

Contracted Personnel, Business Associates, Allied Health Practitioners

Mandatory Education Packet 2014

Review this material prior to the start of your assignment.

- Business Associates: Verification of receipt and review will be required on the Parkview Health Verification Form prior to start of assignment. See your HR contact.
- Extenders: Sign and return the General Orientation & Compliance Education Attestation included with your application.

Nurses complete pages 1-22.

Other Patient Care Providers complete pages 1-19.

Associates working in a hospital building 1-18.

ALL associates complete pages 1-16.

See Table of Contents on page 3.

If you have any questions about the topics covered on these pages, please ask your Parkview contact.

There is a bibliography available for further information on Team.Parkview.com

<https://Team.Parkview.com/inside/team/nonclinical/hr/workforcedevelopment/Pages/Resources.aspx>

Congratulations on your new role at Parkview!

Welcome to the Parkview team!

You are now an important part of Parkview's mission to lead improvements in the health and well-being of the communities we serve. Our mission plays out daily by providing excellent care to every patient every day and by working with people to stay healthy and prevent illness.



Mike Packnett

Our vision is to be the health partner for individuals, communities and organizations that care deeply about creating better lives for the people of northeast Indiana and northwest Ohio. Together, with an eye toward excellent service, we are able to make Parkview the best place for patients to receive care, for physicians to practice, for co-workers to serve. Thank you for choosing Parkview!

Michael Packnett
President and CEO
Parkview Health

About this publication

The materials attached will acquaint you with how we conduct business at Parkview. They include programs about Infection Control, Compliance, Service excellence, Patient Safety, as well as your Personal Safety. You are responsible for reading, understanding and following the practices taught in these programs.

When you start work in your unit/department be sure to ask what access you will have to our computer system, intranet site (Team.Parkview.com), e-mail system (Microsoft Outlook), and telephones. It is important to understand your access so that you can use the tools effectively.

If you have any questions about the topics included in this paper, please ask your supervisor or Parkview sponsor. Also, there is a bibliography available for further information on [Team.Parkview.com/ team center/ nonclinical / human resources / workforce development \(left side\)](http://Team.Parkview.com/team-center/), [resources \(left\)](#) / [NetLearning/ Business Associate Orientation Packet Bibliography](#).

Table of Contents

Topic	Required For	Page
Bloodborne Pathogens	All	4
Healthcare Safety and Injury Prevention	All	4
Service Excellence at Parkview Health	All	4
Electrical Safety	All	6
Emergency Management Planning	All	6
Fire Safety	All	7
Hazard Communications	All	7
Handling Hazardous Materials	All	8
Healthcare Security	All	9
Infection Control	All	9
Diversity	All	9
Corporate Compliance	All	11
Privacy and Security of Patient Information	All	12
Searching for Parkview Policy and Procedures	All	15
MRI Safety	All those Working in Hospital Buildings	17
Medical Gas	All those Working in Hospital Buildings	17
Abuse, Neglect, and Exploitation	Patient Care Providers + RNs/LPNs	18
Medical Equipment Management	Patient Care Providers + RNs/LPNs	19
Understanding and Preventing Tuberculosis	Patient Care Providers + RNs/LPNs	19
Medication Safety	RNs/LPNs	20
Indiana Nurse Practice Act	RNs/LPNs	22

Bloodborne Pathogens

Identify diseases that are spread by bloodborne pathogens, explain how they are spread, and how to protect yourself.

- Diseases caused by HIV, HBV and HCV are major concerns to healthcare workers.
 - HIV attacks the immune system which may result in AIDS.
 - HBV attacks the liver and may cause hepatitis B.
 - HCV attacks the liver and may cause hepatitis C.
 - HIV, HBV and HCV can be detected through blood tests but may not show a positive result immediately and a person's response determines how long before a result is determined.

Identify ways that bloodborne diseases are spread:

- Diseases are spread by contact with an infected person's blood or OPIM (other potentially infectious materials).
- Contracting a disease depends on type of exposure, number of pathogens present, and health status of worker.

Identify protection from pathogens found in blood and OPIM:

- Facility's responsibility to protect healthcare workers.
 - Employee exposure determination
 - Implementation of precautions including hepatitis B vaccination, postexposure evaluation and follow-up, communication of hazard to employees, and procedure for evaluating circumstances surrounding the exposure

Healthcare Safety and Injury Prevention

Use proper tools and techniques to prevent personal injuries that result from:

- Slips on wet floor surfaces
- Trips and falls in work areas
- Musculoskeletal disorders due to heavy lifting and/or repetitive use of certain joint areas
- Use of hazardous products
- Equipment transport

Identify and evaluate available scientific evidence to determine if a chemical is hazardous and the degree of the hazard is called hazard classification.

- Identify relevant data regarding hazards of a substance or mixture.
- Review data to ascertain hazards associated with the substance or mixture.
- Decide whether the substance or mixture will be classified as a hazardous substance or mixture.

Use proper tools and techniques to prevent personal injuries and illnesses including those that result from:

- Needlesticks
- Exposure to infectious diseases
- Use of specialized equipment
- Client transport

Service Excellence at Parkview Health

Who are our Customers? Anyone who comes through our doors or calls on the phone, e.g. patients, co-workers, physicians, volunteers, guests.

What is Service Excellence? Passionately exceeding the needs of our patients, co-workers, and physicians.

How do we create a culture of Service Excellence at Parkview Health? It starts with YOU! Creating Service Excellence comes from your passion (self-motivation) and a desire to have purpose, worthwhile work, and to make a difference.



What does a culture of Service Excellence look like at Parkview Health? Parkview will be the best place for Employees to work, Physicians to practice medicine and Patients to receive care.

The Four Facets of our Parkview Diamond

- Safety and Quality: While this facet focuses on patient care, it also extends to every co-worker and every job description at Parkview. You are expected to think about safety first and then strive to provide quality service for each and every customer.
- Service Excellence: Striving to exceed your customers' expectations each and every time.
- Financial and Human Resources: The wise use of these two important resources - dollars and people, is the central point of this facet of our Diamond. Our value of stewardship asks that we use our limited resources efficiently.
- Growth: Healthcare is a competitive market. To thrive in this setting, everyone at Parkview Health must be aware of the need to grow our services.

MISSION: Parkview Health will provide quality health services to all who entrust their care to us, and we will work to improve the health of our communities.

VISION: Parkview Health will be northeast Indiana's leading provider of healthcare services. To meet our communities' health needs, our physicians and employees will provide cost effective and outstanding quality care by using information and technology.

VALUES: Trust Teamwork Flexibility Quality Stewardship

Standards of Behavior - "I Respect"

- I am Parkview Health: We are proud of our association with Parkview & the mission to serve our community.
- Resolve Issues: We prevent and resolve issues to maintain customer confidence.
- Exceed Expectations: We seek to understand and exceed our customers' service expectations.
- Service Excellence: We consider individual customer needs and provide service with respect, compassion and integrity.
- Professionalism: We demonstrate pride in the professionalism of our personal appearance and in the appearance of our facility.
- Enhance Performance: We improve the processes that deliver service to our customers.
- Confidentiality: We guarantee confidentiality and respect all aspects of customer privacy.
- Together, We're Better: We partner together to enhance the quality of service we deliver to our customers.

Service Excellence - Every Day, Every Encounter: Smile. Be the first to make eye contact. Be the first to greet and ask, "How may I provide you with excellent service today?" Help someone find the way. Don't just point; escort or find someone to escort.

Service Excellence – I-RELATE: I-RELATE is a communication tool that decreases anxiety, increases compliance and results in improved clinical outcome and improved patient experience.

