Multi-Drug Resistant Organisms (MDRO)

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

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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 baumannii* 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:**

**Antimicrobial Stewardship:**

- Exposure to any antimicrobial is the single most important risk factor for *C. difficile* infection
- Antibiotic exposure has a lasting impact on the microbiome.

**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.
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.

Annual Education
2018
Central Line-Associated Bloodstream Infection

**CLABSI**

- 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 putting in 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 strict 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 (all equipment together)
  - Perform hand hygiene
  - Apply appropriate skin antiseptic
  - Be sure the skin prep agent has completely dried before inserting the central line
  - Use best sterile barrier precautions

- Once the central line is in place:
  - Follow recommended central line care 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 taught about CLABSI prevention prior to central line insertion.
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 reasons and should be removed as soon as they are no longer needed.

**Discontinue Foley Catheter ASAP**

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 with moving
- Keep drainage bag below the level of the bladder and off the floor
- Regularly empty urinary drainage bag as a separate procedure (empty before transport)
- Use correct hand hygiene before and after patient contact

Foley cath care:
- Clean separate procedure with hand hygiene and clean gloves;
- Utilize 2 Castile wipes for pericare every shift and as needed (PRN) for incontinence.

Foley Insertion requires two person technique:
- RN as one of the two people
What can Healthcare Providers Do To Prevent CAUTI?

- Collecting a specimen from a Foley Catheter that has been in 72 hours or longer:
  - Remove the catheter before collecting specimen
  - Wait about 1 hour before inserting a new catheter
  - Allow patient to void and provide specimen
  - If a clean catch specimen cannot be collected, insert a new catheter
  - Use the catheter port to collect the specimen

- Think about indwelling urinary catheter need:
  - Insert urinary catheters on patients who meet your facility’s insertion criteria
  - Review catheter need every 12 hours
  - Remove catheter right away when no longer needed

System Policy: Urinary Catheter Insertion and Care 1PC.NRS.0006
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.
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

- The duration of antimicrobial prophylaxis should be less than 24 hours for most procedures. Other procedures such as cardiothoracic, may have longer postoperative prophylaxis per specific guidelines.

- 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
Standard Precautions & Isolation Precautions

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

Annual Education 2018
Standard Precautions

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

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

- Some patients need 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 (spread).

<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 person to another without the involvement of the environment (i.e. hands).</td>
<td>Indirect contact transmission occurs when microorganisms are carried from one person to another through a contaminated environmental source (i.e. light switch 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 every year by Mission Health System and is provided free of charge.

- Droplet transmission occurs when a 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 spread when a 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

Tuberculosis, chicken pox, and measles are examples of pathogens shared by airborne transmission.

- Airborne transmission happens with the spread of airborne droplet nuclei, which are small in size and carried in the air.

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

- Airborne isolation rooms are specially built 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 keep negative pressure.
  - Before placing a patient in an airborne isolation room, check with Facility Services to be sure 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 shingles spread over more than one area of the body.

- Air pressure and flow are monitored by the Facilities department. Know which rooms on your unit or in your facility have special ventilation.
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**
What do you wear for isolation?

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

Refer to the isolation table 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.
Information in the Exposure Control Plan

The Bloodborne Pathogen Exposure Control Plan was created to send information to you about:
- Your risk of exposure (contact) to bloodborne pathogens
- How your employer plans to decrease and remove 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 remove exposures to bloodborne pathogens by:
- Providing Personal Protective Equipment
- Work Practice Controls
- Engineering Controls
Personal Protective Equipment (PPE)

- Standard Precautions should be used with all patients no matter what 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 (soiled) with blood or body fluids at work, follow the procedure 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.
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 lessen workplace contact with bloodborne pathogens through safety methods.

- 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.

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

### What to do if you have an exposure to blood or body fluids at work:

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1.   | Thoroughly clean with soap and water | 1. Needlestick: Clean with soap and water  
   2. Mucous membrane: Rinse with large amounts of water |
| 2.   | Report incident immediately to your supervisor |
| 3.   | Complete an occurrence report |
| 4.   | Make note of the source patient’s medical record number and physician |
| 5.   | Note the type, brand, and manufacturer of the device if it is a sharps injury |
| 6.   | Notify WorkWell:  
   If an exposure occurs after hours or if you are unable to reach WorkWell, please report to the Emergency Department  
   Post-exposure prophylaxis (prevention) will be started immediately, if necessary |
| 7.   | Notify the patient’s physician to obtain order for a patient source exposure profile |
Common Bloodborne Pathogens: Hepatitis B Virus (HBV)

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

HBV can be passed on 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 in all body fluids of persons with HBV, including those without symptoms.

Signs and Symptoms:
- Jaundice (yellow skin)
- Fatigue
- Abdominal pain
- Poor 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 contact with blood or body fluids, you will be offered the vaccine free of charge.
Common Bloodborne Pathogens: Hepatitis C Virus (HCV)

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

**HCV can be spread 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 (yellow skin)
- Fatigue (tired)
- Abdominal pain
- Dark Urine
- Nausea/Vomiting
- Loss of appetite

**Hepatitis C Vaccination**

No vaccine is available for Hepatitis C
Common Bloodborne Pathogens: Human Immunodeficiency Virus (HIV)

In 2015, the number of people infected with HIV in the United States was about 1.2 million people.

**HIV can be spread 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

**Initial (Beginning) 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.

**Latent Phase:** At this phase the virus becomes less active in the body, although it is still there. 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 (weight loss)

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

**Human Immunodeficiency Virus (HIV)**

**HIV Vaccination**

No vaccine is available for HIV.

**Common Bloodborne Pathogens:**
- Human Immunodeficiency Virus (HIV)

In 2015, the number of people infected with HIV in the United States was about 1.2 million people.

**HIV can be spread through:**
- Sex with infected partner
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**Human Immunodeficiency Virus (HIV)**

**HIV Vaccination**

No vaccine is available for HIV.

