ORIENTATION AGENDA

SECTION 1  HCHD Organizational Structure

SECTION 2  ServiceFIRST
              Patient and Customer Satisfaction

SECTION 3  Environment of Care
              Safety Management

SECTION 4  Standard Precautions/Exposure Control
              Infection Control Department

SECTION 5  HCHD Compliance/HIPAA
              Corporate Compliance

SECTION 6  Interpretation Services
              Patient and Public Affairs

SECTION 7  Regulatory Education
              Learning and Resource Center

APPENDIX  Forms and Charts
Section 1

HCHD
Organizational Structure

- Organizational Chart
- Board of Managers
- Vision, Mission, Values
- HCHD Facts at a Glance
Community Health Choice Board

Harris County Hospital District Bd. of Managers

Mercedes Leal Legal Affairs

Peter Doyle, MD
Chair of Medical Board

David S. Lopez
President & Chief Executive Officer

Ottley Sims
Administrator Board Affairs

Jose Garcia, MD
General Director AMS

HCHD Foundation

Tim Tindle
Exec. VP & Chief Information Officer

Mike Norby, Interim
Exec. VP & Chief Financial Officer

George Masi
Exec. VP & Chief Operating Officer

Beth Cloyd
Exec. VP Clinical Operations & CNE

Fred Sutton, M.D.
Exec. VP & Chief Medical Officer

Carlos Vallbona, MD *
Chief of Staff

Margery Watt
Assoc. Admin. & Chief Nursing Officer

Carol Oddo
Assoc. Admin. Amb. Services & District Services

Business Services

Information Technology

Patient & Public Affairs

Lou Gould
VP of Human Resources

Ron Johnson
VP of Planning/Engineering

Chief Nursing Officers BT / LBJ / CHP/QM

Dr. Margo Hilliard
Sr. VP of Community Services

R. King Hillier
VP of Public Policy and Govt. Relations

PATIENT CARE SERVICES

AMBULATORY SERVICES

CHP/Specialty Clinics

Robert John Trenschel, D.O.
Sr. Vice President & Administrator

Carlos Vallbona, MD *
Chief of Staff

Margery Watt
Assoc. Admin. & Chief Nursing Officer

Carol Oddo
Assoc. Admin. Amb. Services & District Services

Business Services

Information Technology

Patient & Public Affairs

Ben Taub/QM Hospital

Jeff Webster
Sr. Vice President & Administrator

Dana Bjarnason
Assoc. Admin. & Chief Nursing Officer

Mike Staley
BTGH Assoc. Admin. & District Services

Business Services

Information Technology

Patient & Public Affairs

LBJ Hospital

Jessie Tucker, Ph.D.
Sr. Vice President & Administrator

Barbara Reece
Assoc. Admin. & Chief Nursing Officer

Chris Okezie
Assoc. Admin. LBJ & District Services

Business Services

Information Technology

Patient & Public Affairs

* Non-Hospital District staff who are members of Affiliated Medical Services (AMS).
The Harris County Hospital District Board of Managers is comprised of nine members appointed by the Harris County Commissioners Court and who serve without compensation.

Members serve a term of two years or until their successors are appointed and qualified. They also are eligible for reappointment by Commissioners Court. The Commissioners Court may make some initial appointments for one year in order to stagger terms. Appointees are members in good standing in the community having shown interest and responsibility through community service. During their two-year terms, the Board of Managers are sworn to uphold the constitution of the state of Texas and oversee the efficient administration of the Hospital District.

Terms of appointment are overlapping with four members being appointed in odd years and five members appointed in even years. This arrangement is subject to modification by the Commissioners Court.

The Board Members are not housed at District facilities. However there is a Board Office located at the Administration Building available to assist you should you need to communicate with a Board member. The mailing address is:

Harris County Hospital District
Board of Managers
2525 Holly Hall
Houston, Texas  77054

Phone. (713) 566-6420
Fax      (713) 566-6421

Pictures and bios of the Board Members are available on the District’s web site at:  www.tmc.edu/hchd
We improve our community’s health by delivering high-quality health care to Harris County Residents.

We will create a healthier community and be recognized as one of America’s best community-owned healthcare systems.

OUR PROMISE TO YOU

To provide high quality healthcare by knowledgeable and highly-trained staff;
To provide prompt, friendly and courteous service;
To be sensitive and responsive to your needs and concerns as well as those of your family;
To provide a clean, comfortable and safe environment in all of our settings.

WE VALUE:

Our patients, staff and partners
Compassionate Care
Trust
Integrity
Mutual Respect
Communication
Education, Research and Innovation
HARRIS COUNTY HOSPITAL DISTRICT
Facts at a Glance

The Harris County Hospital District (HCHD) is the public healthcare provider for the nation’s third most populous county. In 2009, HCHD accommodated more than 1.6 million emergency and outpatient visits and delivered more than 11,000 babies to area residents. During the past five years, hospital district facilities have encountered more than 5.5 million total patient/physician visits.

Providing academic connections . . .
HCHD provides academic teaching facilities for the faculty and residents of Baylor College of Medicine and the University of Texas Health Science Center at Houston. These academic affiliations give HCHD patients access to the latest breakthroughs in medical technology and specialized treatment techniques.

World-class acute care facilities . . .
HCHD’s two major hospitals, Ben Taub General Hospital and Lyndon B. Johnson General Hospital, are recognized for their world-class medical staffs and high level of acute specialty care.

Ben Taub General Hospital is a 598 licensed-bed facility, and is home to one of the nation’s top Level one trauma centers. It is the busiest emergency center in the Houston area and houses the city’s only psychiatric emergency center. Ben Taub serves as the teaching hospital for Baylor College of Medicine.

Lyndon Baines Johnson (LBJ) General Hospital is a 328 licensed-bed facility, featuring state-of-the-art equipment and a reputation for excellence in gynecology, obstetrics and neonatal intensive care. LBJ’s level III trauma center was one of the first in Texas and it is the area’s second busiest emergency center. LBJ is the teaching hospital for the University of Texas Health Science Center-Houston.
HCHD in the community . . .

The Harris County Hospital District reaches beyond its acute-care facilities and into the community. HCHD was one of the nation’s first public health care systems to embrace the concept of neighborhood primary care through its Ambulatory Care Services health centers. In 2009, the health centers had more than 596,000 patient visits to its network of 13 community health centers, nine school-based clinics, 13 homeless shelter clinics, a dental center, five mobile health units and the Riverside Dialysis Center.

CHP Health centers are located throughout the county to provide easy access for our patients. The 13 HCHD primary-care locations are:

- **Acres Home Health Center**, 818 Ringold Street
- **Aldine Health Center**, 4755 Aldine Mail Route
- **Harris-Baytown Health Center**, 1602 Garth Road
- **Casa de Amigos Health Center**, 1615 North Main Street
- **E. A. “Squatty” Lyons Health Center**, 1712 First Street in Humble
- **El Franco Lee Health Center**, 8901 Boone Rd.
- **Martin Luther King Health Center**, 3550 Swingle Road
- **Northwest Health Center**, 1100 West 34th Street
- **People’s Health Center**, 6630 DeMoss Street
- **Gulfgate Health Center**, 7550 Office City Drive
- **Settegast Health Center**, 9105 North Wayside Drive
- **Strawberry Health Center**, 927 E. Shaw Road in Pasadena
- **Thomas Street Health Center**, 2015 Thomas Street.

Serving Harris County’s special needs populations . . .

Harris County Hospital District offers two facilities dedicated to delivering high quality medical care to the county’s special needs populations. Quentin Mease Community Hospital and Thomas Street Clinic illustrate the Hospital District’s continued dedication to providing for the community’s spectrum of medical needs.

**Quentin Mease Community Hospital** is a 49-bed geriatric and inpatient physical rehabilitation care facility. Patients suffering spinal cord injuries, traumatic falls or violence-related injuries work to regain mobility and life skills through the hospital’s innovative programs.

**Thomas Street Clinic** opened its doors in 1989 as the nation’s first freestanding HIV/AIDS treatment facility. Approximately 60 percent of Harris County’s AIDS patients are treated at Thomas Street. In addition to a full-range of medical services, Thomas Street Clinic provides patients with easy access to a variety of counseling, housing and job placement assistance services. Childcare is also provided to patient families through a federally funded grant program.
Customer Service Values

- Friendliness
- Integrity
- Responsibility
- Satisfaction
- Teamwork

Contact:
Patient and Customer Satisfaction
713-566-6767
SERVICE MISSION STATEMENT

To create a culture where employees want to work, physicians want to practice, and patients want to come for care by always putting ServiceFIRST!

SERVICE VALUES

- Friendship
- Integrity
- Responsibility
- Satisfaction
- Teamwork

SERVICE STANDARDS OF BEHAVIOR

Friendliness: Make eye contact and smile. Introduce yourself; offer assistance. Say the patient's name often.

Integrity: Ensure our customers' right to privacy and modesty. Do what you say you'll do. Exceed expectations.


Satisfaction: Say words like, "my pleasure," and "I'll be happy to." Give everyone prompt service; keep them informed.

Teamwork: Respect and encourage co-workers so our guests' needs are met. Encourage co-workers and recognize them for a job well done.
Environment of Care  
Safety

- 7 Environment of Care Standards
- Reporting Employee Incidents
- Hazardous Materials and Waste
- Fire Safety
- Electrical Safety Practices
- Emergency References
- Basic Emergency Quick Reference Guidelines
- Environment of Care/Patient Safety Relationship

Contact:
Environment of Care and Safety
713-566-6825
Environment of Care-Safety
Our Mission:

We will maintain a healthy and safe environment for ourselves and our community.

Environment of Care Vision

To promote a safe, functional, and supportive environment within the hospital so that quality and safety are preserved.
Identifying Unsafe Practices/Safety Hazards

What's wrong with these pictures?

Three Basic Elements of the Environment of Care

1. The building or space, including how it is arranged and special features that protect patients, visitors, and staff.
2. Equipment used to support patient care or to safely operate the building or space.
3. People, including those who work within the hospital, patients, and anyone else who enters the environment, all of whom have a role in minimizing risks.

Environment of Care: Management Plans

- Safety Risks
- Security Risks
- Hazardous Materials & Waste Risks
- Fire/Life Safety Risks
- Medical Equipment Risks
- Utility Systems Risks
Safety Risks

• Report risks that can cause incidents/accidents.
• Maintain a safe environment: grounds, equipment, staff education, policies, safety and product recalls, etc.
• HCHD is a “No Smoking” Campus.

Important Facts for Staff To Remember

• Report risks that can cause incidents/accidents.
• Maintain a safe environment: grounds, equipment, staff education, policies, safety and product recalls, etc.
• HCHD is a “No Smoking” Campus.

SAFE LIFTING TIPS:

• Think before you lift.
  - Clear the path
  - Lift with knees/back straight
  - Carry the load close to your body
  - No bending/twisting at waist
• Know your limit and don’t try to exceed it.
• Use available resources
  - Request assistance
  - Carts/Lift Devices

EMPLOYEE/HEALTHCARE WORKERS INCIDENTS/ACCIDENTS

(JOB INJURY)

➤ Report ALL incidents/accidents to Director/Supervisor/Manager.
➤ Employee completes the online incident/accident report – eRisk Alert.
➤ Manager investigates and follows-up on incident/accident to implement opportunities for improvement.

An on the job injury is defined as a compensable injury that arises out of and in the course and scope of employment for which compensation is payable under Workers’ Compensation.

Course and scope of employment means an activity of any kind or character that has to do with and originates in the work, business, trade, or profession of the employer and that is performed by an employee while engaged in or about the furtherance of the affairs or business of the employer.

QUESTIONS???
Human Resources
Benefits Dept/Workers Comp
713-566-6243
Security Risks

High Risk Areas:
- Nursery
- Pharmacy
- ER
- Business Office
- Engineering Power Plant
- HVAC System
- Radiology-Nuclear Medicine
- Medical Gas/Oxygen Supply
- Laboratory Services

Security-Related Codes
- CODE STORK
- CODE ORANGE
- CODE ANDERSON

Hazardous Materials/Chemicals & Waste Risks

NOTE: Please review the BOMB THREAT Policy (P 7161) on EOC / Safety Policy Website.
Examples of hazardous chemicals found in the healthcare:

**Clinical:** Chemotherapeutics

**Non-Clinical:** Petroleum Based Solvents, Alcohol, Acids, Formalin, Mercury

HCHD is mercury free in patient care areas. (No mercury filled blood pressure equipment, thermometers)

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**Chemical Spill Code:**

CONDITION “YELLOW”

First Responders: Hazardous Chemical Response Team

Laboratory Staff (Team Leader), DPS-Security, Environmental Services, Engineering, Hazardous Materials, Safety, Emergency Management, Administration

---

**BIO-HAZARD WASTE DISPOSAL:**

Regulated Medical Waste
(Red Bags in Carts/Bags in Biohazard Boxes)

- Blood, body fluids, tissue
- no metal objects

Sharps Container
Sharps (needles/surgical instruments)

Refer to EOC / Safety Policy # 7205 & the Waste Disposal Chart.

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**MSDS:**

Material Safety Data Sheet
(Hazard Communication Program)
Pharmaceutical Waste Disposal

- Due to the reaction of some medications when mixed, the need to separate medications is warranted.
- There are certain medications that should not be disposed of in the sink or regular trash.
- EPA requires that pharmaceutical waste be disposed of properly.
- HCHD has a compliance program for proper disposal.

Pharmaceutical Waste Containers

- Dual Waste Container
- Hazardous Waste Container
- Non-Hazardous Waste

REGULAR WASTE DISPOSAL

- Dispose of trash into proper waste receptacles. (Clean paper in recycle carts/bins)
- Take precautions when disposing of broken glass and other sharp items into regular trash. (Beware of sharp edges.)

NON-COMPLIANT WASTE DISPOSAL
Patient Health Information (PHI) Disposal

Patient Health Info is NEVER to be thrown in the regular trash. It must be shredded.

