If you have questions about this module, contact the Infection Prevention department at your facility.
What is Hand Hygiene?

Hand hygiene is the practice of properly cleaning your hands with soap and water or with an alcohol-based hand rub.

Hand hygiene is the single most important method for preventing and controlling the spread of germs from person to person.
Why Perform Hand Hygiene?

When a patient develops an infection that is not associated with the reason he or she was admitted to the health care facility, that patient is said to have developed a health care associated infection (HAI).

The CDC reports that 1 in 25 patients in US hospitals develop a health care acquired infection each year. About 75,000 patients die from these infections.

Health care associated infections are most often spread by the hands of healthcare workers.
Washing Hands with Soap and Water

How to Wash Hands with Soap and Water:

- Wet hands with warm water, apply soap to hands and rub hands together for 15 seconds covering all surfaces of hands and fingers.
- Rinse hands with warm water and dry thoroughly with a disposable towel. Use disposable towel to turn off water faucets.
- Avoid using hot water, because repeated exposure to hot water may increase the risk of dermatitis (skin irritation).

When Hands MUST be washed with soap and water:

- When hands are visibly dirty or contaminated
- When hands are visibly soiled with blood or other body fluids
- If exposure to *Clostridium difficile*, Norovirus or *Bacillus anthracis* is suspected or proven as these organisms are not destroyed by alcohol
- After using the restroom
- Before eating
Alcohol Based Hand Rubs

The use of alcohol-based hand rub is the preferred method for hand hygiene when hands are not visibly soiled &
Use enough alcohol-based hand rub to keep hands wet for 15 seconds

How to use alcohol-based hand rubs:
- Apply enough of the product to the palm of your hand to wet your hands completely.
- Rub hands together.
- Rub the product over all surfaces of hands and fingers until hands are dry.
- If your hands are visibly dirty, however, wash with soap and water.
When to Perform Hand Hygiene

✓ When entering a patient’s room
✓ When leaving a patient’s room
✓ Before donning sterile gloves for an invasive procedure (such as inserting a central intravascular catheter or urinary catheter)
✓ Before inserting invasive device (such as peripheral vascular catheters)
✓ After contact with a patient (such as taking a pulse or blood pressure, turning or lifting a patient)
✓ After contact with body fluids or excretions, mucus membranes, non-intact skin or wound dressings as long as hands not visibly soiled
✓ If moving from a contaminated body site to clean site during patient care
✓ After contact with surfaces in patient rooms
✓ After removing gloves
✓ When hands are visibly dirty or contaminated (soap and water only)
✓ When hands are visibly soiled with blood or other body fluids (soap and water only)
✓ If exposure to Clostridium difficile, Norovirus or Bacillus anthracis is suspected or as these organisms are not destroyed by alcohol (soap and water only)
✓ After using the restroom (soap and water only)
✓ Before eating (soap and water only)
FAQs of Hand Hygiene

Hand Lotions
Hand lotions are important to prevent skin dryness and irritation
Use only Mission Health approved hand lotions

Hand Hygiene Compliance
Visual observations are done by trained secret hand hygiene observers

Fingernails
• Keep your natural fingernails short to about ¼ inch
• Fingernail polish may be worn if it is not chipped.
• Do not wear artificial nails of any type if you:
  • have direct contact with patients
  • prepare food
  • work in IV Prep area

Skin Irritation Prevention
Use warm (not hot) water when washing hands
Hands should be completely dry before donning gloves
Use facility approved hand lotions
Prevention of Device Associated Infection:
Central Line Associated Bloodstream Infection (CLABSI)
&
Catheter Associated Urinary Tract Infection (CAUTI)

If you have questions about this module contact the Infection Prevention department at your facility.

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A central line-associated bloodstream infection (CLABSI) is a serious infection that occurs when germs (usually bacteria) enter the bloodstream through the central line.

Healthcare providers must follow a strict protocol when inserting the line to make sure the line remains sterile and a CLABSI does not occur.

In addition to inserting the central line properly, healthcare providers must use stringent infection control practices each time they check the line or change the dressing.

An estimated 41,000 cases of Central Line Associated Infections occur each year. Between 12-25% of CLABSI cases result in death.
What Can Healthcare Providers Do To Prevent CLABSI?

- Use evidence based insertion practices together in a bundle to prevent CLABSI:
  - Use an all inclusive central line kit
  - Perform hand hygiene
  - Apply appropriate skin antiseptic
  - Ensure that the skin prep agent has completely dried before inserting the central line
  - Use maximal sterile barrier precautions

- Once the central line is in place:
  - Follow recommended central line maintenance practices
  - Wash hands with soap and water or an alcohol-based hand sanitizer before and after touching the line

- Remove the central line as soon as it is no longer needed. The sooner a catheter is removed, the less likely the chance of infection.

- Scrub the hub and needleless connector for 15 seconds with alcohol and allow to air dry before accessing line (if you are not using an alcohol impregnated port cover).

System Policy: Central Venous Access Devices (CVAD) 1PC.NRS.0010

Patients, or their families if indicated, must be educated on CLABSI prevention prior to central line insertion.
Catheter-Associated Urinary Tract Infection

CAUTI

- A catheter-associated urinary tract infection (CAUTI) occurs when germs (usually bacteria) enter the urinary tract by traveling up the urinary catheter and causing infection.

- The most important risk factor for developing a CAUTI is prolonged use of the urinary catheter. Therefore, catheters should only be used for appropriate indications and should be removed as soon as they are no longer needed.

Virtually all healthcare-associated urinary-tract infections (UTIs) are caused by instrumentation of the urinary tract (e.g. insertion of catheters).
What can Healthcare Providers Do To Prevent CAUTI?

- Secure catheter to prevent trauma or irritation to the urinary tract
- Maintain drainage bag below the level of the bladder and off the floor
- Perform appropriate hand hygiene before and after patient contact
- Be mindful of indwelling urinary catheter necessity:
  - Insert urinary catheters on patients who meet your facility’s insertion criteria
  - Review catheter necessity daily
  - Remove catheter promptly when no longer needed

System Policy: Urinary Catheter Insertion and Care 1PC.NRS.0006
Multi-Drug Resistant Organisms (MDRO)

If you have questions about this module, contact the Infection Prevention department at your facility.

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What are MDROs?

Multi-drug resistant organisms, or MDROs, are bacteria resistant to current antibiotic therapy and therefore difficult to treat.

MDROs can cause severe and even life-threatening infections.

These organisms are found not only in hospital or long term care facilities but also in a variety of community settings, including schools, day-care centers, prisons, and other well-populated areas.

Although there are several MDROs, the most common include:

- Methicillin-resistant *Staphylococcus aureus* (MRSA)
- Vancomycin-resistant *Enterococcus* (VRE)
- Gram negative bacilli, like *Acinetobacter* can be MDRO
- *Clostridium difficile* infections (*C. diff.*)
- Carbapenem-resistant Enterobacteriaceae (CRE)
- Extended-Spectrum Beta-lactamase (ESBL) producing bacteria
- *Candida Auris*
Strategies to Prevent MDRO Transmission

- **Hand Hygiene**
  - The single most effective strategy to prevent transmission of MDROs.
  - Wash hands with soap and water for 15 seconds or apply enough alcohol based hand rub and rub hands together for at least 15 seconds until dry.

- **Isolation Precautions**
  - Healthcare workers can spread MDRO from patients who are colonized or infected with MDROs to other patients and the environment.
  - Contact Isolation (use of gown and gloves) reduces the risk of transmission of MDROs.

- **Dedicated patient equipment**
  - Equipment (such as stethoscopes, thermometers, BP cuffs, etc) should not be shared between patients when disposable equipment is available.
  - If dedicated equipment is not available, each item must be cleaned and disinfected between patients.

MDROs are most commonly spread on the hands of healthcare workers. This is why patients who have a MDRO are placed on contact isolation precautions.
MDRO Organisms

**Acinetobacter baumanii**

- A common bacteria that is often found in soil and water. It can survive for a long time in moist and dry conditions.
- In hospitals, *Acinetobacter baumanii* most commonly affects ICU and burn patients. It poses very little risk to healthy people.

**Vancomycin Resistant Enterococcus (VRE)**

*Enterococci* are normally present in most people’s gastrointestinal tract and some women’s genital tracts.

*Enterococci* are a type of bacteria that can cause infections in wounds, the blood stream, and the urinary tract. When *enterococcus* does cause an infection, the infection is treated with the antibiotic vancomycin. Some of these bacteria have become resistant to vancomycin which makes VRE difficult to treat.

