



Mission Statement

The mission of Fremont Area Medical Center is to optimize the health status of individuals by providing a wide range of accessible, customer-centered health care services in an efficient, cost-effective manner.

Vision Statement

Fremont Area Medical Center will be a healthcare provider that passionately pursues excellence in Quality, Service and Safety while embracing our Stewardship responsibilities.

FIRE SAFETY

Fire Drill Training

FAMC is required to complete 12 fire drills per year. Our “Fire Response Team” initiates these drills by entering an area, approaching an employee and telling the employee “This is a Fire Drill” and “Where the Fire is Located”. The employee should respond according to established departmental and Medical Center procedures. Remember the acronyms **R.A.C.E.** and **P.A.S.S.**

- R** **Rescue:** Rescue anyone in immediate danger
- A** **Alarm:** Activate the alarm system
- C** **Confine:** Confine the fire if you can by closing all doors and windows
- E** **Extinguish/Evacuate:** Extinguish the fire using the **P.A.S.S.** acronym



- P** Pull the Pin
- A** Aim the Nozzle at the base of the fire
- S** Squeeze the Handle
- S** Sweep from side to side

Four things happen when a fire alarm is pulled or automatically activated.

1. The fire alarm panel sounds the alarm and releases the fire doors to shut automatically
 2. The fire alarm panel in communications indicates the ‘zone’ where the alarm is, and communications announces “Code Red” with the zone number and location over the Public Address (PA) system.
 3. The alarm signal automatically notifies Simplex Control who in turn calls 911.
 4. The Police Department contacts the Fire Department and informs them where to go.
- Do NOT go through closed fire doors-Unless you are part of the ‘Fire Response Team’.
 - Unless you must pass another area for the safety of a patient or yourself, you should stay in the area you are in until the ‘All Clear’ is given.
 - If you arrive at the **Medical Center** during a fire or a fire drill, you should remain outside. Congested entrances could slow the fire department response time.

School Affiliates are to take direction from a staff member when a Fire or Emergency Code is announced

EMERGENCY PREPAREDNESS

EMERGENCY CODES / PA ANNOUNCEMENTS	
CODE RED	Code Red indicates a fire. It will be announced as a Code Red followed by a zone number and location. For example, they may say Code Red, Zone 5, 2nd Floor.
CODE TRIAGE	Code Triage indicates a disaster. When a Code Triage is announced, FAMC personnel may be informed of the need to return to the Medical Center via a television or radio announcement or via a departmental recall roster. Upon returning, you need to come to the main entrance at the front of the facility where you will be asked to show your ID badge before being allowed to enter the facility. If you are instructed to report to the Labor Pool, it is located at the Information Desk in the main lobby. Other employees (ED/Surgery personnel, etc.) may be instructed to report directly to their dept..
CODE BLUE	Code Blue indicates a cardiac arrest victim here in the Medical Center. It will be followed by a location. For example, they may announce Code Blue, Room 412 or Code Blue, Sunset Market Cafe. If you are not directly involved with the Code, stay out of that area and stay to the outside walls in hallways to allow emergency personnel quickest access to that patient. If you are one of the first people upon a code situation, dial 2" on an internal telephone (Code Phone) and it will ring on a separate telephone in Communications that will be answered immediately.
PEDIATRIC CODE BLUE	Pediatric Code Blue indicates a Pediatric cardiac arrest victim here in the Medical Center.
CODE 99	Code 99 indicates a cardiac arrest victim is en-route to the Medical Center. This will enable the personnel who respond to a Code 99 to be ready in the ED when this patient arrives.
WINTER STORM ALERT	Indicates severe winter weather is predicted in the area in the next few hours.
SNOW EMERGENCY	A snow emergency will be announced when there is a winter storm warning. In this case, it is important that you be aware of weather conditions and make sure you have the proper equipment in your car if you choose to leave the facility. This would include flashlights, blankets, etc.. There have been cases when employees have left the facility and gotten just a few blocks away when their car stalled or they got stuck. When they tried to walk back to the Medical Center, the employee was overcome by the cold and barely made it into the doors due to respiratory distress (difficulty breathing).

SEVERE THUNDERSTORM WATCH	When a severe thunderstorm watch is announced, you should be aware of weather conditions and begin gathering supplies such as flashlights, blankets, pillows, etc. in case of an electrical outage.
SEVERE THUNDERSTORM WARNING	When a severe thunderstorm warning is announced, it means that a severe thunderstorm is predicted in the area. Again, you should be prepared and gather necessary supplies.
TORNADO WATCH	In the case of a tornado watch, you should prepare for a progression to a tornado warning. Gather supplies as discussed and prepare patients/residents for being moved to interior corridors.
TORNADO WARNING	When a tornado warning is announced, patients and residents are moved from their rooms to interior corridors. Those that can not be moved are provided with blankets and pillows. Any employee that is not involved with direct patient care will be sent to the basement to remain until an All Clear is announced. Access to the basement can be gained on the first floor across from Patient Accounts. Visitors are also directed to the basement or may stay in the interior hallways if they refuse to leave the patient/resident they are visiting. NOTE: Locations may vary in Merrick Manor due to the location of windows, etc..
CODE YELLOW	Code Yellow indicates a bomb threat. We do not immediately evacuate the facility in a Code Yellow. We ask that you look around your department checking for any unusual items (box, briefcase, etc.) that has been left and report this to the team that goes from department to department searching for unusual items and asking questions. Do not open drawers or cupboards in a Code Yellow as these may trigger an explosive device.
CODE ALERT	Code Alert indicates that an adult patient is missing from acute care. This would be followed by the location in which the patient is missing from.
CODE ADAM	Code Adam indicates that a child is missing from Pediatrics or Bounce Back.
CODE PINK	Code Pink indicates that an infant is missing from the newborn nursery.
CODE GRAY	Code Gray indicates that a resident is missing from Merrick Manor.
<p>When any of the above 4 codes are announced, take the opportunity to look around and see if anything unusual is happening. Is there someone rushing down the hallway carrying a bag that could hold an infant? If you are near windows, look outside to see if there is an elderly person who appears to be lost or disoriented? Is there a car speeding out of the parking lot? In any of these situations, do not confront the individual, report what you see to Communications by dialing 2. There are departments who are assigned to monitor all entrances/exits of the Medical Center during these above 4 codes.</p>	