Fire/Life Safety Risks

Code for a Fire Event: CODE “RED”

**Rescue**
Patients/staff from danger.

**Alarm/Activate Alarm**
Dial ext.3-7899/activate pull station.

**Contain/Confine**
Ensure that the fire is not spreading.

**Extinguish/Evacuate**
Extinguish fire/Evacuate immediate area.

FIRE EXTINGUISHER USE: PASS

P – Pull the pin that unlocks the operating lever.
A – Aim low Point the extinguisher nozzle at the base of the fire.
S – Squeeze the lever above the handle to discharge the extinguishing agent.
S – Sweep the nozzle from side to side. Keep the extinguisher aimed at the base of the fire.
Fire Drill Compliance

- Conducted by Security officers and are unannounced.
- One per shift per quarter in hospitals.
- Once per year in the health centers.
- Pull stations are pulled during Security conducted drills.

NOTE: Departments response to Code Red alerts (actual/drills) must be documented immediately following the announcement…“ Code Red no longer exist”. (One report per department.)

> When a fire drill is conducted between 9:00 pm and 6:00 am, a code overhead announcement via the hospital/facility Operator is permitted, instead of the pull station audible alarm.

> The Fire Warden is the Engineering Operations Manager or Senior Engineer on duty in the hospital/facility.

Fire/Smoke Compartments

IMPORTANT NOTE: During a fire event, if evacuation is necessary you can move from one smoke compartment to another without evacuating the hospital building.

Medical Gas Shut-Off Valve

Valves must be labeled with area served.

Pull the ring

Turn the knob toward the body.

Shut-off valve operation is managed by Respiratory Care (Team Leader), Nursing and Engineering.
Oxygen (O₂) “E” Cylinders

Oxygen (O₂) “E” Cylinder Storage Practices

1. O₂ cylinders must be secured in an approved holder.
2. Full/in-use cylinders and empty cylinders MUST be stored separately.
3. The par level must not exceed 12 cylinders per storage location.

NOTE: Find out your department’s O₂ cylinder par level.
Reference: NFPA 99

Medical Equipment Risks

Scheduled PM Inspections
Patient Care/Clinical Equipment-Biomedical Inspection Stickers

- Pink - annual inspections
- Green - every 6 months inspections
- Orange - quarterly inspections
  (Used only on Dialysis and Anesthesia units)

Note: To ensure safe use for patients, the standard of practice is that all healthcare workers will check the Biomed inspection sticker for designated due date.
Medical Equipment Risks

- All equipment is inspected upon arrival at facility (including vendor provided)
- HCHD-owned equipment is placed in a maintenance management program based on function, physical risk and equipment incident history.

Medical Equipment Safety Tips

- Have the Manufacturer’s Operator’s manual readily available for use.
- Review and have knowledge of Biomedical policies/procedures.
- Review and have knowledge of the SMDA (Safe Medical Device Act) Report Policy # 7503 on EOC / Safety Policy Website

Utility Systems Risks

Utility FAILURE Code is CONDITION “F”

- Electrical Power
- Water
- Natural Gas
- Sewer Back-up
- Medical Gas

NOTE: A utility failure is identified as an “Internal Disaster” event. However, an event on the campus could result in a "Condition F" overhead page announcement. (e.g. Contractors striking a natural gas line while digging outside of the facility.)
Telephone Failure

- In the event of a telephone failure, there are designated emergency telephones for use.
- A list of the departments/areas with emergency telephones is located in the Facility Disaster Plan and also posted in departments/areas.

Refer to the Telephone Failure policy (Policy # 7604 on the EOC Safety Policy Website.)

PATIENT SAFETY PROGRAM
“Leadership’s Quote”...

We support a non-punitive environment for reporting of any patient related adverse outcomes and/or quality of care issues or concerns.

Key EOC / Safety Interface with the Patient Safety Program

- Resolve environmental safety issues that will minimize the risk of injury/accidents to our patients.
- Monitor the environment of care for improvements to ensure an effective and efficient patient safety program.
Department Assignment

Identify the following references…

- EOC Website for Safety Policy & Procedure and Green binder in the Department Manager/Supervisor’s office
- MSDS Online and MSDS Yellow binder in the Department Manager/Supervisor’s office.
- Fire Safety Plan/Procedure
- Emergency Operations Plan (Corporate & Facility)
- Basic Emergency Response Codes (Quick Reference Guide)

QUESTIONS?

WE ARE SO HAPPY TO HAVE YOU JOIN OUR TEAM.

Safety is everybody’s business.

THANK YOU!!!

QUESTIONS?

WE ARE SO HAPPY TO HAVE YOU JOIN OUR TEAM.

Safety is everybody’s business.

THANK YOU!!!

Emergency Management Preparedness/Response

- Galveston Island during Hurricane Ike September 13, 2008
- Terrorist Attacks – New York September, 2001
- Downtown Houston - Tropical Storm Allison June, 2001
- Oklahoma City Bombing April 1995

Department of Emergency Management

- Ray Higgins
  Director of Emergency Management
  9260 Kirby
  X- 41470
- Larry Robinson
  Emergency Management
  LBJ Hospital
  X- 66110
- Bert Sauss
  Emergency Management
  Ben Taub Hospital
  X- 37350
- Justin Adams
  Emergency Management
  Ambulatory Care Services & Quentin Mease
  9260 Kirby
  X- 41471
Emergency Management

What is EM role?
- Mitigation
- Preparedness
- Response
- Recovery

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<th>CONTINUOUSLY MANAGE</th>
<th>MAINTAIN &amp; ASSIST WITH DEVELOPED PLANS</th>
<th>REVIEW, REVISE &amp; UPDATE POLICIES</th>
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<td>Communications</td>
<td>Corporate EOP</td>
<td>PREDON</td>
<td>• DECON</td>
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<td></td>
<td>Facility EOP</td>
<td>• False Out Team &amp; Recovery Team</td>
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<td>Department EOP</td>
<td>• Hazardous Chemical</td>
<td>• Evacuation</td>
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<td>Regional Hospitals</td>
<td>• Response Codes</td>
<td>• NIMS</td>
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<td>City of Houston</td>
<td>• Radiological Response</td>
<td>• Exercises &amp; Drills</td>
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<td>Harris County</td>
<td>• IC Response</td>
<td>• Multi-EOC</td>
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<td>State of Texas</td>
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<td>• EM Track</td>
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<td>• EM Resources</td>
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</table>

MAINTAIN & ASSIST WITH DEVELOPED PLANS
- Corporate EOP
- Facility EOP
- Department EOP
- Regional Hospitals
- City of Houston
- Harris County
- State of Texas

REVIEW, REVISE & UPDATE POLICIES
- False Out Team & Recovery Team
- Hazardous Chemical
- Response Codes
- Radiological Response
- IC Response

CONDUCT & EVALUATE TRAINING
- DECON
- False Out Team & Recovery Team
- Hazardous Chemical
- Response Codes
- Radiological Response
- IC Response

INTERNAL DISASTER:
Some situations that can result in an internal disaster:
- Out-of-control fire
- Major flooding due to pipe burst or sewer back-up
- Electrical power failure
- Internal communication failure
- Biological contamination of the facility
  - Code “Zebra” (restricted code)

EXTERNAL DISASTER:
Hurricane, Building Collapse, Plane Crash, Mass Casualty
CBRNE (Chemical, Biological, Radiological, Nuclear, Explosion)

- CONDITION “B” – Patients en route
- CONDITION “C” – Patients have arrived

EMERGENCY CODES
- Know your personal responsibilities.
- Know your department’s responsibilities.

<table>
<thead>
<tr>
<th>Emergency Codes</th>
<th>Problem</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Code B</td>
<td>INTERNAL DISASTER</td>
<td>Hurricane, Building Collapse, Plane Crash, Mass Casualty</td>
</tr>
<tr>
<td>Code C</td>
<td>INTERNAL DISASTER</td>
<td>CBRNE (Chemical, Biological, Radiological, Nuclear, Explosion)</td>
</tr>
<tr>
<td>Code Zebra</td>
<td>INTERNAL DISASTER</td>
<td>Restricted code</td>
</tr>
<tr>
<td>Code Yellow</td>
<td>INTERNAL DISASTER</td>
<td>Code Yellow</td>
</tr>
<tr>
<td>Code Orange</td>
<td>INTERNAL DISASTER</td>
<td>Code Orange</td>
</tr>
<tr>
<td>Code Red</td>
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<td>Code Red</td>
</tr>
<tr>
<td>Code Green</td>
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<td>Code Green</td>
</tr>
<tr>
<td>Code White</td>
<td>INTERNAL DISASTER</td>
<td>Code White</td>
</tr>
</tbody>
</table>
EMERGENCY OPERATIONS PLAN

Know Your Role and Responsibilities

- National Incident Management System (NIMS)
- Hospital Incident Command System (HICS)

NOTE: Participation in disaster drills is important for all staff.

EM Mgmt
Staff
Managers assigned to a primary or back-up IC Position
Managers assigned to a primary or back-up IC Position
IS-100 HC
IS-200 HC
IS 700.a
IS 800.a

ALL members of management are required to take the IS-100 HC course (supervisors & above).

ALL members of management, who have been assigned to a primary or back-up incident command position, are required to take IS-100 HC, IS-200 HC, & IS 700a.

To complete your training, go to – HCHD Intranet > Departments/Programs > Education > Learning Network > (NIMS Training Links – right side)

Print & send NIMS Certificate to LRC (Include ID Number)

“REQUIRED” NIMS TRAINING

Hurricane Preparedness

- E1 (Ride Out Team)
- E2 (Recovery Team)
- EVERYONE IS ESSENTIAL!!!
- EM Hotline Number 1-888-305-2979
- EM Website (http://www.hchdonline.com/emergency /epmain.htm)

More Information?

- Departments/Programs -> Emergency Management Program
- EmergencyManagement@hchd.tmc.edu

Management Reminder:
- Ensure you & your staff have a family emergency plan
- Ensure you & your staff review emergency contact information in PeopleSoft
- Review yours & your staffs emergency designation in PeopleSoft
- Review emergency plans
<table>
<thead>
<tr>
<th>Problem</th>
<th>Description</th>
<th>Initial Response</th>
<th>Secondary Response</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code RED* R.A.C.E.</td>
<td>Fire event/Smoke</td>
<td>Rescue those in immediate danger (if safe to do so).</td>
<td>Use an extinguisher to put out the fire. Pull the pin.</td>
<td>Evaluate staff performance in executing fire plan. Submit report to Pavilion Safety Chairperson.</td>
</tr>
<tr>
<td><strong>Condition B &amp; C</strong>*</td>
<td>External Disaster</td>
<td>When EC Triage and/or Administration receive an external telephone message from the disaster scene: Initiate disaster plan “Condition B”, pavilion and departmental. Await instructions from the Incident Commander.</td>
<td>“Condition C” ready to receive patients. Patients enroute and/or have arrived. Execute plan appropriate to disaster.</td>
<td>Nursing/Center Administration (CHP and Center)</td>
</tr>
<tr>
<td>Emergency/Disaster</td>
<td>“B” – Begin to prepare for patients (Stand by). “C” – Patients in route to facilities.</td>
<td></td>
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</tr>
<tr>
<td><strong>Code Blue</strong>*</td>
<td>A person requiring immediate medical attention.</td>
<td>Call and advise Operator to announce “Code Blue” exists and location. Designated team responds to area following operator announcement. Dial x 911.</td>
<td>If needed, team requests additional assistance. Stabilize patient and arrange for transfer to appropriate hospital facility. Copy of Record to accompany patient.</td>
<td>Recording Nurse and Primary Physician will complete the Code Blue Evaluation Form. Code Blue Team will review data, evaluate Team's performance and make recommendations for improvement if applicable. Forward copy to appropriate Asst. Chiefs of Service, Nursing PPC.</td>
</tr>
<tr>
<td>Bomb Threat</td>
<td>Notification of bomb on Hospital District property.</td>
<td>Obtain as much information as possible. Notify Disaster hotline @ 713-566-6901 and onsite Security immediately. Fill out Bomb Threat Report located in the Disaster Plan. Report all information to immediate Supervisor / Center Director.</td>
<td>Evacuate affected area/facility if instructed. Central Dispatch will notify local police department, 911. CHP Administration (713) 566-6856, Engineering (713) 566-6580 and other appropriate individuals are notified.</td>
<td>Search conducted by District Security and law enforcement.</td>
</tr>
</tbody>
</table>
Section 4

Standard Precautions & Exposure Control

- Infection Control
- Hand Hygiene
- Standard and Isolation Precautions
- Transmission Precautions
- Needle and Sharps Injuries Prevention
- Waste Management

Contact:
Infection Control Department
713-873-2160
Orientation Objectives

- The purpose of this presentation is to provide each healthcare worker (HCW) with general information about infection control as it relates to patient and employee safety.
- At the end of this presentation each HCW will be knowledgeable and be able to implement in their work practice where necessary the following:
  - The correct use of Standard and Transmission based precautions
  - The correct use of Personal Protective Equipment (PPE)
  - The basic Occupational Safety and Health Administration (OSHA) guidelines on Blood Borne Pathogens
  - The HCW’s and patient’s role in preventing healthcare associated infections (HAI)

Chain of Infection

Standard Precautions

- Standard Precautions are based on the principle that all blood, body fluids, secretions, excretions (except sweat), non-intact skin, and mucous membranes may contain transmissible infectious agents.
- It is applicable to all patients, regardless of suspected or confirmed infection status, in any setting in which healthcare is delivered.
- Standard Precautions include: hand hygiene, use of PPE (gloves, gown, mask, eye protection), depending on the anticipated exposure, and safe injection practices.

Safe Injection Practices

DO NOT
- administer medications from a syringe to multiple patients
- combine leftover contents for later use
- keep multi-dose vials in the immediate patient treatment area (initial and date as appropriate)
- use bags or bottles of intravenous solution as a common source of supply for multiple patients

DO
- Use aseptic technique to avoid contamination of sterile injection equipment
- Use fluid infusion and administration sets (i.e., intravenous bags, tubing and connectors) for one patient only and dispose appropriately after use.
- Use single-dose vials for parenteral medications whenever possible

The single most effective means of preventing transmission of infections is ...

HAND HYGIENE
Preventing Healthcare Associated Infections:
Hand Hygiene Initiatives

**SpeakUp**

Empower your patient: Educate patient on appropriate hand hygiene upon admission or during clinic visit.