- I stands for Introduce. Introduce yourself to the patient; tell them how long you've worked for Parkview; Introduce the process and expected duration.
- R is for Reassure. Project a professional image, maintain eye contact, use patient's name, manage up.
- E is for Explain. Explain the procedure or test, the duration, next steps and what you need from patient.
- L is for Listen. Listen for questions and concerns. Empathize. Ask for questions
- A is for Answers. Answer questions and concerns. Check for understanding. Summarize what patient said.
- T is for Take Action. Perform tasks to address questions/concerns. Keep patient informed
- E is for Express Appreciation. Offer support and care. Give info about next caregiver. Say, "Thank you"

Using the I-RELATE model consistently in your interactions with your customers ensures that we will have very satisfied customers; survey scores will improve; perception of care and quality service will be more positive.

With a commitment to Service Excellence, Parkview will be the best place for co-workers to work, physicians to practice medicine and patients to receive care.

Electrical Safety

Electrical Safety Guidelines:

- Train before using electrical equipment.
- Report equipment problems before accidents occur:
 - Avoid plugging two pieces of medical equipment into a single outlet.
 - Avoid using extension cords except for plugging personal computers into approved outlet strips.
 - Avoid frayed or broken cords, equipment that sparks or smokes, or home appliances in a health facility.
 - Report problems before accidents occur.
- Know when and how lockout/tagout procedures are used:
 - Parkview follows OSHA Lockout/Tagout procedures; an authorized person “locks out” equipment which prevents it from being turned on. An electrician “tags out” the device by attaching a tag stating that the equipment should not be used.
 - Contribute to the safety of clients, visitors and employees by following lockout/tagout procedures and reporting any potential electrical hazards that you observe.

Emergency Management

List and describe the major types of hazard classifications used to respond to an emergency. Define the six critical areas of emergency management.

1. EOP (Emergency Operation Plan) requires shifts in operation, personnel and/or outside assistance to meet an emergency.
 - Describes how a facility will provide backup electricity or natural gas during a power outage or interruption.
 - Maintains the following essential services during an emergency:
 - Blood bank and tissue storage
 - Emergency care and operating rooms
 - Medical air and vacuum systems
 - Life-support equipment
 - Obstetrics
 - Newborn nurseries
2. Disaster categories:
 - Natural
 - Technological
 - Civil disruption or violence
 - Long-term or ecological changes
3. Emergency management areas:
 - Communication
 - Resources and assets
 - Safety and security
 - Staff management during an emergency
 - Utilities management
 - Client, clinical and support activities
4. Develop an EOP for a healthcare facility:
 - Identify hazards through use of Hazard Vulnerability Analysis (HVA)
 - Determine biggest risk hazards
 - Outline actions to prevent or reduce hazards
 - Outline advance actions to ensure best possible effort for response and recovery
5. Identify department actions:
 - Staff duties by department and assignment
 - Measures to take for equipment failure
 - Sheltering-in-place locations
 - Evacuations procedures
 - Required drills, exercises, emergency management training conferences

 PARKVIEW Emergency Codes		Report to Ext. 1911
Blue	cardiac arrest	
Red	fire	
Green	bomb threat	
Gray	violent behavior	
Pink	infant/child abduction	
Orange	disaster	
White	severe weather	
Yellow (38500)	info system failure	

Fire Safety

A fire requires 3 elements in order to burn: oxygen, heat and fuel.

Classifications of fires and use of appropriate fire extinguishers:

- Class A fires involve combustibles such as wood and paper.
- Class B fires involve flammable liquids and gases such as gasoline and grease.
- Class C fires involve electrical energy overload such as electrical wiring and malfunctioning medical equipment.
- Class D fires involve combustible cooking fluids.

Choosing a fire extinguisher:

- Class A, B, C and K fire extinguishers are normally found in healthcare facilities.
- Use the matching fire extinguisher for the class of fire.
- Use ABC fire extinguishers for A, B, and C fires.

Fire prevention is every employee's responsibility; any practice or situation that reduces fire protection must be reported and corrected.

The acronym RACE will be used to indicate the steps of the fire safety procedure.

- **R** Rescue
- **A** Alert
- **C** Contain
- **E** Extinguish

Employ PASS when using a fire extinguisher:

- **P** Pull the pin
- **A** Aim at the base of the flame
- **S** Squeeze the handle
- **S** Sweep from side to side

Understand how to recognize fire hazards, prevent fire hazards and how to respond to fire if it occurs by proper storage of cleaning materials or chemicals, keeping halls free of blockage and maintaining actions to prevent fires.

Hazard Communications

Hazard communication programs help reduce the risk of workers being exposed to chemicals. It required healthcare facilities to:

- Keep a list of chemicals used/stored by workers
- Train employees about these chemicals
- Comply with The Joint Commission, CMS and OSHA
- Use labels, signs and detailed chemical information

A hazardous material placard system is used to assist in identifying a hazardous chemical during use, storage, shipping, and transport. The external labeling or placard system requires that symbols be posted in visible locations to warn and assist emergency responders in case an accident occurs.

The labeling on the different placards is as follows:

- Fire hazards are signified with a red diamond
- Reactivity hazards are indicated by a yellow diamond
- Specialized chemical hazards are signified with a white diamond



As of June 1, 2015, all labels will be required to have a signal word, pictograms, hazard and precautionary statements, supplier identification, and the product identifier.

Safety Data Sheets

Chemical manufacturers and importers are required to evaluate the hazards of the chemicals they produce or import, and to provide information about them through labels on shipped containers and more detailed information sheets called safety data sheets (SDSs).

The Globally Harmonized System requires that all SDSs follow the same format and contain 16 standard pieces of information:

Figure 3. Safety Data Sheet (SDS)—required information

1.	Identification of the substance or mixture and of the supplier
2.	Hazards identification
3.	Composition/information on ingredients
4.	First aid measures
5.	Firefighting measures
6.	Accidental release measures
7.	Handling and storage
8.	Exposure controls/personal protection
9.	Physical and chemical properties
10.	Stability and reactivity
11.	Toxicological information
12.	Ecological information
13.	Disposal considerations
14.	Transport information
15.	Regulatory information
16.	Other information including information on preparation and revision of the SDS

Source: U.S. Department of Labor, Occupational Safety & Health Administration

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Figure 1. Hazard Communication Standard sample label

SAMPLE LABEL

<p style="text-align: center;">PRODUCT IDENTIFIER</p> <p>CODE _____ Product Name _____</p> <p style="text-align: center;">SUPPLIER IDENTIFICATION</p> <p>Company Name _____ Street Address _____ City _____ State _____ Postal Code _____ Country _____ Emergency Phone Number _____</p> <p style="text-align: center;">PRECAUTIONARY STATEMENTS</p> <p>Keep container tightly closed. Store in cool, well ventilated place that is locked. Keep away from heat/sparks/open flame. No smoking. Only use non-sparking tools. Use explosion-proof electrical equipment. Take precautionary measure against static discharge. Ground and bond container and receiving equipment. Do not breathe vapors. Wear Protective gloves. Do not eat, drink or smoke when using this product. Wash hands thoroughly after handling. Dispose of in accordance with local, regional, national, international regulations as specified.</p> <p>In Case of Fire: use dry chemical (BC) or Carbon dioxide (CO₂) fire extinguisher to extinguish.</p> <p>First Aid If exposed call Poison Center. If on skin (on hair): Take off immediately any contaminated clothing. Rinse skin with water.</p>	<p style="text-align: center;">HAZARD PICTOGRAMS</p> <div style="text-align: center;">  </div> <p style="text-align: center;">SIGNAL WORD Danger</p> <p style="text-align: center;">HAZARD STATEMENT Highly flammable liquid and vapor. May cause liver and kidney damage.</p> <p style="text-align: center;">SUPPLEMENTAL INFORMATION</p> <p>Directions for use _____ _____</p> <p>Fill weight: _____ Lot Number: _____ Gross weight: _____ Fill Date: _____ Expiration Date: _____</p>
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Source: U.S. Department of Labor, Occupational Safety & Health Administration

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Handling Hazardous Materials

Globally Harmonized Systems of Classification and Labeling of Chemicals (GHS) provide a single set of criteria for classifying chemicals based on their health and physical hazards and lists hazard communication elements for labeling and safety data sheets.