**Common Bloodborne Pathogens:**
- Human Immunodeficiency Virus (HIV)
Annual Influenza Vaccine

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2018
Mission Health Immunization Policy

• Everyone working within Mission Health System is required to receive a seasonal flu shot each year. This includes employed and contracted staff (including non-employed physicians), allied health professionals, volunteers and students.

• All staff are required to receive their flu shot no later than November 1st of each year.

• The flu vaccine is available and provided to all new employees throughout the flu season.

• Flu shots are provided at no cost.
Why get a flu vaccine?

• Getting a flu shot each year is the best way to protect against the flu virus. The flu is a serious disease that affects the health of millions of people every year.

• Taking the flu shot can keep you from getting the flu.

• If you do get sick, having had the flu shot may make your illness milder.

• Flu shots can lower the risk of developing flu-related illnesses that require hospitalization.

• The flu shot is an important tool for preventing the flu in people with chronic health conditions, such as asthma, COPD, diabetes, etc.

• The flu shot helps protect women during and after pregnancy. Getting the flu shot also protects the baby for several months after their birth.

• Getting the flu shot protects the people around you. Babies, young children, older people, and people with certain long term health conditions may be more likely to get the flu.
Can a flu shot give you the flu?

No, a flu shot cannot cause the flu.

Flu shots are made in two ways:
• Using flu viruses that have been 'inactivated' and are not infectious
• Using no flu viruses at all

Side effects may include:
• Soreness, redness, tenderness or swelling where the shot was given
• Low-grade fever
• Headache
• Muscle pain
How the Flu is Spread

• Flu viruses are spread mainly by way of droplets. These droplets are made when people with the flu cough, sneeze or talk.

• If you think you are sick, see your healthcare provider to find out if you have the flu.

• **People should stay home if sick.** Most healthy adults may be able to infect other people beginning the day **before** symptoms develop and up to 5 to 7 days **after** becoming sick.

• It is important to wash your hands often using soap and water. If soap and water are not available, use an alcohol based hand rub to decrease the spread of the virus.
Are there any exemptions?

- **Influenza Medical Exemptions**: Requests should be submitted to staff health services by September 1st of the current year or upon receiving an offer of employment if you are a new employee.

- **Influenza Religious Exemptions**: Employees requesting an exemption due to religious beliefs must complete the Request for Religious Exemption form by September 1st of the current year or upon receiving an offer of employment if you are a new employee. You can obtain the Religious Exemption form on Mission On Demand (MOD).
Exempt Staff Members

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

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

• May be briefly moved 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.
TB Facts

- Tuberculosis is a communicable, possibly deadly disease that usually affects the lungs but can attack other parts of the body as well.

- It is spread when a person with an active case of TB breathes out the disease-causing bacteria (*Mycobacterium tuberculosis*), which are then breathed in by another person.

- It is very important that TB patients truly follow their treatment plan and take all medications as directed, for as long as directed, or the disease can return in a drug-resistant form.

TB is **treatable** and usually **curable**, although new drug-resistant strains are being found that are very difficult to treat.
Latent vs. Active TB

**Latent Tuberculosis**
- Person is infected with TB bacteria, but does not have active TB disease.
- Person does not feel sick and does not have any symptoms.
- People with latent TB are not infectious and **cannot spread** TB infection to others.

**Active Tuberculosis**
- TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to active TB disease.
Signs and Symptoms of Active TB

- a bad cough that lasts 3 weeks or longer
- pain in the chest
- coughing up blood or sputum
- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night
Spread of TB in Health Care Settings

- TB bacteria are released into the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings.
- These bacteria can stay in the air for several hours, depending on the environment.
- Persons who breathe in the air containing these TB bacteria can become infected.
- Mission Health System is LOW RISK for TB transmission.

Patients that are symptomatic of TB are placed in **airborne isolation** rooms to reduce the potential of infecting others.
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 built to have negative pressure to prevent air from moving out into the corridor.

- Air is filtered in the room and let out to the outdoors.
- The room door is kept closed to keep 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

<table>
<thead>
<tr>
<th>Screening Tests</th>
<th>Diagnostic Tests</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ The tuberculin skin test (TST) and Interferon – Gamma Release Assay (IGRA) blood test are two tests that screen for TB.</td>
<td>➢ A Laboratory culture to find TB takes up to 6 weeks to return since TB bacteria are slow growing.</td>
</tr>
<tr>
<td>➢ IGRA tests are also known as T-spot tests</td>
<td>➢ A sputum “AFB smear” test can be returned quickly, but a positive “AFB smear” does not mean a patient has <em>M. tuberculosis</em> (TB).</td>
</tr>
<tr>
<td>➢ Both of the tests screen for exposure to TB, but do not diagnose TB disease.</td>
<td>➢ This is because TB is only 1 of many acid fast bacilli (AFB).</td>
</tr>
<tr>
<td></td>
<td>➢ A chest x-ray may be used in diagnosing a patient with TB.</td>
</tr>
</tbody>
</table>
Take Away Points

• TB is a communicable, possibly deadly disease that is **treatable** and usually **curable**, although new drug-resistant strains are appearing that are very difficult to treat.

• Symptoms can include: a bad cough that lasts 3 weeks or more, coughing up blood or sputum, sweating at night, weakness or fatigue, and fever.

• TB bacteria are let into the air when a person with active TB disease of the lungs or throat coughs, sneezes, speaks, or sings.

• These bacteria can stay in the air for several hours, depending on the environment.

• Patients who are symptomatic of TB are placed in **airborne isolation** rooms to reduce the risk of infecting others.
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 15-20 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.
What 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 (i.e. acrylic nails, tips, wraps made of silk, linen, fiberglass, shellac, gels or gel nail polish, glues and mixtures of these products).

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.

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1HR.HR.0003, Professional Image
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
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, regulations, 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:**
- Monetary Fines
- Exclusion from State and Federal Health Care Programs (i.e. Medicare, Medicaid Program)
- 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
Annual Accountability Statements

Annual Education
2018
Harassment/ Discrimination/ Retaliation

**Staff Statement:**
I have read and understand Mission Health’s policy on Harassment/ Discrimination/ Retaliation. I understand this policy applies to me as an employee and I agree to abide by it. I agree to promptly report to my supervisor or to Human Resources any harassing or discriminatory behavior of which I am aware or witness. I understand this statement will be permanent part of my personnel record.