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**Think...**

Everything you touch has been touched by someone else!

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**CONTACT PRECAUTIONS**

- Contact is the most common mode of transmission and is divided into two subgroups:
  - Direct transmission – This involves direct physical transfer between susceptible host and an infected person
    - Occurs between patient and hospital personnel when they performing procedures require direct personal contact.
  - Indirect transmission – involves the transfer of an infectious agent through a contaminated inanimate articles such as contaminated equipment, supplies and environmental surfaces.
- Examples: Patients infected or colonized with certain multi-drug resistant microorganisms (e.g. VRE), skin infections that are highly contagious (e.g. Scabies), etc

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**Modes of Transmission**

- **DROPLET**
- **AIRBORNE**
- **CONTACT**

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**Transmission-based Precautions**

**IC Policy 3000**

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  - Direct transmission – This involves direct physical transfer between susceptible host and an infected person
    - Occurs between patient and hospital personnel when they performing procedures require direct personal contact.
  - Indirect transmission – involves the transfer of an infectious agent through a contaminated inanimate articles such as contaminated equipment, supplies and environmental surfaces.
- Examples: Patients infected or colonized with certain multi-drug resistant microorganisms (e.g. VRE), skin infections that are highly contagious (e.g. Scabies), etc
**CONTACT PRECAUTIONS**

- **PPE**
  - **Gowns & Gloves** — upon entering patients room who are on isolation/transmission-based precautions
  - **Mask & Goggles** — are only indicated when performing procedures, which might generate splashing, or aerosols.

- **Patient Transportation**
  - Limit to essential travel.
  - When transporting any patient who is incontinent or has open draining skin lesions, a sheet and chux pad should be placed on the wheelchair or stretcher to protect it from contamination.
  - Wheelchair/stretcher should be disinfected between each patient use with hospital approved disinfectant.

**IC Policy 3007**

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**AIRBORNE PRECAUTIONS**

- Airborne transmission occurs by inhaling suspended airborne droplets containing infectious agents that remain infective over time and distance.

- Microorganisms may be dispersed over long distances via air currents and may be inhaled by susceptible individuals who have been in close proximity with the infectious individual.

- Example of diseases:
  - Pulmonary or laryngeal Tuberculosis
  - Rubeola (measles)
  - Varicella virus [chickenpox]

**IC Policy 3005**

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**DROPLET PRECAUTIONS**

- Droplet transmission occurs when respiratory droplets carrying infectious pathogens travel directly from the respiratory tract of the infectious individual to susceptible mucosal surfaces of the recipient, generally over short distances (< 3 ft.).

- Respiratory droplets are generated when an infected person coughs, sneezes, talks or during procedures such as suctioning, endotracheal intubation

- Example:
  - Influenza
  - Meningococcal disease (e.g. Meningococcal meningitis)

**IC Policy 3006**

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**Droplet Precautions**

- If you are less than 3 feet from the patient, you are considered at risk of becoming contaminated with infectious droplets

- **Patient Placement:** Place the patient in a single room if possible.

- **PPE**
  - **Mask** — Wear a regular surgical tie mask when working within 3 feet of the patient. Wear a mask and eye protection or a face shield to protect mucous membranes of the eyes, nose, and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions, and excretions.

- **Ventilation** — No special ventilation required.

**IC Policy 3006**

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HCHD Latex Policy #4602

The Harris County Hospital District is committed to providing a latex-safe environment for latex-allergic patients and healthcare workers. Measures will be put in place to guarantee the safety of anyone potentially exposed to latex products. Patients with known or suspected latex allergies will be monitored for symptoms or allergic reactions.

TUBERCULOSIS (TB)

Transmission may occur by the airborne route when an infected person sneezes, coughs, sings, talks, etc.

High Risk Patients
- close contacts (i.e., those sharing the same household or other enclosed environments) of persons known or suspected to have TB
- persons infected with HIV
- persons who inject illicit drugs or other locally identified high-risk substance users
- residents and employees of high-risk congregate settings (e.g., correctional institutions, nursing homes, mental institutions, and shelters for the homeless)
- health-care workers who serve high-risk clients
- foreign-born persons, recently arrived (within 5 years) that have a high TB incidence

Symptoms
- Cough Greater than 2 Weeks
- Hemoptysis
- Night Sweats
- Unexplained Weight Loss

Mandatory Testing
- Mandatory Fit Testing for the N-95 Mask
- Mandatory PPD Skin Testing
- Purpose PPD Skin Testing
  - Identify infected person at risk for disease
  - Provide preventive therapy when indicated
  - Identify person with disease who needs treatment
  - Provide additional tuberculosis education

Respiratory Hygiene and Cough Etiquette

To prevent or reduce transmission of respiratory infection in healthcare environments.

HCWs are responsible for observing patients and visitors for basic signs and symptoms of respiratory infections which include, but may not be limited to:
- Fever
- Cough
- Rash
- Rhinitis e.g., nasal discharge
Respiratory Hygiene and Cough Etiquette

• Patients and visitors should be instructed on the following measures regarding Respiratory Hygiene/Cough Etiquette:
  - Cover the nose/mouth when coughing or sneezing
  - Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after use.
  - Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials

Blood Borne Pathogens

• Bloodborne pathogens are microorganisms that are present in human blood or other potential infectious body fluid which may cause disease

• Bloodborne pathogens include, but are not limited to:
  - Human Immunodeficiency Virus (HIV)
  - Hepatitis B (HBV)
  - Hepatitis C (HCV)

Blood Borne Pathogens

OSHA Standard

How Do Exposures occur?

- Microorganism in blood of an infected person
- Mode of Transmission
  - Puncture (needles, scalpels)
  - Splash to mucous membrane
  - Open Sores
  - Cuts
  - Lack of PPE
- Susceptible Host

Potentially Infectious Bodily Fluids

- Semen
- Vaginal secretions
- Cerebrospinal fluid
- Synovial fluid
- Pleural fluid
- Peritoneal fluid
- Pericardial fluid
- Amniotic fluid

- Saliva from dental procedures
- Skin, tissue
- Cell cultures
- Saliva, vomit, urine laced with blood

Needlestick Injuries Among Healthcare Workers

- Surgery Assistant
- Clinical Lab worker
- Phlebotomist
- Technologist
- Housekeeper
- CNA
- MD
- LVN/LPN
- Other

Source: EPA National – University of Virginia
Human Immunodeficiency Virus (HIV)

- HIV is the virus that depletes the immune system
- HIV does not survive well outside the body; but of can live in a dry environment for a few hours
- There is no vaccine available

Human Immunodeficiency Virus (HIV)

- The average risk of HIV infection after a needlestick or cut exposure to HIV-infected blood is 0.3% (about 1 in 300).
- The risk after exposure of the eye, nose, or mouth to HIV-infected blood is estimated to be, on average, 0.1% (1 in 1,000).
- There have been no documented cases of HIV transmission due to an exposure involving a small amount of blood on intact skin (a few drops of blood on skin for a short period of time).

Hepatitis B Virus

- A virus that infects the liver
- HBV can survive outside the body at room temperature for over 7 days
- 90% of adults contracting the disease recover fully and develop immunity
- Vaccination is available:
  - A vaccine series offers immunity to infection and is available at no cost at the HCHD Employee Health Clinic. It is a 3-injection series.
  - No risk of developing HBV disease from the vaccine and the vaccine has been proven to be 90%+ effective

HBV

- Healthcare personnel who have received hepatitis B vaccine and developed immunity to the virus are at virtually no risk for infection.
- For a susceptible person, the risk from a single needlestick or cut exposure to HBV-infected blood ranges from 6-30% and depends on the hepatitis status of the source individual.
- While there is a risk for HBV infection from exposures of mucous membranes or nonintact skin, there is no known risk for HBV infection from exposure to intact skin.

HCV - Hepatitis C

- One of the most common causes of chronic liver disease
- Approximately four million people affected in USA – with 180,000 new infections annually
- Most commonly occurs in people who have:
  - received blood transfusions before 1992
  - shared needles
  - had tattoos
  - had body piercing

HCV - Hepatitis C

- The average risk for infection after a needlestick or cut exposure to HCV infected blood is approximately 1.8%.
- There also has been a report of HCV transmission that may have resulted from exposure to non-intact skin, but no known risk from exposure to intact skin.
- No vaccine exists
Engineering and Work Practice Controls

- The objective of engineering & work practice controls is the same: to reduce or minimize employee exposure to bloodborne pathogens.
- Engineering controls reduces the risk of exposure by isolating or removing the hazard from the workplace.
- Work Practice controls reduces the risk of exposure by altering how tasks are performed.

Methods of Compliance

- Education
- Standard Precautions
- Employee Protection
- Personal Protective Equipment
- Work Practice Controls
- Engineering Controls
- Vaccines Where Available

Exposure Procedure

- Needle sticks & cuts must be washed with soap & warm water
- Splashes to the eyes, nose, & mouth should be flushed with water
- Report incident to supervisors
- Host patient Assessment
- Supervisors will complete incident reporting form
- Report to Employee Health Clinic or Emergency Center (after hours)
- Counseling & Prophylactics
National Patient Safety Goal #7
Preventing Healthcare Associated Infections: Multidrug - Resistant Organisms

What are Multi-drug Resistance Organisms (MDROs)?
- Multi-drug Resistance Organisms (MDROs) are microorganisms (excluding M. tuberculosis) that are resistant to one or more classes of antimicrobial agents.
- Due to resistance, treatment options are limited which can lead to severe complications such as infections or even death.

Prevention Strategies
- **Standard Precautions**
  - Because there is a high population in our community that enter the hospital already colonized, follow Standard Precautions during all patient encounters in all settings in which healthcare is delivered
  - This include practicing hand hygiene, appropriate use of gloves, gown, mask, eye protection, or face shield, depending on the anticipated exposure and safe injection practices.
- **Hand hygiene** is the single most effective means for preventing transmission of infection.

Control Strategies
- **Patient Identification**
  - Upon identification, Laboratory will alert nursing unit of new patients identified with multidrug-resistant organisms.
  - Re-admitted and transferred patients will be identified during handoff communication process.
- **Patient placement**
  - Place patient in a single room. Patients with the same active infection can be nursed together (co-horted) in one room, rather than in individual rooms.
- **Contact precautions**
  - Maintain appropriate Contact precautions (as well as standard precautions) for patients known or suspected to be infected or colonized with MDROs
- **Protective Personal Equipment (PPE)**
  - Wear gown and gloves when entering the

Control Strategies
- **Protective Personal Equipment (PPE)**
  - Wear gown and gloves when entering the

Prevention Strategies
- **Maintain environmental cleanliness**
  - Use disposable equipment if possible
  - If using, reusable equipment (i.e. glucometer) clean between each patient.
- **Educate patient and family members on MDROs, contact precaution**
National Patient Safety Goal #7
Preventing Healthcare Associated Infections: Central Line Associated Bloodstream Infections

Background
- Central venous catheters (CVCs) provide necessary vascular access to critically ill patients. Unfortunately, utilization of such catheters places our patients at risk for central line associated bloodstream infections.
- The estimated cost of a CLABSI:
  - Prolonged hospital stay (mean of 12 days)
  - Increased treatment costs (estimated $18,400)
  - Serious health risks or death (mortality ranges from 12-25%)

What is the central line bundle?
“The Central Line Bundle is a group of evidence based interventions for patients with intravascular central catheters that, when implemented together, result in better outcomes than when implemented individually” – Institute for Healthcare Improvement

Key Components of the Central Line Bundle
1. Optimal catheter site selection
2. Hand hygiene
3. Maximal barrier precautions upon insertion
4. Chlorhexidine skin antisepsis
5. Daily review of line necessity, with prompt removal of unnecessary lines

National Patient Safety Goal #7
Preventing Healthcare Associated Infections: Surgical Site Infections

What is a Surgical Site Infection (SSI)?
- A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place.
- Infections are usually considered healthcare associated if it occurs within 30 days of the surgical procedure or after 1 year for an implantable device.
- Some of the common symptoms of a surgical site infection are:
  - Redness and pain around the surgical site.
  - Drainage of cloudy fluid from surgical wound, and
  - Fever

Prevention Strategies
- Physicians should treat any existing infection at remote site (urine, bloodstream, etc.)
- Remove hair only when necessary
  - Do not shave
  - When necessary, use clippers or depilatories
- Control hyperglycemia
- Administer antibiotic prophylaxis according to guidelines
- Maintain normothermia/control of hypothermia
Prevention Strategies

- **Hand Hygiene**
  - Clean hands and arms up to your elbows with an antiseptic agent just before the surgery.
  - Clean your hands with soap and water or alcohol-based hand rub before and after caring for each patient.

- **Environmental Guidelines**
  - Keep operating room doors closed except as needed for passage of equipment, personnel, and the patient.
  - Limit the number of personnel entering the operating room to necessary personnel.

General Infection Control Tidbits

- No consumption of food (chewing gum) and drink, or application of cosmetics in patient care areas.
  - (This includes charting areas at nursing stations.)

- No PPE in public areas (i.e. elevators, hallways, etc.)

- Clean equipment between patient use

Resources

Infection Control Department
BTGH/OM: 713.873.2160
LBJ/CHP: 713.566.4602
Intranet: http://home/departments/infcontrol/main.htm

References

- Anderson DJ, (et al) Strategies to Prevent Surgical Site Infections in Acute Care Hospitals, 2008
- Costal Training Videos, Hand Hygiene: Hands that Care
- The Joint Commission Accreditation Program: Hospital National Patient Safety Goals 2009
STANDARD PRECAUTIONS

PLEASE BE AWARE THAT THESE STANDARD PRECAUTIONS HAVE BEEN ADOPTED AS HARRIS COUNTY HOSPITAL DISTRICT POLICY.

HANDWASHING:

Wash after touching body fluids, after removing gloves, and between patient contacts.

GLOVES:

Wear Gloves before touching body fluids, mucous membranes, and non-intact skin.

MASKS & EYE PROTECTION or FACE SHIELD

Protect eyes, nose, mouth during procedures that cause splashes or sprays of body fluids.

GOWN:

Wear Gown during procedures that may cause splashes or sprays of body fluid.

PATIENT-CARE EQUIPMENT:

Handle soiled equipment so as to prevent personal contamination and transfer to other patients.