Hazard classification:

- Identify relevant data regarding the hazards of a substance or mixture.
- Review data to ascertain hazards of the substance or mixture.
- Decide whether the substance will be classified as hazardous, the degree of hazard as compared to data of agreed hazard classification criteria.
- 650,000 chemicals used in the workplace; healthcare workers can be exposed to some which can lead to cancer, burns and heart disease. They also can be flammable, toxic or corrosive.
- Employees should be trained prior to using hazardous chemicals.
- Department supervisor trains employees and maintains inventory of all chemicals.

Healthcare Security

The security department ensures that clients and staff are in a secure environment. All employees have a role in maintaining security for client.

- Store client information in a secure manner.
- Access may be controlled by photo IDs, personal escorts, sign-in-lists, and/or written notices carried by employees.
- HIPAA rules control how client information is stored and how and when it can be shared.
- Facility employees must maintain confidentiality of client information.
- Security department employees:
 - Patrol facility's buildings and outdoor areas.
 - Ensure access to emergency care.
 - Respond to emergency codes and alarms.
 - Identify anyone who enters the facility.
- Employees must maintain personal security including protecting personal security and reporting security issues to security personnel.

Infection Prevention and Control

Identify the major infection prevention and control practices used in healthcare facilities:

- Policies and procedures, engineering controls, and work practice controls need to be present.
 - Use standard precautions for all healthcare workers for all clients.
 - Use transmission precautions including airborne precautions, droplet precautions, and contact precautions in addition to standard precautions.
 - Prevent infections through hand hygiene by washing with soap and water if hands are visibly soiled or an alcohol-based hand rub if hands are not visibly soiled.
 - Rub lathered hands for 15 seconds.
 - Perform hand hygiene after removing gloves and when going from one client to the next.
 - Gather all equipment after performing hand hygiene before touching the client.
- Personal protective equipment is important to keep healthcare workers safe.
 - Wear gloves when at risk of coming in contact with blood or other body fluids.
 - Change gloves when performing more than one invasive procedure on the same client.
 - Wear gowns if at risk of soiling clothing with blood or bodily fluids.
 - Use caution when removing personal protective equipment to avoid contamination.
 - Wear masks and goggles or a face shield if facing contact with splashes or sprays of blood or body fluids.
 - Don a fit-tested respirator before entering the room of a client in airborne isolation.

Diversity

- Diversity is the many ways in which we as individuals and groups identify ourselves and are identified by others.
- Some obvious differences include our gender, race, ethnic origin and nationality.
- Not so obvious differences include our age, generational influences, sexual orientation, lifestyles, religions, thinking styles, physical abilities, education, and development.

Diversity laws and regulations include...

- | | |
|---|---|
| • Equal Pay Act (EPA) | • Dept. of Health & Human Services CLAS Standards |
| • Americans with Disabilities Act (ADA) | • TJC Standards |
| • Age Discrimination in Employment Act (ADEA) | |
| • Equal Protection clause of the 14th amendment | |

Inclusion is respecting and valuing differences among us; listening and learning from ourselves and others; working together in harmony around a common belief and value system.

- Some important values at Parkview include trust, quality, flexibility, teamwork, and stewardship. Inclusiveness in the workplace helps make us more productive and successful.
- We place an emphasis on increasing awareness, knowledge, and cultural competence in our employees so they can better understand and serve our customers and community.

Promoting Inclusion

- It is easy to accept general assumptions and stereotypes about age, race, gender, and other differences that exist in our society.
- Questioning our own assumptions and inviting others to question assumptions is a way to encourage respect and shift away from generalization and harmful stereotypes.
- Jokes and common speech expressions, even those not intended to be insulting, can create friction and be offensive. They can also lead to assumptions or rumors that can impair relationships and damage reputations.

How Do We Promote Understanding and Trust?

- Creating a culture of inclusion is the first step in promoting understanding and trust.
- By recognizing and responding to situations in which our coworkers or customers do not feel respected, we can help resolve issues in a timely matter and make Parkview a better place.

Promoting Inclusion – Communication

- Cross-cultural misunderstandings are a common occurrence. When it happens, it is better to exchange meanings and explain perspectives, than to argue who is right and who is wrong.
- When speaking in another language, be aware that other coworkers or customers may feel excluded or that they are being ridiculed. This is a leading cause of misunderstandings and can lead to poor teamwork or damaged customer relationships.
- A respectful workplace is one that discourages gossip, challenges assumptions, and allows everyone to participate.

Inclusion initiatives will help Parkview:

- attract and retain the best employees
- better understand and serve our customers and community
- Increase our productivity, creativity, quality, teamwork and innovation
- recognize the importance of personal responsibility in promoting respect in the workplace
- gain confidence to handle sensitive issues without shame, blame, or negative stereotyping
- comply with laws and regulations, reducing the risk and cost of litigation associated with discrimination and harassment issues.

When Conflicts Arise:

- Consider intention
- Be flexible
- Share your perception
- Listen
- Follow the M.E.E.T. model:
 1. Make time to discuss.
 2. Explore differences.
 3. Encourage respect.
 4. Take Responsibility.

How Can We Work to Prevent Discrimination?

- Implement programs supporting inclusion.
- Allow and respect differences.
- Recognize the needs of all people.
- Appreciate everyone's contributions. Learn to question your assumptions.
- Be flexible and open to change.
- Treat each person with respect and equality.
- Recognize and acknowledge needs of all people.
- Work together toward common goals.

Corporate Compliance

The Compliance Plan provides the tools needed to maintain compliance with the federal rules and regulations to guide the way healthcare is delivered.

Corporate Compliance Program Goals:

- Educate staff and physicians regarding the legal risks of certain business practices
- Encourage staff to seek advice on business activities and conduct business activities according to the law

- and ethical standards of conduct for Parkview Health
- Enable Parkview Health to investigate, prevent and deter criminal activity
- Comply with federal, state and local laws

A healthcare organization can be investigated for Fraud and Abuse if it is determined that there were problems with billing patterns, someone calls attention to something wrong and reports it and/or there are patient complaints.

The 7 Main Points to a Compliance Program:

1. Accountability – appoint a Compliance Officer/Compliance Committee. Boards of Directors, Compliance Committee, Compliance Officer and Senior Management have responsibility for oversight of the corporate compliance program.
2. Policies – establish standards of conduct and policies. Compliance policies are found on the Team.Parkview.com website / home / policies and procedures / Parkview Health / PH-Administrative Policy / Compliance/Legal.
3. Education – educate board members, employees and Medical Staff. Board members, medical staff and co-workers must be given education regarding the rules and regulations which they must follow.
4. Reporting – set up a Reporting process. PH must take action based on the results of the investigation. There will be disciplinary action for those who violate the rules and regulations.
5. Investigation – investigate reports. PH investigates every Compliance concern reported.
6. Act – take action based on results of the investigation. We all have a duty to report compliance issues or concerns.
7. Audit – audit to ensure continued compliance. The Compliance plan must be reviewed to ensure compliance with the rules and regulations. This is done through audits of key points of Compliance.

