

SECTIONS

1. Mission & Patients Are First®
 2. Cultural Awareness
 3. Infection Prevention
 4. Patient Safety
 5. Environment of Care
 6. Compliance & Ethics
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MISSION & PATIENTS ARE FIRST: OBJECTIVES

1. Recognize UW Medicine's mission & vision.
 2. Recognize actions tied to Patients Are First® pillar goals.
 3. Identify the actions of the Service Culture Guidelines.
 4. Identify the tenets of the Professional Conduct Policy.
 5. Identify reporting mechanisms for addressing unprofessional behavior.
 6. Recognize how a "culture of quiet" improves patient healing.
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OBJECTIVE 1: Recognize UW Medicine's mission & vision.

Mission

To improve the health of the public.

Vision

UW Medicine is dedicated to excellence in healthcare, research and education.

UW Medicine improved the health of the public and exhibited excellence in healthcare in 2016 by:

Providing outstanding patient care and healthcare promotion programs. An example of this:

UW Medicine offers the Virtual Clinic to all ages located in Washington. UW Medicine Virtual Clinic is available to receive expert medical care in the privacy of your home or office when you need it.

24 hours a day – 7 days a week

Advancing medical knowledge and health promotion programs. An example of this:

UW Medicine specialists are among an elite national group that will launch the nation's largest-ever autism research study.

Researchers will seek DNA and other information from 50,000 U.S. families to build a database of genetic, behavioral, and environmental information about people with autism, from toddlers to adults.

Further details about the study can be found at SPARKforAutism.org at UW.

Virtual visits are not available to those covered under government insurance, such as Medicare, Medicare Advantage, Medicaid, or Tricare.

If you are covered under a government insurance plan, you can find a UW Medicine resource near you.

Training the next generation of healthcare professionals and scientists. An example of this:

When students began the 2016-17 academic year, the University of Washington School of Medicine and Gonzaga University welcomed the largest ever entering class of medical students in Spokane.

Additionally, 40 second-year medical students will continue their education on the Gonzaga campus. They were the first class to experience the UW School of Medicine's new, nationally recognized medical school curriculum.

OBJECTIVE 2: Recognize actions tied to Patients Are First[®] pillar goals.

How UW Medicine **focuses on serving the patient and family.**

UW Medicine is working to be a national leader in patient satisfaction. We need "*all hands on deck*" to achieve our patient satisfaction goals.

Even if you do not have direct patient contact, you have a role in keeping our systems running smoothly through your personal interactions and job responsibilities.

How UW Medicine **provides the highest quality care.**

We are implementing and standardizing evidence-based practices throughout our health system to achieve our goals for patient safety and quality of care.

We are also monitoring performance outcomes to keep quality in the forefront at all time for our care teams.

How UW Medicine **becomes the employer of choice.**

Rounding for outcomes helps leaders connect with faculty and staff to identify what is working well, determine if staff have the tools and equipment to do their job, and identify systems and processes that need improvement.

The Rewards and Recognition team is creating tools to create a workplace environment and culture that recognizes exemplary behavior and to develop standardized criteria for service excellence awards across the system.

How UW Medicine **practices fiscal responsibility.**

Our financial goals can be achieved through a combination of actions to increase revenues and lower expenses:

- Reduce costs by \$85 million across the system through performance improvement initiatives.
- Maximize the performance of the health system by increasing access to services, integrating service lines, rationalizing sites of services, reducing practice variation and implementing information technology solutions.

OBJECTIVE 3: Identify the actions of the Service Culture Guidelines.

HOW DO YOU UPHOLD THE SERVICE CULTURE GUIDELINES?

COMMITMENT

- Respect and acknowledge differing values, opinions and viewpoints.
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- Recognize and encourage positive behavior.
- Address inappropriate behaviors in a confidential and constructive manner.
- Promote interdisciplinary and interdepartmental cooperation.
- Promote the mission, vision, and values of UW Medicine.
- Follow all UW Medicine policies and procedures.