**Leadership Statement:**
I have read and understand Mission Health’s policy on Harassment/ Discrimination/ Retaliation. I agree to promptly report to Human Resources any harassing or discriminatory behavior of which I am aware or witness. I understand this policy applies to me as a supervisor and an employee and I agree to abide by it. I understand I am responsible for administering the policy in my department. I understand this statement will be a permanent part of my personnel record.
Infection Prevention Compliance

I understand that Infection Prevention is everyone's responsibility.

• I will use hand hygiene before and after each patient contact and when entering and leaving a patient’s room.

• I will comply with Infection Prevention policies including Standard Precautions, Transmission-Based Isolation Precautions, the Blood Borne Pathogen Exposure Control Plan, and the TB Control Plan.

• I will take every opportunity to provide a safe, sanitary environment in the hospital.

• I will use Personal Protective Equipment correctly, including approved hospital respiratory protective device.

• I will stay current with my vaccinations, as per hospital policy.
MERIT Behavioral Standards

A set of behavior standards has been developed by the employees of Mission to establish specific behaviors that all employees are expected to practice while on duty. By incorporating these standards as a measure of overall work performance, Mission Health makes it clear that all employees are expected to adhere to and practice the standards of performance (MERIT Behavioral Standards). I acknowledge that I have read and understand the behavioral standards and I further understand Mission Health’s expectation that I abide by these standards.

*Leadership Statement:*

As a manager at Mission Health, I will take a leadership role in modeling the MERIT behaviors, holding my peers and employees accountable to these standards, and make sure patients come first in our decisions.
Corporate Compliance

• I acknowledge that I will abide by the Mission Health Code of Conduct, Corporate Compliance guidelines and policies and procedures. I understand that I have the duty to report any alleged or suspected violation of the Corporate Compliance policies and procedures or any alleged or suspected violation of Federal and State law.

• I understand the reporting process and I understand that Mission Health is committed to non-retaliation and to preserving confidentiality and anonymity, to the extent possible, with regard to such reports.
Computer User Security and Confidentiality Agreement

As a user of Mission Health System’s information systems, you may have access to confidential information including patient, financial or business information and intellectual property. Confidential information is protected by law and by strict Mission policies. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires protection of confidential information contained within a healthcare information system.

This agreement is applicable to any person (including, but not limited to, staff members, physicians, volunteers, students, contractors, or other associates of Mission Health System, or its subsidiaries) who has access to Mission Health’s computer systems and networks.

By signing this agreement, I acknowledge that I have read and understand the following statements and that I will abide by them. I further understand that violation of any of these provisions will be cause for disciplinary action that may include termination of employment, Mission affiliation and/or prosecution under applicable state or federal law.

1. My userID/password is equivalent to my legal signature. I am responsible for any use or misuse of my userID/password by me or by anyone else.
2. I will not disclose my password to anyone or allow anyone to access any Mission systems using my password.
3. I will not attempt to learn or use anyone else’s password nor will I attempt to access any computer resource that I do not have explicit permission to access.
4. If I believe that my password has been compromised, I will immediately change my password or notify the Information Services Help Desk and request that my password be changed.
Computer User Security and Confidentiality Agreement, continued

5. I will not seek personal benefit or permit others to personally benefit from the use or disclosure of any confidential information to which I have access.

6. I will not physically change or damage, attempt to physically change or damage, or allow any other person to physically change or damage or attempt to physically change or damage Mission computers, computer systems, networks, or computing resources in any way.

7. I will not remove, add, transfer, download or modify any hardware, software, application programs, data or intellectual property from Mission computer systems, or their environs, whether physically, logically or mechanically, without explicit job-related justification or explicit permission from Mission’s Chief Information Officer or Corporate Compliance Officer.

8. I will not introduce data or programs into a Mission computer or the computer network without first having the portable media virus-checked.

9. I will comply with all Mission policies regarding acceptable use of resources, information security, e-mail, Internet, Intranet, and protection of patient and business information.

10. I understand that Mission reserves the right to audit any computer activity or data on its computers, systems or networks.

11. I understand that my obligations under this Agreement will continue after termination of my employment by, or affiliation with, Mission and/or the expiration or cancellation of this agreement.
Confidentiality Statement

• Confidentiality of both protected health information (PHI) and business information is critical in the health care environment. Every member of the Mission Health System workforce is responsible for ensuring the privacy and security of PHI and business information.

• I acknowledge that I am required to comply with Mission Health System policies, procedures and practices governing PHI and other information, including verbal, written, electronic and all other forms.

• I understand that texting, cell phone photography, and use of social media to obtain or share PHI or confidential information is strictly prohibited, without IT approved software.

• I understand that I am responsible for reporting potential or known concerns immediately to my supervisor or through other available reporting mechanisms.

• I understand that I am to access, use and disclose PHI or other information only as required to perform my job responsibilities; and that I cannot use, access or disclose information acquired as a result of my role in any manner inconsistent with performing my job duties. I cannot directly access my own PHI or that of family members, friends or co-workers.

• If during the course of my job duties, I encounter such records, I am to promptly notify my supervisor for further direction. Inappropriate or unauthorized access, use, or disclosure of PHI or business information is prohibited and will result in corrective action, including but not limited to termination of employment. In addition, criminal and/or civil penalties may apply.
Conflict of Interest Disclosures

• As an employee of Mission Health System, Inc. (“Mission”), I hereby acknowledge that I have read and agree to comply with the Mission Administrative Policy 1LD.ADM.0014 “Potential Conflicts of Interest”.