VRE is a hardy organism capable of surviving on environmental surfaces for extended periods of time, including:
- Gloved and ungloved hands, telephones and stethoscopes (60 minutes)
- Bedrails (up to 24 hours)
- Countertops (6 days)
Methicillin Resistant Staph Aureus (MRSA)

- MRSA can grow in the nose, skin, wounds, and in rare instances the rectum.
- People who live in crowded conditions or who have poor immune systems are more at risk to get infected by MRSA.
- Some people are colonized with MRSA, but do not have signs and symptoms of infection.

**HA-MRSA**

Healthcare-associated MRSA

When a patient gets MRSA in a healthcare facility—such as a hospital, long-term care facility, or dialysis center—it is referred to as *healthcare-associated MRSA, or HA-MRSA*. HA-MRSA is transmitted via personal contact with contaminated items such as dressings or other infected materials. It is also spread via healthcare providers' hands and medical objects, such as stethoscopes.

**CA-MRSA**

Community-associated MRSA

If a person gets MRSA in a community setting—such as a prison, homeless shelter, gymnasium or day-care center—it is referred to as *community-associated MRSA, or CA-MRSA*. CA-MRSA infections are usually skin infections such as boils, folliculitis, abscess, or cellulitis.
Strategies to Prevent MRSA Transmission

- **Testing for MRSA (Active Surveillance)**
  - Testing helps to identify the patients with MRSA so precautions can be taken to prevent spread of the bacteria.
  - Some hospital units screen all patients; others test only patients with history of MRSA.

- **Decolonization**
  - Some patients who are colonized with MRSA may be offered topical or systemic antibiotic therapy and bathing with special soap for decolonization.
    - ✓ This may be done for patients planning to undergo some surgical procedures or who are on high risk hospital units.
**Clostridium difficile**

*Clostridium difficile (C. diff)* are bacteria that cause severe diarrhea and in some cases, inflammation of the colon. They can live for a long time on surfaces as spores that are hard to kill.

**Risk Factors:**

Patients at risk include those who have been on antibiotics, had recent gastrointestinal surgery or who are elderly.

**How it is spread:**

The *Clostridium difficile* bacterium and its spores are spread in fecal matter and can be transmitted via surfaces such as countertops and toilets and equipment.

The bacteria is most commonly transmitted on the hands of healthcare providers.

**Prevention:**

**Hand washing:**

- Washing hands with soap and water is essential as alcohol-based hand sanitizers may not effectively destroy C. difficile spores.

- Visitors should also wash hands with soap and warm water before and after leaving the room or using the bathroom.

**Surface Cleaning:**

- Use facility approved bleach containing disinfectants for C. diff as bleach kills the spores that C. diff produces.

All patients who are sick with C. diff need to be on **both** contact isolation and soap & water hand washing precautions for the entirety of their hospitalization whether or not they are continent of stool.
Carbapenem-resistant Enterobacteriaceae (CRE)

- Enterobacteriaceae are a family of bacteria that include *Klebsiella* species and *Escherichia coli* (*E. coli*).
- Enterobacteriaceae are one of the most common causes of bacterial infections in both healthcare and community settings.

**Infection with CRE:**

- CRE bacteria are most often spread through contact with infected or colonized people, particularly contact with wounds or stool.
- CRE can cause pneumonia, urinary tract infections, serious bloodstream, or wound infections.
- Some CRE are difficult to treat because they are resistant to antibiotics.
Candida auris

Risk Factors:

- Patients at risk include those who have had recent surgery, have diabetes, have used broad-spectrum antibiotics and/or antifungals. People who have recently spent time in nursing homes and have lines and tubes that go into their bodies are also at risk. Infections have been found in patients of all ages.

How it is spread:

- *C. auris* can spread in healthcare settings through contact with contaminated environmental surfaces or equipment, or from person to person. More work is needed to further understand how it spreads.

Prevention:

- **Precautions:**
  - Contact Precautions

- **Hand washing:**
  - Standard hand hygiene practices which include alcohol-based hand sanitizer use or, if hands are visibly soiled, washing with soap and water.
  - Visitors should also perform hand hygiene with alcohol-based hand sanitizer or wash hands with soap and warm water before and after leaving the room or using the bathroom.

- **Surface Cleaning:**
  - Use hospital approved Environmental Protection Agency (EPA)-registered hospital-grade disinfectant effective against *Clostridium difficile* spores.
Standard Precautions & Isolation Precautions

If you have questions about this module, contact the Infection Prevention department at your facility.

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Standard Precautions

Standard Precautions should be used for **ALL** patient interactions.

- Standard Precautions encompass the following:
  - Hand Hygiene/Cough Etiquette
  - Personal protective equipment (PPE) specific to the job performed
  - Safe injection practices

- Some patients require isolation to prevent the spread of infections to other patients, visitors, healthcare workers, and staff.
Transmission-based Isolation Precautions (a.k.a. Isolation)

Isolation precautions are used to protect all patients and staff from the spread of harmful germs.

The isolation sign is the primary notification for all staff of isolation status.

A patient travel screening should be completed for all patients in all settings to help identify the need for isolation precautions quickly.
Contact Isolation

Methicillin-resistant Staphylococcus aureus (MRSA) is one example of a pathogen that is shared by contact transmission.

<table>
<thead>
<tr>
<th>Direct Contact</th>
<th>Indirect Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct contact transmission occurs when microorganisms are carried from one</td>
<td>Indirect contact transmission occurs when microorganisms are carried from one</td>
</tr>
<tr>
<td>person to another without the involvement of the environment (i.e. hands).</td>
<td>person to another through a contaminated environmental source (i.e. light switch</td>
</tr>
<tr>
<td></td>
<td>or handrail).</td>
</tr>
</tbody>
</table>

One of the most important contributors to indirect contact spread is your hands.

Contact transmission is the most common way to share germs in a healthcare setting.
Droplet Isolation

Influenza (flu) is one example of a pathogen shared by droplet transmission. The flu vaccine is required annually by Mission Health System and is provided free of charge.

- Droplet transmission occurs when a susceptible person inhales respiratory droplets from an infected person.

- Respiratory droplets are large, heavy drops released by the respiratory tract when an infected person sneezes, coughs, talks, or breathes.

- Some respiratory viruses can also be transmitted when a susceptible person touches surfaces contaminated with respiratory droplets.
  - Patients with these viruses require both contact and droplet isolation.
  - Patients who have a viral respiratory panel pending or who have Respiratory Syncytial Virus (RSV) need contact and droplet isolation.
Airborne Isolation

Airborne transmission occurs by the spread of airborne droplet nuclei, which are small in size and carried on air currents.

Airborne droplet nuclei can cross barriers such as cracked doors and improperly sealed windows.

Airborne isolation rooms are specially constructed to have negative pressure to prevent air escape into the corridor.

- Air is filtered within the room and vented to the outdoors.
- The room door is kept closed to maintain negative pressure.
- Before placing a patient in an airborne isolation room, check with Facility Services to ensure that the pressure and ventilation are working properly.
- Staff wear N-95 respirator (if fit-tested) or PAPR into the room each time.
- Visitors wear a regular/surgical mask (visitors should be limited).
- When patients are outside their negative-pressure room, they wear a regular/surgical mask.
- Home care staff must use an N-95 mask to care for patients in the home.

Some patients with shingles (varicella) may need airborne isolation if they are immunocompromised or have disseminated shingles (over more than one dermatome).

Air pressure and flow are monitored by the Facilities department. Know which rooms on your unit or in your facility have special ventilation.
Personal Protective Equipment

Protect Yourself! Wear PPE appropriate to your task to prevent exposure to blood, body fluids, and chemicals.

Don PPE

Hand Hygiene
Gown
Mask or Respirator
Goggles or Mask with Face Shield
Gloves

Remove PPE

Hand Hygiene
Mask or Respirator
Gown
Goggles or Mask with Face Shield
Hand Hygiene
Gloves
What do you wear for isolation?

<table>
<thead>
<tr>
<th>Standard Precautions</th>
<th>Airborne Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>PPE specific to the task</td>
<td>N-95 Respirator (if fit-tested)</td>
</tr>
<tr>
<td>Mask with face shield, gown &amp;</td>
<td>- or -</td>
</tr>
<tr>
<td>gloves for tasks with splash</td>
<td>PAPR</td>
</tr>
<tr>
<td>potential</td>
<td>(Powered Air Purifying Respirator)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Droplet Isolation</th>
<th>Contact Isolation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mask</td>
<td>Gown</td>
</tr>
<tr>
<td></td>
<td>&amp; Gloves</td>
</tr>
</tbody>
</table>

Refer to your facility’s isolation tables or call Infection Prevention if you have any questions about isolation or what type of PPE to wear.
If you have questions about this module, contact the Infection Prevention department at your facility.