ENVIRONMENTAL CONTROL:

Follow hospital procedures for cleaning beds, equipment, and frequently touched surfaces.

LINEN:

Handle linen soiled with body fluids so as to prevent personal contamination and transfer to other patients.

OCCUPATION HEALTH & BLOODBORNE PATHOGENS:

Prevent injuries from needles, scalpels, and other sharp devices. 
Never recap needles using both hands.
Place sharps in puncture-proof sharps containers.

PATIENT PLACEMENT:

Use a Private Room for a patient who contaminates the environment.

“Body Fluids” include blood, secretions, and excretions.

FOR ANY QUESTIONS PLEASE CONTACT INFECTION CONTROL AT:

*LBIGH & CHP (713) 566-4602 * BTGH (713) 873-2160
DO YOU KNOW WHAT TO DO
IF YOU ARE ACCIDENTALLY EXPOSED TO
BLOOD AND/OR BODY FLUID?

**STEP 1:** Provide immediate care to the exposure site.
- Wash wounds and skin with soap and water.
- Flush mucous membranes with water.

**STEP 2:** Notify your supervisor immediately. Complete Employee Incident Report.

**STEP 3:** Report promptly to Employee Health during office hours or to the Nursing Administration after hours.

**STEP 4:** Personnel in Employee Health/Nursing Administration will evaluate the exposure and decide if further treatment is needed.

**STEP 5:** The District will provide the treatment needed, including medications, or other therapy free of charge to the employee.

**R E M E M B E R !**
To maximize effectiveness, treatment must be started within **1-2** hours.
Therefore, report all accidental exposures to blood/body fluid **IMMEDIATELY.**
HCHD Compliance/HIPAA

- HCHD Compliance
- Code of Conduct
- HIPAA

Contact:
Corporate Compliance
713-566-6097
INTRODUCTION

- The participant shall be educated on the HIPAA Privacy and Security rules as they relate to each individual’s work at the Harris County Hospital District.

OBJECTIVES

- Describe the HIPAA Privacy and Security Rules and the consequences for non-compliance.
- Explain the duty of each employee to report non-compliance with the HIPAA Privacy and Security Rules.

OVERVIEW

- “HIPAA” is the abbreviation for the Health Insurance Portability and Accountability Act of 1996
- A revised set of regulations known as the HITECH Act (included in the American Recovery and Reinvestment Act of 2009) expanded HIPAA and increased penalties for violations
OVERVIEW

HIPAA is a set of Federal healthcare regulations with multiple sections, including:
- Insurance Portability
- Administrative Simplification
  - Privacy
  - Security
  - Electronic Data Interchange

HIPAA Privacy and Security Rules are:
- Federal Regulations which protect the confidentiality and security of patients’ health information by:
  - Giving patients more control over their health information
  - Setting boundaries on the use and disclosure of health information
  - Holding entities, such as HCHD and others, accountable if they violate their patients’ privacy rights

Under HITECH, the Privacy and Security Rules also apply directly to business associates.
- This means business associates (ex. Vendors) must:
  - comply with the use and disclosure requirements of the Privacy Rule and;
  - comply with the administrative, physical and technical safeguards of the Security Rule.

HIPAA is:
- The responsibility of Everyone. HCHD nor the HIPAA Privacy Officer or Security Officer are not solely responsible for compliance.
- A regulation that requires to be followed all of the time.
  - HIPAA policies and procedures must be followed at all times
  - Someone out there is watching you!
    - Patients & families
    - Leadership
    - Regulators
    - Attorneys
OVERVIEW

Privacy and Security in the healthcare industry is important because:
- Patients disclose very personal and sensitive information about themselves
- Telling someone or discussing a patient’s confidential health information may cause harm to the patient

*Protecting the privacy and security of patient information is part of every healthcare workers job BY LAW!!*

WHEN/WHAT MUST YOU PROTECT?

- When must you protect the privacy and security of a person’s health information?
  - When that information is used, disclosed or created by a healthcare provider (HCP), health plan or healthcare clearinghouse.

WHAT INFORMATION MUST YOU PROTECT?

- What information MUST you protect?
  - Anything that can be used to individually identify the patient
    - Name, address, social security number, medical record number, etc.
  - Anything about the patient’s past, present, or future medical conditions and treatment
  - This information can be in any format (Paper, Electronic, or Oral)
  - This information is referred to as: *Protected Health Information (PHI)*

HOW MUCH PHI DO YOU NEED?

- You may only use, disclose or request the *minimum* amount of Protected Health Information *necessary* to do your job, no more, no less, UNLESS you are treating the patient.
- Each workforce member must be aware, accountable, and is responsible for the PHI they use, disclose and request.
- This is called the: *Minimum Necessary Standard*
Under HIPAA, PHI can only be used or disclosed without obtaining the patient’s written authorization (permission) for:
- Treatment
- Payment
- Healthcare Operations
- A purpose required by Federal or State Law
- A purpose authorized by law, such as for public health and safety

Authorizations must be:
- Time limited
- Specific as to what, to whom, and the purpose of the disclosure
- Signed by the Patient or the Patient’s Personal Representative

HCHD’s Authorization is Form #280342

You can protect the privacy of PHI by...
- Using, disclosing and requesting only the minimum amount of PHI necessary to do your job
- Using and disclosing PHI only in instances of treatment, payment, or specific healthcare operations, as authorized by the patient, or as required or authorized by law
- Disclosing PHI only to those with a genuine need to know

You can protect the privacy of PHI by...
- Being sensitive to the surroundings in which patients are sharing their PHI
- Not discussing patient health information in public areas, such as:
  - Waiting rooms
  - Hallways
  - Elevators
  - In the patient’s room when others are present
  - Cafeteria
YOU CAN PROTECT THE PRIVACY OF PHI BY...

- Double-checking fax numbers and e-mail addresses before sending PHI
- Not leaving phone messages containing PHI with anyone but the person you are trying to reach
- Not leaving documents containing PHI lying around where they can be viewed or taken by unauthorized individuals. Lock up PHI when you leave your workstation!

YOU CAN PROTECT THE PRIVACY AND SECURITY OF PHI BY...

- Properly disposing of or destroying paper PHI by:
  - Placing the paper PHI in recycling containers located throughout HCHD. This paper PHI will be shredded and then recycled.
  - Personally shredding the paper PHI using shredders located throughout HCHD.
- Properly disposing of or destroying electronic PHI by:
  - Deleting electronic files containing PHI
  - Wiping electronic media containing PHI

YOU CAN PROTECT THE SECURITY OF PHI BY...

- Changing your computer password regularly and when prompted by the system
- Using strong passwords containing eight or more characters and a mix of letters and numbers
- Never sharing your password with anyone
- Securing your computer when you leave by logging off and taking other necessary measures, such as locking your office door or placing your computer (laptop) in a locked cabinet
- Turning computer screens or using screen protectors so passersby cannot see PHI

YOU CAN PROTECT THE SECURITY OF PHI BY...

- Appropriately using Transportable Media (flash drives, thumb drives, CDs, floppy disks, external hard drives, etc.)
- You may only transport PHI using transportable media if you obtain the written authorization of your Executive Vice President and HCHD’s Privacy Officer.
- Complete a Transportable Media Request Form (located under “Forms” on HCHD’s intranet)
- Encrypting e-mails containing PHI being sent to individuals not associated with HCHD by typing “[Secure]” in the subject line of the e-mail
HCHD PROTECTS THE PRIVACY AND SECURITY OF PHI BY...

- Assigning a Privacy Officer and a Security Officer.
- Having written policies and procedures to help staff understand HIPAA privacy and security rules.
- Providing this HIPAA privacy and security training to all workforce members.
- Putting in place safeguards to protect PHI from being inappropriately used or disclosed.
- Having a way for patients and associates to file complaints regarding the HIPAA privacy and security rules.
- Imposing sanctions on workforce members who don’t follow the HIPAA privacy and security rules.

NOTICE OF PRIVACY PRACTICES

HCHD’s ‘Notice of Privacy Practices’ (NPP) contains information on how PHI is used and disclosed, as well as what rights patients have regarding PHI about them.

- The NPP is posted in all patient areas and a copy is given to all patients.

NOTICE OF PRIVACY PRACTICES

Patient rights addressed in the NPP include:

- Right to request confidential communications
- Right to request restrictions
- Right to request that their PHI be amended
- Right to request an Accounting of Disclosures
- Right to inspect and copy PHI about them

PRIVACY OR SECURITY BREACH

A breach is the acquisition, access, use or disclosure of PHI in a manner not permitted by the HIPAA privacy rule which compromises the security or privacy of the PHI.

- In other words, a breach may exist when PHI is exposed to someone who does not have the right to have, see, hear or use the information.
PRIVACY OR SECURITY BREACH

- A breach may also include someone using, disclosing or requesting more than the minimum amount of PHI necessary to do their job.

- HCHD is required by law to report certain breaches to the patients affected by the breach, the Federal Government, and even the media.

PRIVACY AND SECURITY BREACHES HURT

- HCHD by resulting in:
  - Loss of patient/public trust in the Hospital District, its providers and its workforce
  - Enforcement Actions
- The workforce member by resulting in possible discipline, termination and/or other penalties
- The patient by resulting in:
  - Feelings of being violated
  - Unnecessary emotional distress
  - Unnecessary family problems or fights
  - Loss of job
  - Loss of health insurance

HOW TO REPORT A BREACH

- You may use any of these methods:
  - Report the breach to your supervisor
  - Report the breach to HCHD’s Privacy Officer (for privacy breaches) at X66097 or hipaa@hchd.tmc.edu
  - Report the breach to HCHD’s Security Officer (for security breaches) at X41200 or Information_Security@hchd.tmc.edu
  - Report the breach anonymously through HCHD’s confidential compliance hotline at 1-800-500-0333.

- If a patient or family member wants to complain about a privacy or security issue, refer them to your supervisor or HCHD’s Privacy Officer or Security Officer.

- If you are concerned that you have caused or know someone who has or may have caused a privacy or security breach, you must report it immediately.

- Anyone reporting a privacy or security breach in good faith will be protected from retaliation.

- However, disciplinary action may be taken against you, up to and including termination, if you know about a breach and fail to report it.
How do I begin?

- Be privacy and security focused.
- Know and follow HCHD’s privacy and security policies and procedures.
- Understand the importance of privacy and security and be willing to change your behavior.
- Be sensitive to the patient’s privacy needs and protect their health information.

Questions

- HCHD Privacy Officer at X66097 or hipaa@hchd.tmc.edu
- HCHD Security Officer at X41200 or Information_Security@hchd.tmc.edu

Introduction

- This Training will educate you on HCHD’s Corporate Compliance Program and HCHD’s Code of Conduct.
- At the end of this training, an Assessment will let you evaluate your knowledge about the Corporate Compliance Program and the Code of Conduct.
Topics

- Compliance Program Overview
- Overview of the Healthcare Regulatory Environment
- HCHD Code of Conduct
- Reporting and Non-Retaliation

Corporate Compliance Program

COMPLIANCE OFFICER

- Terry Reeves
  Sr. VP, Corporate Compliance

Compliance at Work
HCHD Compliance Program

- Established to ensure HCHD operates in accordance with laws and regulations.

- The Corporate Compliance Program is designed to:
  - Prevent any accidental and intentional violations of laws
  - Detect violations if they occur
  - Correct any future noncompliance

Compliance Program Elements

1. Code of Conduct
   - is the foundation of our Corporate Compliance Program and written commitment to compliance

2. Corporate Compliance Officer
   - develops, implements, operates, and monitors the program; assisted by Executive Corporate Compliance Committee

3. Policies and Procedures
   - describe operational compliance requirements and instructions

4. Education and Training
   - ensures all employees can perform job functions in compliance with rules and regulations

5. Hotline and Communication
   - provides ability to report suspected wrongdoing without fear of retaliation

6. Enforcement
   - ensure disciplinary standards imposed for noncompliance

7. Auditing and Monitoring
   - Involves an ongoing review process of the Corporate Compliance Program and other risk areas

Compliance Program Structure

- Board of Managers Corporate Compliance Committee
  - provides oversight

- Executive Corporate Compliance Committee
  - advises and assists with the operation of the Corporate Compliance Program
  - supports the Corporate Compliance Officer

- Corporate Compliance Officer
  - daily operations of the Compliance Program

- Corporate Compliance Department
Compliance Is Everyone’s Responsibility

- **Responsibility of Employees**
  - Understand how the Corporate Compliance Program applies to your job and ask questions when necessary
  - Report any suspected violations
  - Actively participate in compliance activities (e.g., training)

- **Responsibility of Supervisors and Managers**
  - Build and maintain a culture of compliance
  - Prevent, detect, and respond to compliance problems
  - Prevent retaliation or reprisals against employees who report violations

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Healthcare Regulatory Environment

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Government Enforcement

- Healthcare is a government enforcement priority because of the potential for fraud and abuse.

- **Fraud** – making material false statements or representations of facts that an individual knows to be false or does not believe to be true in order to obtain payment or other benefit to which we would otherwise not be entitled

- **Abuse** – practices that directly or indirectly result in unnecessary costs or improper payments for services which fail to meet recognized professional standards of care

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Significant Laws

- Deficit Reduction Act (DRA)
- False Claims Acts (FCA)
  - Federal and State
- Fraud and Enforcement Recovery Act (FERA)

These laws:
- Fight fraud and abuse
- Aim to reduce rising healthcare spending
- Require compliance programs at certain institutions (>5M Medicaid
- Establish liability ($5k-$11k + treble damages) for presenting a false claim
- Encourage reporting by whistleblowers
- Outlaw retaliation against whistleblowers
Significant Laws

- Anti-Kickback Statute
  - This law:
    - prohibits the offer or receipt of certain remuneration in return for referrals
    - includes any kickback, bribe or rebate
    - defines a violation as a criminal offense

Significant Laws (Continued)

- Health Insurance Portability and Accountability Act (HIPAA)
- American Recovery and Reinvestment Act (ARRA)
- Health Information Technology for Economic and Clinical Health Act (HITECH)
  - These laws:
    - provide insurance portability
    - establish standards for privacy and security of patient information
    - strengthen HIPAA privacy & security standards and penalties for breaches of information

Significant Laws (Continued)

- Patient Protection and Affordable Care Act (PPACA)
  - This law:
    - supports healthcare reform
    - expands Medicaid eligibility
    - subsidizes insurance premiums
    - establishes health insurance exchanges
    - provides new tools to fight fraud and abuse
    - Increased criminal and civil penalties
    - expansion of Recovery Audit Contractors
    - $350 M over 10 years for enforcement

Entities Involved in Detecting Fraud and Abuse

- Department of Health and Human Services (HHS)
- Centers for Medicare & Medicaid Services (CMS)
- Office of Inspector General (OIG)
- Federal Bureau of Investigation (FBI)
- Internal Revenue Services (IRS)
- Intermediaries, Carriers, DMERCs, ZPICs and MACs under contract with CMS
- Private Insurance Companies
- Peer Review Organizations
Major Government Healthcare Programs

- Centers for Medicare & Medicaid Services (CMS)
  - CMS administers the federal Medicare Program under which people over 65 years or those with certain disabilities may obtain healthcare coverage
    - Part A – Hospitals/Inpatient
    - Part B – Physician services/Outpatient
    - Part D – Prescription drugs
  - Medicaid is state administered program and available to certain low income individuals and families.