• I agree to disclose “related persons” at the time of hire and at the time of completion of the Conflict of Interest statement. Additionally, if a situation arises where I enter into a “related persons” relationship and supervise or hold a position to influence the terms and conditions of employment of the other person, I will disclose that relationship. “Related persons” are defined as spouse, parent, child, niece, nephew, cousin, sibling, aunt, uncle, grandparent, in-law, legal guardian, grandchild, stepchild, stepparent, stepsibling, other person with whom the staff member resides or is in a romantic relationship.

• I agree to disclose any personal or business interests which members of my immediate family or I may have to the extent they may be in conflict with the interests of Mission and its Members as set forth in Mission’s policy on Potential Conflicts of Interest.

• I understand that if any of the above information changes, I am responsible for immediately completing and submitting a revised Conflict of Interest Disclosure Statement.
Patient Identification

- I understand that the patient is to be positively identified each time treatment is provided.

- I will always ask the patient to state their name and date of birth while comparing the information to their patient ID band or the order/documentation for treatment (where armbands are not used.)

- I understand that failure to use proper procedures for patient identification may result in unnecessary risk and harm to the patient and corrective action for me.
Safety Commitment

A goal of Mission Health is to eliminate or manage both known and potential safety hazards that may affect our employees, visitors and patients. In order to achieve this goal, I will adhere to the following guidelines:

• Safety is my responsibility. I am accountable for my personal safety and that of those with whom I work, study, or interact.
• I will actively and consistently work to provide a safe, healthy work and patient care environment.
• When I identify a possible hazard or risk to patients, staff or myself, I will report it to the appropriate office in a timely manner.
• When I identify errors that have occurred, I will report them as soon as possible so that we may learn to avoid similar errors in the future.
• I will abide by clinical/hospital/health system policies that have been implemented to prevent errors.
• I will use personal protective equipment (PPE) according to policy to reduce the possibility of hazards.
• If I feel I have not received adequate training to support safe care for our patients and staff, I will immediately discuss these concerns with my supervisor or contact Environmental Health and Safety.
For more information …

Harassment/Discrimination/Retaliation
HR Direct Connect – 213-5600

Infection Prevention & Epidemiology
Infection Prevention Dept. – 213-6170

MERIT Behavioral Standards
HR Direct Connect – 213-5600

Corporate Compliance
Chief Compliance Officer – 213-3523

Computer and Information Security
Information Technology – 213-2000

Confidentiality/HIPAA/Privacy
Privacy Officer – 213-8540

Conflict of Interest
HR Direct Connect – 213-5600

Safety Commitment
Environmental Health and Safety – 213-5795

Confidential Compliance Hotline
Mission Integrity – 1-877-ETHICS1
False Claims Act

Annual Education
2018
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
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!
Patient Rights

Annual Education
2018
Objectives

- Understand hospital responsibilities associated with Patient Rights and Responsibilities.
- Describe how to manage and report a patient rights concern.
- Define abuse and understand hospital reporting responsibilities.
- Understand the Elder Abuse Act.
Patient Rights

All staff have the responsibility to report any concerns related to patient rights and responsibilities.

All patients have rights defined by the State and Federal Regulations.

The hospital must ensure that the exercise of Patients’ rights requirements are met.

Each patient is offered a copy of their rights during the registration process. (Patient rights and responsibilities should be posted in inpatient and outpatient locations).

All staff members should be knowledgeable about these rights and how to protect each patient’s rights.
Abuse is defined as the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, or mental anguish.

Individuals must not be subjected to abuse by anyone including, but not limited to, staff, consultants, volunteers, patients, family members or visitors.

Abuse includes physical or mental harm and/or neglect.

Failure to follow through with the plan of care could be interpreted as neglect.

Mental harm is as serious as physical harm.

Patients and families may express concerns regarding patient rights in various ways.
Abuse Prohibition and the Elder Justice Act

- The Elder Justice Act is part of the Affordable Care Act.

- If you have a *suspicion* of a *crime* against a resident of a nursing home, you must report it to local law enforcement.

- This only covers nursing home residents, but any person that works with these patients in the hospital must also be trained.

- Examples that should be reported are:
  - Physical Abuse
  - Financial Exploitation
  - Neglect
Responsibilities of Staff Members

Mission Health investigates ANY incident (verbal/written complaint or witnessed conduct) of potential abuse or neglect immediately upon notification.

Upon entry into the hospital and on an ongoing basis, patients will be screened and/or assessed for abuse or neglect using clinical indicators and established criteria.

If a team member is made aware of a patient rights concern, during patient care, the concern must be immediately escalated to their supervisor/leader and entered into RL Solutions. Protect the patient and staff members by reporting.

When there is potential abuse or neglect involving a patient at Mission Health, the staff member will address the safety needs of the patient and staff, and take all actions necessary, including but not limited to removal of a staff member from the area, restriction of visitors, making the patient “No Info” status, use of a sitter, or counseling.
How to Report Internal Potential or Actual Abuse

Mission Health System

Report any abuse to immediate supervisor and file report using RL Solutions.
Notify Risk Management: 828-213-5500 (after hours contact house supervisor)

A staff member can report anonymously by calling 1-877-ETHICS1 or via MOD: Reporting Integrity Issues or Concerns.

It is everyone’s responsibility to monitor for potential abuse and report utilizing one or more of the above methods.
**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
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 348 team members were placed in corrective action due to HIPAA non-compliance; 13 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

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

**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.

Annual Education © 2018 Mission Health System, Inc.
HIPAA: Patients’ Rights

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 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.

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

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


**HIPAA: OUR Responsibilities**

**Section 3. HOW We Protect PHI**

- **Safeguards:** Secure all PHI - Paper, Electronic, or Verbal
- **Contracts with vendors:** Business Associate Agreements (BAA)
- **Policies & Procedures**
- **Training**
- **Automated EMR Monitoring** to detect *inappropriate access* (not part of 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 job related

Examples: looking up appointments, birthdays, addresses, even if to send a sympathy card to a co-worker or employee.
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 do not need to know, including co-workers or personal acquaintances.
   - **Be mindful of visitors** when interacting with patients- you may find it appropriate to ask visitors to step out when communicating sensitive information.

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

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 this patient’s information to do my job?”