PRIVACY AND CONFIDENTIALITY

- Discuss patients and their care in a confidential setting.
- Knock and/or ask ‘*Can I come in?*’ before entering a patient’s room.
- Use doors, curtains, and blankets to create a more private environment when necessary.
- Access only confidential patient information that is relevant to my job.
- Discuss confidential organizational issues only with those who need to know.

COMMUNICATION

- Wear my ID badge where it can easily be seen.
- Recognize that body language and tone of voice are integral to effective communication.
- Introduce myself by name.

- Explain my role and speak in ways that are easily understood.
- Ask each patient how he/she would like to be acknowledged (Mr./Mrs./first name).
- Close every patient encounter with an acknowledgement that is respectful, such as “Thank you” or “Do you have any questions?”

- Acknowledge patients, family members, and co-workers with a sincere and warm greeting.

PROFESSIONAL BEHAVIOR

- Treat others with courtesy, honesty, and respect even in challenging situations.
- Be sensitive and empathetic the needs of others.
- Continue to learn and seek new knowledge to enhance my skills.
- Recognize that you are responsible for the public's perception of UW Medicine and that you are an ambassador for UW Medicine.

ACCOUNTABILITY

- Offer assistance to people who are lost or trying to find their way by escorting them to their destination or taking them to someone who can help them.
- Help those in need until their issues are resolved or another co-worker has assumed responsibility.
- Be dependable and timely.
- Take personal responsibility for keeping the work environment clean and safe by cleaning up litter and spills, or promptly contacting the appropriate resource.
- Practice consistent hand hygiene to prevent the spread of infection.

OBJECTIVE 4: Identify the tenets of the Professional Conduct Policy.

PROFESSIONAL BEHAVIOR

Behavior that violates laws or rules regarding discrimination and harassment; violates rules of professional ethics, including professionalism in clinical, educational, research or business practices; or is disrespectful, retaliatory, or disruptive.

RULES OF PROFESSIONAL ETHICS

Ethical standards that have been established by external professional societies or associations, e.g., Joint Commission, American Association of Medical Colleges, National Institutes of Health, or by UW Medicine entities for various professions (e.g., physicians, nurses).

DISRESPECTFUL, RETALIATORY OR DISRUPTIVE BEHAVIOR

- Shouting or using profanity or otherwise offensive language
- Degrading or demeaning comments
- Physical assault or other uninvited or inappropriate physical contact
- Threats or similar intimidating behavior, as reasonably perceived by the recipient
- Unreasonable refusal to cooperate with others in carrying out assigned responsibilities
- Obstruction of established operational goals, beyond what would be considered respectful dissent

OBJECTIVE 5: Identify reporting mechanisms for addressing unprofessional behavior.

REPORTING UNPROFESSIONAL BEHAVIOR

UW Medicine, faculty, staff, trainees, and students may raise concerns through the following avenues:

Informal and collegial one-on-one resolution

This is the best option for both parties and should be tried first.

If you are unable to have a one-on-one resolution, then the next best option is to bring the issue to your supervisor or the next highest individual of authority (if the concern involves a supervisor).

If the one-on-one resolution or speaking with your supervisor do not work for you, contact Human Resources.

If you are under a collective bargaining agreement, follow applicable grievance procedures.

OBJECTIVE 6: Recognize how a ‘culture of quiet’ improves patient healing.

In her 1859 “Notes on Nursing” Florence Nightingale described unnecessary noise as “the most cruel absence of care which can be inflicted either on sick or well.”

HOW DOES NOISE IMPACT PATIENTS?

PATIENTS:

Increased	Additional effects
<ul style="list-style-type: none"> • Pain medication • Blood pressure • Re-admission rates • Falls • Attention deficits 	<ul style="list-style-type: none"> • Lower O2 saturation levels • Disrupted sleep • Impaired wound healing • Altered immune function • Altered glucose metabolism • Attention deficits

STAFF:

Increased	Additional effects
<ul style="list-style-type: none"> • Errors • Annoyance ratings • Blood pressure • Burnout • Turnover 	<ul style="list-style-type: none"> • Reduced focus • Less caring behavior • Impaired thought process • Perception of more pressure and strain • Tachycardia

NOISE PLAYS A BIG PART IN A PATIENT’S ABILITY TO HEAL.