*There are interventions that can be done pre-operatively, intra-operatively, and post-operatively and are applicable depending on where care is being delivered to the patient in Mission Health System. Patients and caregivers need to be educated on what they can do to prevent SSIs in all areas where care is delivered.*

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Surgical Site Infections

A Surgical Site Infection (SSI) is an infection that occurs to the operative area after surgery, but within 30-90 days of surgery.

- SSIs increase mortality, decrease patient satisfaction, increase length of stay, increase cost to patient and health system.

- The government can reduce payment for care after some surgical procedures that result in SSIs.

- Patients and families must be educated on prevention of SSI prior to discharge. Education must be documented.
Surgical Site Infections

- Intact skin is the body’s first line of defense against an infection.
- A surgical wound can introduce bacteria from multiple sources including:
  - Bacterial colonization of the patient
  - Bacteria in the air or surroundings, surgical instruments, healthcare providers

Surgical wounds can become contaminated with bacteria, but not all become infected

- Common symptoms of SSI are:
  - Fever
  - Redness, swelling, heat, and pain at operative site
  - Drainage of cloudy fluid or pus from the surgical wound
Patient Risk Factors

Factors that contribute to developing an SSI:

- **Immunosuppressive therapy**
- **Obesity**
  - Impacts dosing of prophylactic antibiotics and impairs healing
- **Diabetes**
  - Risk lessens with good glucose control
    - Best to have Hgb A1C <7 before surgery
- **Smoking**
  - Best to avoid smoking for 30 days prior to surgery
Preventing SSI: Preoperative

- No hair removal is best, but if necessary, **clippers or depilatory** should be used for proper hair removal
  - Shaving with razors causes small nicks and abrasions that can become infected

- **Treat preoperative infections** that are in other body areas
  - For example: Urinary Tract Infection, Pneumonia

- **Prepare patient’s skin preoperatively with proper skin antiseptic**
  - Shower with **Chlorhexidine gluconate (CHG) soap** to clean skin night before and morning of surgery
  - If patient unable to shower, clean the surgical area with **CHG wipes** or other CHG product in the pre-op area
    - ✓ Apply and allow to dry according to package directions

- **Prophylaxis with antibiotic** according to clinical guidelines
  - For example:
    - Within 1 hour prior to incision for Ancef
    - Within 2 hours prior to incision for Vancomycin
Preventing SSI: Operating Room Environment

- Minimize traffic in the operating room during the surgery
- Maintain positive ventilation airflow by keeping doors closed
- Disinfect operating room surfaces with hospital approved disinfectant
- Limit the use of immediate use sterilization or “flashing”
- Maintain the sterile field
Preventing SSI: Intraoperative

- Perform **surgical scrub** of hands and forearms (up to elbow) by surgical team with hospital approved surgical scrub product

- Wear **appropriate surgical** attire

- **Skin preparation:**
  - Allow sufficient contact time of antiseptic agents and allow to air dry before applying sterile drapes
  - Do **not** pat dry or wipe off

- Minimize **operative time** under anesthesia
Preventing SSI: Postoperative

- Discontinue **prophylactic antibiotic** within 24 hours after surgery
  - 48 hours for cardiac surgery

- Maintain **normothermia**:
  - Temperature higher than 36° C or 96.8° F immediately after surgery

- Remove **indwelling urinary catheters** post-op day one (POD1) or POD2

- Perform proper **hand hygiene**
  - All healthcare workers clean hands with soap and water or alcohol based hand rub before and after caring for each patient

- Surgical Dressings
  - Instruct visitors not to touch the surgical dressings and to wash their hands before and after visiting the patient
  - Use sterile technique when changing surgical dressings
If you have questions about this module contact the Infection Prevention department at your facility.
Information in the Exposure Control Plan

The Bloodborne Pathogen Exposure Control Plan was developed to communicate information to you about:
- Your risk of exposure to bloodborne pathogens
- How your employer plans to decrease and eliminate exposures to bloodborne pathogens
- Provide hepatitis B vaccinations
- Post-exposure evaluation and follow-up
- Communication of hazards to employees

Your employer plans to decrease and eliminate exposures to bloodborne pathogens through:
- Providing Personal Protective Equipment
- Work Practice Controls
- Engineering Controls
Personal Protective Equipment (PPE)

- Standard Precautions should be applied to all patients regardless of their diagnosis or presumed infection status.
  - All blood and body fluids should be treated as if they are known to be infectious.
  - Non-intact skin and mucous membranes should also be treated as if they are known to be infectious.

- Wearing personal protective equipment (PPE) prevents direct contact with a patient’s blood or body fluids.
  - Mission Health provides free personal protective equipment (PPE) that is available where it is needed (exam rooms, patient rooms, nurses stations, home care offices, etc).

<table>
<thead>
<tr>
<th>PPE should protect blood and body fluids from coming in contact with:</th>
<th>PPE Necessary</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Your clothing</td>
<td>Use a gown</td>
</tr>
<tr>
<td>• Your eyes</td>
<td>Use a mask with face shield or goggles and practice hand hygiene</td>
</tr>
<tr>
<td>• Your mouth</td>
<td>Use a mask and practice hand hygiene</td>
</tr>
<tr>
<td>• Your Skin</td>
<td>Use gloves and practice hand hygiene</td>
</tr>
</tbody>
</table>

If your clothes become contaminated with blood or body fluids at work, follow the procedures at your facility to get facility provided replacement clothes. The contaminated clothing will be cleaned by the facility and returned to you. Do not take contaminated clothing home.
Personal Protective Equipment

Protect Yourself! Wear PPE appropriate to your task to prevent exposure to blood, body fluids, and chemicals.

- **Hand Hygiene**
- **Gown**
- **Mask or Respirator**
- **Goggles or Mask with Face Shield**
- **Gloves**

**Don PPE**

**Remove PPE**
Engineering Controls

Engineering controls are used to reduce workplace exposure to bloodborne pathogens through safety mechanisms.

- Sharps disposal containers
- Self-sheathing or retractable needles
- Needleless intravenous (IV) systems
- Labeling waste contaminated with blood or body fluids
  - This must be done with fluorescent orange tags with symbols and lettering in a contrasting color OR red bags or red containers.
- Labels should be placed on:
  - Containers of regulated waste
  - Refrigerators and freezers containing blood or other material that may be infected
  - Containers used to store, transport, or ship blood or other potentially infectious material (OPIM)

Other Potentially Infectious Material (OPIM) can be: Semen, breast milk, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood and all situations where it is difficult or impossible to differentiate between body fluids.
# Work Practice Controls

Work practice controls are steps taken by an organization to reduce the chance of exposure to bloodborne pathogens by changing how a task is performed.

<table>
<thead>
<tr>
<th>Employees <strong>must not</strong> bend, break, recap or remove needles or dirty sharps</th>
<th>Employees <strong>must</strong> discard used needles and sharps immediately in containers that are closable, puncture-resistant, leak proof and labeled or color-coded.</th>
<th>PPE <strong>must</strong> be cleaned, laundered, and disposed of at no cost to the employee.</th>
<th>Your employer develops a schedule for cleaning decontaminating areas based on surface, type of soil present, and task performed in the area.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employees <strong>must</strong> bag contaminated laundry at the location where it was used. Contaminated laundry should not be sorted/rinsed in the patient room.</td>
<td>Employees <strong>must not</strong> eat, drink, smoke, apply cosmetics or handle contact lenses in an area where exposure is likely to occur.</td>
<td>Laboratory specimens <strong>must</strong> be placed in containers that prevent leakage during collection, storage, transport and shipping.</td>
<td></td>
</tr>
</tbody>
</table>
# Exposed at Work?

<table>
<thead>
<tr>
<th>What to do if you have an exposure to blood or body fluids at work:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Thoroughly clean with soap and water</td>
</tr>
<tr>
<td>2. Report incident immediately to your supervisor</td>
</tr>
<tr>
<td>3. Complete an occurrence report</td>
</tr>
<tr>
<td>4. Make note of the source patient’s medical record number and physician</td>
</tr>
<tr>
<td>5. Note the type, brand, and manufacturer of the device if it is a sharps injury</td>
</tr>
<tr>
<td>6. Notify WorkWell:</td>
</tr>
<tr>
<td>If an exposure occurs after hours or if you are unable to reach WorkWell, please report to the Emergency Department</td>
</tr>
<tr>
<td>7. Notify the patient’s physician to obtain order for a patient source exposure profile</td>
</tr>
</tbody>
</table>
Common Bloodborne Pathogens: Hepatitis B Virus (HBV)

An estimated 850,000–2.2 million persons in the United States have chronic hepatitis B virus infection.