- 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.

- Share (**disclose**) PHI only to authorized individuals. If in doubt, review policies, contact your supervisor, or the Privacy Office.

- If a patient calls to report they have been given a document that contains another patient’s information, you should ask them to return the document and/or offer to send a postage paid envelope for the return to the Privacy Office.

- Remember- **what happens at work stays at work!** – **IN ADDITION** do not approach patients (including co-workers as current or former patients) to discuss their care unless you are actively treating them!

Reporting / Questions

**Mission Health Privacy Department**
Executive Director, HIPAA Privacy Officer
- (828) 213-8540
Manager, HIPAA Privacy
- (828) 213-8536

**HIPAA Privacy Specialists**
- (828) 213-8541
- (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**
In Buncombe County, 6% of the population speaks a language other than English at home.

Source: USEFoundation.org
Qualified Interpreters

- Always use a qualified interpreter when communicating with a patient who has Limited English Proficiency.

- The Joint Commission requires that interpreters used at Mission Health have been deemed qualified by Mission Health.

- Call Interpreter Services at 213-2043 to verify that a provider or staff member is on the list of qualified interpreters.

- Do not use unapproved apps or other software to attempt interpretation (for example, Google Translate).

- Please note that being fluent in speaking a language does not automatically qualify someone as a medical interpreter.
Appropriate Use of Interpreters

• Position the interpreter next to the patient or provider.

• Speak in first-person and directly to the patient as if they understood English (example = “How are you doing?” rather than “How is she doing?”).

• Use short sentences. Use one question at a time. Do not use lots of professional jargon, acronyms, or idiomatic expressions.

• Accurate interpretation means no additions, omissions, or changes to your message.

• Check for understanding from the patient.

• DOCUMENT the type of interpreter used in the patients record.
Mission Health Interpretive Services

- Language services are available 24/7.
- Language services are **free to the patient**.
- On-site Interpreters are available from 6am to 2am (for a limited choice of languages). They can be reached by calling 213-2043. Our MOD page also has contact information.
- Stratus is our provider for phone and video interpretation services. This app is on iPads, laptops and devices throughout the system.
- The phone numbers you should call if you would like to use over the phone interpretation for your patient are on the next slide.
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Phone Number</th>
<th>Access Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>CarePartners Rehabilitation Hospital</td>
<td>(866) 792-9021</td>
<td>10123</td>
</tr>
<tr>
<td>McDowell Hospital</td>
<td>(866) 792-9021</td>
<td>10309</td>
</tr>
<tr>
<td>Mission Children’s Specialists</td>
<td>(866) 792-9021</td>
<td>10311</td>
</tr>
<tr>
<td>Angel Medical Center</td>
<td>(866) 792-9021</td>
<td>10306</td>
</tr>
<tr>
<td>Mission Children’s Hospital</td>
<td>(866) 792-9021</td>
<td>10310</td>
</tr>
<tr>
<td>Highlands-Cashiers Hospital</td>
<td>(866) 792-9021</td>
<td>10308</td>
</tr>
<tr>
<td>Mission Health System</td>
<td>(866) 792-9021</td>
<td>10092</td>
</tr>
<tr>
<td>Blue Ridge Regional Hospital</td>
<td>(866) 792-9021</td>
<td>10307</td>
</tr>
<tr>
<td>Transylvania Regional Hospital</td>
<td>(866) 792-9021</td>
<td>10312</td>
</tr>
</tbody>
</table>
Clinics, Practices and Outpatient Settings

- All outpatient settings can also use the Stratus phone line and the application if it is installed on devices in your office.

- When using the phone line, please use the number for the hospital associated with your outpatient setting.

- Every patient with Limited English Proficiency has the right to an interpreter. Do not hesitate to call 213-2043 if you need assistance.
Emergency Operations Plans (EOP)

Each hospital has an all-hazards EOP that guides emergency response during a disaster or during a large planned event.

Ambulatory practices and departments of the hospital have Emergency Sub-Plans that have location specific information.

Emergency Operations Plans are located on C360 by hospital, and can be accessed from MOD.

Emergency plans address response to common hazards and staff are responsible for reviewing response protocols regularly.
### Hospital Facility Alerts

<table>
<thead>
<tr>
<th>Event</th>
<th>Announcement Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Evacuation / Relocation</td>
<td>Announced on direction of Administrator on Call (AOC)</td>
</tr>
<tr>
<td>Fire / Smoke Alarm</td>
<td>Announced by the person finding the fire</td>
</tr>
<tr>
<td>Hazardous / Materials Spill</td>
<td>Announced on direction of AOC, Security, or Corporate Safety</td>
</tr>
<tr>
<td>Mass Casualty – Code TRIAGE</td>
<td>Announced on direction of House Supervisor, ED NUS or AOC.</td>
</tr>
<tr>
<td>Utility / Technology Interruption</td>
<td>Announced on direction of AOC or Incident Commander</td>
</tr>
<tr>
<td>Weather</td>
<td>Announced when National Weather Service issues tornado warning for the location or Announced on direction of AOC</td>
</tr>
</tbody>
</table>

### Hospital Security Alerts

<table>
<thead>
<tr>
<th>Event</th>
<th>Announcement Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Pink/Missing Infant/Child &lt;18 yrs</td>
<td>Initial announcement may not include full description. <strong>Description (including age) should be announced as soon as available.</strong></td>
</tr>
<tr>
<td>Decision Impaired Missing Person &gt;18 yrs</td>
<td>Announced only on direction of Security, House Supervisor or AOC.</td>
</tr>
<tr>
<td>Armed Intruder / Shooter ✓ “Shots Fired” ✓ “Armed Intruder”</td>
<td><strong>Shots fired announced upon report.</strong> Threatening intruder announced on direction of Security or AOC.</td>
</tr>
<tr>
<td>Bomb Threat / Suspicious Package</td>
<td>Announced only on direction of Security or AOC.</td>
</tr>
</tbody>
</table>