Compliance policies are found on the Team.Parkview.com website / home / policies and procedures / Parkview Health / PH-Administrative Policy / Compliance/Legal

Parts of the Compliance Plan that are Available to Help Employees are:

- The Compliance Committee
- The Compliance Officer
- Educational programs
- A Code of Conduct (Ethics)
- A confidential hotline
- An anonymous e-mail address
- Corporate Counsel Department to answer questions

Non-Compliance Examples

- Billing errors – due to ignorance of the laws or policies
- Fraud – falsifying, changing or padding information to make undeserved money
- Being unaware of the laws or policies is NOT an acceptable defense to a compliance violation

Typical Examples of Billing Errors and Fraud

- Billing twice for the same service
- Billing a service as a series of separate procedures (unbundling)
- Using an incorrect CPT or HCPCS Level II code
- Billing for medically unnecessary services
- Charging for a higher level of service than was justified or documented (upcoding)
- Billing for services or supplies which were not provided or performed
- Charging too much (overcharging)
- Billing Medicare patients more than non-Medicare patients
- Forging a signature
- Taking kickbacks for referrals
- Making patients records available to providers for the purpose of making fraudulent claims

Laws and Regulations which Affect Corporate Compliance

- Medicare Regulations - Govern proper conduct and billing procedures
- Federal False Claims Act - Anyone submitting fraudulent bills to the government can be penalized by the courts. The penalty can be up to \$10,000 for each claim plus triple damages
- Stark Act - Prohibits doctors from referring patients to facilities in which the doctor has an ownership or a financial interest. Payment may be denied for the claim. Doctors and the organization can be fined \$100,000. Civil penalties can be as much as \$15,000 and there may also be criminal penalties. A Stark violation can also result in a False Claims Act violation
- Anti-Kickback Statutes - The anti-kickback statutes prevent anyone from offering or accepting kickbacks

from anyone doing business with the government. Penalties can be up to twice the amount of the kickback (maximum \$10,000). Penalties may include up to 10 years in prison

- Mail and Wire Fraud Statutes - Prohibits anyone from using the U.S. Postal Service in any scheme designed to defraud the government. Penalties can be up to \$1000 and 5 years in prison

Management Responsibilities Regarding Corporate Compliance

- Communicate the Corporate Compliance program to staff
- Listen to employee compliance issues
- Refrain from retaliation against an employee who reports a compliance concern

Employee Responsibilities Regarding Corporate Compliance

- Adhere to Parkview Health's Corporate Compliance policies and procedures
- Report any incidents of abuse
- Report any suspected compliance issues to your supervisor and/or the Corporate Compliance Officer
- Use the Corporate Compliance e-mail link on Team.Parkview.com / services / departmental services / Corporate Compliance/Risk Management if you wish to remain anonymous or are unhappy with the results of an issue reported to your supervisor

Suspected Violations of Laws, Rules, Regulations or Standards of Conduct should be Reported

- Go directly to your supervisor
- Call the hot line number: 260-373-7021
- Send an email to compliance-risk.officer@parkview.com
- Send an anonymous e-mail from Team.Parkview.com / services / departmental services / Corporate Compliance/Risk Management
- Go to the compliance officer (ext. 373-7005 or 373-7100) or Mike Packnett (ext. 373-7001)

All incidents of suspected Corporate Compliance abuse will be investigated. All compliance reports are confidential.

In Summary

- The Goals of the Corporate Compliance Program are to educate, encourage, and enable you to comply with federal rules and regulations which guide the way you deliver healthcare.
- Employees are responsible for adhering to policies and procedures and reporting any incidents of abuse.
- Management responsibilities include communicating the Corporate Compliance program to staff and listening to employee compliance issues.

Privacy And Security of Patient Information

Who owns Patient Information? Medical records belong to the hospital or other care provider. However, the information contained in a medical record belongs to the patient. Requirements for Protecting Patient Information come from Federal laws and regulations, State laws and regulations, Parkview Health policies and procedures.

The Health Insurance Portability & Accountability Act (HIPAA) is a federal law. HIPAA applies to most patient information and protects the privacy and the security of that information. HIPAA applies to "Covered Entities." Covered Entities include Healthcare Providers (includes hospitals & physicians); Healthcare Clearinghouses and Health Plans. Parkview Health and its affiliates must comply with HIPAA.

Under HIPAA there is a Privacy Rule and a Security Rule

- The Privacy Rule defines how Covered Entities may use and/or disclose patient information.
- The Security Rule requires Covered Entities to ensure the confidentiality, integrity and availability of patient information.

Protected Health Information (PHI) is information that can be used to identify an individual. PHI is more than health information; it can include any information such as a patient's name, address, social security number, age, date of birth, etc... PHI includes information sent or stored in any form; this includes electronic, paper and the spoken word.

When HIPAA and state law apply to the same situation, HIPAA will control, unless the state law is more stringent. State law is more stringent if it limits use or disclosure of PHI more than HIPAA, provides individuals with greater rights of access to their information, imposes greater record-keeping requirements on the Covered Entity, or

enhances privacy protection.

HIPAA – The Basic Privacy Rule: The Privacy Rule allows Covered Entities to use and disclose PHI for treatment, payment and healthcare operations. The Covered Entity does not need to inform the patient or get the patient's authorization for treatment, payment and healthcare operations. Uses and disclosures of PHI for payment and healthcare operations are subject to the "minimum necessary" rule. Covered Entities must make reasonable efforts to limit the use and disclosure of PHI for payment and healthcare operations to the minimum amount of information necessary to accomplish the intended purpose, removing personal identifiers to the extent possible. Disclosure must be limited to those who need to know the PHI to do their jobs. HIPAA does not limit access to patient information for those who have a legitimate need to know the PHI to treat the patient. The minimum necessary rule does not limit disclosures for patient treatment. For disclosures other than for treatment, payment and healthcare operations, patient authorization is required. Authorizations are written permission from the patient to disclose PHI and must meet specific legal requirements. Requests for release of health information with authorization should be referred to Release of Information (ROI) in Health Information Services (HIS).

Business Associates: Covered Entities may provide PHI to Business Associates. A Business Associate is any person or business partner that uses PHI to perform functions or services for a Covered Entity (e.g. billing companies, medical transcription services). Covered Entities must have contracts requiring Business Associates to protect PHI. Business Associates also have a regulatory requirement to protect PHI.

HIPAA – Patient Rights: How is a HIPAA Disclosure Decision Made? The Notice of Privacy Practices must be presented to the patient upon registration (before providing care). The Notice of Privacy Practices describes how PHI will be used and disclosed, the patient's rights, the Covered Entity's duty to protect PHI and how the patient can file a complaint.

Visitors and Callers: Healthcare Providers may keep a directory that includes patient name, location in the facility, and general condition (not specific medical information). Healthcare Providers must give patients the option of not being listed in the directory. If the patient chooses not to be in the directory, the provider may not acknowledge that the patient is hospitalized and may not disclose any information regarding the patient except as the patient may direct, or for treatment, payment and healthcare operations.

Right of Access: Patients (or their legal representative) have a right to access, inspect and obtain a copy of their PHI. Refer current patients to their attending provider. After discharge refer requests to ROI in HIS. Requests must be in writing. Requests may be denied if access would endanger life or physical safety (as determined by a physician). Denial must be in writing with stated reasons. Employees who wish to access their own or family members' medical information, must follow the same process as our other patients.

Request for Amendment: Patients have the right to request an amendment of their health information. Requests will be managed by HIM. Provider can deny the request if the information is deemed to be accurate. Denial must be in writing/reasons for denial stated. Patient can submit "statement of disagreement," with request for amendment, denial, and statement of disagreement becoming part of record.