**HBV can be transmitted through:**
- Sex with infected partner
- Injection drug use
- Birth from an infected mother
- Contact with blood or open sores
- Needlesticks or sharp instrument exposure
- Sharing razor blades or toothbrushes

**Hepatitis B Virus (HBV)**

A serious disease caused by a virus that attacks the liver. HBV is shed in all body fluids of persons with HBV, including those without symptoms.

**Signs and Symptoms:**
- Jaundice
- Fatigue
- Abdominal pain
- Loss of appetite
- Nausea/Vomiting
- Joint Pain

**Hepatitis B Vaccination**

The Hepatitis B vaccination is a safe and effective injection that prevents liver disease caused by the HBV. The vaccine causes very few side effects and is about 90% effective in healthy adults.

If you are a healthcare worker at risk for exposure to blood or body fluids, you will be offered the vaccine free of charge.
Common Bloodborne Pathogens: Hepatitis C Virus (HCV)

An estimated 2.7-3.9 million Americans have chronic Hepatitis C virus (HCV).

HCV can be transmitted through:
• Injection drug use
• Donated blood, blood products and organs
• Needlestick injuries
• Birth from HCV-infected mother

• Sex with HCV-infected person
• Invasive healthcare procedures
• Sharing razor blades or toothbrushes

Hepatitis C Virus (HCV)
Hepatitis C is spread when the blood from an infected person enters the body of a person who is not infected

Signs and Symptoms:
• Jaundice
• Fatigue
• Abdominal pain
• Dark Urine
• Nausea/Vomiting
• Loss of appetite

Hepatitis C Vaccination
No vaccine is available for Hepatitis C
In 2015, the number of people infected with HIV in the United States was estimated to be about 1.2 million people.

**HIV can be transmitted through**:  
- Sex with infected partner  
- Injection drug use  
- Birth from an infected mother  
- Contact with blood or open sores  
- Needlesticks or sharp instrument exposure  
- Invasive healthcare procedures

**Human Immunodeficiency Virus (HIV)**

**Initial Phase**: Within a few weeks of being infected with HIV, some people develop flu-like symptoms that last for a week or two, but some people have no symptoms initially.

**Latent Phase**: At this phase the virus becomes less active in the body, although it is still present. This phase can last up to 10 years or more.

**AIDS**: When HIV infection progresses to AIDS, symptoms include:

- Fatigue  
- Diarrhea  
- Nausea/vomiting  
- Fever  
- Chills/Night Sweats  
- Wasting Syndrome

Many of the AIDS symptoms come from having a damaged immune system that allows other infections to proliferate.

**HIV Vaccination**

No vaccine is available for HIV.
Mission Health
Immunization Policy

• Everyone (employed and non-employed staff, including non-employed physicians and allied health professionals and volunteers) is required to be immunized annually for seasonal flu.

• New employees will be immunized during the flu season.

• All staff are required to receive their flu immunization no later than November 1.

• Flu immunizations are provided at no cost.
Exempt Staff Members

Staff members who receive an exemption may be asked to comply with one or more of the following:

- May be required to wear PPE as recommended by Mission Health while at work and may be required to purchase Personal Protection Equipment at their own expense.

- May be temporarily reassigned to a position (if one is available in the system) to remove them from patient care.

- May be placed on leave without pay, or allowed to take PTO, at the discretion of Mission Health, during flu season or the outbreak period.
If you have questions about this module, contact the Infection Prevention department at your facility.

Annual Education
2017
Airborne Isolation

Patients who have symptoms of TB are placed in an airborne isolation room until it is known that TB is not the cause of their respiratory illness.

Airborne isolation rooms are specially constructed to have negative pressure to prevent air escape into the corridor.

- Air is filtered within the room and vented to the outdoors.
- The room door is kept closed to maintain negative pressure.
- Before placing a patient in an airborne isolation room, check with Facility Services to make sure the pressure and ventilation are working properly.
- Staff wear N-95 respirator (only if fit tested) or PAPR into the room each time.
- Family wears regular/surgical mask.
- Patient wears a regular/surgical mask when outside their room.
- When working in a home setting, Home Care Staff must use an N-95 mask to care for the patient.

You must be fit-tested to use a N-95 Respirator.
Testing for TB

Screening Tests

- The tuberculin skin test (TST) and Interferon – Gamma Release Assay (IGRA) blood test are two tests that screen for TB.
  - IGRA tests are also known as T-spot tests

- Both of the tests screen for exposure to TB, but do not diagnose TB disease.

Diagnostic Tests

- A confirmatory Laboratory culture takes up to 6 weeks to return as TB bacteria are slow growers.

- A sputum “AFB smear” test can be returned quickly, but a positive “AFB smear” does not mean a patient has *M. tuberculosis* (TB).
  - This is because TB is only 1 of many acid fast bacilli (AFB).

- A chest x-ray may be used in diagnosing a patient with TB.
Annual TB Test Required for all HIGH RISK Specialties:

- **Infectious Disease**
- **Pathology**
- **Pulmonology**
Annual Education
2017

Mission Integrity ~ Doing the right thing by being honest in our interactions with one another, our patients and our business contacts.
What is Corporate Compliance?

An organizational commitment to take an organized approach in following rules and regulations and policies and procedures. Mission is required by federal law to have a compliance program.

**Compliance Plans are required by law to include these seven elements:**

1. Code of conduct, standards, policies and procedures
2. Compliance oversight
3. Training and education
4. Effective lines of communication
5. Discipline policies
6. Auditing and monitoring
7. Response to detected deficiencies
Code of Conduct: Top Corporate Compliance Standards

- Honor patient rights
- Provide quality care
- Keep patient information confidential
- Provide medically necessary care to patients
- Make clinical decisions based on patient need rather than financial issues
- Avoid conflicts of interest
- Adhere to Federal and State coding and billing regulations
- Provide patients freedom of choice for referral services
- Refuse cash gifts from patients & vendors
- Avoid use of hospital resources for personal gain
- Refuse bribes or kickbacks
- Report compliance concerns without fear of retaliation
Mission Integrity – Corporate Compliance Program

**Potential Consequences of Non-Compliance:**

1. Monetary Fines
2. Exclusion from State and Federal Health Care Programs (i.e. Medicare, Medicaid Program)
3. Imprisonment

**What is my responsibility?**

- Adhere to the Code of Conduct and our compliance policies and procedures.
- Report compliance concerns. If you are concerned about a compliance related issue, report your concern so that it can be investigated and corrected if necessary.
Potential Compliance Issues

1. Billing for medically unnecessary services or devices
2. Billing for duplicate services or unbundled codes
3. Duplicate documentation (i.e. copy/paste), altered documentation, unsigned orders, or illegible or stamped signatures
4. Insufficient documentation or inaccurate coding
5. Patient dumping (i.e. not treating or limiting care of a patient as a result of their ability to pay)
6. Kickbacks (i.e. illegally getting something in return for something else as an incentive)

*If you see it, say it!!*

Note: The list above is not all inclusive, but consists of the most commonly identified Office of Inspector General (OIG) risks.
How to Report a Concern

Any compliance concerns should be reported to the Chief Compliance Officer (CCO).

Reporting can be done by any of the following methods:

- **Call or Email** Gwen McKinney, Chief Compliance Officer
  Phone - (828) 213-3523
  Email – gwen.mckinney@msj.org

- **Phone** the toll free hotline at 1-877-ETHICS1
Compliance Takeaways

- Mission is committed to complying with state and federal rules and regulations
- If we fail to comply with those rules, we could face fines, exclusion from the Medicare/Medicaid programs, or even jail time
- We rely on all Mission employees to follow our Code of Conduct, policies and procedures
- If you have any questions or concerns about a compliance issue, please report them immediately to the Chief Compliance Officer
Our Responsibility: Providing Appropriate Emergency Care
Why must we treat all?

Mission Health provides emergency care to **all** patients.

– Care is given whether or not the patient can pay.

This is a moral and ethical issue. It is simply the right thing to do.

We have a duty to give non-biased care. How we feel about a patient or their situation should **never** affect the care given.

The **Emergency Medical Treatment and Labor Act** (EMTALA) is the law. This law clearly states hospitals must protect the poor and uninsured. We **must** be sure that care is given without discrimination (judgment).
What is EMTALA and its purpose?

All hospitals receiving Medicare funds must meet the terms of EMTALA.

EMTALA Requires Hospitals to:

• Perform an appropriate medical screening exam (MSE). This exam must be done by a qualified Medical Person. It is our duty to find an emergency medical condition (EMC) if it exists. EMC’s include a pregnant woman with contractions. Care is provided regardless of a patient’s ability to pay.

• Deliver care if an emergency medical condition is present.

• Stabilize the patient’s medical condition.