### Hospital Medical Alerts

<table>
<thead>
<tr>
<th>Event</th>
<th>Response Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code Blue/Adult Medical Emergency</td>
<td>Code Blue Team</td>
</tr>
<tr>
<td>Rapid Response</td>
<td>Rapid Response Team</td>
</tr>
<tr>
<td>Code Pediatric/Pediatric Medical Emergency</td>
<td>Code Pediatric Team -or- Code Blue Team</td>
</tr>
<tr>
<td>Pediatric Rapid Response</td>
<td>Pediatric Rapid Response Team -or- Rapid Response Team</td>
</tr>
<tr>
<td>Code APGAR/Neonatal (&lt;28 days) Medical Emergency or delivery outside L&amp;D</td>
<td>Code Apgar Team -or- Code Blue Team</td>
</tr>
<tr>
<td>Obstetric Hemorrhage (OBH Team)</td>
<td>OB Hemorrhage Team</td>
</tr>
<tr>
<td>Behavioral Emergency (BERT Team)</td>
<td>Behavioral Emergency Response Team</td>
</tr>
<tr>
<td>Outside Building</td>
<td>ED on Memorial Campus / Coli &amp; 9 SD on SJ Campus</td>
</tr>
</tbody>
</table>
Evacuation Overview

Evacuation will only happen when life safety is in danger, and/or if the building or structure is damaged and is dangerous for those in it.

Sheltering in Place (staying where you are) should be considered if safe, rather than evacuating.

Hospital leadership team will decide if evacuation is necessary to protect patients/staff/families. Hospital Command Centers may be opened to coordinate evacuation and relocation.
Evacuation Steps

Move people at risk away from the danger to a point of safety.

- Hospital Example: fire move patients and staff through the fire doors into the next smoke compartment.

- How to prepare for evacuation of patients, visitors and caregivers:
  - Horizontal, then vertical if necessary (using equipment as needed)
  - Business occupancies must evacuate upon alarm notification

- Ambulatory practices: move staff and patients to a designated gathering point inside or outside the building. Gathering points are identified in the specific locations of the Emergency Operations Sub Plans.

- A method of identifying rooms that have been evacuated is determined at each location and practiced.
Evacuation

During evacuation:

- Staff from all areas can help.
- **Elevators should not be used unless directed by local fire department.**
- Patients may be moved with equipment including by bed, stretcher, wheelchair, **evacuation slides** or by walking.
- Life safety is most important and should be maintained throughout evacuation.
- The Command Center for the hospital may be opened to support evacuation of hospitals or of ambulatory practices.

Following evacuation:

- Everyone (staff, patients and visitors) must be accounted for by the on-site leaders.
- Safety of the facility and or damaged area will be determined before re-occupancy.
Active Assailant

An *Active Assailant* is a person actively engaged in killing or attempting to kill people in a confined and populated area with any weapon.

Characteristics of an *Active Assailant* event:

- Unpredictable
- Occur and unfold rapidly
- No pattern to the selection of victims
- Over in a matter of minutes
- Arrival of law enforcement required to stop the incident
How to Respond in the Event of an Active Assailant

During an **Active Assailant** event you must quickly choose an action that will increase your chance of survival.

You have three options:

- **Run**: If there is an available escape route, and you can reach it safely, attempt to leave the building.

- **Hide**: If you cannot safely evacuate, find a place to hide, if possible one that will both protect and keep you out of the assailant’s sight.

- **Fight**: Only as a last resort, when the safety of your life depends on it, attempt to stop the assailant by any means necessary.
Active Assailant

Notify hospital security staff as soon as it is safe to do so.

Ambulatory locations should notify local law enforcement by calling 911.

Information to be provided:
- Location of the assailant
- Physical description of the assailant
- Number and type of weapons used
- Number of possible victims at the location

What to Do When Hospital Security/Law Enforcement Arrives:
- Follow instructions
- Keep hands clear and raised, palms facing out with fingers spread
- Speak calmly
- Move deliberately
- Do not distract or detain the officers
Emergency Management Contact Information

Mission Health System-wide
Emergency Management Coordinator 828-257-7720

Facility-specific Emergency Management Contacts are located on Mission’s Intranet (MOD), Emergency Management home page
Environment of Care & Fire-Life Safety

Annual Education
2018
**Code Pink**: A designated code for suspected infant / child abduction or elopement

**Pink Dots** are located at elevators and exit doors to alert staff of areas that need to be monitored during a **Code Pink**

Call your internal emergency notification number from any phone within the main hospital buildings

Call 911 if outside the main hospital buildings

When activating a **Code Pink** within main hospital buildings the caller will give the operator the following information:

- **Code Pink**
- Location
- Pertinent information regarding suspect
- Information regarding infant/child: gender, race, clothing, attire, etc.

Staff Responsibility when **Code Pink** is activated:

- **Stop** all non-critical work
- **Locate** a **Pink Dot** in your area
- **Guard** the **Pink Dot** area near exits/doorways/ elevators/stairwells until the **Code Pink** is all clear
- Tactfully **challenge** any persons carrying a bag, suspicious bundle or infant/child. This includes visitors and staff members.

Departments with infants & children **conduct** a search and room to room head count of their unit
Responding to a Fire Alarm

If you observe fire or smoke in your work area, take the following steps to initiate Facility Alert: Fire Alarm and follow R.A.C.E.:

- **RESCUE**: Patient(s) and/or visitors in immediate danger of the fire or smoke.
- **ALARM**: Pull the nearest fire alarm station or notify another to do so.
- **CONTAIN**: Close doors to adjoining rooms or corridors to contain smoke and/or fire.
- **EXTINGUISH**: If you feel safe in doing so and have been trained, follow the P.A.S.S. procedure.

