oxygen Cylinders

- Never place an E-Cylinder on a stretcher, bed or carry it over your shoulder



Grab and Go Tanks

- Grab and Go E-Cylinders (have a built-in regulator): these can be carried in your hand as long as they are carried by the handle



INFECTION PREVENTION

Objectives

- ◆ Provide an overview of Infection Prevention Policies
- ◆ Introduce the Exposure Control Plan
- ◆ Review Standard Precautions and Transmission-based Precautions for Infection Prevention

Infection Control-Important resources

- Infection Prevention Policies
- Infection Preventions Nurses

Three Things must be Present for an Infection to Occur

- Source or reservoir
- Susceptible host
- Means of transmission

Infection Control

The single most important prevention measure to break the chain of infection is HAND HYGIENE

- Artificial fingernails are NOT allowed in clinical areas.
- Artificial nails include gels, wraps, overlay etc. Freshly applied fingernail polish over natural nails is acceptable

For visible soil on hands

- Soap product
- Running water
- 10-15 seconds of rubbing (friction)

For routine hand hygiene

- Waterless alcohol product
- Rub until dry



Infection Prevention

OSHA (Occupational Safety and Health Administration) has determined that healthcare workers face a significant health risk as result of potential exposure to blood and other body fluids.

Blood and other body fluids may contain bloodborne pathogens

Hepatitis B and C viruses

- Serious liver diseases

Blood and other body fluids contain bloodborne pathogens

Hepatitis B and C viruses

- Serious liver diseases

Human immunodeficiency virus (HIV)

- Causative agent of AIDS

INFECTION PREVENTION

The main risk factor to Associate for blood & body fluid exposures is from sharps injuries. This occurs when a sharp object, contaminated with blood or body fluids, penetrates the tissues. Blood & body fluids can also be a risk when it enters the body through:

- Open wounds or cuts
- Splashes to the face, eyes or mouth

A Closer Look at Common Bloodborne Pathogens

- Active hepatitis B – a flu-like illness that can last for months
- A chronic carrier state – the person may have no symptoms, but can pass HBV to others
- Cirrhosis, liver cancer – and death

Fortunately, a vaccine is available.

- At MLH, Hepatitis B vaccine is offered free to Associates who might be exposed to blood/body fluids while on the job
- If you decline the vaccine, you must sign a refusal form. You can later decide to take the vaccine.

Hepatitis C virus (HCV) also attacks the liver. Mild or moderate symptoms may occur - - or may not even be present. But HCV is likely to cause:

- a chronic carrier state
- cirrhosis, liver cancer - - and death. Unfortunately, there is no vaccine available.

Human immunodeficiency virus (HIV) is the virus that causes AIDS. HIV attacks the immune system, making the body less able to fight off infections. In most cases, these infections eventually prove fatal. Basic level of care for all patients, regardless of medical history or diagnosis, is Standard Precautions.

Standard Precautions

Treating all patients as if they might be infectious for Bloodborne pathogens

Applies to blood and body fluids:

- Blood
- Body fluids, secretions and excretions EXCEPT sweat
- Non-intact skin
- Mucous membranes

For Those in Patient Areas

There is an Exposure Control Plan that will help you do your job safely

The plan will include:

- Standard Precautions
- Work practices controls
- Engineering controls
- Housekeeping procedures
- Explanation of exposure evaluation
- Plan is located on MOLLI

INFECTION PREVENTION

Some Ways to Eliminate Hazards

- Don't touch broken glass - - Pick it up with tongs, or use broom and dust pan
- Dispose of sharps in covered, puncture-resistant, sharps containers.
- Do not recap needles
- Never reach into trash
- Report full sharps and waste containers.
- Clean equipment and work surfaces when soiled.

Blood or Body Fluid Clean-Up

Wear personal protective equipment (gloves at a minimum). Wipe up or contain spills

- Towels
- Brush and dust pan
- Disinfect area using bleach/water solution 1:10 ratio (or other approved disinfectant)

Laundry or Linen

- At Methodist, all used linen is treated as if it were infectious using Standard Precautions.
- Never put linen in red bag.
- All soiled linen should be placed in a laundry chute bag...Never in a pillowcase.
- Wet linen should be placed in a clear or buff colored plastic bag prior to being placed in a cloth chute bag.