Test Your Knowledge

- The following Practice Questions will let you self-test your knowledge on the Compliance Program and the Code of Conduct.
  - All questions are either in True/False or Single Choice format. Only one option is the correct one. You will get feedback for each question.

Question

1. Which of the following best describes the major goal of our Corporate Compliance Program?
   A. To plan facility construction projects.
   B. To prevent, detect, and correct accidental and intentional violation of laws, regulations, and policies.
   C. To enhance the marketing of our services.

Answer

1. Which of the following best describes the major goal of our Corporate Compliance Program?
   B. To prevent, detect, and correct accidental and intentional violations of law. (CORRECT)

Our Corporate Compliance Program was designed to prevent accidental and intentional violations of laws, regulations, and policies to detect violations if they occur, and to prevent future noncompliance.
2. Which of the following is NOT an element of our Corporate Compliance Program?

A. Education and training
B. Annual reports to the American Medical Association (AMA)
C. A hotline and communication system
D. Policies and procedures

**Answer**

B. Annual reports to the American Medical Association (AMA) (CORRECT)

Reports to the AMA are not a basic element. Although compliance programs may have various characteristics, they all typically contain seven basic elements, including education & training, a hotline and communication system, auditing & monitoring, enforcement, policies and procedures, and a Compliance Officer.

3. What is the responsibility of every employee?

A. Stay at least one hour beyond the normal shift.
B. Report suspected violations of compliance.
C. Present a violations report to the Compliance Department at least once every year.
D. None of the above.

**Answer**

B. Report suspected violations of compliance. (CORRECT)

We expect all employees to be familiar with our Corporate Compliance Program, and will not tolerate violations of laws, regulations, or HCHD standards, policies, or procedures. Furthermore, it is the duty of every employee to report suspected violations.
4. Which one of the following government entities enforces laws in healthcare?
   A. Office of Inspector General (OIG)
   B. Internal Revenue Services (IRS)
   C. Government Accountability Office (GAO)
   D. Central Intelligence Agency (CIA)

   **Answer**
   4. Which one of the following government entities enforces laws in healthcare?
   
   A. Office of Inspector General (OIG) (CORRECT)
   
   The OIG of the Department of Health and Human Services (HHS) is a leading federal enforcement agency for healthcare. They protect the integrity of government healthcare programs (e.g., Medicaid and Medicare), as well as the health and welfare of the patients.

5. Purposely billing for services that were not provided is considered which of the following?
   A. Abuse
   B. Neglect
   C. Fraud
   D. None of the above

   **Answer**
   5. Purposely billing for services that were not provided is considered which of the following?
   
   C. Fraud (CORRECT)
   
   Fraud is an intentional misrepresentation of the truth that results in some unauthorized benefit; therefore, deliberately billing for services or items not provided is fraud.
HCHD Code of Conduct

The HCHD Code of Conduct (Code) provides the principal guidelines to conduct daily business activities ethically and legally.

The Code is the “Constitution” of our Corporate Compliance Program and ensures that we meet our compliance goals.

Code of Conduct

- The Code must be observed by everyone, including:
  - Employees
  - Administrators
  - Contractors
  - Board of Managers
  - Medical Staff and Affiliated Medical School Personnel

HCHD Mission, Vision, and Values

Mission
We improve our community’s health by delivering high quality health care to Harris County residents.

Vision
We will create a healthier community and be recognized as one of America’s best community-owned healthcare systems.
HCHD Mission, Vision, and Values

We Value:

Our Patients, Staff and Partners
Compassionate Care
Trust
Integrity
Mutual Respect
Communication
Innovation

HCHD Promise

Our Promise to You Is:

To provide high quality health care by knowledgeable and highly trained staff;
To provide prompt friendly, and courteous service;
To be sensitive and responsive to your needs and concerns as well as those of your family;
To provide a clean, comfortable and safe environment in all of our settings.

Code of Conduct - Standards

The Code of Conduct includes the following (8) eight Standards of behavior:

1. Quality of Care
2. Compliance with Laws and Regulations
3. Human Resources
4. Billing and Coding
5. Federal and State False Claims Act
6. Protection and Use of Information, Property and Assets
7. Conflicts of Interest
8. Health and Safety

Quality of Care

1. Standard of Conduct:

We are committed to providing outstanding quality care and services. Our first responsibility is to our patients, their families, and the physicians we serve.
Quality of Care

- All employees have the responsibility to provide appropriate, respectful, and professional treatment to all HCHD customers.
- Our customers include:
  - Patients
  - Families
  - Physicians and Medical Staff
  - Co-workers
  - Any outside contacts

Compliance with Laws and Regulations

2. Standard of Conduct:
We are committed to high standards of business and professional ethics and integrity. We will provide patient care and conduct business while following applicable Federal, state, and local laws regulations and HCHD policies.

Compliance with Laws and Regulations

- All business and operations will be conducted in compliance with applicable Federal and state laws and regulations and HCHD policies.
- Any violations should be promptly reported to management, the Corporate Compliance Officer, or the Compliance Hotline.

Human Resources

3. Standard of Conduct:
We are committed to creating a work place where employees are treated with respect and fairness while being empowered to get the job done at or above expectations. HCHD strives to attract and retain employees who share a personal commitment to our Mission, Vision, and Values.
Human Resources

- HCHD recognizes that our employees are our most valuable assets.
- All employees are entitled to a work environment that is fair, consistent, equitable, free from violence, hostility, and harassment; and in which everyone is treated with respect.
- Any behavior that violates this standard and any related policies and procedures will not be tolerated.

Billing and Coding

4. Standard of Conduct:

*We are committed to fair and accurate billing that is in accordance with all Federal and state laws, regulations, related administrative remedies and similar state statutes, and HCHD’s policies and procedures.*

Billing and Coding

- Employees should only bill for services or items actually provided and documented in the medical record.
- All billing activities will be in compliance with applicable laws and regulations.
- Violations could result in serious fraud charges not only for the organization, but individuals as well.

Federal and State False Claims Act

5. Standard of Conduct:

*We are committed to maintaining fair and accurate billing procedures in accordance with the Federal False Claims Act and State False Claims Act, as well as the Fraud and Enforcement Act of 2009.*
Federal and State False Claims Act

- It is a violation of Federal and state laws to submit claims for payment with false and untrue information.
- Penalties for Federal FCA violations include civil penalties between $5,500 and $11,000 per violation, plus three times the amount of damages.
- Qui Tam provisions (whistleblower rights) protect anyone who reports violations.
- Fraud and Enforcement Recovery Act of 2009 extended the scope of the Federal FCA and expanded Federal FCA liability.

Protection and Use of Information, Property and Assets

6. Standard of Conduct:
We are committed to protecting HCHD’s property and information against loss, theft, destruction and misuse.

Protection and Use of Information, Property and Assets

- All employees should take steps to protect patient privacy and use HCHD property of any type only as authorized.
- We will maintain all patient records and protected health information in accordance with laws and our record retention policies.

Conflicts of Interest

7. Standard of Conduct:
We are committed to acting in good faith in all aspects of our work. We will avoid conflicts of interest or the appearance of conflicts between the private (personal or financial) interests of any employee and his or her work duties.
Conflicts of Interest

- HCHD expects its employees, medical staff members, volunteers and vendors to exercise attention, good judgment and prudence in their relationships, obligations and financial interests so that they do not conflict with the interests of HCHD or the performance of their duties.
- HCHD further expects and encourages the disclosure (reporting) of any situation involving potential conflicts of interest.

Health and Safety

8. Standard of Conduct:

*We are committed to maintaining a work place that protects the health and safety of our patients and employees.*

Health and Safety

- We must comply with environmental, health, and safety laws and regulations.
- There may be severe penalties for any violations of the laws, including the costs of any clean up.
- All drugs must be safely stored and spills and accidents should be promptly reported.
- To maintain an environment free from violence, unauthorized weapons are strictly prohibited.

Test Your Knowledge

- The following *Practice Questions* will let you self-test your knowledge on the Compliance Program and the HCHD Code of Conduct.
- All questions are either in True/False or Single Choice format. Only one option is the correct one. You will get feedback for each question.
Question

1. How can HCHD ensure that its billing and coding practices comply with all laws, regulations, guidelines, policies?
   A. Code and bill only for services actually provided.
   B. Analyze payments systematically and reconcile any overpayments.
   C. Ensure all claims are accurate and correctly document the services rendered.
   D. All of the above.

Answer

1. How can HCHD ensure that its billing and coding practices comply with all federal and state laws, regulations, guidelines, policies?
   D. All of the above. (CORRECT)

   To ensure compliance with all applicable laws, regulations, and HCHD policies, we will only bill for services and items provided and documented in the patients’ medical records. All claims will be accurate and correctly document the services ordered and performed. We will periodically review our billing & coding practices and policies, including software edits.

Question

2. Which of following situations would most likely constitute a conflict of interest?
   A. Reporting an eligibility discrepancy to your supervisor.
   B. Participating in a government audit.
   C. Making a decision required as part of your duties that could be influenced by a financial or other gain to you or a family relative.

Answer

2. Which of following situations would most likely constitute a conflict of interest?
   C. Making a decision or judgment required as part of your duties that could be influenced by a financial or other interest. (CORRECT)

   A conflict of interest may arise when your own private interests conflict with your HCHD duties. It is important to avoid any activities that may influence or appear to influence your ability to render objective decisions in the course of your job responsibilities. All decisions should be based on the needs of our patients, community, and HCHD.
Question

3. Which of the following is not a potential false claims violation?
   A. Knowingly charging for a service not covered by Medicare.
   B. Unintentionally billing for services at a higher rate level than necessary once.
   C. Furnishing medically unnecessary services.

Answer

3. Which of the following is not a potential false claims violation?
   B. Unintentionally billing for services at a higher rate level than necessary once. (CORRECT)

   Knowledge or intent is required before a potential false claims violation can be alleged. Here a bill was submitted unintentionally, it would not be a potential false claims violation. However, willfully neglecting known billing errors gives rise to potential false claims.

Question

4. Who is responsible for compliance with all laws, regulations, and policies?
   A. Board of Managers
   B. Corporate Compliance Officer
   C. Employees and Medical Staff
   D. All of the above

Answer

4. Who is responsible for compliance with all laws, regulations, and policies?
   D. All of the above (CORRECT)

   Responsibility for compliance resides with everyone, including our Board of Managers, employees, officers, medical staff, volunteers, contractors, vendors, and agents. All HCHD activities will be conducted in compliance with all applicable laws, regulations, and HCHD policies and procedures.
Question
5. Which of the following is considered a proper use of the HCHD email system and internet access?
   A. Announcing an upcoming staff meeting.
   B. Announcing an upcoming garage sale.
   C. Downloading music from the internet.
   D. Forwarding chain letters to co-workers.

Answer
5. Which of the following is considered a proper use of the HCHD email system and internet access?
   A. Announcing an upcoming staff meeting (CORRECT)
   
The HCHD email system, intranet, and internet access are intended for business use. The computer network is property of HCHD. Announcements of staff meetings would be an appropriate use of the email system.

Reporting and Non-Retaliation

Reporting
- HCHD is committed to providing everyone a means to raise questions and report violations or misconduct.
- It is everyone’s affirmative duty to report any violations of the law or HCHD Code of Conduct.
Non-Retaliation Policy

HCHD is committed to protecting employees and others who report problems and concerns in good faith from retaliation and retribution.

- No disciplinary action or retaliation will be taken against you when you report a perceived issue, problem, concern, or violation “in good faith.”
- “In good faith” means an employee actually believes the information reported is true.

4-Step Reporting Process

You are encouraged to follow this 4-step process to ask questions and/or report any concerns or violations:

1. Discuss the question or concern with your direct supervisor.
2. Contact a member of the management team if you are not comfortable contacting your supervisor or feel that you did not receive an adequate response.
3. Contact the Compliance Officer at 713-566-6948.
4. Call the confidential Compliance Hotline at 1-800-500-0333 if you wish to remain anonymous.

When In Doubt

- The following words and phrases are warning signs about potential problems:
  - “Well, maybe just this once.”
  - “Everyone does it.”
  - “No one will ever know.”
  - “Shred that document – no problem.”
  - “No one will get hurt.”

When In Doubt

- The following “quick quiz” will help you determine what to do next:
  - “Does this break a law, regulation, policy, or our Code of Conduct?”
  - “How will I feel about myself afterwards?”
  - “What would my family, friends, our physicians, or patients think?”
  - “How would this look if it were in the newspaper tomorrow?”
  - “Am I being fair and honest?”
When In Doubt

- If you have any doubts, recognize similar warning signs, or are not comfortable with your answers to the "quick quiz", follow the 4-step reporting process to report the activity.

Test Your Knowledge

- The following Practice Questions will help you self-test your knowledge on the Compliance Program and the HCHD Code of Conduct.

- All questions are either in True/False or Single Choice format. Only one option is the correct one. You will get feedback for each question.