Know the location of fire alarm pull stations in your area!
Know the location of fire extinguishers in your area!
Responding to a Fire Alarm

To properly use a fire extinguisher, follow P.A.S.S.:

- **PULL**: The pin from the extinguisher handle
- **AIM**: The nozzle at the base of the fire
- **SQUEEZE**: The handle/trigger
- **SWEEP**: The nozzle back and forth across the base of the fire

Only use a fire extinguisher if you have been trained to understand:
- type of extinguisher(s) in your area
- limitations of use and size of fire
Fire / Life Safety

Know, describe and demonstrate:

• Your role and responsibilities in event of fire at or near your location:
  o Follow R.A.C.E
  o Identify whose job it is to clear equipment from hallways and corridors

• The fire evacuation route(s) away from the area

• How to prepare for evacuation of patients, visitors and caregivers:
  o Horizontal, then vertical if necessary
  o Business occupancies must evacuate upon alarm notification
Cultural Competence

Annual Education
2018
Diversity, Inclusion & Health Equity

Mission Health is committed to Diversity, Inclusion and Health Equity. We do this by valuing differences and similarities and promoting a culture that creates a sense of belonging for all.

“Many Differences. One Mission.”
We Show Value & Respect By......
What is cultural competency?
Cultural Competence is an ongoing journey. During life’s journey we all grow our awareness, increase our knowledge, skills, form attitudes and behaviors. This journey recognizes, respects, and values the culture of each person as an individual each time we meet them.
## What is Diversity, Inclusion & Health Equity

<table>
<thead>
<tr>
<th>Diversity</th>
<th>Inclusion</th>
<th>Health Equity</th>
</tr>
</thead>
</table>
| Diversity is the range of human differences, including but not limited to:  
  - Race  
  - Ethnicity  
  - Gender  
  - Gender identity  
  - Sexual orientation  
  - Age  
  - Social class  
  - Physical ability or traits  
  - Religious or ethical values system  
  - National origin  
  - Political beliefs  | Inclusion involves and empowers each person. Inclusion recognizes the innate worth and dignity of all people.  
An environment that is all-embracing promotes and sustains:  
  - A sense of belonging.  
  - It values and practices respect for the talents, beliefs, backgrounds of its members.  
  - It values and respects the ways of living of its members.  | Healthy People 2020 defines health equity as the “avoidable differences allowing attainment of the highest level of health for all people.” |

Why Does it All Matter at Mission?

It helps serve all people within in our community and region. Differences in health and health care:

- Limit continued improvement in the overall quality of care.
- Affect the well-being of our patients.
- Result in needless cost.
- Do not support our BIG (GER) Aim.

Recent studies estimate 30% of direct medical costs for Blacks, Hispanics, and Asian Americans are excess costs due to health biases. It has been projected that our country’s economy loses $309 billion per year due to the direct and indirect costs of disparities.
Health Care Disparities

Studies show there are differences in the healthcare delivered to patients based upon:

- Race
- Ethnicity
- Age
- Gender identity
- Sexual Orientation
- Religion
- Gender

Healthcare Disparities continue, even after correcting problems like:

- Socioeconomic status
- Access to care
- Income
- Education

Healthcare disparities = unequal care
Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare, a report on the extent of healthcare disparities, found:

“Evidence of racial and ethnic disparities in healthcare are remarkably consistent across a range of health conditions and procedures, and cannot fully be explained by differences in access to care, such as insurance status.”
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social integration</td>
<td>Health coverage</td>
</tr>
<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access to healthy options</td>
<td>Support systems</td>
<td></td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td></td>
<td>Community engagement</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
<td></td>
<td>Discrimination</td>
<td>Provider linguistic and cultural competency</td>
</tr>
<tr>
<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td>Stress</td>
<td>Quality of care</td>
</tr>
<tr>
<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

## Health Outcomes
- Mortality
- Morbidity
- Life Expectancy
- Health Care Expenditures
- Health Status
- Functional Limitations
Equity = FAIRNESS
Access to the same opportunities. We must first secure fairness before we can enjoy equality.

Equality = SAMENESS
Giving everyone the same thing. It only works if everyone starts from the same place.
Diversity fosters a more qualified, engaged, creative and innovative workforce.

- A diverse and inclusive workforce helps businesses avoid employee turnover costs.
- Businesses that do not adopt diverse workplace practices and create a sense of belonging see higher turnover rates.
What Can I Do to Be More Culturally Competent?

- Value and control the power of diversity, inclusion, equity and belonging.
- Be fully present and conscious. Know the workings within cultures when interacting.
- Take part in Diversity Education learning opportunities. These opportunities will:
  - Broaden our perspectives
  - Challenge our perceptions and assumptions
  - Provide us with tools to use that increase our awareness and accountability
- Contribute or volunteer for Mission sponsored events that serve ALL communities.
- Join and/or partner with the Diversity, Inclusion & Health Equity Council.
Many Differences. One Mission.
OSHA enacted the Hazard Communication Standard (a.k.a. Right-to-Know Act) in 1983 to ensure that workers would have access to information about potential health hazards of substances to which they may be exposed. This knowledge is essential to reducing your risk of occupational illness and injury.*

Changes in Hazard Communication Standards

First major changes since 1994 – New legislation makes impact through the “Globally Harmonized System” or GHS

New product labeling requirements:
- Product Name
- Pictogram
- Signal Word
- Hazard Statement
- Precautionary Measures
- First Aid Statement
- Supplier Contact Info

Product J
(abc chemical)

Danger
Fatal if swallowed
Causes skin irritation

Precautions:
- Wear protective gloves.
- Take off contaminated clothing and wash before reuse.
- Wash hands thoroughly after handling.
- Do not eat, drink or smoke when using this product.
- Store locked up.
- Dispose of contents/container in accordance with local regulations.
- IF ON SKIN: Rinse skin with water/shower.
- IF IN EYES: Rinse cautiously with water.
- IF SWALLOWED: Immediately call a Poison Center or doctor/physician. Do not induce vomiting.