2008 Joint Commission National Patient Safety Goals
New Goals & Requirements are indicated in BOLD RED

Goal: Improve the accuracy of patient identification.

- Use at least two patient identifiers whenever providing care, treatment, or services.

Goal: Improve the effectiveness of communication among caregivers.

- For verbal/telephone orders or for telephonic reporting of critical test results, verify the complete order/test result by having the person receiving the order/test result, “read-back” the complete order/test result.
- Standardize a list of abbreviations, acronyms, and symbols that are **not** to be used throughout the organization.
- Measure, assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- Implement a standardized approach to “Hand-Off” communications, including an opportunity to ask and respond to questions.

Goal: Improve the safety of using medications.

- Identify and at a minimum, annually review a list of look-alike/sound-alike drugs used in the organization and take action to prevent errors involving the interchange of these drugs.
- Label all medications, medication containers (e.g., syringes, medicine cups, basins), or other solutions on and off the sterile field in perioperative and other procedural settings.
- **Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.**

Goal: Reduce the risk of health care-acquired infections.

- Comply with current CDC hand hygiene guidelines.
- Manage as sentinel events all identified cases of unanticipated death/major permanent loss of function associated with a health care-acquired infection.

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

- There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
- A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

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

- Implement a fall reduction program and evaluate the effectiveness of the program.

Goal: Encourage patients’ active involvement in their own care as a patient safety strategy.

- Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Goal: The organization identifies safety risks inherent in its patient population.

- The organization identifies patients at risk for suicide.

Goal: Improve recognition and response to changes in a patient’s condition.

- **The organization selects a method that enables staff to directly request additional assistance from specially trained individuals when the patient’s condition appears to be worsening.**

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

Patient Confidentiality

Patients have the right to privacy and confidentiality regarding their personal and private Protected Health Information (PHI). Access to PHI is on a “Need to Know” basis. Meaning, the only people who have authority to access PHI must need to know this information to provide services for the patient.

Keep in mind that the four ways confidentiality is most often violated are through:

1. **Printed or electronically transmitted** PHI that is exposed to unauthorized individuals.



2. **Discussing** PHI in an insecure area.



3. Unauthorized individuals **Hearing** PHI.



4. **Accessing** PHI for inappropriate reasons or by unauthorized individuals.



ACCESS, DISCLOSURE, AND DISTRIBUTION

Be sure you pay close attention to HIPAA rules and regulations. Ask questions if you are unsure of any aspect of FAMC’s policies and procedures regarding patient information **before** you disclose any protected data or information. Direct any questions or concerns to Linda Weeks, Chief Privacy Officer, extension 3358.

INFECTION CONTROL

Standard Precautions

The Medical Center practices standard precautions in all patient care settings. The minimum requirement is the wearing of gloves for all patient blood/body fluid contact and the washing of hands before and after contact and/or removal of gloves. Also the wearing of face/eye and clothing protection is required if contact with blood or body fluid is possible during patient contact.

SMOKING

Fremont Area Medical Center is a smoke-free environment. A designated smoking area is located by the back loading docks.



PROFESSIONALISM

Please contact your department in the event that you will not be able to attend your scheduled hours. Our staff is busy and we require all students to notify the department as soon as possible so that they may use their time more efficiently in the event that you will be absent.

We expect all of our student to dress appropriately and to represent a professional image. Our patients will view you as one of our employees and we expect you to provide them with the same image we ask our employees to present.

Please refer to the Northern Nebraska AHEC Shadowing Dress Code for clarification and expectations for appropriate dress and attire.

If students are not dressed appropriately, the student's clinical coordinator will be contacted and the student will be asked to leave.

1

HealthNet

Texas Tech Health Sciences Center

9003: Expressstorm Alpha/Beta

Alpha

Segment 1 – Material Safety Data Sheets and Hazardous Materials

MSDS are prepared and distributed by each manufacturer and contain information regarding their chemical. It includes the name, physical characteristics, fire and explosion information, reactivity, health hazards, any specific special protection precautions and use, handling and storage procedures. Individual work areas should maintain a MSDS for every chemical on their list. Each employee should have access to the MSDS information. It is important for you, as an employee, to know where the MSDS sheets are in your area and how to use the information. The Safety department at your facility will also have a file of all MSDS for each chemical used. There is also a web site for the information to be accessed: www.hazard.com/msds.

Labels on incoming containers of hazardous chemicals may not be removed or defaced. Label information must contain:

- The identity of the hazardous chemical.
- Relevant health and physical hazards.