• If the patient’s condition cannot be stabilized, the hospital must transfer the patient to a hospital that has the ability to do so.
What does EMTALA require for transfers?

EMTALA *Requires* Hospitals to:

Accept appropriate transfers:
- If the hospital has special skills and services
- If the hospital has the space to receive the patient

Transfer patients only when:
- It is medically necessary
- At the patient’s request - transfer only after all transfer requirements have been met
Who is a patient that requires emergency care?

Any patient who comes to the hospital asking for an examination or treatment for a medical condition must be given an “appropriate medical screening exam.” A proper exam is the only way to decide if the patient is suffering from an “emergency medical condition.”
When is EMTALA triggered?

EMTALA is triggered when a person:

- Is on “hospital property” and a *request* is made for medical care. This request may be made by the person or on the person’s behalf.
- Is unable to ask for care, but has symptoms that show the possibility of an emergency medical condition.

EMTALA *does not* apply to inpatients, outpatients, or patients coming to off-campus outpatient clinics. These clinics do not normally provide a medical screening exam.
In Summary: What does this mean to Mission Health?

When a patient comes to Mission Health with an emergency, we *must* give a medical screening examination (MSE). An MSE is the only way to decide whether an “emergency medical condition” is present.

- MSE to be given by Qualified Medical Personnel per Hospital/Medical bylaws.
- Our clinicians *must* begin giving care if an “emergency medical condition” (EMC) is present.

Hospitals are required to give stabilizing treatment for patients with EMCs. Appropriate transfer should take place if:

- A hospital is unable to stabilize a patient within its ability
- The patient asks

Our caregivers *must* know and follow the rules and regulations for EMTALA.
Concerns?

If a caregiver has a concern about how emergency care is provided:

– Report it to your supervisor, or
– Call the Compliance Officer at 828-213-3523, or
– Contact 1-877-ETHICS1
  • You will not be asked to give your name
What is the False Claims Act?

The Federal and State False Claims Acts are laws that establish legal responsibility for any person or organization that submits false claims to the government for payment.

What is the definition of a “Claim”?

Any request made to an employee, officer, agent, contractor, or other recipient for state or federal money, property, or service.

What do I need to know about penalties for false claims?

Penalties are costly, including fines of up to $22,000 per false claim, additional monetary fines, and/or exclusion from the Medicare, Medicaid, and other government programs (Mission Health would no longer be allowed to receive payment for services provided to Medicare and Medicaid patients).
What does the False Claims Act have to do with me?

You, as a nurse, pharmacist, physician, manager, clinical technician, coder, biller, etc., are responsible for compliance with the False Claims Act (FCA). Your everyday work is subject to the FCA.

**Examples include, but are not limited to:**

– Documenting thorough and accurate information in a medical record
– Assigning codes to diagnoses and procedures for billing
– Entering charges for procedures and services
– Submitting claims for payment

Even if your job doesn’t fall into the examples above (dietary, housekeeping, etc.), every employee and/or contractor must be educated about this law and know that it is their responsibility to report to Corporate Compliance any suspected concern of wrongdoing.
Examples of False Claim Act Violations

Specifically, the Federal False Claims Act imposes legal responsibility on any organization or person who knowingly:

- Submits false or fraudulent claims for payment or approval to the Government.
  
  **For example:** An individual physician or staff member submits a bill to Medicare for payment of a medical service he/she knows was not provided.

- Makes a false record or statement regarding a false or fraudulent claim.
  
  **For example:** A hospital receives overpayments from Medicare during a year’s time, and then knowingly files a false cost report to avoid refunding the Medicare program.

- Plans to hide, avoid, or decrease a responsibility to pay money to the Government.
  
  **For example:** A staff member knowingly does not refund and/or decreases the amount due in an overpayment to a government payer or uses a false record to avoid paying money to the government.
What is “Knowingly”?

Knowledge of a False Claim can be defined as a person:

- Having *actual knowledge* of the information, or
- Acting in *deliberate ignorance* of the truth or inaccuracy of the information, or
- Acting with “*reckless disregard*” or lack of concern to the truth or inaccuracy of the information.

*A person does not have to have knowledge of the laws or specific intent to commit a violation.*

To learn more, additional information on False Claims is located on MOD and can be found by following these steps:

- Go to the Mission on Demand (MOD) home page
- Click on *Policies and Procedures* (left hand column)
- Search policies by entering key words “False Claims Act”
- Review policy
Reporting a Concern

What happens if you report a concern to Mission leaders in good faith?

- People who in good faith report a concern of suspected fraud, waste, and/or abuse are protected from retaliation by Mission policies, and state and federal laws. We encourage you to always report compliance concerns so that we can investigate and fix any problems.

Any suspected concerns of fraud, waste, and/or abuse related to the submission of claims to the federal government should be reported to the Chief Compliance Officer (CCO).

Reporting can be done by any of the following methods:

- **Call or Email** Gwen McKinney, Chief Compliance Officer
  - Phone – (828) 213-3523
  - Email – gwen.mckinney@msj.org

- Phone our toll free hotline at 1-877-ETHICS1
False Claims Act Takeaways

• Mission is committed to complying with the False Claims Acts
• If we fail to comply with those laws, the consequences could be very serious
• We rely on all Mission employees to follow our Code of Conduct, policies and procedures

• If you have any suspected concerns about Fraud, Waste, or Abuse, please report them immediately to the Chief Compliance Officer.

Thank you!
HIPAA: Health Insurance Portability & Accountability Act

HIPAA Privacy Training Objectives

Section 1. WHY HIPAA Matters

• Regulations
• Respect for our Patients’ Rights builds patient TRUST
• Non-Compliance may result in disciplinary action

Section 2. WHAT HIPAA Protects

• Individually Identifiable Health Information (IIHI)- PHI

Section 3. HOW We Protect PHI

• Safeguards, Minimum Necessary, Proper Use and Disclosure
• HIPAA is Everyone’s responsibility

Section 4. Tips for PREVENTING HIPAA Violations

• Tips for common --BUT PREVENTABLE violations

Section 5. Reporting and Contact Information

• For Complaints, Concerns, General Questions, Policies & Schedule Training

Protected Health Information

Information Mission maintains about a patient and includes:
ALL Types such as: clinical, scheduling, financial, billing, & ANY Form such as: Computer, Paper, Conversations, etc.
HIPAA: The Regulation

The Health Insurance Portability & Accountability Act

Section 1. WHY HIPAA Matters

- It is a Federal Law
- Provides Privacy and Security Standards for medical information
- Governed by DHHS - Office for Civil Rights (OCR)
- Rules include: Privacy, Security (e-PHI), Breach Notification & Enforcement (Penalties)

The Privacy Rule

Defines Patients’ Rights concerning their PHI.
Outlines Our Responsibilities related to Use & Disclosure of PHI.

FACTS

- Non-compliance with HIPAA may result in: Significant Fines; Criminal Charges; and/or Corrective Action up to and including possible Termination of employment.
- FY17 300 team members were placed in corrective action due to HIPAA non-compliance; 10 team members were terminated.
**HIPAA: Patients’ Rights**

Section 1. WHY HIPAA Matters

- It is the *right* thing to do for our patients
- **Mission Health is committed** to protecting our patients’ privacy, which:
  - Creates trust
  - Improves openness, where patients are more likely to share information about sensitive diagnoses
  - Prevents PHI from possibly getting into the wrong hands

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**Patients’ have the following rights regarding their PHI:**

- Receive a copy of their PHI (paper or e-medical record)
- Request corrections to their PHI (amend)
- Request confidential communication
- Request limits to our sharing (Disclosure)
- Opt-out of Hospital’s Directory; HIE; & Fundraising
- Request a listing of disclosures (accounting)
- Receive a copy of the Notice of Privacy Practices (NPP)
- Choose someone to act on their behalf
- File a HIPAA Privacy complaint

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**Protected Health Information** is information Mission Health maintains about a patient.

- It includes: **ALL** Types such as: clinical, scheduling, financial, billing, & **ANY Form** such as: Computer, Paper, Conversations, etc.
Section 1. WHY HIPAA Matters

Permissible uses or disclosures of PHI:
1. Treatment,
2. Payment (limit to minimum necessary)
3. Health Care Operations (limit to minimum necessary)

Or
• With A Valid Authorization

For Guidance related to Uses and Disclosures in these, or other areas contact: Privacy, Risk Management, or the Legal Department

- Psychotherapy Notes
- Research
- Marketing
- Fundraising
- Employment Records
- Legal Requests- court orders or subpoenas
- Law Enforcement Requests

Protected Health Information is information Mission Health maintains about a patient. It includes: ALL Types such as: clinical, scheduling, financial, billing, & ANY Form such as: Computer, Paper, Conversations, etc.
Section 2. WHAT HIPAA Protects

The Privacy of Individually Identifiable Health Information (IIHI)-containing ANY of 18 PHI identifiers.