“It was especially loud at night while trying to sleep. Loud voices in hallway and weight scale woke me up every morning. It is very loud while being pulled down hallway. Also monitors beeped all night. No one ever silenced them.”

WHAT CAN YOU DO?

KEEP your voice down.



WEAR quiet shoes.



REPORT squeaky carts or noisy equipment to your manager.



LIMIT your conversation and lower your voice near patients.



“Take the cell phones out of pockets and off the floors. Constant ringing and answering private calls shouldn’t be allowed. One nurse answered a private call while dressing the wound, put the phone back in her pocket and had to be reminded to change her glove.”

WHAT CAN YOU DO?

SET cell phones or beepers to vibrate.



CLOSE patient doors when possible.



DIM lights and RESPOND QUICKLY to any alarms or call lights.



NO overhead paging. USE cell phones or pagers; if a patient or visitor will need to be reached while out of unit.



“Noise in the hallways was very bad both nights - loud voices, laughter, etc. until at least 1:30 AM. Both nights I complained that it was impossible to sleep. The second night, the night nurse, was able to quiet things down. It was also noisy during the days, but I found the very noisy conditions at night inexcusable. That is why I would not recommend U of W Hospital to friends”.

WHAT CAN YOU DO?

INITIATE Quiet Time protocol.



NO unit-based overhead paging. {C\1}

If available, **PASS OUT** ear plugs and/or headsets for TV viewers.



ASK patients what can be done to make them more comfortable.



“Also, during this stay my room was adjacent to the nurses station. I had to always keep my room door closed because of the noise”.

WHAT CAN YOU DO?

Be an **ADVOCATE** for quiet!



LIMIT cell phone usage in hallways.



REMIND others to lower their voice, including visitors and staff.



ROUND to remind patients and visitors about quiet time.



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CULTURAL AWARENESS: OBJECTIVES

1. Recognize cultural differences in the workplace.
 2. Identify ways to be aware, respectful, and tolerant of cultural differences.
 3. Recognize cultural elements that may affect healthcare.
 4. Define common lesbian, gay, bisexual, transgender (LGBT) terminology.
 5. Recognize UW Medicine policies regarding LGBT patients, visitors, and staff.
 6. Identify important behaviors for creating an inclusive environment for LGBT patients and staff.
 7. Identify key elements of the UW Medicine Sexual Harassment Policy.
 8. Identify potential sexual harassment behaviors.
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OBJECTIVE 1: Recognize cultural differences in the workplace.

CULTURAL AWARENESS

- Refers to an ability to interact effectively with people of different cultures.
 - It is a development process that evolves over time.
 - Learning about cultural diversity allows people to learn, grow, and change.
 - Caring for patients and working with people from many cultures and backgrounds benefits everyone.
 - Raising our awareness of other cultural practices allows us to show respect and understanding.
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OBJECTIVE 2: Identify ways to be aware, respectful, and tolerant of cultural differences.

As a member of UW Medicine, strive to be aware, respectful, and tolerant of cultural differences. What is the best way to do this? **ASK PREFERENCES**

Ask other respectfully.

Every person has preferences.

Not all people within a particular culture feel, think, or act the same.

TREAT OTHERS THE WAY THEY WANT TO BE TREATED.

Learn more by watching the video: [CULTURAL DIVERSITY](#)

Did you know of these cultural resources?

[ETHNOMED](#): An electronic database of information about cultural beliefs, healthcare needs, and community resources of immigrant communities in Seattle.

[CULTURE CLUES](#): Tip sheets designed to increase awareness about concepts and preferences of patients from diverse cultures.

OBJECTIVE 3: Recognize cultural elements that may affect healthcare.

Family structure can vary from one culture to the next.

One culture's definition of family can be very different from another culture's definition. Some cultures such as Native American, Native Alaskan, Mexican American, and Filipino often have many family members, extended family, community representatives, and friends visit a patient in the hospital.

The definition of *family* is broader in these cultures.

Asking questions at the right time and with respect can help ease tension that might arise due to a misunderstanding based on culture.