If your Skin, Eyes, or Mucous Membranes get Exposed

- Wash area immediately
- Flush eyes
- Notify supervisor – Fill out Associate Injury Report
- Seek medical evaluation immediately
- Associate Health (day)
- Emergency Dept. (evening or night)

Contaminated/Used Equipment

- Contaminated/used equipment should be placed in a designated "dirty" area and not mixed in with "clean" equipment.
- All contaminated/used equipment is decontaminated with an approved disinfectant prior to patient use or maintenance.

INFECTION PREVENTION

Transmission-based Precautions

- Used when patients are suspected of having an illness or organisms for which additional precautions are needed to interrupt transmission or spread.

Types of Transmission-based Precautions

- Airborne
- Droplet
- Contact
- Special Organism (SOP)

Tuberculosis (TB)

TB can be spread when a person with active TB disease coughs, shouts, or laughs, spraying contaminated droplets into the air. Two types of TB.

Inactive TB

- TB bacillus can remain inactive for a lifetime
- Not sick, no symptoms, cannot infect others

Active TB

- Becomes active disease when TB bacillus multiply
- Occurs usually in lungs
- Symptoms include: cough greater than 2 weeks, fatigue, weight loss, night sweats

Controlling TB

- Place suspected TB patients in negative-pressure ventilation room.
- Associates wear special fitted respirator mask upon entering patient room.
- Patient is placed in –Airborne Precautions.
- If a TB patient must be transported outside of his/her room, patient wears a surgical mask.
- PPD skin testing program for Associates.

Flu Shots

- The flu vaccine is the first and MOST important step in protecting against the flu.
- The CDC strongly recommends that all healthcare workers get a flu-shot annually.
- The flu shot is offered to Methodist Associates free of charge through Associate Health.
- If the vaccine is refused, Associates are required to sign a declination form.

PROTOCOL FOR CLOTHING/SHOES SOILED WITH BLOOD AND BODY FLUIDS

Role and Scope:

The purpose of this protocol is to provide a guideline for Associates whose clothing or shoes have become soiled with blood or body fluids

Procedure:

1. If clothing/shoes become soiled with blood or body fluids, **IMMEDIATELY REMOVE CLOTHING OR SHOES AND WASH EXPOSED SKIN WITH SOAP AND WATER.**
2. Change into Scrubs.
3. Put on appropriate protective equipment, e.g. minimum of gloves.
4. Place soiled clothing/shoes in plastic bag for transporting to area to be washed out. (Soiled clothing may be transported to local drycleaner/laundry. Keep receipt for re-imbusement.)

Associates who wish to laundry their own clothing must follow additional steps 5 & 6.

5. Rinse clothing with cold water to remove contaminants. Wash in sink with liquid LYSOL (ready-to-use type) following label directions, or with 1:10 to 1:100 bleach solution. Place in plastic bag to transport home.
6. If washer/dryer are available, transport contaminated clothing in plastic bag to wash area. Launder according to clothing label directions.
7. If shoes are contaminated, remove contaminants wearing gloves, spray with LYSOL spray. Let stand for 10 minutes without rinsing.
8. LYSOL liquids (or equivalent) and LYSOL spray (or equivalent) should be available at all times on unit or cart exchange.
9. Associates should notify supervisor IMMEDIATELY of any exposure to blood or body fluids.
10. Associate Injury Report must be filled out to document any exposure incident.

PROTOCOL FOR CLOTHING/SHOES SOILED WITH BLOOD AND BODY FLUIDS

Corrected Question

What should you do to protect yourself while interacting with a patient who has TB?

- a. Cover your mouth with your hand when working with the patient
- b. Wear a N-95 respirator mask (fit testing required) and use Airborne Precautions.
- c. Put an "Enter at Your Own Risk" sign on the patient's door
- d. Open the door just enough for the patient to hear you speak

Suggested additional question for Infection Prevention

All of the following are true EXCEPT:

- a. Use alcohol hand rub or wash hands appropriately
- b. Treat all patient linens as if contaminated, and handle using Standard Precautions
- c. Only wash your hands after coming into contact with patients with a fever
- d. Wear special protective equipment or barriers to protect yourself from blood and body fluids

All of the following are true related to blood-borne pathogens, EXCEPT:

- a. Associates who could be potentially exposed to blood and body fluids have been offered the Hepatitis B vaccine free of charge.
- b. The exposure control plan is available on MOLLI > Clinical System Policies
- c. Patients who have HIV at Methodist have been treated and are safe to be around
- d. All blood and body fluids are considered potentially infectious

ENSURING AN ETHICAL ORGANIZATION: CORPORATE COMPLIANCE PROGRAM

Objectives

- ◆ Assist New Associates in understanding the purpose of a Corporate Compliance Program
- ◆ Discuss how to report suspected Fraud, Errors and Abuse
- ◆ Review Standards of Conduct in Associate Handbook

Standards of Conducts are located in the pocket of this packet.