Accounting of Disclosures: Patients have the right to request a list of disclosures of their PHI. Accountings do not include disclosures made before 4/14/03 (HIPAA Privacy effective date). Accountings do not include disclosures made 6 or more years ago. Request must be processed within 60 days.

Breach Notification Requirements: If PHI is accessed in a way that violates the Privacy Rule and could potentially cause financial or reputational harm to the patient, the patient must be notified (only those violations identified as potentially harmful will be reported to the patient and the government). Example of potential financial harm – the patient's social security number was accessed. Example of potential reputational harm – disclosure of STD or access of an ex-spouse, partner, etc. Patients have a right to know who has accessed their record; therefore, the patient will be privy to the offending employee's identification. A report of all such breaches must go to Health and Human Services (HHS) annually; sooner under certain more egregious circumstances.

Legal Representatives: Patient rights are exercised by patients or their legal representative. The legal representative is a person who is legally allowed to make healthcare decisions for another person.

HIPAA Privacy – Guiding Principles:

- The patient decides.
- Healthcare always comes first.
- Is it reasonable under the circumstances?

- Do you/they need to know to do your/their job?
- Is it for treatment, payment or healthcare operations?
- Unless it is for treatment, is it the minimum necessary?

HIPAA Do's and Don'ts to protect the privacy and security of patient information:

- Be careful when leaving phone messages. Leave only enough information to get a return call.
- What you learn about patients at Parkview stays at Parkview.
- Refer all requests from Media (TV, radio, newspaper) to the Marketing Department.
- Move patient/family conferences to private rooms when possible.
- Lower voices, draw curtains to maintain privacy in double rooms.
- Ask patients if they would like you to ask guests to leave before discussing their health information.
- Respect a patient's wishes as they relate to private information.
- Protect a patient's confidential information as if it were your own.
- Speak quietly in most situations, speak loudly in emergencies!
- Share information needed to treat the patient with other providers.
- Avoid discussing patients in hallways, cafeteria or public places, except as required for care.
- Lock up patient information.
- Shred or destroy PHI or any other personal information before disposing of it.
- Keep wastebaskets and recycle bins in private areas.
- Do not allow people (patients, visitors, staff) into areas they should not be in.
- Do not leave medical records unattended (in print or on the computer screen).
- Do not access or review patient information if you are not involved in the patient's care.
- Do not access or review your own or your family's information.
- Do not leave information on printers.
- Keep fax machines in secure areas.
- Put results and other patient information in an envelope for interoffice mail.

HIPAA Security Rule: The HIPAA Security Rule protects electronic protected health information. Electronic Protected Health Information (EPHI) is individually identifiable health information either transmitted or stored in electronic form. This includes information in computers, computer networks, CDs, hard drives, e-mail, computer-to-computer faxes, etc...

The Security Rule requires Covered Entities to: Ensure the confidentiality, integrity, and availability of all EPHI; protect against any reasonably anticipated threats or hazards to EPHI; Protect against any reasonably anticipated uses or disclosure of EPHI that are not permitted by the Privacy Rule and ensure compliance by its workforce.

- "Confidentiality" means that that data or information is not made available or disclosed to unauthorized persons or processes.
- "Integrity" means that data or information has not been altered or destroyed in an unauthorized manner.
- "Availability" means that data or information is accessible and useable upon demand by authorized persons.

HIPAA Do's and Don'ts to protect the privacy and security of patient information: Don't share your password with anyone. Don't select easy passwords. Don't store passwords in an easy-to-find place (such as under keyboards or on monitors). Turn computer monitors so they are not visible to people walking by. Log off the computer when you leave the computer. Use screen savers when practical.

- Keep portable devices secure and out of sight. Don't leave them unattended in cars. Lock your office when you leave it. Ask for help when you need it. Talk to your supervisor or the PH Privacy Officer or the PH HIPAA Security Officer if you have any questions.

HIPAA – Administration

- | | |
|---|---|
| <ul style="list-style-type: none"> • Like all compliance programs Parkview's HIPAA implementation is subject to: • Policies & Procedures • Education • Reporting Mechanism • Refer to the Parkview Health Administrative Policy Manual for policies related to privacy and security. | <ul style="list-style-type: none"> • Accountability (Compliance/Privacy/Security Officers) • Investigation • Auditing • Corrective Action |
|---|---|

HIPAA – Violations: A Covered Entity is required to take appropriate actions for workforce HIPAA violations. Parkview Health policies provide for disciplinary action up to and including termination of employment. We audit

employees and their use of electronic records. Every person has the right to file a complaint with the Covered Entity or the Secretary for Health & Human Services, which could lead to regulatory penalties. The government can seek significant civil monetary penalties and criminal penalties against Covered Entities and individual employees for HIPAA violations.

If I have a Question, Who do I Ask? Questions about HIPAA and my job: Asking your supervisor will help ensure that everyone in your department or unit gets uniform answers. Contacting the PH Privacy Officer or the PH HIPAA Security Officer or anyone in the Corporate Counsel Department is always appropriate.

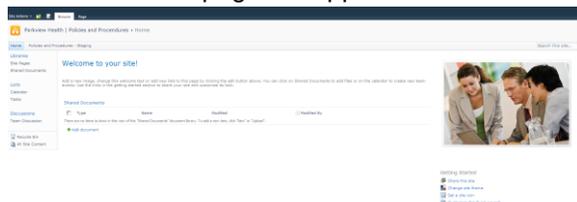
What if I have a complaint? Contact the PH Privacy Officer or the PH HIPAA Security Officer. Telephone Hot Line: (260) 373-7021. E-mail Compliance.Officer@parkview.com. Check the Outlook address book for the Compliance hotline phone number and e-mail address. Contacting Michael Packnett, President and CEO, Parkview Health, is also appropriate.

The Joint Commission: Parkview Health hospitals are accredited by the Joint Commission. Any co-worker, physician, or other individual who provides care, treatment, or services and who has concerns about the safety or quality of care provided in the organization is encouraged and expected to report their concerns to their supervisor/responsible hospital personnel or via the Parkview Employee Compliance Hotline at 373-7021. If these concerns persist they may be reported to The Joint Commission without retaliatory action from Parkview. Complaints can be directed to TJC @ 1-800-994-6610 or complaint@jointcommission.org

Searching for Parkview Policies and Procedures

Start on Team Parkview. Scroll over **Reference Center**. A drop down menu will appear. Click on **Policies and Procedures**.

1. The new Policy and Procedure homepage will appear. It will look similar to this.



2. There are two ways to search for a policy.

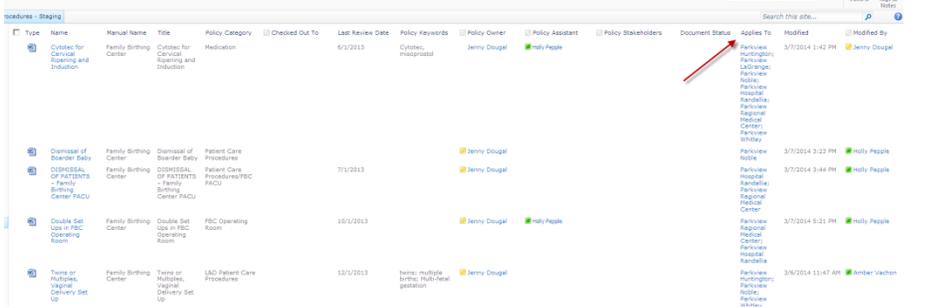
Method #1:

- a. A search box is located on the right side of the homepage.
- b. Type a keyword or keywords for the policy search in the box and click the magnifying glass..
- c. A new page will open displaying your results.

Important

Confirm the policy exists at your location by checking the **Applies To** column.