OTHER CULTURAL ELEMENTS THAT MAY AFFECT HEALTH CARE

Cultural beliefs and practices

Observance of religious fasting practices may require changes in treatment plans or schedule adjustments.

Some cultures involve other members of the family, clan, or tribe when medical decisions are made.

OBJECTIVE 4: Recognize UW Medicine policies regarding LGBT patients, visitors, and staff.

UW Medicine is proud to support and serve LGBT patients and their families, and to serve as an employer for LGBT individuals.

Our goal is always for LGBT patients, families and staff to feel they are treated with the equity and respect they deserve, and through the work of our LGBT advisory committees we are continually identifying new ways to reach this goal.

Cindy Hecker, Interim Chief Health Systems Officer for UW Medicine

UW Medicine Hospitals provide equal opportunity, without regard to an employee or job applicant's race, color, creed, religion, national origin, citizenship, sex, age, marital status, sexual orientation, gender identity, disability, or military status.

UW Medicine Hospitals are committed to providing equality of opportunity and an environment that fosters respect for all members of the UW Medicine community.

DID YOU KNOW?

All four UW Medicine hospitals (HMC, NWHMC, UWMC, and VMC) are regularly selected as leaders in LGBT Healthcare Equality in the annual Healthcare Equality Index conducted by the Human Rights Campaign.



OBJECTIVE 5: Define common lesbian, gay, bisexual, transgender (LGBT) terminology.

Our community is very diverse.

It is important that we are familiar with terms commonly used to describe that diversity.

We must remember that terms and cultures are continually changing, and that the important thing is to listen and reflect back the terminology that people use to identify themselves.

Let's get started.

Lesbian - A woman who is emotionally, romantically or sexually attracted to other women.

Gay - A person who is emotionally, romantically or sexually attracted to members of the same gender.

Bisexual - A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity though not necessarily simultaneously, in the same way or to the same degree.

Transgender – umbrella term for people whose gender identity or expression is different from those typically associated with the sex assigned to them at birth.

FTM – female-to male (refers to someone who was designated female at birth but identifies and expresses himself as a man). May prefer the term “trans man.”

MTF – male-to female (refers to someone who was designated male at birth but who identifies and expresses herself as a woman). May prefer the term “trans woman.”

Sexual orientation (including the difference/overlap between identity/behavior/attraction) -An inherent or immutable enduring emotional, romantic or sexual attraction to other people.

Gender identity – a person’s innate, deeply-felt psychological identification as a man, woman or some other gender.

Gender expression – the external manifestation of a person’s gender identity, which may or may not conform to socially-defined behaviors and characteristics typically associated with being either masculine or feminine.

MSM/WSW – men who have sex with men, women have sex with women.

Cisgender – term used to describe people whose gender identity or expression aligns with those typically associated with the sex assigned to them at birth.

Queer - A term people often use to express fluid identities and orientations. Often used interchangeably with "LGBT."

Genderqueer – an umbrella term for gender identities other than man and woman. People who identify as “genderqueer” may see themselves as being both male and female, neither male nor female or as falling completely outside these categories.

Gender non-conforming - A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.

OBJECTIVE 6: Identify important behaviors for creating an inclusive environment for LGBT patients and staff.

LGBT people experience many forms of discrimination in healthcare because of their sexual orientation and/or their gender identity.

(2016 Healthcare Equality Index)

UW Medicine hospitals encourage open visitation of patients by families and significant others.

Each UW Medicine patient has the right to designate the visitors he or she chooses, including a spouse, domestic partner (including same-sex domestic partner), another family member, or a friend.

Visitation privileges are not limited on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

All visitors designated by the patient enjoy full and equal visitation privileges consistent with patient preferences.

Same sex parents and caregivers are provided the same visitation access as different-sex parents and caregivers for their minor children.

Patient visitation may be limited for clinically justified reasons, such as when such visitation:

- Interferes with the delivery of care
- Interferes with providing a reasonably safe and secure environment, or
- Creates an undue distraction

The patient may withdraw consent to particular visitors at any time.

Any restrictions on visitation are fully explained to the patient and/or family.