Labels for any chemicals not prepared in-house must contain the name and address of the manufacturer, emergency phone number, instructions for proper storage and handling and basic protective clothing, equipment and procedures that are needed to work safely with the chemical. Personal Protective Equipment (PPE) is available for your protection when dealing with potential hazardous chemicals.

Proper PPE includes:

- Respirator or mask to prevent being exposed to dangerous vapors, gases or aerosols.
- Protective apron/gown for working with disease-causing substances or harmful chemicals.
- Proper footwear – low-heeled, nonskid shoes or boots. Non-spark soles or water resistant footwear may be necessary, too.

- Goggles with side shields for handling chemicals or other substances that may splash into your eyes. Full-face shields may also be needed.
- Protective gloves for working with infectious materials or body fluids, removing glassware from autoclaves, or handling chemical cleaning solvents.

As an employee you have the right to:

- Be informed of potential exposure to hazardous chemicals – know what you are handling,
- Have access to the workplace chemical list and MSDSs,
- Be trained on the hazards of chemicals to which they may be exposed,
- Be informed on the necessary protective measures and be provided with appropriate personal protective equipment and clothing,
- And register a complaint without fear of reprisals.

Segment 2 – Age Specific Training

What is Age Specific Training? It is training to enhance your ability to interact with people no matter your age or their age. Let's review some specific characteristics for each group:

Infants: Period of rapid growth physically, emotionally and mentally – trust is an important element.

15-18 months: Walks well, vocabulary of 10-20 words, understands simple questions, very short attention span and easily distracted.

2-3 years: A vocabulary of 300-400 words progressing to 3-4 word sentences, runs, walks up and down stairs, very short attention span, curious and easily sidetracked by activity around them.

4-5 years: 90% comprehension of vocabulary, speaks in full sentences, can draw rough figures, short attention span and able to stay focused on short discussion or instructions.

6-12 years: Masters concrete thoughts and concepts, active, wants to be involved, enjoys groups and group activities, able to read grade appropriate instructions and directions and increasing attention span and self-discipline.

Teens: Growing independence, increasing self-discipline, full attention span, concrete and abstract thought and concept comprehension, full vocabulary and involvement in their care is important.

Adult Developmental Tasks:

Young Adult - 18-35 years: Selecting and relating to mate, managing a home and family, starting an occupation/career, finding a congenial social/spiritual group and perception that health and strength will always be maintained.

Middle Adult – 35-60 years: Learning advance job skills, changing careers, planning retirement, adjusting to aging parents, relating to mate as a person after children are grown, compensating for physical changes and developing a realistic perspective on life and health.

Older Adult – 60 and over: Adjusting to retirement, finding new ways to be successful, adjusting to reduced income, learning to live alone, accepting the aging process, keeping morale and personal appearance high, adjusting to grandchildren and preparing for death of friends, family and self. In the later geriatric years, they focus on maintenance of health functions and activities of daily living are primary.

Teaching Children: Be patient, positive and encouraging. Children need love, security, acceptance, discipline, independence and recognition of self worth. How you teach is just as important as what you teach (if not more important). Never teach anything that has to be unlearned.

Adult Learning: Adults seek learning based on need and sometimes crisis. Adults prefer self-directed and self-designed learning projects. Self-esteem is very important in adult learners and they bring a wealth of experience into any learning situation. It benefits both you and the learner to incorporate their experience and your lesson. The adult learner needs to be able to immediately apply the learning into their situation. Everyone has a preferred learning style. Some people are audio learners – they want to hear what you are teaching. Some are visual learners- they want to see it. While others are tactile or kinesthetic learners – they want to get their hands on it. People learn best when the teaching is formatted to their learning preference.

Segment 3 – Blood Borne Pathogens

Blood borne pathogens are a significant and harmful risk in healthcare environments. Every precaution should be taken to avoid exposure. All blood borne pathogens are transmitted the same way – through bodily fluids: saliva, semen, vaginal secretions and other bodily fluids contaminated with blood. The pathogens may enter the body and infect a person through a variety of means, including an accidental injury with a contaminated sharp object. These may include: used needles, broken glass, or anything that can break through the skin. Points of entry may include: open cuts, nicks, skin abrasions, mucous membranes and through indirect transmission. (such as touching a contaminated object or surface and transferring it to your mucous membrane). There are several ways to reduce risk to your health:

- Never recap, shear or break contaminated needles.
- Place all contaminated sharps in appropriate biohazard containers.
- Report any sharps containers that are missing or not easily accessible.
- Wash hands and/or disinfect with alcohol based hand rubs frequently to inhibit the transfer of contamination from your hands.
- Wash or flush with water any skin or mucous membranes that come in direct contact with blood or contaminated bodily fluids.
- Immediately report any exposure to blood or contaminated bodily fluids to your supervisor.

Segment 4: Back Safety

Your back is the main supporting structure of your entire body. Knowing the basics of back care can be the difference between a healthy back and an aching one. A number of physical conditions such as: curvature of the spine (scoliosis), arthritis and herniated discs can cause back pain. The majority of backaches are due to poor posture and weak supporting muscles. By utilizing proper posture when you sit, stand, lift, move and recline, you can decrease the incident of back pain. With exercises that strengthen and increase flexibility, you can prevent the most common backaches. The result is freedom from back pain and a stronger, healthier back. Lifting correctly is very important. Safe lifting is easy to learn, simple to do and may be one of the most important skills you will ever learn. Safe lifting techniques keep your back in balance and can protect you and your back from accidental strain and overload. How can you lift safely?