The Corporate Compliance Department

Memphis Professional Building
Corporate Compliance Department
1211 Union Avenue, Suite 925
Memphis, TN 38104

Compliance Hotline

Toll Free: 1-888-220-2163, Available 24-hours a day/7-days a week

Office of Inspector General (OIG) guidelines

- Hospitals, home health, clinical lab, and third party billing
- 1999 - Managed care, Durable Medical Equipment (DME), and hospice
- 2000 - Skilled nursing facilities, individual and small group physician practices

What is a Corporate Compliance Program? A system-wide program designed to:

- Provide system-wide leadership
- Prevent fraud, waste, abuse and errors
- Promote honest, ethical behavior in the daily operations of our organization
- Promote that compliance is good business!

Why does Methodist Le Bonheur Healthcare have a Corporate Compliance Program?

- To abide by laws, regulations and guidelines
- To implement seven elements of a compliance program defined by the Federal Sentencing Guidelines
- To identify risk areas
- To prevent fraud and abuse

Seven Elements of a Compliance Program

- 1) Written standards of conduct and policies and procedures
- 2) Compliance officer and compliance liaisons
- 3) Education and training
- 4) Hotline
- 5) Process to deal with Associates who violate compliance procedures
- 6) Auditing and monitoring
- 7) Response and prevention

ENSURING AN ETHICAL ORGANIZATION: CORPORATE COMPLIANCE PROGRAM

How does Corporate Compliance affect me?

- The Compliance Hotline
- Committees to address compliance issues
- Policies and procedures
- Auditing and monitoring
- New Associate orientation training
- Training-related to department
- Web-based specialized training

Errors and Abuse

- Can involve payment for items or services when there is no legal entitlement to that payment, and the provider has not knowingly or intentionally misrepresented facts to obtain payment.

Fraud

- To **knowingly** and **willfully** execute, or attempt to execute a scheme to defraud any healthcare benefit program of any money or property.

Standards of Conduct

- Guidelines
- Legal and ethical job obligations
- Avoid undue influence
- Avoid conflicts of interest

Standard of Conduct Violation- Examples

- Taking computer software home for personal use.
- Discussing confidential patient information inappropriately.
- Seeking or asking for personal gifts, services, or entertainment from a patient or company seeking or doing business with Methodist Healthcare.

Violations May Include

- Patient Rights
- Medicare/Medicaid Regulations
- Conflicts of Interest
- Kickbacks and Bribes
- Improper Patient Care
- Inappropriate Gifts or Entertainment
- Copyright Laws
- Confidentiality
- Billing/Claims Submission
- Provider Credentials
- Questionable Accounting
- Auditing Matters
- Internal Auditing Controls
- Political Activities

ENSURING AN ETHICAL ORGANIZATION: CORPORATE COMPLIANCE PROGRAM

Identify Risk Areas

- Billing for items or services not rendered
- Providing medically unnecessary services
- Improper coding
- Inappropriate patient referrals

How does Corporate Compliance affect me?

- Improve quality of care
- Responsibility to report suspected violations
- Responsibility to act appropriately
- Use common sense and sound judgement as your best guide.

Ask yourself a few simple questions?

- Is this in the best interest of MH and our patients?
- Are my actions legal?
- Am I being fair and honest?
- Will my actions stand the test of time?

Still in doubt or need clarification?

Contact:

- Supervisor
- Legal Affairs
- Human Resources
- Compliance Liaison
- The Corporate Compliance Department

HIPAA INFORMATION SECURITY AND PRIVACY

Objectives:

- ◆ Raise awareness of the HIPAA information security regulations
- ◆ Demonstrate the value of security practices in our organization
- ◆ Discuss the personal responsibility and liability under federal law to safeguard the important information that we access at Methodist Le Bonheur Healthcare

Review the HIPAA Privacy Training Handbook/Quick Reference booklet found in the back pocket of this packet.

Review these important reminders to keep our system's PHI (Protected Health Information) and confidential business information secure!