Related to past, present or future physical or mental health or condition; including treatment, payment and scheduling.

Examples of PHI: demographics, scheduling, billing, prescriptions, care documents, orders, if it contains ANY of the 18 identifiers.
HIPAA: OUR Responsibilities

Section 3. HOW We Protect PHI

- Safeguards: Securing all PHI whether Paper, Electronic, or Verbal
- Contracts with vendors- Business Associate Agreements (BAA)
- Policies & Procedures
- Training
- User ID Monitoring for potential *inappropriate access (not part of your job)

Violations and/or Breach of PHI
- Sanctions – Corrective Action up to and including termination of employment
- Notifications to Patients, Federal & State Agencies, and potentially Media Outlets

Co-Workers/ Employees
Neighbors
Your OWN record
Family Members

*Inappropriate access means accessing any PHI when not required to perform your job!

NOTE: Includes looking up appointments, birthdays, addresses, even if to send a sympathy card to a co-worker or employee.
HIPAA: OUR Responsibilities

1. **Access only information** that you "need to know" to perform your job.
   - Access is monitored as required by HIPAA.
   - **Do not access your OWN or your child's PHI** (request copies from HIM or the patient portal).
   - It is **inappropriate** to access your PHI for *TRAINING* purposes. Contact IT to receive details for using "test" patients.

2. **When asked for patient information, consider:**
   - Who is asking for the information? Are they authorized?
   - Why do they need it?
   - How much should be released? Limit PHI to Minimum Necessary unless needed to provide treatment.
   - If questions- Contact Supervisor or Privacy Office before sharing.

3. **Communication of Confidential or Patient Information**
   - Speak quietly. Be aware of your surroundings. “Who can overhear?”
   - Do not share PHI with others who should not have access, including co-workers or personal acquaintances.

4. **Records containing PHI**
   - Never leave PHI unattended or **visible** where accessible to the public. Ex: office doors or desks
   - Do not remove PHI from the facility unless approved by IT.
   - **Double-check names** on documents PRIOR to giving to a patient (discharge papers, prescriptions, orders).
   - Do not place PHI in the trash. Only dispose it into a secure Shred-It bin.

5. **Social Media**
   - Never post any reference to a patient on social media or websites, whether private or public.
   - Ask yourself: “If I didn’t work for Mission, would I have access to this information or photo?”

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Section 4. Tips for **PREVENTING** HIPAA Violations

- Only access your record through the Patient Portal
  mission-health.org/patientconnect

*If I didn’t work for Mission, would I have access to this information or photo?*
6. Computers and Email
   • NEVER disclose your user ID or password to anyone.
   • Lock your computer (ctrl-alt-delete) before walking away.
   • Do not allow anyone to use your log-in credentials to access information.
   • EMAIL: Try to avoid using email to communicate PHI.
   • If you must use email, please encrypt by placing the word “confidential” in the subject line.
   • Do not forward emails containing PHI to your personal email address.
   • Do not open suspicious emails or click on links in messages unless you are sure of their authenticity.

7. Monitors
   • Turn computer monitors so they cannot be viewed by unauthorized persons.
   • Ask your supervisor for privacy screens if your monitor is viewable to the public.

8. Printers and copiers
   • Ensure you are selecting the correct printer, Use the “lock-print” function, never leave papers unattended.

9. Faxes
   • Prior to sending, complete verification steps. (Adhere to Faxing Policy 2IM.ADM.0019)
   • Remove incoming faxes immediately.

10. Reporting ALWAYS Report any suspected or known privacy or security incidents:
    • Lost or stolen devices containing PHI, such as a laptop, iPad, phone, external thumb drive or any other media.
    • Documents given to incorrect patient; Misdirected faxes; Patient complaints about HIPAA or privacy; Co-workers disclosing PHI to unauthorized person, or inappropriately accessing records
    • Prior to sharing PHI with a 3rd party, you must confirm the disclosure is appropriate. Contact Legal, Privacy or Information Security.
Section 5. Key Points, Reporting and Contact Info

Key Points

- **“Need to know”** Principle.
  - Ask yourself, “Do I need to access this patient’s information to do my job?”

- Share *(disclose)* PHI only to authorized individuals.

- When in doubt, seek guidance from policies, your supervisor, or the HIPAA Privacy Office.

- Violations may lead to **disciplinary action** up to and including **termination**, as well as civil, --criminal charges -and/or significant fines. **$100- $1.5Mil**

- **ALWAYS** report known or suspected incidents immediately.

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Reporting Information

**Mission Health Privacy Department**

Executive Director, HIPAA Privacy Officer
- Beth Cirillo (828) 213-8540

Manager, HIPAA Privacy
- Brooke Styles (828) 213-8536

HIPAA Privacy Specialists
- Helina Roque (828) 213-8541
- Ellen Rowe (828) 213-8080
  - Or IT Help Desk (828) 213-2000

**Anonymous Reporting**
- Compliance Hotline 1-877-ETHICS1
- MOD form Online Reporting

**Additional Information**

**Policies:** Search HIPAA, PHI, privacy, etc
**MOD** Privacy Department page- reporting form
**Email:** HIPAA@msj.org
Fraud and Abuse Laws

Federal fraud and abuse laws that apply to physicians include all of the following:

- False Claims Act (FCA)
- Anti-Kickback Statute (AKS)
- Physician Self-Referral Law (Stark Law)
- Social Security Act
- United States Criminal Code

Violating these laws may result in nonpayment of claims, Civil Monetary Penalties (CMPs), exclusion from all Federal health care programs (including Medicare), and criminal and civil liability.

Government agencies, including the U.S. Department of Justice (DOJ), the U.S. Department of Health & Human Services (HHS), the HHS Office of Inspector General (OIG), and the Centers for Medicare & Medicaid Services (CMS), enforce these laws.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
The Federal False Claims Act (FCA)

The FCA imposes civil liability on any person who knowingly submits, or causes the submission of, a false or fraudulent claim to the Federal Government. The terms “knowing” and “knowingly” mean a person has actual knowledge of the information or acts in deliberate ignorance or reckless disregard of the truth or falsity of the information related to the claim. No proof of specific intent to defraud is required to violate the civil FCA.

An example may be a physician who knowingly submits claims to Medicare for medical services not provided. Civil penalties for violations of the FCA, occurring on or after November 2, 2015, may include fines of up to three times the amount of damages sustained by the Government as a result of the false claims plus up to $21,563 per false claim filed. Under the Federal criminal statutes, criminal penalties for submitting false claims may include fines, imprisonment, or both.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
The Anti-Kickback Statute (AKS)

The AKS makes it a crime to knowingly and willfully offer, pay, solicit, or receive any remuneration directly or indirectly to induce or reward referrals of items or services reimbursable by a Federal health care program.

Remuneration includes anything of value, such as cash, free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

If an arrangement, however, satisfies certain regulatory safe harbors, it may not violate the AKS. Civil penalties for violating the AKS may include penalties of up to $50,000 per kickback plus three times the amount of kickback. Criminal penalties for violating the AKS may include fines, imprisonment, or both.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
The Physician Self-Referral Law (Stark Law)

The Stark Law prohibits a physician from making a referral for certain designated health services payable by Medicare or Medicaid to an entity in which the physician (or an immediate family member) has an ownership/investment interest or with which he or she has a compensation arrangement, unless an exception applies.