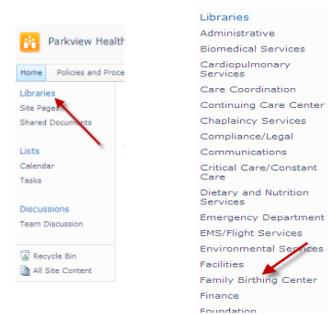
- d. The policy will open to view.



Method #2:

- a. On the left side of the homepage, click **Libraries**. Each department has their own library to house the policies and procedures for which they are responsible.
- b. All of the policies pertaining to the department will appear on the right side. Browse through the policies and find the policy titled desired.

Important Confirm the policy exists at your location by checking the



Applies To column. Click on the title.

c. The policy will open to view.

3. This is the new format for Parkview system policies.

a. At the top of the policy, you will see the Parkview policy header. The header includes the library in which the policy is located, the policy/procedure title, the policy category, and the policy owner.

Family Birthing Center		Page 1 of 2
	Policy / Procedure Title:	Vaginal Delivery of Twins or Multiples Set Up
	Policy Category / Subtopic:	Patient Care Procedures
	Policy Owner:	Jenny Dougal, Perinatal Clinical Nurse Specialist

b. Below the header is the Parkview policy table. The table includes Parkview hospitals and entities, the origination date of the policy, the last revision date of the policy, the last approval date of the policy, and the authorizing leader.

This policy has been approved and adopted by the following Parkview Hospital/Entity:

[X]	Hospital / Entity	Origination Date (mm/yyyy)	Last Revision Date	Last Approval Date	Approved by Name & Title of Authorizing Leader
	Parkview Behavioral				
x	Parkview Huntington	6/2007	12/2012	12/2012	Juli Johnson, VP of Patient Services
	Parkview LaGrange				
X	Parkview Noble	9/2010	9/2012	12/2013	Cathy Byrd, VP of Patient Services
	Parkview Hospital Bandalia				
	Parkview Reg Med Center				
	Parkview Ortho				
X*	Parkview Whitley			12/2013	B. Dolohanty-Johnson, RN, MSN, VP Patient Care
	Parkview Corporate Office				
	Parkview Distribution Center				
	Parkview Home Health & Hospice				
	Parkview Care Partners				
	Parkview Physicians Group				

*An asterisk indicates an addendum is included for this facility

c. On the left side of the table you will see a grid next to the hospitals and entities. If there is an “X” in the grid, then this policy applies to the adjacent entity. If there is an “X*” in the grid, then this policy exists at the adjacent entity and also has an addendum. ****Important**** Always read your entity’s addendum to ensure that there are no changes from the standard policy.

This policy pertains to Parkview Huntington, Parkview Noble, and Parkview Whitley. Parkview Whitley also has an addendum.

d. Below the table is the Policy Statement, the Definition of Terms, the Procedure, any References and Addendums.

- I. POLICY STATEMENT
 - A. Insert policy/purpose statement
- II. DEFINITIONS OF TERMS
 - A. Insert definitions
- III. PROCEDURE
 - A. Insert procedure
- IV. REFERENCE(S)
 - A. Insert references
- V. ADDENDUM
 - (Insert Facility Addendums or insert 'NA')
 - A. Parkview Behavioral
 - 1. Insert Entity Addendum
 - B. Parkview Huntington
 - 1. Insert Entity Addendum
 - C. Parkview LaGrange
 - 1. Insert Entity Addendum

4. The new policy has some shortcuts one can utilize to find items in a hurry.

a. To find a hospital’s addendum, find the entity in the policy table. Scroll over the entity. Push and hold “CTRL” on the keyboard and click the entity’s name. This will bring you to the addendum.

[X]	Hospital / Entity	Origination Date (mm/yyyy)	Last Revision Date	Last Approval Date	Approved by Name & Title of Authorizing Leader
	Parkview Behavioral				
x	Parkview Huntington	6/2007	12/2012	12/2012	Juli Johnson, VP of Patient Services
	Parkview LaGrange				
X	Parkview Noble	9/2010	9/2012	12/2013	Cathy Byrd, VP of Patient Services
	Parkview Hospital Bandalia				
	Parkview Reg Med Center				
	Parkview Ortho				
X*	Parkview Whitley			12/2013	B. Dolohanty-Johnson, RN, MSN, VP Patient Care

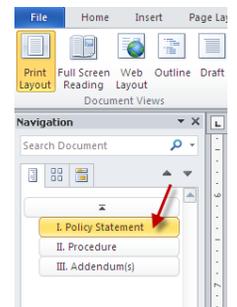
- 1. NA
- F. Parkview Reg Med Center
 - 1. NA
- G. Parkview Ortho
 - 1. NA
- H. Parkview Whitley
 - 1. Section II E. Patient may remain in labor bed for delivery as directed by physician
- I. Parkview Corporate Office
 - 1. NA
- J. Parkview Distribution Center
 - 1. NA

For example, one wants to view the addendum for Parkview Whitley. Scroll over Parkview Whitley, push and hold “CTRL” on the keyboard, and click on Parkview Whitley. The cursor is now on Parkview Whitley’s addendum.



b. One can also utilize the Navigational Pane to find quickly find a portion of a policy. In the Word toolbar, select View. Click on Navigational Pane. A navigation panel will appear on the left side of the document.

c. Click on the button that pertains to the part of the policy one is searching for. For example, one is looking for the Policy Statement. Click on “Policy Statement” and it will appear at the top of the page. One can also use the navigation tool to find addendums.



For anyone physically working in a hospital building

MRI Safety

MRI, magnetic resonance imaging, is a powerful diagnostic tool in today's medical environment. MRI enables physicians to obtain images that help diagnose multiple disease processes in the brain and in the abdomen, and orthopaedic injuries.

MRI Procedures: An MRI exam requires that the patient be very still while acquiring images. Most MRI exams last between 30 and 60 minutes. MRI Safety: During the procedure, the patient is exposed to three types of electromagnetism. 1. A STRONG static magnetic field. 2. A changing magnetic field. 3. Radio-frequency waves.

The STRONG MAGNETIC field is ALWAYS ON. The changing magnetic field and radio-frequency waves are applied only when patients are being imaged.

MRI Hazards: Most MRI accidents result from metal objects being brought into the MRI environment and/or accidental exposure of patients with implants that are not MRI safe. Most MRI departments have special metal equipment that is safe in the MRI environment. The equipment includes: patient monitor, wheelchair, IV pole, fire extinguisher.

Missile Effect: When metallic objects are brought in to the MRI room, the magnet will pull the object into the MRI scanner. This is called the missile effect, as the object is pulled quickly with great force.

- All people entering the scan room need to remove all metal objects.
- Large metal objects such as Oxygen tanks and IV pumps can lead to severe injuries to patients.
- Floor buffers and other large objects can cause incredible damage to the MRI system.
- NEVER bring metal objects into the scan room without MRI personnel approval.

Very Important Remember..... The MRI scanner's STRONG MAGNETIC FIELD IS ALWAYS ON! ...24 hours a day ...365 days a year. Remember, ALL patients, visitors and personnel must be screened before entering the MRI scan room.

Implants: Some surgical implants are not safe in the MRI environment and can cause harm to the patient. Common implants that cannot be scanned are cardiac pacemakers and/or defibrillator implants. *The following implants must be evaluated on a case-by-case basis.*

- Brain aneurysm clips
- Programmable ventricular shunts
- Vascular stents
- Implanted medication delivery systems

Patients who have metal injuries to their eyes may require screening x-rays to ensure the metal is no longer present.