1. Protect Information! It's the right thing to do!
2. Keep your password to yourself and always use your own login! Likewise, remember to lock your workstation when you walk away from the computer or logout of applications when information is not needed.
3. Contact the Help Desk at 516-0000 or use the Remedy Self-service Help Desk on MOLLI for any Information Security needs, questions or concerns.
4. Report information security incidents to the Help Desk, including any suspicious activity.
5. Follow safe faxing procedures. Use the required cover sheet and follow all policies on the release of information.
6. Complete an Occurrence Report for all information security incidents, such as misdirected faxes or password violations. Remember: no one else should know your password, including your co-worker or Leader. (Users may grant proxy access to email rather than share passwords.)
7. Compliance with information security is an ongoing activity. Make it a habit to protect yourself and our patients by making smart information security decisions.

The *Don'ts* of Accessing Patient Information From Cerner/Other Electronic Information Systems and Non-Electronic Information at Methodist Healthcare

*Note: The Don'ts Listed Should Not Be Performed! These Actions Violate the MH Policies and Procedures, HIPAA Security and/or HIPAA Privacy Regulations. This list includes, but is not limited to, the following don'ts. This information applies to all Methodist Healthcare covered entities.

Don't - Treatment Purposes:

- View medical records of a patient out of curiosity. (*The term patient includes a friend, relative, co-worker, Associate, Physician, Administrator, neighbor, famous person, political figure, and all individuals who receive medical treatment at Methodist Healthcare.*)
- View a patient's, Associate's, or Physician's medical record while he/she is in the hospital to see how he/she is doing because you care about this individual or for other personal reasons.
- View a medical record to find an address to send flowers, cards, or other gifts, or to find a telephone number to call the patient.
- Print out copies of a patient's medical record to pass around the office or unit for staff members/Associates and Physicians to view for general interest to see why the patient is being treated or hospitalized, or to provide a copy to a family member or friend, etc.
- View a family member's medical records to review medical information, such as lab results, diagnosis, symptoms, medications, physician progress notes, etc., or to find an address or telephone number. (*Family members include parents, children, spouses, brothers, sisters, grandparents, nieces and nephews, aunts and uncles, etc.*)

Don't - Payment Purposes:

- Access patient's medical record out of curiosity to find confidential financial information that is not needed for MH business purposes.

Don't - Healthcare Operations Purposes:

- Access various patient medical records in order to learn how to use Cerner, unless it is formally designated as part of the training process.
- View an Associate's medical record to find infectious disease history, or lab results – HIV, Hepatitis, TB, drug testing results, or other information.

Don't - Failure to Obtain Written Authorization of Patient to Access PHI:

- Access and review a patient's medical record and state that he/she told you to access this record; and, there is no written authorization, signed by the patient or patient representative or documented by the hospital staff, in the medical record that allows you to review.

Don't - Unethical and Criminal/Illegal Behavior!

- Access Cerner to obtain information to use against another individual such as a co-worker, patient, family member, etc.
- Access patient medical records due to a personal conflict with your family, neighbor, co-worker, etc. in order to cause harm to the patient.
- Access patient medical records at the request of some other individual due to a conflict they may have with the patient or someone associated with the patient.
- Access patient's financial/medical records to obtain a credit card number, a social security number, and other information in order to engage in or to assist others in identity theft.

Don't - Security Safeguards

- Post and/or share passwords with other individuals.
- Print out documents with PHI to printers accessible to unauthorized individuals.
- Place computers with PHI in open, unsecured areas where unauthorized individuals can steal the computer and access the PHI.
- Fail to notify Information Systems that an Associate has terminated employment from MH or no longer needs access to medical records. This allows individuals to have continued access to medical records which places patients and the organization at risk.
- Send PHI by E-mails to physician offices or other authorized recipients outside of the organization without encryption that may lead to the disclosure of confidential patient information to unauthorized individuals.

Don't - Faxing PHI:

- Fail to verify accuracy of fax numbers prior to faxing PHI.
- Fail to verify receipt of the faxed information, by either calling the receiver or maintaining the fax confirmation receipt.
- Fail to send a cover sheet when faxing patient information.
- Fail to verify the fax number of a fax machine that is set to automatically fax PHI to a designated fax number, such as the Pharmacy, or a physician's office.
- Fail to complete an Information Security Variance Report and to forward this to the Risk Management Department if a fax with PHI is sent inappropriately.

Don't - Access Medical Records and Use the Following Excuses:

- "I didn't know I was not suppose to access medical records on Cerner."
- "It was a mistake. I accidentally opened the wrong chart 5 times."
- "It was there. So, I looked at it."
- "I was bored, so I looked at different patients."
- "I care about Dr. ____, so I looked at her chart to see how she is doing."