OBJECTIVE 7: Identify key elements of the UW Medicine Sexual Harassment Policy.

Sexual harassment includes unwanted sexual or gender-based conduct that is severe, persistent or pervasive enough that it creates an intimidating, hostile working environment, or unreasonably interferes with work performance.

Gender-based harassment is not considered sexual harassment.

Sexual harassment is the deliberate or repeated behavior of a sexual nature that is not welcome, not asked for, and not willingly returned.

Sexual harassment only includes members of the opposite sex harassing each other.

The UW policy prohibiting retaliation does not cover retaliation for cooperation with or participation in any investigation of allegations of harassment, it only covers individuals who report the initial concern. –

Harassers can be held personally liable.

UW is committed to providing an environment that fosters respect for all.

The policy that addresses sexual harassment has the goal of promoting an environment that is free of:

DISCRIMINATION: Sexual harassment is a form of sex discrimination.

HARASSMENT: Harassment against a member of the University community because of sex or sexual orientation.

RETALIATION: Retaliation against any individual who reports concerns regarding harassment.

OBJECTIVE 8: Identify potential sexual harassment behaviors.

All the behaviors listed are considered sexual harassment.

- Teasing or jokes that are sexual in nature or gender-based
- Punishment for failure to comply with sexual demands

- Unwanted touching or suggestive comments or gestures
- Request for sex in exchange for promotions, higher grades, or evaluations
- Pressure for dates
- Obscene emails or phone calls
- Visual displays of sexually explicit materials

You have the right to a work and educational environment that is free of harassment and discrimination.

What do you do if you observe or are involved in a situation that makes you feel uncomfortable and may be interpreted as potential sexual harassment?

Don't ignore it. Tell someone.

If you have questions or concerns related to sexual harassment, talk with a supervisor, manager, director, administrator, or HR.

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INFECTION PREVENTION: OBJECTIVES

1. Identify two primary methods of hand hygiene.
2. Identify actions in performing standard precautions.
3. Identify hand hygiene practices for Contact Enteric Precautions.
4. Recognize the risks of influenza and tuberculosis in a healthcare environment.
5. Recognize steps when using Powered Air Purifying Respirators (PAPR).
6. Recognize general characteristics of blood borne pathogen diseases.
7. Recognize risks of blood borne pathogens and infectious diseases in the workplace.
8. Identify the safe handling of medical devices.

OBJECTIVE 1: Identify two primary methods of hand hygiene.

HAND HYGIENE AT UW MEDICINE IS EXPECTED, AT A MINIMUM:

- BEFORE AND AFTER TOUCHING PATIENTS OR ANYTHING IN ROOM

- AFTER USING THE RESTROOM
- UPON ENTRY AND EXIT OF PATIENT ROOM OR CUBICLES
- ARTIFICIAL NAILS OR NAIL ENHANCEMENTS HARBOR BACTERIA AND ARE NOT ALLOWED IN CLINICAL AREAS.
- BEFORE EATING
- AFTER REMOVING GLOVES.
- GLOVES DO NOT REPLACE THE NEED FOR HAND HYGIENE.

If you have sores, dermatitis, or cannot wash your hands due to casts or braces, you must be evaluated by Employee Health prior to continuing duties.

Hand hygiene is hand washing with soap and water OR using an alcohol-based hand gel.

When caring for patients with diarrheal illness such as clostridium difficile or norovirus, staff must use soap and water upon exiting the patient’s room.

Alcohol gels are effective for rapid hand cleansing between patients when hands are visibly clean.

Alcohol gels are not as effective at killing organisms that produce spores such as clostridium difficile.

Washing at the sink is necessary when the hands are visibly soiled and when working with patients with diarrheal illness such as clostridium difficile or norovirus.

OBJECTIVE 2: Identify actions in performing standard precautions.

Standard precautions are used for EVERY PATIENT, EVERY TIME.

Perform hand hygiene before and after contact when entering and leaving the patient space.