MRI Code Blue: Should a code occur during an MRI scan, REMOVE the patient from the MRI scan room. Most patient tables can be detached and removed from the magnet environment to enable emergency personnel and equipment to be used in a safe environment.

In conclusion, the following procedures are performed to improve safety in the MRI environment

- Educate staff
- Clearly identify and post MRI hazard signs
- Screen all patients, visitors and personnel before entering scan room
- Use only MRI compatible devices within the scan room.

Medical Gases & Alarm Panels

Safety Requirements for Compressed Gas Cylinders

- Oxygen and/or other compressed gas cylinders must be secured at all times:
 - In Cart
 - In rack
 - Chained to wall
- Never leave tank unattended or outside of holder / rack
- Never carry, place or store Medical Gases outside of rack or holder

Medical Gas Storage

- Full and empty cylinders must be separate
- Must be labeled "Empty" or "Full"
- No more than 12 cylinders (full + empty) in one area

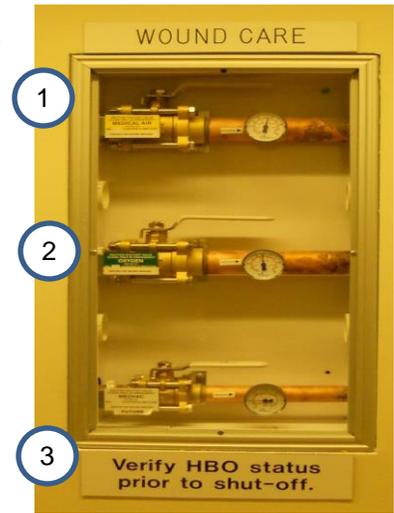
- Do not store near flammable substances such as gas, grease, petroleum, etc.

Medical Gas Connectors & Shutoff

- Some areas may have Medical Gases piped within unit walls
- Know where nearest shutoff is, what areas/rooms they control, when & who can shut off gas and who can turn it back on
- Use metal ring to pull panel cover off to access shutoff

Medical Gas Shutoff

- In event of fire or other emergency, Respiratory Therapy and Facilities should be contacted immediately, if medical gases need to be shut off. If not available, then nurse leader should be notified to shutoff.
- Check labeling to verify area to shutoff (see photo)
 - Valve in open / 'On' position
 - Note any special signage before turning valves (Hyperbaric oxygen HBO is oxygen at high pressure)
- When 'off' valves should be at 90 degree angle, as shown.
 - Pull each valve outward until can no longer pull.



Medical Gas Master Alarm Panels

- Lights indicate "normal" operation
- Panel will alarm and indicator lights on panel will show if low pressure
- In event of panel alarm, contact both Facilities and Respiratory Therapy
- Assess patient for oxygen delivery and if applicable, hand ventilate, transfer patients, use portable gases, and/or call for additional portable cylinders.



For Patient Care Providers

Recognition of Client Abuse, Neglect, and/or Exploitation

Identify the signs and symptoms of physical abuse, emotional abuse, sexual abuse, neglect and/or exploitation.

- Report cases of abuse, neglect or exploitation as reflected by state laws and procedures.
- Include necessary information:
 - Whom to contact in this facility
 - Required timeline for reporting
 - Required information for making the report
 - Response to family members and caregivers while protecting the victim
- Witnessing suspected abuse, neglect or exploitation:
 - Take immediate action to protect and comfort client
 - Alert supervisor
 - Ensure treatment
 - Complete forms required by this facility
- Identify possible victims of physical abuse:
 - Bruises or welts
 - Burns, fractures and sprains
 - Head injuries
 - Lacerations or abrasions
 - Multiple injuries in various stages of healing
 - Delay between injury and seeking medical treatment
 - Evidence of restraint

- Identify possible signs and symptoms of emotional abuse:
 - Obvious emotional distress
 - Speech disorders
 - Depression
 - Low self-esteem
 - Sleep disorders
 - Regressive behaviors
 - Name-calling
 - Yelling
 - Insulting others
 - Threatening others
 - Intimidating others
- Identify signs and symptoms of sexual abuse:
 - Chronic constipation
 - Difficulty walking or sitting
 - Excessive pain or itching in genital area
 - Extreme weight changes
 - Frequent urinary tract or yeast infections
 - Incontinence
- Identify signs and symptoms of neglect:
 - Lack of adequate food, clothing or housing
 - Poor hygiene
 - Starvation or malnutrition
 - Lack of supervision
 - Abandonment
 - Unsafe living conditions
 - Problems at school (frequent absences, tardiness, sleeping, poor performance)
 - Self-destructive behavior
 - Depression
- Working with victims of abuse, neglect or exploitation:
 - Assess extent and circumstances in order to offer appropriate client care and referral
 - Protect victims and provide a safe environment
 - Recognize clients' rights to be free from abuse, neglect or exploitation while under the care of this facility

Medical Equipment Management

Identify the hazards that medical equipment can pose and the procedures used to report equipment malfunctions.

- Understand the key components in using medical equipment:
 - Be familiar with all medical equipment malfunctions
 - Inspect all equipment before using it on a client
 - Remove and tag any malfunctioning equipment
 - Report equipment malfunctions to your supervisor
 - Complete an incident and/or event report
 - Ensure the safety and care of the client

Understanding and Preventing TB

TB is a disease that is spread through the air and can cause illness in healthcare workers. This facility has measures in place to decrease the spread of TB from client to client and from client to workers in this facility.

- Summarize how TB is spread, diagnosed and treated and how you and your facility can work to prevent the spread of the pathogen that causes TB.
 - TB is spread through the air when a person with active TB forces air out of his/her lungs and a second person breathes in the TB pathogen
 - Isolation is used to stop the spread, employing environmental controls in an isolation room
 - Perform a physical exam to determine if an individual has TB by using a mantoux test and/or a sputum smear and culture test, or a chest x-ray
 - Treat TB by prescribing Isoniazid (INH) for 6-12 months
 - Consider TB to be communicable with client isolation necessary until no longer contagious
 - Teach client to cough into a tissue
 - Client must wear a surgical mask when leaving isolation for treatment
 - Healthcare provider and facility policy determine when client no longer needs isolation
 - OSHA and CDC provide specific measures be put into place such as isolation signs, monitoring of air pressure in isolation rooms with air exhausted outside
 - Respirators must be used by anyone entering an airborne isolation room
 - Risk assessment for healthcare workers include regular Mantoux TB skin tests, Quanti FERON-TB Gold blood tests, a history update or any combination of these
- Exposure precautions for healthcare workers
 - Expect to be tested if you are exposed to TB
 - Expect to receive treatment if needed
 - Know the policies and procedures in your facility that address infection control
 - Ask your supervisor if you are unsure how to keep your self safe

For Nurses

Medication Safety

This course addresses the medication use process, information helpful to increase patient safety, information helpful to decrease medication errors and information helpful to calculate medication dosages.

What is the medication use process? All of the steps a medication goes through.

Where in the process can errors occur?

- Prescribing
- Transcription
- Dispensing
- Administration
- Monitoring

Knowing where to find drug information can prevent errors

- Pharmacist is ALWAYS available.
- Pharmacy numbers are posted at every facility and on Team.Parkview.com via the Phone Directory tab or on
 - the pharmacy homepage:
Contact List
- Pharmacist can provide information about drugs and/or utilize Micromedex or LexiComp on the Pyxis machines
- Online resources:
 - Team Parkview: Pharmacy Homepage has links to Micromedex, Herbal Database, Formulary, Calculators, Pyxis and so much more.
<https://Team.Parkview.com/inside/team/clinical/Pharmacy/Pages/Pyxis.aspx>
 - EPIC (Click Hyperlink at the bottom of the Patient Summary tab to Links to various other resources.)
- A Lexi-Comp Drug Reference database is available on each Pyxis® MedStation® unit. You can access it from any screen where you see the Cardinal Health logo. You don't have to be logged in to the station.