Comments:

**Any Associate or other individual found accessing patient information for any of the "Don't" reasons or any other unauthorized purpose will face corrective action up to termination from their job and/or exclusion from the access of Cerner/Other Electronic Systems at Methodist Healthcare. Any Associate accessing patient information in order to commit crimes, such as identity theft, will be reported to Local Police and Federal Authorities. Methodist Healthcare will prosecute these individuals to the fullest extent of the law.*

The protection of our patients and their health care information is a vital role at Methodist Healthcare. It is the duty of each Associate to maintain the security and privacy of patient information, and to report violations of policies and procedures, guidelines, laws and regulations. If you are uncertain regarding your authorization to access a record, ask your Supervisor. If you are aware of anyone accessing patient records without proper authorization, inform your Supervisor or call Information Security or the Privacy Office.

I acknowledge that I have received, read, and understand the information included in this 2-page document "The Don'ts of Accessing Patient Information from Cerner/Other Electronic Information Systems and Non-Electronic Information at Methodist Healthcare". I will contact my Supervisor with questions and/or for clarification of HIPAA Privacy and Security Regulations and appropriate access of patient protected health information in medical records. I understand that it is my responsibility to sign and return this document to my Supervisor within 5 days of receiving this document.

SOCIAL NETWORKING GUIDELINES

Social networking encompasses a broad spectrum of online activity, all of which is trackable and traceable. These networks include Facebook, MySpace, LinkedIn, Twitter and others. New online tools are available almost daily introducing new opportunities to establish your online identity.

MLH supports the use of social networking, understanding the benefits to Associates and the organization. In general, what you do on your own time is your affair. However, activities in or outside of work that affect your job performance, the performance of others or MLH business interests are a proper focus for company policy.

MLH trusts and expects Associates to exercise personal responsibility when participating in online activity and to consider how their actions might reflect upon MLH. The following guidelines have been developed as a tool for Associates' use of social networking:

- Current policies apply - MLH policies and procedures in the areas of privacy, anti-harassment, accountability and expected behaviors extend to all forms of communication including social networking sites, both inside and outside the workplace.
- Ensure that you are maintaining the privacy of our patients and their family members. It is never appropriate to discuss specific patients or patient events even if their names are not revealed. If you have the slightest doubt about the appropriateness of information, discuss this with your supervisor.
- Exercise good judgment - You are personally responsible for your online activity, both at work and away from work. Personal, professional and online lives are ultimately linked, whether or not you choose to mention MLH in your personal online networking activity. What you post online is public and will be public for a long time. Actions captured via images, posts, or comments can reflect that of MLH and should not reflect negatively on MLH.
- Ensure that you protect MLH's confidential and proprietary information.
- Use your personal email address, not your MLH address when not on official MLH authorized business. – Just as you would not use MLH stationery for a letter to the editor about your personal views, do not use MLH email addresses.
- Ensure that your use of social networking does not conflict with the performance of your job duties, distract you from focusing on providing excellent customer service or our commitment to patient and family-centered care.
- Leaders – By virtue of their positions, Leaders must consider whether personal thoughts may be misunderstood as expressing MLH positions. A Leader should assume that their Associates will see online activity and should conduct themselves accordingly.

If in doubt about the confidential nature or appropriateness of information, Associates should contact their supervisor. These guidelines will evolve as new online tools are introduced and new challenges arise.

CODE OF PROFESSIONAL CONDUCT

PURPOSE

To address intimidating and disruptive behaviors which can foster medical errors, poor patient satisfaction, preventable adverse outcomes as well as increase the cost of care and cause qualified staff to seek new positions in more professional environments.

This policy is intended to:

- Prevent conduct which:
- Creates fear and intimidation in the work environment that affects patient care.
- Interferes with a team member's ability to practice safely.
- Disrupts the delivery and coordination of patient care.
- Reinforce an atmosphere of mutual respect for all who work or practice at MLH.
- Improve the care given to our patients.
- Optimize communication, collaboration and interpersonal relations.
- Establish a process for reporting and addressing problematic behavior.

This policy is not intended to replace or serve as a substitute for the complaint mechanism found in the MLH Equal Employment Opportunity policy on harassment found in the Associate Handbook.

POLICY GUIDELINES

MLH has a common code of professional conduct which is upheld by our leaders, Associates and medical staff partners, and is the foundation that allows Methodist Le Bonheur Healthcare (MLH) to realize our mission of providing high quality care to our patients. We expect mutual respect in our shared work as part of our values of service, quality, integrity and teamwork.