Visualize the Lift:

- Think – Can I lift it by myself? Can I hold it close to my body?
- If the answer is no – get appropriate help.

Tuck Your Pelvis

- By tightening your stomach muscles, you can ‘tuck’ your pelvis to keep your back in balance.

Bend Your Knees

- Bend at your knees instead of at your waist. Use the large muscles of your legs to support your back and carry the weight.

“Hug” the Load

- Hold the object you're lifting as close to your body as possible. Then, gradually straighten your legs to a standing position.

Avoid Twisting

- Twisting while you lift or carry increases the load on your back and can lead to serious injury. Be sure your knees and torso are facing the same direction when lifting and carrying.

Segment 5 – Patient Safety and Medical/Health Care Error Reduction

Patients and their families come to your healthcare facility for your care and expertise in your profession. Your safe, competent care and the safe, maintained physical environment of the healthcare property are critical elements to patient safety. Just as important is the mental/social environment of patient safety where you work. There are several layers of patient safety initiatives:

- Leadership/administration
- Management and directors
- Professional staff
- All hospital employees and volunteers

Everyone who has a part in the day to day functioning of a healthcare facility also has a responsibility

to create and maintain an environment of safety. What are some the parts of that environment?

- Personnel with the designated responsibility to manage the organization-wide patient safety program
- Recognition of the scope of occurrences – no harm to sentinel events
- Team effort to participate in the facility wide patient safety
- Immediate response when a medical/healthcare error occurs
- Systems to internally and externally report all information regarding an incident
- Process/system Improvement to be proactive in risk reduction
- Mechanisms of support for staff who have been involved in a sentinel event

Newly implemented review standards and important patient safety goals recommended by national

and regulatory groups include:

- Improve the accuracy of patient identification
- Improve the effectiveness of communication among caregivers
- Improve the safety of using high-alert medications
- Eliminate wrong site, wrong patient, and wrong procedure surgery
- Improve the safety of using infusion pumps
- Improve the effectiveness of clinical alarm systems
- Reduce the risk of healthcare-acquired infections

Your healthcare facility has detailed information, plans and procedures to assure patient safety. See your supervisor for details of these plans. And remember, the most important role you play in your work environment is to be an advocate for patient safety.

Segment 6 – Electrical Safety

Electricity is everywhere. We use it everyday yet we take its power for granted. It can injure and kill if not respected. There are some key elements of staying safe around electricity.

Let's look and see what they are:

- Replace/report any defective electrical cords, plugs or equipment
- Investigate and report any unusual odors coming from electrical equipments or appliances
- Unplug any electrical appliances not in use
- Do not overload electrical circuits
- Keep extension cords from becoming a tripping hazard
- Extension cords should be approved by the maintenance department prior to use

- Un-fused, multiple outlet extension cords should not be used
- Report any equipment that is damaged
- Report any shock from equipment and take it out of service immediately

Segment 7 – Process Improvement

Everyone wants to do a good job. They take pride in their work, profession and reputation. Occasionally there are obstacles in place that restrict or hinder that ability. That is where process improvement comes in. What is quality? It is a product or service that meets or exceeds expectations. Dr. Deming, founder of modern process improvement, estimated that 30% of an organization's budget is spent on rework or redoing what has already been done. In today's fragile healthcare economy that is a "big lump of cash". He also found a ratio of problem orientation. In businesses, 80% of the time the problem was in the process. It was in how the work was done. And only 20% of the time it was the people who caused the problems.

What are some of the key elements of process improvement?

1. We need to understand the process. How is a job done? What is involved to get from the start to the finish? What hinders the smooth flow?
2. Once we grasp the process, what element are we going to select to improve? By changing one part, where will we see the most benefit?
3. An important element in the process is choosing the right team. The people involved with the process and the power to change it is critical. Team buy-in and motivation are essential.
4. There are tools to utilize when implementing process improvement. A detailed flow chart is one of the most important tools to use in describing the process to be improved.
5. Fine-tuning the exact focus of the problem being worked on plays a role in directing the energy and effort involved.
6. Collecting accurate and appropriate data to substantiate the problem or process is vital. Analysis of the data and comparison of pre-improvement and post-improvement data is also important.
7. When the initial data is collected and analyzed, choose the solution and monitor the results.
8. Celebrate your accomplishments. Process improvement is hard work with great benefits. When you can change a process and improve the end results, celebrate reaching your goal.

Segment 8 – Fire Safety

Fire can be devastating in a healthcare facility. It can destroy lives, property and impact the economic viability of a facility. There are systems within a healthcare environment to warn of fire dangers and occurrences. But what can you do if you are the first on the scene of a healthcare fire?

Remember the acronym "RACE".

R – rescue the patient

A – alarm – first pull the fire station alarm and call your hospital's fire code

C – confine to fire – close all doors

E – extinguish or evacuate

There are fire extinguishers stationed throughout your facility. You should be knowledgeable in operating one. When using fire extinguishers, remember the acronym "PASS".

P – pull the pin

A – aim at the base of the fire

S – squeeze the trigger

S – sweep from side to side

There are several different types of extinguishers to be used for specific classes of materials.

Most extinguishers are classified as follows:

A – for fires involving combustibles like wood or paper

B – for flammable liquids, gases and gasoline

C – for electrical wiring and equipment

ABC – for combination fires

D – for combustible metals like magnesium

Special note of caution: Carbon Dioxide extinguishers can be hazardous to humans (causing suffocation) when used in an enclosed area.