Question

1. HCHD has a policy that protects individuals who report suspected violations of the HCHD Code of Conduct, policies and procedures, or law.
   A. True
   B. False

Answer

1. HCHD has a policy that protects individuals who report suspected violations of the HCHD Code of Conduct, policies and procedures, or law.
   A. True (CORRECT)

   HCHD has a non-retaliation policy and will not tolerate any retaliation against an employee or Medical Staff member, who in good faith reports a suspected violation. “In good faith” means an employee actually believes that the information reported is true.
2. How could one promptly report a potential violation of law, regulation, or policy?
   A. Contact the direct supervisor.
   B. Contact the Compliance Officer.
   C. Call the Compliance Hotline.
   D. All of the above. (CORRECT)

   In accordance with the Code of Conduct and our 4-step reporting process, we encourage reporting up the chain of command. Employees should promptly report any violations or concerns to their supervisor or management, the Compliance Officer, or the Compliance Hotline.

3. The Qui Tam provisions for whistleblower rights only apply to the Federal False Claims Act (FCA).
   A. True
   B. False (CORRECT)

   The Qui Tam provisions protect whistleblowers under both the Federal and State False Claims Acts as well as the Fraud and Enforcement Recovery Act of 2009. It allows individuals to file lawsuits under the FCA on behalf of the Federal Government. Accordingly, HCHD will not engage in retaliatory conduct against any employees who exercise their rights under the Qui Tam provisions.
QUESTIONS OR COMMENTS

Contact Information

- Anthony B. Williams
  Corporate Compliance Manager
- Holly Hall Administration
- 713-566-2062
- Anthony_Williams@hchd.tmc.edu
Reporting violations of patient privacy:

HCHD has a post office box and a hotline to be used specifically by employees, physicians and other medical staff, volunteers and contractors to report any actual or potential wrongdoing in relation to federal, state and local laws. This includes, but is not limited to: violations of HIPAA, Texas Medical Records Privacy Act and Hospital District policies. In addition, complaints may be filed regarding the Hospital District’s privacy or security policies. Complaints and/or documents can be submitted to this post office box with or without your name and without fear or retaliation. The appropriate actions will be taken as determined by the President and Chief Executive Officer, Corporate Compliance Officer, Privacy Officer and Security Official.

Office of Privacy Administration
HCHD
P.O. Box 300033
Houston, TX 77230-0033
(713) 566-6097

Security Management Office
HCHD
P.O. Box 300033
Houston, TX 77230-0033
(713) 566-6272

Hotline Service through Ethics Line:
Phone: (800) 500-0333
Fax: (800) 500-0993

e-mail: hipaa@hchd.tmc.edu

Top Ten HIPAA Security Tips:

1. Passwords should be easy for you to remember, hard for others to guess. Don’t write them down, share them, or let someone else use your user ID and password when working at HCHD or remotely.
2. Always lock or logoff applications that contain ePHI before you leave your desk.
3. Be wary of all e-mail attachments and downloaded files for a possible virus.
4. Use only HCHD-authorized and licensed software and hardware to access work related information.
5. Store critical data on a networked drive so that it is backed up regularly.
6. Guard Protected Health Information (PHI) and other confidential information.
7. Secure your area. When leaving, lock the door and cabinets.
8. Challenge those who are not following security procedures.
9. Report information security concerns and incidents promptly to the Help Desk, Security Management Office, Ethics Line or via hipaa@hchd.tmc.edu
10. You are responsible for being familiar with all provisions of HCHD’s HIPAA security policies.
# PRIVACY AND SECURITY COMPLAINT FORM

If you have questions about this form, call HCHD Office of Privacy Administration at: 713-566-6097.

<table>
<thead>
<tr>
<th>Name (Last, First, MI)</th>
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<tr>
<th>Telephone (Home)</th>
<th>Telephone (Work)</th>
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<tr>
<th>Street Address</th>
<th>City</th>
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<tr>
<th>State</th>
<th>Zip</th>
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<tr>
<th>E-Mail Address (If Available)</th>
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<tr>
<th>Are you filing this claim for someone else?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

If the complaint is regarding someone else, please provide his/her name (Last, First, MI):

Who (or what HCHD facility) do you believe violated your (or another’s) rights for privacy and security of Protected Health Information (PHI), or violated other parts of the Privacy or Security Rule or HCHD Privacy or Security policies?

<table>
<thead>
<tr>
<th>Person:</th>
<th>Location/Facility:</th>
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</table>

When do you believe the violation occurred?

How and/or why do you believe your (or another’s) privacy and security rights, the Privacy or Security Rule or HCHD Privacy or Security policies were violated? If you are complaining about a HCHD Privacy or Security policy, please use this space.

<p>| |</p>
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<th></th>
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</table>

Please Sign and Date this Complaint

1. Signature

2. Date

Filing a complaint with the HCHD Office of Privacy Administration (OPA) is voluntary. However, without the information requested above, we may be unable to investigate your complaint. We collect this information under the authority of the Privacy and Security Rules issued pursuant to the Health Insurance Portability and Accountability Act of 1996. We will use the information you provide to determine if we have jurisdiction and, if so, how we will process your complaint. Information on this form is treated confidentially. Names or other identifying information about individuals are disclosed when it is necessary for investigation of possible violations regarding PHI, for internal operations and for disclosures required by law. It is illegal for the Hospital District or any other covered entity to intimidate, threaten, coerce, discriminate or retaliate against you for filing this complaint or taking any other action to enforce your rights under the Privacy Rule. Please submit the complaint to the address in the upper right hand corner.

282015(05/05)
Section 6

INTERPRETATION SERVICES

- Interpreter/Translator Roles
- How to use Interpreters and Translators

Contact:
Patient and Public Affairs
713-566-6249
“By delivering high-quality interpretations and translations we will build a healthier community.”

Staff Coverage and Translations

- Interpretations available in-house:
  - Spanish
  - American Sign Language

Other languages available via the Language Lines

How To Request An Interpreter

- Ask if the patient is more comfortable in English or prefers another language
- Look to see if an interpreter or certified bilingual employee is in the area.
- Call PBX to request an interpreter

Refrain from attempting to communicate without an interpreter.

How to Use an Interpreter to Deliver High-Quality Health Care

1. Speak only in first person form.
2. Remember that the interpreter will say exactly what you say.
3. Speak in a pace that will allow the interpreter to keep up with you.
4. The interpreter will tell you exactly what the Patient/Family member says.
5. Remember, The Patient/Family member may have questions for you.
6. Allow time and give opportunities for Questions.

Procedures for Requesting Sign Language Interpretation Services

• During business hours:
  • Sign Language services may be scheduled by contacting the Interpretation Services Department, Monday through Friday, 8 a.m - 4:30 p.m. at 713-566-5633, or by sending a Sign Language Interpreter Request form to 713-566-5092.

• After business hours:
  • The nursing supervisor on duty will contact Sign Shares at 713-869-4373.
  • After the interpreter provides a service, or an appointment is scheduled, the nursing supervisor on duty will fill out the Sign Language Interpreter Request Form and fax it immediately to 713-566-5092.

Harris County Hospital District

Interpreter & Translator Services

LBJ HOSPITAL: 6-5739
BT HOSPITAL: 3-2016
QM HOSPITAL: 3-3806
PAGE OPERATORS: 6-5565 LBJ
3-2010 BEN TAUB

To request written translations the numbers are:
TRANSLATORS OFFICE: 6-5871/ 6-5870
FAX #: 6-5175
Section 7

Regulatory Education

- Abuse, Neglect and Exploitation
- Age-Specific Care/Populations Served
- Cultural Competence
- Emergency/Disaster Management
- Ethics
- Patient Identification
- Patient Rights
- Sexual Harassment
- Substance Abuse
- Workplace Violence

Contact:
Learning and Resource Center
713-873-8725
ABUSE, NEGLECT AND EXPLOITATION

If you suspect abuse, neglect or exploitation of any patient you must take the appropriate steps for reporting the incident.

Abuse is…
Infliction of injury, intimidation, cruel punishment, or unreasonable confinement.

Neglect is…
Failure to provide goods or services, including medical care, necessary to avoid physical or emotional harm or pain.

Exploitation is…
• Illegal or improper acts by a caretaker, family member or other persons.
• Using another’s resources for monetary or personal benefit, profit or gain without informed consent.
• Coercion by a person to force an act to be done against another person’s or victim’s will without regard to the victim’s rights, wishes, or safety.
• An act of abuse, neglect and exploitation by an employee may invoke the Harris County Hospital District disciplinary policy.
• Criminal and/or civil actions may be instituted for abuse, neglect or exploitation of a patient or covered person.
• Cooperation with an investigation is mandatory.
• Retaliation is prohibited. Retaliation is a form of discrimination involving actions against an individual because he or she has either (1) opposed an unlawful employment practice OR (2) made a charge, testified, assisted or participated in an investigation, proceeding or hearing. Civil or criminal actions, and/or Harris County Hospital District disciplinary policies may be a consequence of retaliation.

All employees are required to report suspected violations.

Suspected or actual abuse, neglect, abandonment or exploitation shall be reported of:
• Children without parents/legal guardians (less than 17 years of age);
• Elderly (65 years of age or older); and
• Disabled (as define by the Americans with Disabilities Act [“ADA”]).

Suspected or actual abuse shall be reported to:
• Adult Protective Services (APS)
• Child Protective Services (CPS)
• Houston Police Department
• HCHD Management
The Harris County Hospital District, through the Learning and Resource Center, provides educational programs to assist employees and all health care professionals associated with the facility in identifying patient abuse or neglect and illegal, unprofessional or unethical conduct by or in the facility.

**WHEN ABUSE IS SUSPECTED:**

- Report it to your supervisor/nurse manager
- Assure assessment is done providing privacy
- Provide for the safety of the victim.
- Preserve evidence.
- Contact the attending physician and social worker.
- Document your findings

**INDICATORS OF SEXUAL ABUSE:**

- Difficulty walking or sitting
- Torn, stained or bloody underclothing
- Pain, itching or swelling in genital area
- Venereal disease
- Poor sphincter tone
- Pregnancy
- Social withdrawal, poor peer relationships

**SOME INDICATORS OF PHYSICAL/EMOTIONAL ABUSE:**

- Unexplained bruises/welts/burns
- Internal injuries
- Unexplained fractures/dislocations lacerations/abrasions
- Head injuries
- Obvious attempts to hide bruises or injuries
- Inappropriate clothing relative to the weather
- Attempts to avoid abusive situations
- Behavioral extremes
- Academic and behavior difficulties at school
- Excessive school absenteeism

**CARETAKERS AT RISK:**

Whether the victim is a child, pregnant woman, or a senior citizen, listed below are risk factors for family violence:

- Immaturity
- Lack of parenting and/or interpersonal relationship skills
- Unrealistic expectations
- Unmet emotional needs
- Social isolation
- Substance abuse
- Mental illness
- Poor impulse control
- Disruptions of a normal way of life
- Accumulation of small stressors

**KEYS TO ASSESSING FOR ABUSE:**

- Collect the information in a professional manner.
- Interview child and parent/caregiver separately.
- Maintain objectivity...hostility may hinder the protection of the victim.
- Phrase questions in a non-threatening manner:
  
  “How did this bruise happen?”
  “Tell me more about this.”

**INDICATORS OF EMOTIONAL ABUSE:**

- Speech disorders
- Failure to thrive
- Lags in physical development
- Anxiety and unrealistic fears
- Sleep problems, nightmares
- Habit disorders such as biting, rocking, head banging, etc.
**Age-Specific Care/ Populations Served**

*Each patient has different needs at different ages and we need to adjust care to meet those needs.*

**Age-Specific Care** is the personal contact, interactions and treatments provided to meet the special needs and behaviors of specific patient age groups. Consideration is given to the patient’s age, size and development level and includes meeting physical and psychosocial needs.

Understanding these needs:
- Allows for more effective communication
- Increases patient safety
- Increases patient comfort
- Encourages patient and family participation in care
- Leads to successful patient care outcomes

**What is Age-Specific Competency?**
Age-specific competency means the staff member:
- Incorporates knowledge about specific age groups into interactions with patients
- Demonstrates skills needed to provide care to patients in these age specific groups

**How is Age-Specific Care provided?**
Age-specific care may be provided in many ways. Some examples include:
- Communication
- Safety
- Physical Needs
- Procedures
- Psychosocial Needs

The Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) requires that any healthcare providers who have patient contact be competent in age-appropriate characteristics and needs. Although the following information may include age groups for which you do not provide care, it is important to understand an overview of the needs across the life span.
Although all characteristics of an age group do not apply to all individuals, they are meant to be guidelines that should be considered when providing care to patients of differing ages:

<table>
<thead>
<tr>
<th>Stage of Growth and Developmental Age</th>
<th>Characteristics of this Age Group</th>
<th>When caring for this age group, remember to…</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Neonate/Infant</strong>&lt;br&gt;Birth to 1 Year</td>
<td>• Are totally dependent on care-givers for all needs to be met&lt;br&gt;• Learn to develop trust through consistent care and affection from care-givers</td>
<td>• Provide consistency in care&lt;br&gt;• Meet physical needs such as providing nourishment, love and comfort as promptly as possible.</td>
</tr>
<tr>
<td><strong>Toddler</strong>&lt;br&gt;1 to 3 years</td>
<td>• Strive to develop autonomy in daily activities&lt;br&gt;• Learn by imitating adults&lt;br&gt;• Are learning self-control and will power</td>
<td>• Include the child’s daily routines and rituals into care as much as possible.&lt;br&gt;• Allow expression of feelings of “protest” without negative comments.</td>
</tr>
<tr>
<td><strong>Pre-School Age</strong>&lt;br&gt;3 to 6 years</td>
<td>• Ask questions about everything out of curiosity.&lt;br&gt;• Have very active imaginations.</td>
<td>• Prepare the child for unfamiliar experiences by giving explanations in words the child can understand.</td>
</tr>
<tr>
<td><strong>School Age</strong>&lt;br&gt;6 to 12 years</td>
<td>• Want to be independent, productive and feel significant.&lt;br&gt;• Have a desire to achieve, be competitive &amp; be accepted by peers.</td>
<td>• Prevent boredom by including the child in his own care and keeping a daily schedule.&lt;br&gt;• Be honest and provide explanations as requested.</td>
</tr>
<tr>
<td><strong>Adolescent</strong>&lt;br&gt;12 to 18 years</td>
<td>• Need to develop a sense of personal identity.&lt;br&gt;• Strive to excel in areas of interest. Have a need for privacy.</td>
<td>• Relate at their level, using their language&lt;br&gt;• Provide for privacy&lt;br&gt;• Be encouraging and open to questions.</td>
</tr>
<tr>
<td><strong>Young Adult</strong>&lt;br&gt;18 to 44 years</td>
<td>• Need to develop a sense of intimacy&lt;br&gt;• Learn selflessness and make a commitment to life</td>
<td>• Listen, address commitments and help client to plan&lt;br&gt;• Provide instructions for activity levels, nourishment, etc.</td>
</tr>
<tr>
<td><strong>Middle Age Adult</strong>&lt;br&gt;45 to 65 years</td>
<td>• Develop a sense of caring for others&lt;br&gt;• Strive for economic status</td>
<td>• Listen to concerns&lt;br&gt;• Keep informed&lt;br&gt;• Encourage family visits</td>
</tr>
<tr>
<td><strong>Later Adult/Geriatric</strong>&lt;br&gt;65 + years</td>
<td>• Need to feel a sense of accomplishment&lt;br&gt;• Family relations and economic status become important</td>
<td>• Listen for feelings of hope&lt;br&gt;• Include family in care&lt;br&gt;• Assist with financial and health maintenance concerns</td>
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CULTURAL COMPETENCE

The Harris County Hospital District is one of the most diverse institutions in the Texas Medical Center. As such, employees must be willing to work in a culturally integrated workplace, and be willing to respect human differences based upon race, age, handicap, religion, sexual orientation, political persuasion, place of origin, color, language, or any other condition that distinguishes people from one another.