Standards of Behavior

Expected Behaviors:

- Communication will take place in a timely fashion, involving the appropriate person(s), in an appropriate setting.
- Communications, including spoken remarks, written documents, and emails, will be honest and direct and conducted in a professional, constructive, respectful and efficient manner.
- Telephone communications will be respectful and professional using the SBAR (situation, background, assessment, recommendation) method.
- Cooperation and availability are expected of Associates, medical staff, AHPs and staff on call. When individuals are contacted, they will respond promptly and appropriately.
- Understand that a variety of experience levels exists and demonstrate tolerance for those who are learning.

CODE OF PROFESSIONAL CONDUCT

Unacceptable Behaviors:

- Shouting or yelling.
- Slamming or throwing of objects in anger or disgust.
- Hostile, condemning, or demeaning communications.
- Criticism of performance and/or competency delivered in an inappropriate location (ie, not in private) and not aimed at performance improvement.
- Other behavior demonstrating disrespect, intimidation, or disruption to the delivery of safe, quality patient care.
- Degrading, profane or demeaning comments directed at or regarding patients, families, nurses, physicians, hospital Associates or the hospital.
- Public derogatory comments about the quality of care being provided by other physicians, nurses, hospital Associates or the hospital.
- Inappropriate medical record entries concerning the quality of care being provided by the hospital or any other individual.
- Overt, passive or uncooperative behaviors which undermine team effectiveness.
- Retaliation against any person who addresses or reports unacceptable behavior (refer to policy S-10-013, Prohibiting Retaliation Against Associates, Individuals and Others).

Immediate Patient Care Need

In the event an immediate patient care need occurs at the same time defined unacceptable behavior may be happening, the immediate response for patient care need is that the Associate, physician or resident should initiate the chain of command.

Communication for Resolution

In the event an immediate patient care need occurs at the same time defined unacceptable behavior may be happening, the immediate response for patient care need is that the Associate, physician or resident should initiate the chain of command.

- The concerned person is expected to address the issue with the other party in a timely manner and private setting using this code of conduct as a reference.
- This discussion may be more productive after a "cooling off" period of a few hours or a few days so that the parties involved can gain perspective on the precipitating events and process breakdowns that may have been contributing factors.
- If facilitation of the discussion is needed, the department leader and appropriate physician leadership can serve as facilitators.
- Sincere apologies should be encouraged and every reasonable attempt should be made to resolve the situation without further intervention.
- If clinical care/hospital process deficiencies are discovered during this face-to-face discussion, these concerns need to be addressed by the department's leadership for improvement.
- No documentation of incidents resolved by the parties is required, unless it impacted quality of patient care.

A face-to-face discussion to express concerns is strongly encouraged to promote effective communication and working relationships. Parties who do not believe that they can address issues effectively face-to-face may seek assistance from their leader or use the MLH compliance hotline to address concerns.

CODE OF PROFESSIONAL CONDUCT

Reporting Unresolved Issues

- If the issue is not resolved after a reasonable attempt by the affected parties, the situation may be reported using the Safeguard incident reporting system.
- Concerns will be reviewed by the Risk Management Office, the facility Human Resources department and the Associate's leader or Physician Quality as appropriate.

Action for Unresolved Issues

After completion of the review process, if the complaint is found to have merit, the following action should be taken:

- For Associates, their leader and a representative from Human Resources will be sent a copy of the complaint and the review. They will develop a plan for appropriate counseling and intervention.
- For medical staff or AHPs, a copy of the complaint and the review will be sent to Physician Quality for appropriate counseling and intervention as outlined in the Medical Staff Policies.

Any incident reported in accordance with this code of conduct which requires review or follow-up is not considered by MLH to be corrective action; however, actions reported may result in corrective action including termination depending on the seriousness of the deviation from behavior expectations. Any necessary corrective action will be taken in accordance with MLH policies.

For medical staff, any necessary disciplinary action will be taken only after the MEC makes a determination that it is appropriate to take corrective action as defined in the Medical Staff governance documents and UT GME policies.

Any necessary disciplinary action for resident physicians will be conducted pursuant to UT GME policies and practices.

Review and Reporting of Data

Semi-annual review of aggregate data trends will be conducted through Corporate Human Resources and reported to the Quality Council, MLH Patient Safety Committee and the Quality Committee of the Board