EVERYTHING IN THE ROOM IS THE PATIENT. GERMS ARE ON:	
Bed linen	Patient gown
Over-bed table	BP cuff
Side rails	Bath door handle
IV pump button	Room door handle

EQUIPMENT AND SUPPLIES

- Clean and disinfect all equipment prior to removing from patient's room:
 - IV pumps
 - cell phones
 - pagers
 - stethoscope
- Clean and disinfect all equipment if visibly contaminated while in the room, including electronics.
- Only keep essential supplies in the patient's room. This limits chance of cross-contamination and waste.

SURGICAL MASK AND EYE PROTECTION

- Use for cough producing procedures or for risk of splashing to mucous membranes, such as eyes, nose, and mouth.
- Always use **MASK** and **EYE PROTECTION** for splash prone procedures, such as suctioning, when obtaining a sputum specimen, providing oral or trach care, water picking wounds, when doing or assisting with sterile invasive procedures.
- Always remove and dispose of mask when done with procedure and leaving the patient care area.
- **DO NOT WEAR THE SAME MASK BETWEEN PATIENTS.**

GOWNS AND GLOVES

- Use if contact with non-intact skin, blood, body fluids, or secretions is likely.
- Always glove when accessing an IV line.
- Remove gloves and perform hand hygiene when moving from dirty to clean procedures.

OBJECTIVE 3: Identify hand hygiene practices for Contact Enteric Precautions.

When caring for a patient with clostridium difficile, Always perform hand hygiene before donning AND doffing gloves.

Gloves do NOT replace hand hygiene.

Hand hygiene, gown, and gloves are required before entering into a Contact Enteric Patient's room.

Cross contamination can occur when accessing supplies.

- Clean hands to access supplies. No gloves touching supplies.
 - Use new clean gloves to move from dirty to clean.
 - Use a dedicated stethoscope in contact precaution rooms.
 - Use single use scissors for changing dressings.
 - Items removed from patient rooms must be cleaning and disinfected before going to the next patient.
 - Any item that has been in the patient room is considered CONTAMINATED.
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OBJECTIVE 4: Recognize the risks of influenza and tuberculosis in a healthcare environment.

How many estimated hospitalizations and deaths occur every year due to influenza?

226,000- HOSPITALIZATIONS

36,000- DEATHS

PARTICIPATION IN THE ANNUAL EMPLOYEE INFLUENZA PREVENTION PROGRAM IS MANDATORY.

UW Medicine expects all employees to be vaccinated unless there is a medical contra-indication.

TUBERCULOSIS (TB) SCREENING

All applicable UW Medicine employees are REQUIRED to have a TB screening based on your entity's TB exposure plan.

Employees who have tested positive are required to have Employee Health conduct an annual TB symptoms screening.

OBJECTIVE 5: Recognize steps when using powered air purifying respirators (PAPR).

UW Medicine uses respirators when caring for patients with an airborne disease.

The powered air purifying respirators (PAPR) with high efficiency particulate air (HEPA) filters is a battery-operated respirator that filters out fine particles.

All persons wearing respirators must be medically screened, approved for, and trained for respirator use.

Let's review the steps that should be followed **EVERY TIME PAPR** is used.

1. Inspect the respirator unit, air tube, and hood for damage. Only use if all pieces are intact and in good working order. Immediately take malfunctioning equipment out-of-service.
2. Test air flow with unit ON. The airflow indicator must float above the indicator line to assure adequate air supply and positive pressure.

3. Put on the hood. There should be good airflow over the face, exiting below the chin and/or ears. You are now ready to enter the isolation area. When finished, exit the room.
4. Once outside of the hazardous atmosphere, remove hood and turn off the unit. Inspect equipment, clean it with disinfectant wipe.
5. Return power unit to charger, and follow your facility’s policy on the re-use of PAPR hoods. Inspect equipment, clean it with disinfectant wipes.

PAPR HELP

Look for job aid posters located near PAPR areas/carts.

If you have difficulty breathing, experience dizziness or the PAPR is no longer providing airflow - leave the isolation room immediately.

PAPR TAKE AWAYS

PAPRs do not supply oxygen and cannot be used in oxygen-low environment.

PAPRs do not protect against chemicals.