Segment 9 - Patient Information Privacy

We live in an information age. There is more information accessible to an individual than ever before. And that availability only increases with our access to more advanced technology. BUT...Patients have a right to control who has access to their personal and private health information. This includes communications with or about their health information and it must be assured that it will remain private and limited to those who need the information for treatment, payment, and healthcare operations. Only people with an authorized “need to know” will have access to the protected information. What does this mean to you? Ask yourself this question – do I need to know this to do my job? If the answer is “no”, don’t look at it. If the answer is “yes”, use the information appropriately and protect it. With the enactment of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), a patient’s right to have his or her health information kept private and secure became more than just an ethical obligation between healthcare professionals – it is now the law. The U. S. Department of Health and Human Services will enforce HIPAA. Civil penalties may include: fines up to \$100 for each violation of the law per person, up to (but not to exceed) \$25,000 for each identical requirement or prohibition. There could also be criminal penalties for wrongful disclosure. These penalties increase as the severity of the offense increases. How can you help protect patient privacy? Patients receiving medical care expect privacy whether in the hospital, outpatient lab, gift shop, cafeteria or anywhere in your facility. Your facility has committed itself to protecting the patients and their private information.

Examples of privacy protection include:

- Patient care or discussion of care is kept private by closing room doors, drawing privacy curtains or using unit conference rooms.
- Medical records are not left where others can see them or gain access to them.
- All test results are kept private.
- Patient records and information are out of public access or viewing.
- Paper records are shredded when no longer needed.
- Electronic records are kept secure and your facility monitors who gains access to those records.

When can you release confidential information?

- The hospital or provider reports information to coroners and funeral directors when a patient dies.
- Providers must report cases of suspicious deaths or certain suspected crime victims.
- Courts have the right to order providers to release patient information.
- Police have the right to request certain information about patients to determine whether they are suspects in a criminal investigation.
- State mandates regarding healthcare providers reporting suspected child abuse or domestic violence to law enforcement officers.
- Food and Drug Administration requires providers to report information about medical devices that break or malfunction.
- Providers are required to report specific communicable diseases to state health agencies even

if the patient does not want the information reported.

You and other employees are encouraged to report violations or suspected violations to your facility's privacy officer or supervisor. You may report abuses anonymously, but always follow the procedures in your privacy policy. If you have any questions regarding what to do or not to do with patient information or possible violations, ask your supervisor or privacy officer.

Segment 10 – IT Security

HIPAA is the Health Insurance Portability and Accountability Act. The final rule adopting HIPAA standards for the security of electronic health information was published in the Federal Register on February 20, 2003. This final rule specifies a series of administrative, technical, and physical security procedures to entities that provide health care and they must follow these procedures to assure the confidentiality of electronic protected health information.

Password Management

Your password is the first level of security for your computer and the entire system. How often should you change your password? It is a good policy to change your password every 90 days. Changing it frequently will help keep it secure. When developing your password:

Make your password 7 to 14 characters long.

Use a combination of letters, numbers and symbols.

Make sure that your password is different from previously used passwords.

Some things to avoid when creating a secure password:

Never use your name (first, last or middle or even a nickname) in any form as your password or part of your password.

Don't use other information that can be found out easily - names of family members, names of pets, favorite sport team, telephone numbers or street names.

Don't use a word that you can find in the dictionary.

Don't use dates like your birthday or anniversary.

Other things to remember:

Never share your password, even with co-workers.

Never include your password on an email.

Don't write your password down.

Spam/Spyware/Viruses

Every day, most of us receive dozens of unsolicited commercial e-mails, known popularly as "spam." How can you reduce Spam? Use the Junk Filter on Outlook – right click on an email that you would like to stop and click on Junk E-mail, then add Sender to Block Senders list. Commercial Spam Filters are also an excellent way to get rid of unwanted emails – many can be purchased along with your anti-virus software. Don't use your work email address when registering on the internet. Spyware, which is sometimes called a spybot or tracking software, is internet technology that gathers information about a person or organization without their knowledge. This information is often then sent to advertisers or other interested parties. Spyware usually gets on your computer through a software virus or as the result of installing a new program.

Spyware can be initiated by:

- Visiting a Web site
- Viewing an HTML e-mail message
- Deceptive pop-up windows

Things that you can do to reduce Spyware: many Anti-Virus software programs have Spyware filters. But you can help by being very careful when clicking on Pop-ups.

Computer Viruses

A computer virus is a hidden program that secretly copies itself from computer to computer and

destroys programs, data, or hardware. It's an executable file designed to replicate itself while avoiding detection. An executable file is a computer file that can run as a program - it often ends with .exe. Anti-virus programs must be updated continuously to look for new and modified viruses. You can prevent getting a computer virus by screening your emails. Opening an infected email message will infect your computer and people who you send emails to – all without your knowledge.

Social Engineering

Social Engineering is a computer security term for tricking a person into revealing their password or other personal and financial information. A classic social engineering trick is for a hacker to send email claiming to be a system administrator. The hacker will claim to need your password for some important system administrative work, and ask you to email it to him/her. This is called “Phishing”. Hackers forge email, making it look like it came from somebody you know as a legitimate business or system administrator. Often the hacker will send this message to every user on a system, hoping that one or two users will fall for the trick.