Unclear Orders: Orders written clearly can prevent medication errors. Orders that are unclear are dangerous.

- Illegible hand writing should be clarified. Minimize the use of verbal orders. Be aware of look-alike/sound-alike drugs. Be careful with abbreviations.

Verbal Orders & Critical Results

- Verbal orders should be minimized
- Verbal orders are dangerous. Sound-alike medications (Celebrex & Cerebyx, for example) or doses (forty & fourteen, for example) can easily be misunderstood
- Verbal orders should be “read back” to the prescriber and documented using R/V
- A simple repeat-back or parroting is not sufficient
- Critical results should also be “read back” and documented

Abbreviations: Parkview Health has a single approved Abbreviation Manual. If you see an abbreviation you do not know, look in the manual. The manual is on Team.Parkview.com > “Policies and Procedures” > Parkview Health

Do Not Use Abbreviations

- U or u for units – always write out “units”
- IU for international unit – always write out
- Always use a leading zero - 0.5 mg NOT .5 mg
- Never use a trailing zero - 5 mg NOT 5.0 mg
- QD for every day – write out daily
- QOD for every other day – always write out
- MS, MSO4 or MgSO4 for morphine or magnesium sulfate – write out morphine or magnesium

- A.S., A.D., A.U. – always write out left ear, right ear, both ears
- O.S., O.D., O.U. – always write out left eye, right eye, both eyes
- ug for microgram – write “mcg”

Metric conversions

- Milligrams to Gram 1000 milligrams = 1 gram
- Pounds to kilograms 2.2 lb/kg

Patient Refusal of Medication: If a patient refuses a med after you have prepared to give it, you should discard the medication per policy with a licensed witness and document refusal on patient's record. You should not label the syringe/med and put it in the patient's med drawer for later use or return syringe/med to Pyxis.

Diabetic Patients

- When your diabetic patient is NPO for a procedure clarify with MD if patient is to receive normal dosing of insulin/oral meds during NPO time frame.
- When your diabetic patient suffers an episode of hypoglycemia Implement the Hypoglycemia protocol.
- When mixing insulin, draw up the short-acting first.
- If your diabetic patient has an insulin pump allow the patient to care for the pump per self unless he/she becomes incapacitated and have patient sign "Informed Consent to use Insulin Pump." Refer to insulin pump policy

Medication Allergies Always check for drug allergies prior to medication administration. Signs and symptoms of reaction are 1. Difficulty breathing – shortness of breath, audible wheezes. 2. Complaint of throat fullness, difficulty swallowing and/or 3. Hives or rash.

If suspect reaction is occurring:

- | | | |
|-------------------------|---------------------------------|-------------------------|
| • Stop drug immediately | • Rapid response team if needed | • Notify pharmacy |
| • Call MD | | • Complete event report |

Question within 10 minutes of starting intravenous Kefzol, the patient feels like his throat “is closing shut.” Audible wheezes and hives are also present. What should you do FIRST? STOP the medication.

Tylenol (acetaminophen) Safety: Maximum daily dose of Tylenol for an adult with normal liver function is 4 grams/day = 4000 milligrams/day. Be aware of products containing acetaminophen such as Vicoden/Lortab 5/500 = 500 mgm Tylenol/tab and Darvocet N100 = 650 mgm Tylenol/tab. Be cautious if pt has more than 1 medication containing acetaminophen ordered!

Sedation Reversal

- If patient sedated with opioid (morphine, demerol, etc.) – may be reversed with Narcan
- If patient sedated with benzodiazepines (Versed) – may be reversed with Romazicon

Report Errors and Near Misses: If you report an error or near miss, it could prevent the same issue in the future. Good people do make mistakes. This information is the best way for Parkview to determine what processes are faulty and fix them. It is the process, not the person.

The Four Rules for Calculating Drug Doses

Rule 1: Use correct unit of measure. Using the incorrect unit of measure is one of the most common dosage calculation errors.

Rule 2: Double check decimals and zeros. An error in the number of decimal places or zeros in a dosage calculation can cause a tenfold or greater dosage error.

Rule 3: Question strange answers. Be especially careful to recheck suspicious-looking calculations. For example, if a dosage calculation suggests giving 25 tablets or 200 ml of suspension, assume that you've made an error and check your figures. If you're still unsure about your results, have another nurse check your calculation.

Rule 4: Get out the calculator. A handheld calculator can improve the accuracy and speed of your calculations, but it can't guarantee accuracy. You still must set up proportions carefully and double-check unit of measure and decimal places.

Indiana Nurse Practice Act

This course will identify the roles of RN and LPN, address nursing accountabilities and responsibilities outlined in the Indiana Nurse Practice Act and provide information for practicing nurses to avoid legal pitfalls when performing their daily duties.

After completing this course, the participant will be able to: 1. Identify the role of RN and LPN according to the Indiana Nurse Practice Act. 2. State accountability of RN when delegating tasks. 3. State accountability of LPN when accepting delegated tasks. 4. Define responsibility of RN and LPN related to professional competence. 5. Identify 3 sanctions that can be imposed by the Indiana State Board of Nursing for violations of the Practice Act. 6. State 3 approaches to avoid legal pitfalls in the practice setting.

The Indiana Nurse Practice Act is a legal document, the basis for practice by RNs and LPNs, defines roles/responsibilities of licensed personnel, defines duties of Indiana State Board of Nursing and establishes criteria for licensure.

The RNs Role	The LPNs Role
<ul style="list-style-type: none"> • Primary responsibility and accountability for nursing practices • Supervision • Delegation • Application of Nursing Process 	<ul style="list-style-type: none"> • Provide safe and effective care at the direction of RN • Participate in development and revision of plan of care • Contribute to assessment of patient's health status • Application of Nursing Process

Accountability

- RNs “retain professional accountability for nursing care when delegating nursing intervention” (848 IAC 2-2-2)
- RNs must ensure patient safety when “delegating nursing care, functions, tasks, or responsibility to others” (848 IAC 2-2-3)
- Tasks delegated cannot “exceed the scope of practice of the licensed professionals under Indiana law” (IC 25-23-1-27.1)
- LPNs must “accept only those delegated nursing measures which he or she knows he or she is prepared, qualified, and licensed to perform” (848 IAC 2-3-2)

Sanctions* for Violation of the Practice Act: The Board of Nursing can revoke license, suspend license, censure nurse, issue letter of reprimand, put nurse on probation, and issue fine of up to \$1000 per violation.

*May be imposed singly or in combination at Board discretion.

Avoiding Legal Pitfalls in the Practice Setting

- | | |
|--|--|
| <ul style="list-style-type: none"> • Know your Practice Act • Know your hospital's policies and procedures • Know your job description • Know your co-workers' job descriptions | <ul style="list-style-type: none"> • Practice safe delegation • When in doubt seek clarification • Communicate-Communicate-Communicate |
| <ul style="list-style-type: none"> • Documentation Reminders: <ul style="list-style-type: none"> - Accurate - Complete - An entry for each observation - Follow-up as needed - Read before providing care - Timely-record even if late | <ul style="list-style-type: none"> - Chart your own observations - Correct errors per policy - Identify yourself - Use flow sheets - Read your own charting as someone else would |
| <ul style="list-style-type: none"> • Tips when delegating to co-workers <ul style="list-style-type: none"> - Ensure task is appropriate - Ensure co-worker can competently perform task - Monitor and follow-up | <ul style="list-style-type: none"> - Orient - Educate - Evaluate |

Communicate! Communicate! Communicate!