In its 2002 publication, “Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care,” the Institute of Medicine reported that racial and ethnic minorities tend to receive a lower quality of health care than non-minorities, even when patients’ insurance status and income are the same or similar.

- The report says a large body of research underscores the existence of disparities.

- The study committee found evidence that stereotyping, biases, and uncertainty on the part of health care providers all contribute to unequal treatment.

For example, providers may order fewer diagnostic tests for patients of different cultural backgrounds because they may not understand or believe the patient’s description of symptoms.

Alternatively, providers may order more diagnostic tests to compensate for not understanding what their patients are saying.

Minorities are less likely to be given appropriate cardiac medications or to undergo bypass surgery, and are less likely to receive kidney dialysis or transplants.

By contrast, they are more likely to receive certain less-desirable procedures, such as lower limb amputations for diabetes and other conditions.
Cultural competence can have a real impact on clinical outcomes. Ignoring culture can lead to negative health consequences in many ways.

We need to challenge and confront racism, sexism, classism, and other forms of prejudice and discrimination that occur in clinical encounters, the work setting and in the society-at-large.

Cultural competence begins with an honest desire not to allow biases to keep us from treating every individual with respect. It requires an honest assessment of our positive and negative assumptions about others.

This is not easy — no one wants to admit that they suffer from cultural ignorance, or in the worst case, harbor negative stereotypes and prejudices.

- As healthcare workers, we need to “check our own pulse” and become aware of personal attitudes, beliefs, biases, and behaviors that may influence (consciously or unconsciously) our care of patients as well as our interactions with professional colleagues and staff from diverse racial, ethnic, and socio-cultural backgrounds.

Unfounded assumptions that lead to prejudicial thoughts usually exist below the level of our awareness. They are often untested and unexamined, yet they shape how we act. One way to deal with these assumptions and prejudices is to bring them to the surface and examine them.

It should be understood that there is no “one” way to treat any racial and ethnic group, given the great socio-cultural diversity within these broad classifications.

“Recipe” approaches about working with patients from diverse socio-cultural backgrounds are not useful and can lead to stereotyping and overgeneralization. Important intergenerational differences exist, and diversity is often greater within groups than between them.

Learning to evaluate our own level of cultural competency must be part of our ongoing effort to provide better health care.

Through collaboration and achieving a better understanding and appreciation of our commonalities and differences, patients and health care workers can become empowered to work together with others to help eliminate racial and ethnic disparities in health care.
The Harris County Hospital District emergency management/disaster plan provides a program that ensures effective mitigation, preparation, response and recovery to emergencies and disaster affecting the environment of care. The plan is based in part on the concept of the Hospital Emergency Incident Command System (HEICS) a model which was developed by San Mateo County Department of Health Services, San Mateo, California and the Emergency Medical Services Agency, in Los Angeles, California.

The Emergency Management/Disaster Plan goals are as the follows:

- Identify procedures to prepare and respond to potential disasters/emergencies.
- Provide education to staff on the elements of the Emergency Management/Disaster Program.
- Establish and implement procedures in response to a multiplicity of disasters/emergencies.
- Identify alternate sources for supplies and services in the event of a disaster/emergency.

The Harris County Hospital District proposes to effectively prepare for, manage a disaster/emergency and restore the facility to the same operational capabilities as pre-disaster/emergency levels.
EMERGENCY MANAGEMENT/DISASTER PLAN

PURPOSE
The purpose of this plan is to establish a process for responding to community or facility emergencies or natural disasters that affects the operation of the Harris County Hospital District (HCHD).

CONCEPT OF OPERATIONS/PHASES OF EMERGENCY/DISASTER MANAGEMENT

The emergency management plan is implemented in four phases.

Mitigation: Identifying potential emergencies that may effect the organization’s operation (refer to the hazards vulnerability analysis).

Preparedness: Build organization capacity to manage the effects of emergencies.

Response: Control of the negative effects of emergency situations.

Recovery Actions: Restoring essential services and resuming normal operations.

Scope of Emergency Management/Disaster Plans

The response plans are for events that include, but are not limited to: natural and man-made disasters, accidents, events caused by workplace and community violence, computer, communication systems, technology equipment failures, guest and employee emergencies.

Categories of Events

1. Events that disrupt internal operations. Major events are fire, explosions, loss of computer information systems, security situations (bomb threats, infant/child abduction, hostage situation, patient protections services-VIP’s/other patients at risk for danger, civil disturbances, chemical spills, nuclear/biological events, multiple similar illnesses of injuries to patients, employees or visitors.

2. Events that disrupts external community operations. Threaten injuries to individuals or groups that could result in the need for special services such as mass casualty involving a plane crash, building and construction explosion or multiple car/bus accident.

3. Events which potentially affect both internal hospital operations and community operations. Some examples are the threat of bioterrorism, natural weather disasters (hurricanes, tornados, raining with severe flooding, icy streets/roads) and threat of nuclear or hazardous materials accidents.
Operational Approach:

- HEICS (Hospital Incident Command System) is utilized to manage the impact of an emergency event within a facility.
- Emergency events are upgraded to disaster status based on the emergency’s impact on the facility.
- Departmental specific Emergency/Disaster Management Plan will be developed using the four phases of emergency management planning and updated annually.
- Drill exercises will be conducted at least twice a year to evaluate the readiness of the staff to address emergency or disaster operations.
- Drill critiques/after actions evaluation of staff performance and departmental operations during an emergency event will be conducted by each Department Director or Designee within 7 days of the event and submitted to the District Disaster Committee Chairman for tracking and trending.
- Administrative critiques will be completed within 7 days when the Hospital Incident Command Center has been activated.

TYPES OF EMERGENCIES/DISASTERS

Harris County Hospital District will act as a healthcare receiving site to provide care in the case of an emergency/disaster event. An emergency/disaster management approach will be applied to any hazard, which requires immediate emergency/disaster action, internal, external or related to contamination. These types of emergency/disaster events may include:

**RESPONSE CODES**

<table>
<thead>
<tr>
<th>INTERNAL</th>
<th>EXTERNAL</th>
<th>OTHER OCCURRENCES</th>
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</thead>
<tbody>
<tr>
<td>● Code Red (Fire)</td>
<td>● Condition “B” or</td>
<td>● Code Stork (Infant/Child Abduction)</td>
</tr>
<tr>
<td>● Condition “F”</td>
<td>● Condition “C”</td>
<td>● Code Anderson (Hostage Situation)</td>
</tr>
<tr>
<td>■ Utility Failure</td>
<td>■ Mass Casualties</td>
<td>● Security Stat (Civil Disturbance/Violence)</td>
</tr>
<tr>
<td>■ Water</td>
<td>■ Adverse Weather</td>
<td>● Evacuation</td>
</tr>
<tr>
<td>■ Sewer</td>
<td>■ WMD (Weapons of Mass Destruction)</td>
<td></td>
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<tr>
<td>■ Electric</td>
<td></td>
<td></td>
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<tr>
<td>■ Telephone</td>
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<tr>
<td>● Code Yellow</td>
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<tr>
<td>■ Chemical/Radiation/Unknown Spill)</td>
<td></td>
<td></td>
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<tr>
<td>■ Secondary Contamination</td>
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</table>
HURRICANE PREPAREDNESS PLAN

I. PURPOSE
To establish an efficient means of providing continuity of patient care during a hurricane or severe storm causing generalized flooding by means of procedures and policies and as part of the overall Harris County Hospital District (HCHD) Corporate Disaster Plan.

II. OBJECTIVES
A. To provide an effective plan for continuing patient care during storm conditions, which will likely leave the hospital; without normal utility service and without means of obtaining outside assistance.
B. To provide a logical and flexible chain of command to allow the maximum use of resources during a hurricane.
C. To minimize injury or illness to people, damage or loss of property and damage or loss of records.
D. To provide maximum safety and protection for patients and staff present during a hurricane.
E. To outline each Department’s responsibilities for storm preparation and for continuing services to patients during and after a storm.

III. NOTIFICATION OF EMPLOYEES – Each Department shall maintain a current Emergency/Disaster Call/Contact List of staff/personnel phone numbers or alternative means of contacting them should a hurricane/inclement weather situation occur. The list shall be updated, checked and numbers called to assure viability regularly, during the hurricane season (June-October).

***************************************************************************

Employee Disaster Information Line
#888-305-2979

Designated employees shall call this number for updates related to the Harris County Hospital District.
IV. STAFF/PERSOONNEL HURRICANE PREPAREDNESS GUIDELINES

a. Staff/personnel shall keep Department Director informed as to current active phone number(s) to assure immediate contact in an emergency/disaster situation.

b. Staff/personnel shall bring certain specific items for at least five-seven days.

<table>
<thead>
<tr>
<th>STAFF/PERSONNEL SHALL BRING</th>
<th>STAFF/PERSONNEL SHALL NOT BRING</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Bedrolls and linens</td>
<td>1. Kerosene, gas, lanterns or stoves</td>
</tr>
<tr>
<td>2. Pillows, sheets, blankets</td>
<td>2. Perishable food</td>
</tr>
<tr>
<td>3. Bring non-perishable food items to augment meals</td>
<td>3. Non-disposable plate and silverware</td>
</tr>
<tr>
<td>4. Any medications needed</td>
<td>4. Any non-essential clothing or possessions</td>
</tr>
<tr>
<td>5. Any special diet items required.</td>
<td>5. Hair dryers or any other small appliances.</td>
</tr>
<tr>
<td>6. Clothing sufficient for 5-7 days</td>
<td>6. Pets</td>
</tr>
<tr>
<td>7. Personal hygiene items</td>
<td>7. Family or any non – HCHD staff/Persons.</td>
</tr>
<tr>
<td>8. Prescription medication</td>
<td></td>
</tr>
<tr>
<td>9. Needed over the counter medications</td>
<td></td>
</tr>
<tr>
<td>10. Consider important numbers for contacting insurance, family, kennels, etc.</td>
<td></td>
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</tbody>
</table>

Note: Security is not guaranteed during all emergency/disaster situations. Staff/personnel shall be responsible for any items/personal property brought to the hospital/pavilion.
What happens during an NBC attack?
The Hospital will go into a lock down mode to prevent contamination of patients and staff. No one will be allowed in or out of the hospital during this emergency/disaster situation.

What should be my response?
Have knowledge of the NBC plan. Review your department/unit specific emergency/disaster plan on NBC attack and/or on a regular basis to be prepared.

Can I leave the facility?
No, no one will go in or out until the page operator announces further instructions.

The four don’ts during a terrorism attack:
• Don’t rush in. Follow organizational and departmental policies and procedures.
• Don’t become a victim.
• Don’t TEST (Taste, Eat, Smell or Touch).
• Don’t assume anything.

Be Safe:  Safety is First
          Assess before acting.
          Focus on avoiding the hazard.
          Evaluate the situation and report.

FAQ’s (Frequently Asked Questions) on NBC Weapons:
• What type of group would use NBC weapons?
  Any individuals, domestic hate groups, or internationally sponsored terrorist organizations.
• What are some of the challenges HCHD faces in an NBC attack?
  Recognizing the hazard, need to decontaminate, secondary devices and evidence preservation.
• What is the most likely source of NBC agents for a terrorist group to use?
  The most likely source for a terrorist to use is a chemical or biological agent made in a home laboratory.
Ethics is not a “sometimes” thing. It’s an “all the time” thing—reflected in everything you do.

All health care workers make ethical judgments every day of their working lives. Some of these are obvious and dramatic like assisted suicide, yet others are simple—like keeping a patient’s protected health information private or treating patients the same regardless of their ability to pay. Simply stated, Ethics is doing what’s right, fair, honest and legal.

The three R’s of Ethics:

1. **Respect**
   - Treat everyone with dignity and courtesy.
   - Eliminate offensive words and off-color jokes
   - Recognize others for their efforts; give credit where credit is due
   **Respect company assets.**
   - Use company time, equipment and supplies appropriately and efficiently
   - Protect and improve your work environment

2. **Responsibility**
   - Provide timely, high-quality care and services
   - Work together and carry your share
   - Meet performance expectations
   - Maintain confidentiality
   - Let people know when you are bothered

3. **Results**
   Create the right results.
   - The means (the how) are as important as the ends.
   **Watch out for:**
   - Taking the path of least resistance
   - The motivation to cut corners in response to the pace of business

**Say “No” with Tact**

**Fight the temptation to go along to get along:**
- State your objection and concern without accusing the other person of being unethical.
- Propose an alternative action that you feel is ethical. “I think there’s a better way…”
- Ask for the person’s agreement and help.
- If the person doesn’t agree, seek assistance from a designated authority.
Conflicting “Rights”

An ethical dilemma is:....
• A situation that requires you to choose between two equally balanced “rights”.
• A predicament that seems to defy a satisfactory solution.