Physical Security

Through your computer, you have access to a great deal of information – often confidential or high security information. Because of this, you must make time to take the necessary steps to keep your computer and data secure.

- Do not let anyone look over your shoulder when you are entering your password.
- Log off your computer when you are going to be away for more than a few minutes.
- Be aware of the people that work in your area and watch for unfamiliar people.
- Ask for ID from anyone that tells you that they are there to fix or add programs to your computer. IT personnel will have their ID badge with them.
- Be careful with laptop computers. Do not leave your laptop unattended in a public place. This will keep it from getting stolen, but also won't be used as a portal to the network.
- Keep track of and store CD's or disks with confidential information in a locked cabinet or drawer.
- Computer Updates and Patches
- Updating your computer with the latest operating system and security files is another way that you can keep your data safe. Updates and Patches help secure the computer, makes the computer work more efficiently and helps safeguard your computer from viruses, spam and spyware. An update is a programming file that deals with keeping the information current on your computer. A patch is a programming file that fixes a bug or a problem that hinders your operating system.

Reporting Security Incidences

When you observe something that is suspicious or have a computer problem, always report the incident to your supervisor and the IT department.

Examples of vulnerable security situations or problems:

- Confidential information that has been knowingly or unknowingly compromised
- Your computer seems much slower than usual or just isn't “acting” right
- You can't access your data
- You aren't able to get into the computer
- Your password doesn't work
- You observe someone at your computer that is not from IT or your department.

When reporting an incident, make sure you have this information:

- the incident type
- a description of the incident
- date and time of the incident

Beta

Segment 11 – Customer Service

Your facility may have a specific motto, phrase, or slogan for the customer service philosophy practiced within the organization. The most important key to the success of the program is your performance of the principles in your day to day work. The most eye-catching title or posters will not serve any benefit if they are not implemented by you. You are either the strongest or weakest link in the chain of good customer service.

Who are your customers? Anyone who needs something from you is your customer. It could be a visitor needing directions to the radiology department. It could be a co-worker needing assistance with the mail. It could be anybody. There is a Customer Experience rule called “the 3 to 11 rule”. It states that, for every good thing that happens to us, we tell 3 people. For every bad thing that happens, we tell 11 people. But the rule does not stop there, because the bad experience continues to be repeated. Who has the responsibility to provide a friendly, cooperative working environment? The answer is: every one! It is up to you to turn negatives into positives. Positive customer practices will initiate, improve or enhance your relationships among patients, families and co-workers. And to be successful – it takes everyone.

It is your responsibility to maintain a professional, compassionate and safe environment for your patients, visitors and fellow staff. If we all do our part, we will not just meet expectations but we will be able to exceed them. You can strive for excellence and be successful as an individual employee; also, working together with the rest of your facility personnel, you can set the standard of excellence in your healthcare organization. And excellence is what our patients deserve – don’t you think?

Segment 12 – Corporate Compliance

Recently there have been multiple companies, corporations and executives exposed for illegal, fraudulent and unethical business practices. Healthcare fraud costs billions of dollars annually, and is being aggressively investigated and prosecuted by the FBI, the Department of Health and Human Services, the Internal Revenue Service and the Postal Service. Physicians, hospitals and insurance companies must be on their guard to avoid being victimized by fraudulent schemes. They must take steps to ensure that neither they nor their employees engage in such practices. Some examples of these types of practices include: False billing, embezzlement, false patient days and stays and inaccurate CPT and ICD-9 coding. Misrepresentations may include: Unwarranted unnecessary services, dates of services provided, condition treated/diagnosed and violation of patient information privacy. Some employee issues may include: Sexual harassment complaints, discrimination complaints, violence in the workplace and breach of ethics. A corporate compliance program is a system designed to detect and prevent violations of law by anyone associated with a business. In 1991, the federal government enacted the “Organizational Sentencing Guidelines” in an effort to make the penalties for corporate crime both uniform and predictable. This was to encourage “good corporate citizenship”. Penalties under the guidelines include fines and imprisonment, as well as “corporate probation”. Probation involves intrusive federal monitoring of the organization and adoption of a government authored compliance program. There are several components to a successful compliance program.

- A facility code of conduct that outlines the management philosophy, mission and values
- Careful screening of applicants including verification and background checks, as well as monitoring current employees.
- Training in the facility’s code of conduct, compliance and ethics.
- Compliance auditing: risk assessment inventory, forensic accounting exams and “hotline”

access for confidential reporting.

- A disciplinary system to include types and grounds of disciplinary actions. Publish disciplinary decisions if appropriate.
- Compliance program assessment and modification following an offense. Identification of deficiencies and modification to correct.

You play an active and valuable role in doing the right thing. The reporting of an abuse or illegal act is protected. The individual or facility reporting has protection against fear of retribution.