Penalties for physicians who violate the Stark Law may include fines, CMPs up to $15,000 for each service, repayment of claims, and potential exclusion from all Federal health care programs.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
The Criminal Health Care Fraud Statute

The Criminal Health Care Fraud Statute prohibits knowingly and willfully executing, or attempting to execute, a scheme or artifice in connection with the delivery of or payment for health care benefits, items, or services to either:

- Defraud any health care benefit program
- Obtain (by means of false or fraudulent pretenses, representations, or promises) any of the money or property owned by, or under the control of, any health care benefit program

Penalties for violating the Criminal Health Care Fraud Statute may include fines, imprisonment, or both.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
The Exclusion Statute

The Exclusion Statute requires OIG to impose exclusions from participation in all Federal health care programs on health care providers and suppliers who have been convicted of any of the following:

- Medicare fraud, as well as any other offenses related to the delivery of items or services under Medicare
- Patient abuse or neglect
- Felony convictions for other health care-related fraud, theft, or other financial misconduct
- Felony convictions for unlawful manufacture, distribution, prescription, or dispensing of controlled substances

OIG also has discretion to impose permissive exclusions on other grounds, including:

- Misdemeanor convictions related to health care fraud other than Medicare or Medicaid fraud, or misdemeanor convictions in connection with the unlawful manufacture, distribution, prescription, or dispensing of controlled substances
- Suspension, revocation, or surrender of a license to provide health care for reasons bearing on professional competence, professional performance, or financial integrity
- Provision of unnecessary or substandard services
- Submission of false or fraudulent claims to a Federal health care program
- Engaging in unlawful kickback arrangements
- Defaulting on health education loan or scholarship obligations

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
The Civil Monetary Penalties Law

The Civil Monetary Penalties Law authorizes the imposition of CMPs for a variety of health care fraud violations. Different amounts of penalties and assessments may be authorized based on the type of violation. Penalties range from $10,000 to $50,000 per violation. CMPs also may include an assessment of up to three times the amount claimed for each item or service or up to three times the amount of remuneration offered, paid, solicited, or received.
Physician Relationships With Payers

Accurate Coding and Billing

As a physician, payers trust you to provide necessary, cost-effective, and quality care. You exert significant influence over what services your patients receive. You control the documentation describing what services they actually received, and your documentation serves as the basis for claims sent to insurers for services you provided. Generally, the Federal Government pays claims based solely on your representations in the claims documents.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
Physician Relationships With Payers

When you submit a claim for services performed for a Medicare patient, you are filing a bill with the Federal Government and certifying you earned the payment requested and complied with the billing requirements. If you knew or should have known the submitted claim was false, then the attempt to collect payment constitutes a violation.

Examples of improper claims include:

- Billing for services that you did not actually render
- Billing for services that were not medically necessary
- Billing for services performed by an improperly supervised or unqualified employee
- Billing for services performed by an employee excluded from participation in Federal health care programs
- Billing for services of such low quality that they are virtually worthless
- Billing separately for services already included in a global fee, like billing for an evaluation and management service the day after surgery

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
Physician Relationships With Payers

Upcoding

Medicare pays for many physician services using Evaluation and Management (E/M) codes. New patient visits generally require more time than follow-up visits for established patients. E/M codes for new patients are paid at higher reimbursement rates than E/M codes for established patients. An example of upcoding would be when you provide a follow-up office visit to an established patient but bill using a higher level E/M code for a comprehensive new patient office visit.

Another example of upcoding related to E/M codes is the misuse of modifier -25. Modifier -25 allows additional payment for an E/M service provided on the same day as a separate procedure or service. Upcoding occurs if a provider uses modifier -25 to claim payment for an E/M service when the patient care rendered was not medically necessary, was not distinctly separate from the other service provided, and was not above and beyond the care usually associated with the procedure.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
Physician Relationships With Payers

Physician Documentation

Maintain accurate and complete medical records and documentation of the services you provide. Also, ensure your documentation supports the claims you submit for payment. **Good documentation ensures your patients receive appropriate care from you and other providers who may rely on your records for patients’ medical histories.**

The Medicare Program may review beneficiaries’ medical records. Good documentation helps you address challenges raised about the integrity of your claims. You may have heard the saying regarding malpractice litigation: “If you didn’t document it, it’s the same as if you didn’t do it.” The same can be said for Medicare billing.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
Physician Relationships With Other Providers

Physician Investments in Health Care Business Ventures

Some physicians who invest in health care business ventures with outside parties (for instance, imaging centers, laboratories, equipment vendors, or physical therapy clinics) refer more patients to those parties than physicians who do not invest. These business relationships can sometimes improperly influence or distort physician decision-making and result in the improper steering of a patient to a particular therapy or source of services in which a physician has a financial interest. Excessive and medically unnecessary referrals cost the Federal Government and Medicare beneficiaries and can expose the beneficiaries to harm from unnecessary services. Many of these investment relationships have serious legal risks under the AKS and Stark Law.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
Physician Relationships With Vendors

Free Samples

Many drug and biologic companies provide physicians with free samples physicians may give to patients free of charge. It is legal to give these samples to your patients for free, but it is illegal to sell them. The Federal Government prosecutes physicians for billing Medicare for free samples.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
Physician Relationships With Vendors

Relationships With the Pharmaceutical and Medical Device Industries

As a practicing physician, you may have opportunities to work as a consultant or promotional speaker for the drug or device industry. For every financial relationship offered to you, evaluate the link between the services you can provide and the compensation you will receive. Test the appropriateness of any proposed relationship by asking yourself the following questions:

• Does the company really need your particular expertise or input?
• Does the company’s monetary compensation represent a fair, appropriate, and commercially reasonable exchange for your services?
• Is it possible the company’s monetary compensation is for your loyalty so you will prescribe its drugs or use its devices?

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
Physician Relationships With Vendors

*Transparency in Physician-Industry Relationships*

The Open Payments Program is a Federal program that highlights financial relationships between physicians, teaching hospitals, and drug and device manufacturers. The Affordable Care Act requires drug, device, and biologic companies to publicly report nearly all gifts or payments they make to physicians. The Open Payments Program implements the Sunshine Act, which requires manufacturers of pharmaceuticals or medical devices to publicly report payments to physicians and teaching hospitals. CMS posts [Open Payments data](#) on June 30 each year, including payments or other transfers of value and ownership or investment interest reports.

CMS encourages you to help ensure accurate information by doing the following:

- Keep records and use the Open Payments Mobile for Physicians app to track payments and other transfers of value you received from applicable manufacturers and applicable Group Purchasing Organizations (GPOs)
- Register with the Open Payments system and subscribe to the electronic mailing list for program updates
- Review the information manufacturers and GPOs submit on your behalf
- Work with manufacturers and GPOs to settle data issues about your Open Payments profile

*Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services*
Physician Relationships With Vendors

Conflict of Interest Disclosures

Many of the relationships discussed in this document are subject to conflict-of-interest disclosure policies. Even if the relationships are legal, you may have an obligation to disclose their existence.

If you are uncertain whether a conflict exists, apply the “newspaper test” and ask yourself whether you would want the arrangement to appear on the front page of your local newspaper.

Credit: Avoiding Medicare Fraud & Abuse: A Roadmap for Physicians, Centers for Medicare & Medicaid Services
NATIONAL PATIENT SAFETY GOAL:

ALARM MANAGEMENT

November, 2015
Objectives

- Define the NPSG for Alarm Management
- Outline the dangers of alarm fatigue to the patient
- Present Mission Health’s method to manage clinical alarms
- Describe actions to manage alarms and keep patients safe

Alarm fatigue is sensory overload when staff are exposed to an excess number of alarms, which can result in desensitization and missed alarms.

www.aacn.org
The Joint Commission 2014 **Goal 6**: Reduce the harm associated with clinical alarms

Improve the safety of clinical alarm systems by January 1, 2016.

Clinical alarm systems alert caregivers of potential patient problems, but if they are not properly managed, they can put patient’s safety at risk.
According to The Joint Commission

- **98** Sentinel Event reports on clinical alarms reported to TJC between Jan 2009 - June 2012.
  - **80** resulted in death.
  - **13** in permanent loss of function.
  - **5** required unexpected additional care/extended stay.

- **500** Reports of patient deaths with alarm system monitoring were received by the FDA in 2010. Experts believe this is GROSSLY underreported.

- **350** Alarms per bed per day have been measured by leading hospitals. Going beyond this number is one definition of “Alarm Fatigue”.

- **43** % of alarms indicate “non-critical / non-actionable” states.

- **99.8** % of alarm conditions were NOT Code Blue signals.

According to The Joint Commission (TJC)...

Factors that contribute to alarm-related sentinel events include:

- **Alarm fatigue** – most common cause for sentinel events related to alarms
- **Alarm settings** – not set to the individual patient or patient population
- **Desensitization to nuisance (false) alarms** – creates greater likelihood alarm signals will be ignored or even disabled
- **Inadequate staff training** – proper use and function of the equipment (e.g., inconsistent team training, response, and understanding of alarm signals)

Alarming equipment used to provide safe patient care...

- ECG machines
- Pulse oximetry devices
- Invasive and noninvasive blood pressure and cardiac output monitors
- Bedside telemetry
- Central station monitors
- Infusion pumps
- Ventilators
- Bed Alarms
How did Mission Health address alarm fatigue?

Established a *multidisciplinary* team in 2013:

**Alarm Management Team**

The team:

- Asked for input from physicians, RNs, monitor techs, educators, and respiratory therapists
- Assessed the risk to patients if an alarm is not responded to or malfunctions
- Looked at whether alarm signals are nuisance or require action
- Reviewed alarm related risk events
- Prioritized the most important alarms to manage
How did Mission Health work as a system to address alarm fatigue?