Managing Conflicting Rights

Eliminate the conflict
• Change the conditions. Seek permission to grant an exception, make a special case, or otherwise re-define the situation.
• Re-define one of the rights to create acceptable options.

Decide what’s more right
Which of the conflicting rights…
• Is most in line with laws, regulations and organizational procedures?
• Is most in line with organizational values?
• Provides the greatest benefit for the largest number of people involved?
• Establishes the best precedent for guiding similar decisions in the future?

Seek assistance
• Your manager
• Human Resources
• Ethics Officer
• Anyone else who can listen and provide objective feedback

Professional Duties

• If your profession has a code of ethics, find out what it says about your duties and obligations to society in relation to your profession.

• Make sure that you are competent in your job, as patients and the public have the expectation that all healthcare workers will be competent.

What should I do if a patient needs ethics advice?

The HCHD Ethics Advisory Committee helps patients, families and health care workers to identify, understand and resolve hard ethical questions. The committee is made up of:

• Doctors
• Nurses
• Administrators
• Social Workers
• Ethicists
• Clergy
• Attorneys
• Patient Health Educators

To contact the Ethics Committee, contact the page operator for your pavilion.
HCHD Patient Identification Policy was implemented in response to Joint Commission National Patient Safety Goal #1: “Improve the accuracy of patient identification”

In order for HCHD to be compliant with National Patient Safety Goal #1, HCHD requires its staff to:

- Improve the accuracy of patient identification
- Use 2 patient identifiers
- Improve the effectiveness of communication among caregivers

**District Policy 7.11- Patient Identification**
Every patient is properly identified using two patient identifiers at every encounter

Approved Identifiers:
- Patient Name
- Patient Date of Birth

When are the two patient identifiers used?
- Upon initial encounter with a patient at time of registration or admission
- Prior to conducting any patient encounter

Encounters may include, but are not limited to administering medications, delivering dietary trays, transfusing blood, performing diagnostic tests, obtaining specimens, sending patients to other departments/facilities, performing treatments or operative/surgical services.

How are the two patient identifiers used?
- Staff should verbally assess the patient to assure the proper identification by asking the patient’s name and date of birth and matching the verbal confirmation to the written information on the Patient Armband, HCHD Identification Card (Gold Card) or Medical Record and/or EMR screen.

“ASK, DON’T TELL”

- Patients in the same area who have the same or similar names:
  - Will be identified with a Name Alert Sticker and will be placed in different rooms whenever possible
  - Name Alert Stickers will be placed on both patient’s addressograph cards, on the outside cover of the hard back patient chart, and on the nursing kardex
Patient information on armband/identification card (Gold Card) includes:
  » Patient Name
  » Date of Birth
  » Medical Record Number
  » Sex
  » Race

• What happens when we fail to follow policy
  • Delay treatment
  • Risk of patient receiving incorrect procedures
  • Risk of error in treatment/medication
  • Risk of adverse outcomes

• Common causes leading to adverse outcomes:
  • Staff feel that they know the patient
  • Staff feel hurried, busy and distracted
  • Staff uses room number and bed number instead of identifiers
  • Patients have the same last name/two last names/alias unknown
  • Patients answer to wrong name
  • Language barrier or patients unresponsive
  • Armbands are removed/missing

Language Barriers
If you can not identify the patient verbally due to a language barrier, contact.
  • Utilize the Certified Interpreters or Language Line Service available through the Interpretation Services Department:
    • BT/QM/CHP – x32010
    • LBJ/CHP – x65565
  • Bilingual Unit Based Staff

• RECAP
  • “Ask, Don’t Tell” the patient to state his name and date of birth.
    • If patient can not respond, request a family member or significant other to assist
  • Validate the patient’s stated name and date of birth with the information printed on:
    • The patient armband if the patient is an Inpatient/EC patient
    • Patient’s picture ID, HCHD Identification Card (Gold Card) or Medical Record/EMR screen if the patient is an Outpatient/Ambulatory patient
PATIENT RIGHTS

All Harris County Hospital District employees, contract personnel and Affiliated Medical Services personnel shall be responsible for preserving and respecting the rights of patients during any visit or hospitalization.

The *Patient Rights & Responsibilities* brochure is distributed to patients:
- at the time of the eligibility process
- at the time of an inpatient admission

Additionally, the *American Hospital Association’s* Patient Bill of Rights is posted prominently in all public waiting areas of the Harris County Hospital District.

Patients are informed of their rights as follows:

You have the right to:

- Be treated with respect.
- Be given the facts about your care. We can find an interpreter or help if you have a problem hearing or seeing.
- Ask those who take care of you to tell you their name, what they are going to do to take care of you, and say what they are going to do for you.
- Get information you need to make choices about your care. *This includes the name of your treatment, and risks, the name of the person doing your treatment, how long it will take you to get better, and treatment choices.*
- Refuse treatment if the law allows it.
- Receive your care in private. *Your records will also be private.*
- Be given a reason if we transfer you to another hospital.
- Agree or refuse to take part in research studies. If you refuse your care will not change.
- Have your bills explained to you.
- Have a significant other to participate in your care.
- Make a complaint and receive a response.
- Be asked about your pain and receive the appropriate pain relief treatment.
SEXUAL HARASSMENT

Sexual harassment is unwanted sexual attention that harms the victim and the general morale of the workplace.

There are two types of sexual harassment:

‘Quid Pro Quo’

This means "something for something" and usually involves supervisors who use:

- Threats — firing, blocking promotion, transferring or giving a bad evaluation if a person does not accept sexual advances
- Rewards — hiring, promoting, giving a raise if a person accepts sexual advances.

These cases are easy to recognize because the actions are clear. But in some cases, threats and rewards are only suggested or implied by behavior.

Hostile work environment

Repeated actions, comments, or objects that unreasonably interfere with work performance or that create an intimidating, hostile, or offensive work environment. This may include:

- Sexual pictures, calendars, graffiti, or sexual objects
- Regular use of offensive language, jokes, gestures, or comments.

This type of harassment can be difficult to recognize because it usually involves more subtle behaviors and awkward situations.

Perception plays a large part in deciding whether or not harassment has taken place. Often, an offender has no idea he or she has been perceived as a harasser and defends his or her actions with, “But, I didn’t mean to!” The fact is, intention is irrelevant. Equal Employment Opportunity Commission (EEOC) guidelines confirm that it is the victim’s perception that counts. Most harassers don’t intend to offend; they simply don’t understand some simple but crucial behavioral guidelines:

- **Think before you speak** — Do not assume your comments and behavior are acceptable to everyone with whom you come in contact.
- **Respect the workplace** — Filter your language and behavior to reflect your respect for your job and your co-workers.
- **Keep your hands to yourself** — Avoid touching, grabbing, holding, hugging, kissing or other physical contact.
- **Learn to speak up** — When confronted with unwanted or offensive attention, voice an objection. If the behavior continues, make a formal complaint.

If you have questions about Sexual Harassment
Contact a HCHD Employee Relations Representative
Patricia Moore  phone 713-873-6788  e-mail: Patricia_Moore@hchd.tmc.edu
Eliu Pineda  phone 713-566-4780  e-mail: Eliu_Pineda@hchd.tmc.edu
Drug and alcohol abuse increases the potential for accidents, absenteeism, and poor work performance.

**HCHD Policy in Summary**

You may be subject to disciplinary action including immediate termination if you:

- Report for duty while under the influence of … or
- Manufacture, distribute, dispense, possess, conceal, purchase or use any controlled substance, volatile chemical, illegal drug, or alcohol in the workplace or any other location in which the employee is required to perform their job function.

**Drug Testing can be required of anyone!**

You shall not be allowed to perform any job function and HCHD can require immediate testing for drugs (urine) and/or alcohol (breath analysis) if:

- Reasonable suspicion or probable cause exists that the employee is under the influence of drugs or alcohol upon reporting for work or during work hours;
- Work-related accident involves you and causes injury to you or others;
- No injury occurred in a work-related accident, but there is reasonable suspicion or probable cause, as determined by the facts.

**Refusal to consent to testing may subject an employee to immediate termination.**

**Reasonable Suspicion and Probable Cause include, but not limited to:**

- Use of drug or alcohol observed;
- Drugs or paraphernalia on the person or in an area under employee’s control;
- Abnormal or erratic behavior pattern exhibited;
- Symptoms of drug or alcohol use observed, such as incoherent speech, glassy or bloodshot eyes, or poor coordination or reflexes;
- Test results confirming use of controlled or illegal substances, chemicals, or alcohol.

**Sanctions (penalties) for violation of the HCHD policy may result in the following:**

- Immediate Termination
- Drug abuse assistance or rehabilitation program - satisfactory participation in a approved by an approved agency
- Failure to complete the program once enrolled or to remain drug-free after completion of the initial rehabilitation program shall be grounds for immediate termination.

**If You Have a Problem with Substance Abuse …**

You can get confidential help through your EAP (Employee Assistance Program) provider, on the web at [www.AetnaEAP.com](http://www.AetnaEAP.com) or call Aetna at 1-888-238-6232.
Workplace Violence

Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.

It can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults and homicide, one of the leading causes of job-related deaths. However it manifests itself, workplace violence is a growing concern for employers and employees nationwide.

The Harris County Hospital District is committed to providing a safe environment for patients, visitors, and members of the workforce.

No universal strategy exists to prevent violence. The risks factors vary from hospital to hospital and from unit to unit. All hospital workers should be alert and cautious when interacting with patients and visitors. They should actively participate in safety training programs and be familiar with their employers’ policies, procedures, and materials on violence prevention.

Types of Workplace Violence

- Violence by strangers
- Violence by patients
- Violence by co-workers
- Violence by personal relations

Risk Factors

- Prevalence of handguns and other weapons among patients, their families, or friends.
- Increasing use of hospitals by the criminal justice system for criminal holds and the care of acutely disturbed, violent individuals
- Increasing numbers of acute and chronically ill patients being released from hospitals without follow-up care, who now have a right to refuse medicine and who can no longer be hospitalized involuntarily unless they pose a threat to themselves or others
- Availability of drugs and money at hospitals, clinics and pharmacies, making them likely robbery targets
- Unrestricted movement of the public in clinics and hospitals
- Presence of gang members, drug/alcohol abusers, trauma patients, distraught family members
- Isolated work with clients during exams or treatments
- Solo work, often in remote locations, high crime settings with no back-up or means of obtaining assistance such as communication devices or alarm systems
- Lack of training in recognizing and managing escalating hostile and aggressive behavior.
- Poorly-lighted parking areas
Who is at risk?
- Anyone working in a hospital may become a victim of violence
- Nurses and those employees who have the most direct contact with patients are at higher risk
- Emergency response personnel, security officers, and all health care providers

Where may violence occur?
- Psychiatric Units
- Emergency rooms
- Waiting rooms
- Geriatric units

Safety Tips for Hospital Workers: watch for signals
- Verbally expressed anger or frustration
- Body language such as threatening gestures
- Signs of drug or alcohol abuse
- Presence of a weapon

Maintain behavior that helps diffuse anger
- Present a calm, caring attitude
- Don’t match the threats
- Don’t give orders
- Acknowledge the person’s feelings
- Avoid any behavior that may be interpreted as aggressive
- Be alert
- Evaluate each situation for potential violence when you enter a room or begin to relate to a patient or visitor
- Be vigilant throughout the encounter
- Don’t isolate yourself with a potentially violent person
- Always keep an open path for exiting—don’t let the potentially violent person stand between you and the door

Take these steps if you can’t defuse the situation quickly
- Remove yourself from the situation
- Call security for help
- Report any violent incidents to your management
Forms

General Orientation

Forms to be completed and submitted upon request during General Orientation:

- HCHD Exposure Control Plan Checklist
- HIPAA Acknowledgment

Forms to be completed and given to your manager:

- ServiceFIRST Employee Pledge
- HCHD Departmental Orientation Release (non-Nursing staff only)
I acknowledge that I attended a training session on the topic “HIPAA: Privacy Compliance” and understand the requirements of the HIPAA statute.

I further understand that it is my responsibility to review the HIPAA policies and procedures of the Harris County Hospital District which may be obtained from management in my department, as well as on the HCHD intranet.

Signature   Date

Printed Name   Employee Number
Employee Pledge

Our Promise

Our values are conveyed through everything we do. We strive to deliver an uncompromised experience for our patients and customers as well as achieve a standard of excellence in the service we provide. Our promise to every patient is:

“To provide high quality health care by knowledgeable and highly trained staff - To provide prompt, friendly, and courteous service - To be sensitive and responsive to your needs and concerns as well as those of your family - To provide a clean, comfortable and safe environment, in all of our settings”

My Actions

Making a lasting positive impression on everyone that visits our facilities is my responsibility. These are the actions I will take in each of my encounters with patients, visitors and/or coworkers:

- Promptly acknowledge each person with a smile.
- Make eye contact.
- Use a welcoming greeting such as “Hello”, “Good Morning”, or “Good Afternoon”.
- Offer assistance as needed.
- Say "Thank you for letting us take care of you today."

Our Standards of Behavior

To honor that promise, the following standards of behavior are expected of each HCHD employee.

Friendliness
- Greet and acknowledge patients, visitors and coworkers
- Smile and make eye contact
- Introduce yourself and your role
- Say the patient’s name often

Integrity
- Protect patient privacy and modesty
- Perform duties in a safe, ethical and honest manner
- Follow through on all requests

Responsibility
- Live HCHD’s mission of delivering high quality health care to the residents of Harris County
- Dress in a professional manner that is appropriate for your role
- Keep our facilities clean

Satisfaction
- Say words like, “My pleasure,” and “I’ll be happy to.”
- Asking questions such as “Is there anything else I can do for you?”

Teamwork
- Respect and encourage co-workers so our guests’ needs are met
- Work unselfishly with others toward common goals and vision

I pledge to follow these standards and actions.

Employee’s Signature ___________________________ Employee ID # ___________________________ Date ____________