ABC Chemical Co., 123 Anywhere St., (123) 456-7890
See the SDS for more information

The Signal Words:
- Danger = more severe
- Warning = less severe

If you have unlabeled containers, you need to provide a label that communicates at minimum:
- Name of material (example: Bleach)
- Hazard (example: Corrosive)
Access to Safety Data Sheet (SDS)

#1 MOD
- “Quick Links”
- Enter search information for material you want to find

#2 Phone access
- Phone stickers & posters are available through Environmental Health and Safety
- Will Fax back a copy of material requested

#3 USB drive access
- Thumb drive in ED locations
- For extreme situations / responses

1.888.362.7416
Chemical Spill Response

- Responding to chemical spills
  - C: Contain the spill and control access to the area
  - L: Leave the area
  - E: Emergency medical assistance if necessary
  - A: Access Safety Data Sheet(s) (SDS) as applicable
  - N: Notify Supervisor

- Known substances of manageable volume (≈1000mls or less)
  - Can be comfortably handled by staff with basic training
  - Should be ‘reported’ in RL solutions for appropriate follow up

- Unknown or highly hazardous substance
  - Contact Facilities Dispatch immediately
  - Contact Environmental Health & Safety immediately
Chemical Splash To Eyes/Skin

- Remove affected clothing as needed

- Wash skin immediately
  - Use tepid water (60-100 degrees F)
  - Hand soap

- Emergency eye washes
  - Managers:
    - Follow check log to help train staff on eyewash use and requirements
  - Flushed weekly & documented on check log
  - Performed by the immediate staff in the surrounding area
  - Facilities provides inspection annually & maintenance as requested/reported

- NOTE: Blood and body fluid exposures may be handled at simple handwashing locations and follow the body and body fluid exposure plan.
## Blood and Body Fluid Exposures

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Thoroughly clean with soap and water</td>
</tr>
<tr>
<td>1.</td>
<td>Needlestick: Clean with soap and water</td>
</tr>
<tr>
<td>2.</td>
<td>Mucous membrane: Rinse with generous amounts of water</td>
</tr>
<tr>
<td>2.</td>
<td>Report incident immediately to your supervisor</td>
</tr>
<tr>
<td>3.</td>
<td>Complete an occurrence report</td>
</tr>
<tr>
<td>4.</td>
<td>Make note of the source patient’s medical record number and physician</td>
</tr>
<tr>
<td>5.</td>
<td>Note the type, brand, and manufacturer of the device if it is a sharps injury</td>
</tr>
<tr>
<td>6.</td>
<td>Notify WorkWell: 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.</td>
<td>Post-exposure prophylaxis will be started immediately, if necessary</td>
</tr>
<tr>
<td>7.</td>
<td>Notify the patient’s physician to obtain order for a patient source exposure profile</td>
</tr>
</tbody>
</table>
We are all responsible for SAFETY!!

Globally Harmonized System changes applied in 2015
- New symbols and labelling on products

Safety Data Sheets (SDS)
- Know your access: via MOD or via telephone
- Know your required protective equipment (PPE) based on chemical

Eyewash equipment
- End users @ department perform weekly test/flush and document
  - Facilities Engineering handles Annual testing or maintenance as needed/ contact if failure, leaking or other performance issues with equipment
- Risk assessment guides Department managers through the question-do I need emergency eye/face/shower equipment?
  - See Mission System policy for checklist and guidance

If you need further assistance, please contact Environmental Health & Safety
(Formerly ‘Corporate Safety’) @ 828-213-5795
Information Security, Mission Health and You!

Mission Information Security works to protect over 1 Million health records by:

- Securing and guarding information against unauthorized use
- Ensuring information keeps its integrity, remains confidential and available
- Providing tools and processes to help keep information protected and secure

Did you know???

- 1.9 BILLION personal records were compromised in 2017…a hacker’s target is YOU
- 978 million people were victimized by cybercrime in 2017…a hacker’s target is YOU
- A company is attacked with ransomware every 40 seconds, versus every 2 minutes in 2016.
- Cybercrime damages are projected to cost the world $6 trillion USD annually by 2021
- There were 2.6 million attempted attacks at Mission last year. That’s an attack every 12 seconds, trying to get to you through your Mission e-mail, internet sites or mobile devices.

Why you?
Because stolen Health information is very valuable and you are not only a Mission employee, you are also a potential patient. The information you protect could be your own!

We are all responsible for doing our part and success depends on YOU!
Phishing is an attempt to illegally obtain someone else's personal information, or to infect a computer with malware or ransomware.

Commonly, a legitimate looking email is sent seeking information or requiring the user to click a link in the email.

Be diligent, defensive, and use common sense!
• Who is the email from – do you recognize the sender?
• Notice the greeting – is it normal?
  • Is your full name used by a person who would not normally address you in that manner?
• Look for grammatical errors.
  • Simple spelling and grammatical errors are indicators of a phishing scam.
• Hover over all links to check the URL. The address could be spoofed.
• Use common sense – for example, if you are not expecting a package, do not click on a tracking link in an email.
• If you suspect an imminent threat, forward the email to spam.admin@msj.org or contact MH Service Desk.
• When in doubt, delete the email. Never respond to a suspicious looking email.
How to restore your PayPal account

Dear PayPal member,
To restore your PayPal account, you'll need to log in your account.

It's easy:
1. Click the link below to open a secure browser window.
2. Confirm http://69.162.70.169/ppau/ the account, and then follow the instructions.

Log in your account now

PayPal Email ID PP32260008777636
Password Management

- Create strong passwords of at least 8 characters using phrases and numbers
- Use different passwords for your Mission and personal accounts
- Change Passwords often (every 90 days)
- Never write down or share a password
Best Practice Tips to Always Follow!

Mobile Devices

- Connect Mission-owned devices **ONLY** to verified, secured networks
- Always encrypt confidential/sensitive data
- **Never** text PHI, ever!
- Lock your device when you are not using it
- **Never** open attachments from your personal email on Mission-owned devices
- Report a lost device that contained confidential/sensitive data immediately to MH Service Desk
- **Never** install software yourself – call the MH Service Desk
- **Never** store e- PHI/sensitive data on removable devices (USB drives)

Internet Usage

- Only visit sites that support your work effort
- Click Smart! – Be suspicious and if unsure, don’t click the link!
- Confirm a site’s security - https vs. http. The “s” confirms the traffic between you and the site is encrypted.