- Standardized alarm default settings to stop alarms that do not require an action.
- Set practice guidelines for ECG lead placement and replacement
- Standardized to 5 lead ECG monitoring
- Developed education plans to support changes
- Developed evidenced based policies to support clinical alarm management
How does Mission Health continue to address alarm fatigue?

The team is responsible to:

- Provide ongoing evaluation and coordination of equipment to make alarms as effective as possible
- Review and answer requests for default alarm setting changes
- Develop and update alarm policies and education
- Review and collaborate for setting of new equipment alarms

www.medscape.com
How can clinicians manage alarms for patient safety?

- Adjust parameters or limits in order sets to the individual patient—MAP, SBP, SpO2 parameters
- Re-evaluate need for continuous tele/pulse oximetry daily

Acceptable reasons to continue cardiac monitoring:
- Acute CVA or TIA
- Afib with RVR
- Electrolyte abnormality
- Post Cardiac Procedure
- Syncope
- Acute Heart Failure w/Pulm. Edema
- Chest Pain/Unstable Angina
- New antiarrhythmic initiation
- Prolonged QTC monitoring

- Meet with the Alarm Management Team if you have recommendations, questions, or concerns!
Refer to New Policy:

Clinical Alarm Management, NPSG 6

1NPSG.ADM.0006

Alarm Management Team Contacts:

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<td>Cora Small (Mission)</td>
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<td>Cindy Benton (Highlands)</td>
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HIGH-ALERT!  HIGH-RISK!  HIGH-ALERT!  HIGH-RISK!  HIGH-ALERT!  HIGH-RISK!

• Institute of Safe Medication Practices (ISMP)
  – Identified anticoagulants as "High–Alert Medications"

• Institute for Healthcare Improvement (IHI)
  – Safe use of anticoagulants is part of the 5 Million Lives Campaign

• The Joint Commission
  – Developed the National Patient Safety Goal (NPSG 03.05.01) to assure safe use of anticoagulants with the following rationale:

  “Anticoagulation is a high–risk treatment, which commonly leads to adverse drug events due to the complexity of dosing these medications, monitoring their effects, and ensuring patient compliance with outpatient therapy. The use of standardized practices that include patient involvement can reduce the risk of adverse drug events associated with the use of heparin (unfractionated), low molecular weight heparin (LMWH), and warfarin and other anticoagulants.”

http://www.patientsafety.gov/TIPS/Docs/TIPS_JanFeb08.pdf
Types of Anticoagulants

• **Oral anticoagulants:**
  – Vitamin K antagonist
    - Coumadin® or Jantoven® (warfarin)
  – Direct Oral Anticoagulants (DOACs)
    - Eliquis® (apixaban)
    - Pradaxa® (dabigatran)
    - Xarelto® (rivaroxaban)
    - Savaysa® (edoxaban)

• **Injectable anticoagulants:**
  – Unfractionated heparin (UFH)
  – Low-molecular weight heparins
    - Lovenox® (enoxaparin)
    - Fragmin® (dalteparin)
    - Innohep® (tinzaparin)
  – Factor Xa inhibitor
    - Arixtra® (fondaparinux)
  – Direct thrombin inhibitors
    - Argatroban
    - Angiomax® (bivalirudin)
Important Patient Education Talking Points

• Medication Instructions:
  – Name, dose and frequency
  – Indication/Use:
    • Prevention/treatment of DVT or PE
    • Stroke prevention associated with mechanical heart valves or AFib
    • Secondary prevention of cardiovascular events after MI
  – Precautions—signs/symptoms for seeking medical care
  – Self-administration technique (LMWH)
    • Injection into SQ fat of abdomen

• Considerations with diet and/or illnesses with warfarin:
  – Heart Failure exacerbation, liver disease, thyroid disorders, Nausea/Vomiting/Diarrhea, fever for 2 or more days can affect warfarin
  – Keep green leafy vegetables/foods high in vitamin K consistent

• Importance of Close Follow-up:
  – Time/Place of appointment and point of contact
  – Medication access and/or affordability
  – Importance of adherence
  – What to expect
  – Lab testing required

DVT = Deep Venous Thrombosis
AFib = Atrial Fibrillation
HF = Heart Failure
PE = Pulmonary Embolism
MI = Myocardial Infarction
N/V/D = nausea, vomiting, diarrhea
Numerous Food and Drug Interactions

• Common medication interactions with warfarin include:
  – Alcohol
    • Excessive alcohol intake while taking warfarin can lead to a fatal hemorrhage
  – Amiodarone
  – Antibiotics (Bactrim/Septra/SMZ–TMP, erythromycin, doxycycline, dicloxacillin, nafcillin)
  – Antifungal medications (fluconazole)
  – Anti-seizure medications: carbamazepine, phenytoin
  – Aspirin (ASA) and NSAIDs
  – Colestipol /cholestyramine
  – Estrogens/contraceptives
  – Many herbal and dietary supplements
  – Flagyl (metronidazole)

• Certain medications interact with Direct Oral Anticoagulants, requiring discontinuation or therapy change

• Please consult pharmacy for drug interaction screening
Transitions in Care with Anticoagulants

• Transitions include:
  – Admission
  – Transfer between units/levels of care
  – Discharge

• Effective transitions include:
  – Consistent and effective communication
  – Appropriate follow-up and monitoring with trained healthcare professional
    • Appointment should be established BEFORE discharge
      – Follow-up INR appointment is mandatory for warfarin patients
    • Monitoring service available for all anticoagulants, not just warfarin
Medical Staff / AHP Health Issues
Mission Health Guiding Principles

The Medical Staffs in the Mission Health System embrace safe, high quality patient care. As we deal with ourselves and our colleagues who succumb to medical, physical, or mental problems that may affect patient care, we follow our guiding principles. These include:

#1 Patients First
#2 Safety Focused
#5 Interdependence
#8 Benefit of the Doubt
#9 Mutually Accountable
Impairment

The practice of Medicine is increasingly complex, stressful, and mentally and physically challenging. We acknowledge this, and strive to help our colleagues that are struggling regardless of the reasons that may be affecting behaviors.
Impairment

- Impairment is defined as any situation that inhibits a member of our staff from providing quality care due to:
  - Physical illness or injury
  - Mental disabilities or illness
  - Deterioration due to aging
  - Excessive or inappropriate drug or alcohol use
Impairment

• Impairment may be manifested in any or all of the physical, emotional, family, social, educational, or clinical domains of functioning.

• The Medical Staff leadership requests all providers to self disclose any situation that could compromise the ability to safely deliver care to our patients. Examples include:
  – Hospitalization or treatment for a serious medical condition (e.g. stroke, MI, major fracture)
  – Self identification of unhealthy alcohol or drug consumption
  – Lapse in memory or physical coordination that are unusual and persistent
Impairment

• It is appropriate for each one of us to proactively discuss any concern that we might have with our colleague directly. We have heard many times from our physicians who were struggling that they wished someone would have spoken to them early in their path.

• It is also appropriate to discuss any concern that we may have about our colleagues with a medical staff leader.

• Guiding Principle 9, Mutually Accountable:
  We expect all parties to speak up and proactively hold one another accountable – mutual accountability is essential to our success and to the well-being of our patients.
Impairment

• Our Medical Staff leaders strive to provide assistance to our colleagues who are suffering with the sorts of health issues that can affect performance. Example include:

  – Referral to an Employee Assistance Network (the Medical Staff pays for enrollment in this program)

  – Help in engaging in the NC Physicians Health Program. Self referral to the NCPHP can usually avoid a report to a licensure board for substance use related impairment.

  – Re-entry into medical practice if the health issue is serious enough to require a recovery sabbatical.
Impairment

• We are all in the practice of medicine together, and use our Guiding Principles in all aspects of our work in Mission Health.
  
  – #5, Interdependence: We serve one another and our community best by working collaboratively as partners
  
  – #8, Benefit of the Doubt: We willingly offer one another the benefit of the doubt when circumstances are unknown, assuming the best, and yet practice and insist on Just Culture.
Pain Assessment and Management

Annual Education
2017
Objectives:

• Provide optimal pain management.

• Achieve compliance with The Joint Commission & CMS standards related to pain assessment, management & documentation.

• Utilize IView to demonstrate essential pain assessment & documentation.
The Joint Commission Pain Standards:

All patients have the right to:

- **Assessment** of pain (initial and ongoing).

- **Optimal pain relief**

- Patient and family **education** about pain management

- Care provided by staff **competent** in pain management.
CMS Guidelines for pain medications

- There should not be multiple medications for the same indication, for example:
  - Only one medication for mild pain (0-3)
  - Order details for when to use IV route (No enteral access, sudden onset of severe pain).

- Clear direction for dosing—starting dose, titration increments and frequency, max dose, parameters on which to base dosing—pain and sedation
Pain Assessment: IView