Segment 13 – Transmission Precautions: Airborne, Contact, Droplet

Transmission of infection within a hospital requires three elements: a source of infecting microorganisms (for example one's hands), a susceptible host (i.e. an area of new incision, or puncture wound), and a means of transmission for the microorganism (like touch, sneeze, unsterile equipment). Isolation precautions are designed to prevent transmission of microorganisms by various routes in hospitals. Of the three elements: source, host and transmission, the latter is most focused on in breaking the cycle. There are various types of transmission. Contact – (touch) the most important and frequent mode of nosocomial (hospital acquired) infection. Within the Contact category there are two groups: direct-contact and indirect-contact. a. Direct-contact – involves direct body surface to body surface contact and physical transfer of microorganisms between a susceptible host and an infected person. b. Indirect-contact – involves contact of a susceptible host with a contaminated object, such as contaminated instruments, needles, dressings or contaminated hands that are not washed or gloves that are not changed between patients. Droplet – (mist or sneeze) Very fine droplets are generated from the source person primarily during coughing, sneezing and talking or during certain procedures such as suctioning or bronchoscopy. When the droplets are propelled through the air a short distance and deposited on the host's mucous membranes (conjunctiva, nasal mucosa, or mouth), transmission occurs. Airborne – This can be either residue from evaporated droplets containing microorganisms or dust particles containing the infectious agent. Microorganisms, such as *Mycobacterium tuberculosis*, Varicella and Rubella viruses, are carried in this manner and can be dispersed widely by air currents; therefore, special air handling and ventilation is required. Common Vehicle – This transmission applies to microorganisms transmitted by contaminated items such as food, water, medications, devices and equipment. Vector-borne - Mosquitoes, flies, rats and other vermin that carry and transmit diseases and infections are in this category of transmission. Isolation Precautions are designed to prevent transmission of microorganisms.

Types of Isolation Precautions:

- Handwashing and gloving – *Frequent handwashing is the single most important measure to reduce the risks of transmitting organisms from person to person, or from one site to another.* It is important to wash hands promptly and thoroughly as possible between patient contacts and after any contact with blood, bodily fluids, secretions, excretions and equipment or articles contaminated by infectious substances. Gloves also play an important role in reducing the risks of microorganism transmission. They provide a protective barrier and prevent gross contamination of the hands when in contact with infectious substances. To help reduce the risk of exposure to bloodborne pathogens. Gloves also reduce the transfer of microorganisms from personnel to patients during patient-care procedures. *Wearing gloves does not replace the need for handwashing*, and failure to change gloves between patient contacts is an infection control hazard.
- Other forms of protection include: masks, eye shields, face shields and gowns for the staff, visitors and patients. Facility environmental controls to ensure adequate, cleaning and disinfection of facility surfaces, beds, bedside equipment and other frequently touched surfaces.

- Patient placement – Appropriate patient placement is a significant component of isolation precautions. A private room, negative air pressure room or specific isolation rooms are important to prevent infectious microorganism transmission. Direction from the infection control experts in your facility will facilitate appropriate placement of transmission precaution patients. When transport of infectious patients is unavoidable, certain precautions should be taken. It is important that:
 - Appropriate barriers (masks, impervious dressings) are worn or used *by the patient* to reduce to opportunity for transmission.
 - Personnel in the area to which the patient is to be taken are notified, and precautions are used to reduce the risk of transmission of infectious microorganisms.
 - Patients are informed of ways they can assist in preventing transmission.
- It is important, not just for the patients in your facility but for you and your family, to be informed about transmission precautions of infectious microorganisms, the various isolation precautions available and use of protection equipment. Contact your infection control department for specific information and details.

Segment 14 – Tuberculosis

TB continues to be a public health problem in the United States. After decreasing for a number of years, the incidence is on the rise again. Major contributing factors are:

- Association of HIV/AIDS with TB
- Immigration from countries where TB is common
- Transmission of TB in growing areas where people congregate, such as nursing homes, prisons and homeless shelters
- Certain populations are at high risk for TB: such as the very young, the very old, and economically suppressed.
- Close contacts with individuals known to have infectious TB cases
- Persons with medical conditions, such as HIV/AIDS which increase the risk of TB transmission.
- Low income groups
- Alcoholics and IV drug users
- Foreign-born persons from high prevalence areas

TB is an airborne, infectious, communicable disease that can occur acutely or chronically. The disease is spread by airborne droplets expelled by a person with *untreated*, active TB. Transmission of infection can be decreased by:

- Effective drug therapy
- Covering the mouth and nose when sneezing, coughing and laughing
- Adequate ventilation and open air
- Ultra violet lights

To get tuberculosis, a person must be exposed to the air exhaled by an infected person for an extended period of time in a confined area. For healthcare providers, screening is done annually,

upon employment, and as necessary. Some symptoms of TB include:

- Loss of weight, loss of appetite
- Feeling good in the morning but tired in the afternoon
- Coughs or clears throat in the morning
- Possible elevated temperature in the evening
- Spitting up blood (hemoptysis)

As the disease progresses, the symptoms worsen and include:

- Indigestion, abdominal pain or vomiting
- Persistent cough lasting longer than three weeks

- Night sweats, definite temperature increase in the afternoon
- Rapid weight loss and loss of strength

Completed drug therapy is essential. Treatment may last for 6-9 months and may include several drugs. The TB 'bug' has evolved to become resistant to drugs. People with suspected TB should be placed in airborne isolation that includes a negative pressure private room with the door closed. *All* people entering the room should wear a personal respirator and wash their hands when leaving the room.

Segment 15- Sexual Harassment

What is sexual harassment? It is unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature, when submission to such conduct is made a term or condition of employment, used as a bias for employment decisions affecting such individual, or has the purpose or effect of unreasonably interfering with an individual's work performance or creating a hostile or intimidating work environment. In simpler terms, it is when sexual advances, verbal or physical, are unwanted and unwelcome and they affect your work environment in a negative or hostile way. There are two types of sexual harassment:

- Hostile work environment – unwelcome sexual conduct that alters the conditions of the victim's employment and creates an abusive working environment. Men or women can initiate this type of harassment. It can be based on gender, race, religion, national origin, age, disability, pregnancy, or any other legally protected characteristic.
- Quid pro quo – This type of harassment is conducted by a supervisor or someone with authority and is limited to harassment based on sex. The term literally means "this for that" and signifies a supervisor demanding a sexual favor and then basing an employment demand (positive or negative) on the employee's reaction to the demand.

There are two elements that must be met to qualify as sexual harassment.

- It must be sexual – either verbal (jokes, dating commitment, sexual language), physical (hugging, touching inappropriate areas, jesters) or visual (vulgar posters, email, cartoons).
- It must be unwelcome – determined on a case-by-case basis looking at the parties' relationship as a whole and viewpoint of the complainant.

What to do? Tell the person harassing you that the sexual conduct is unwelcome. This usually stops most of the problems. They need to be aware that it is unwelcome. If it continues, report the conduct to your supervisor or if it is the supervisor doing it, contact their supervisor. If an investigation is needed, cooperate completely in the process. Report any retaliatory actions.

Segment 16 – Patient's Rights

Your facility as well as the scope of other healthcare institutions have developed and fine-tuned a "Patient's Bill of Rights". It is important to the patient, patient's family, you, other staff and the institution as a whole to communicate, instill and follow your patient rights criteria. Some of the basic elements include, but are not limited to:

- Considerate and respectful care
- Information regarding one's own diagnosis
- Information necessary to give informed consent to any procedure
- Refusal of treatment to the extent permitted by law
- Privacy concerning one's own medical care
- Confidentiality in all communications and records relating to one's own care
- Reasonable responses to requests and services
- Information concerning other health care and education institutions related to one's own care
- Information concerning hospital plans to perform human experimentation affecting one's own care and refusal to participate in that care
- Reasonable continuity of care
- Explanation of one's hospital bill

- Knowledge of what hospital rules and regulations apply to one's own conduct as a patient
 - Provide your Advance Directives in order to facilitate health care decisions
- Your specific facility may vary but these are examples of patient rights. If you do not know what your facility's patient rights statement is, contact your department director.

Segment 17 – Violence in the Workplace

Unfortunately, in our society, workplace violence is on the increase. Training programs have been implemented to educate and help minimize the occurrence of violence at work. The spectrum of workplace violence can range from offensive language to homicide. A reasonable definition of workplace violence is: Violent acts, including physical assaults and threats of assault, directed toward persons at work or on duty. Violence is a substantial contributor to death and injury on the job. NIOSH data indicate that homicide has become the second leading cause of occupational injury and death, exceeded only by motor vehicle-related deaths. It is estimated that over 1 million people fall victim to nonfatal workplace assaults each year.

Violence in the workplace is associated with specific factors such as:

- Dealing with the public
- Exchange of money
- Delivery of services or goods

There are policies and procedures in your facility that will assist in decreasing the occurrence of workplace violence. Check with your supervisor to get specific details. Some basic interventions include:

- Physical separation during interactions that are high risk (counters, chest high reception desks)
- Visibility and lighting are important environmental designs
- Ease of access – adequate number of entrances and exits
- Security devices (closed-circuit cameras, alarms, two-way mirrors, keycard access, panic bar doors locked from the outside)
- Personal protective equipment
- Administrative controls – staffing plans, reporting mechanisms and work practices

Good communication is critical and recognition of an escalating situation with appropriate intervention is essential.

Segment 20 – Cultural Diversity

People's ideas and opinions may differ drastically from yours, yet their perspectives should be seen as assets – Everyone has a unique contribution to the team, to the world and to society. Understanding Cultural Diversity gives us the opportunity to change and see the world differently. An inclusive environment is one in which all individuals feel respected by and connected to one another. Individuals accept differences and don't rely on stereotypes. Stereotype is a perceived or over-simplified generalization about an entire group of people without regard for their individual differences. Individuals often use stereotypes to categorize people and simplify their expectations. Stereotypes are destructive to group processes because they limit our expectations of one another. Inclusive organizations breakdown stereotypes by providing an environment in which people can form open and honest relationships. Cultural Diversity is a very broad topic. Cultures are often thought of as ethnic groups but actually encompasses ethnicity, race, gender, age, social economic status, nationality or region and place of employment or school. The combination of the many different cultural groups we belong to creates a unique cultural identity for each of us.

Individuals that are sensitive to Cultural Diversity:

- Gain the skills and awareness that encourages harmony and productivity
- Minimize stereotypical thinking that interferes with successful cross-cultural relations

- Accurately interpret the behaviors and needs of different cultures that they come in contact with

- Understand that motivation can vary from culture to culture

Valuing diversity starts with changing attitudes and enhancing communication skills.

Individuals that have Culturally Sensitive Attitudes:

- Are aware of cultural differences

- Appreciate individuality

- Avoid prejudging

- Examine the subtle and not so subtle biases and stereotypes that impact interaction

- Refuse to participate in conversations that may reinforce prejudice or bias

- Treat others with respect for their different perspective

When communicating with someone from a different culture:

- Do not condescend or patronize

- Check for understanding

- Think about how others might perceive comments and actions

- Think about what you are going to say

- Think about the words you use

- If English is not their first language, speak slowly and clearly at a moderate tone and level

Cultural Diversity awareness increases synergy. Synergy is the combined efforts of many achieving and affecting more than the individual. A group of individuals working together, understanding each other, being open and not seeing their differences as barriers is greater and more effective than one person working alone.