Do not use for chemical exposure or hazardous spills.

PAPR use requires medical clearance, annual training and fit-testing.

OBJECTIVE 6: Recognize general characteristics of blood borne pathogen diseases.

Bloodborne Pathogen (BBP) Standards

- Covers all workplaces with occupational exposure risk
- FOR YOUR SAFETY: To reduce risk of exposure to blood and other potentially infectious materials (OPIM)
- Mandated by law WAC296-823
- Annual review required

RISK OF INFECTION

VIRUS	RISK OF INFECTION (following HIGH RISK NEEDLE STICK exposure)
HEPATITIS B	1 in 3 (30%)
HEPATITIS C	1 in 30 (3%)

HIV (AIDS)	1 in 300 (0.3%)
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DISEASE CHARACTERISTICS & SYMPTOMS

HEPATITIS B

- Statistically poses the greatest risk
- Very stable-persists at room temp for 7 days
- Incubation period ranges from 45-480 days
- VACCINE AVAILABLE
- Fomite transmission potential

HEPATITIS C

- Most common chronic blood-borne infection
- 80% infected without symptoms
- Incubation period: 2 weeks – 6 months
- NO VACCINE

HEPATITIS B & C SYMPTOMS

- Jaundice
- Abdominal discomfort
- Fatigue
- Loss of appetite
- Nausea
- Dark urine
- Clay-colored stool

HEPATITIS RISK FACTS

HEPATITIS RISK FACTS
Infection in healthcare workers has occurred: via sharps injury and blood splash to eye.
No reports from intact skin exposure to blood.
Exposure risk via contaminated environmental surfaces not fully known.

HIV

- Causes Acquired Immunodeficiency Syndrome (AIDS)
- Virus fragile outside of host


- NO VACCINE available
- Post exposure prophylaxis available


SYMPTOMS

- A flu-like illness can occur 1-6 weeks after exposure to the virus.
- Fever, sweats, malaise, muscle pains
- Nausea, diarrhea, sore throat
- Enlarged lymph nodes, mycological oral infections, fatigue, weight loss
- Symptom-free period of 5-10 years can occur.

SOURCES OF DISEASE


Products made from blood





Cell and tissue lines

Human blood and it's components



Other potentially infectious materials (OPIM) for BBP (HBV/HBC, HIV) include:

Vaginal secretions	Urine	Feces	Vomit
Semen	Saliva	Tears	Unfixed tissues or organs
Cultures containing HIV/ HBV/HCV			
Organs/blood from animals w/HIV/HBV/HCV			
Any body fluid contaminated with blood or OPIM (Cerebrospinal/pericardial/synovial/amniotic)			

OBJECTIVE 7: Recognize risks of blood borne pathogens and infectious diseases in the workplace.

An exposure incident is specific contact with blood or OPIM that is capable of transmitting a blood borne disease.

EXPOSURE INCIDENT: A specific eye, mouth, other mucous membrane, non –intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee’s duties.

Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

WHAT IS OCCUPATIONAL RISK?

An exposure incident is specific contact with blood or OPIM that is capable of transmitting a blood borne disease.

EXPOSURE INCIDENT: A specific eye, mouth, other mucous membrane, non –intact skin or parenteral contact with blood or other potentially infectious materials (OPIM) that results from the performance of an employee’s duties.

Examples of non-intact skin include skin with dermatitis, hangnails, cuts, abrasions, chafing, or acne.

Accidental needle sticks or contaminated sharp injuries are the MOST common exposure routes.

Potential exposure tasks include, but are not limited to:

- Handling or processing body substance or fluids;
- Contact with used articles and equipment;
- Working in an environment soiled with body substances;
- Handling using sharps;
- Providing direct patient care that includes contact with body substances.

Other common BBP exposure risks are:

1. Open wound contamination
2. Mucous membrane exposure
 - a. Eyes
 - b. Nose
 - c. Mouth

EXPOSURE CONTROLS – SAFE PRACTICES

- Use “standard precautions” – consider ALL blood and OPIM from ALL persons infectious.
- Appropriate barriers and procedures must be used when contact with blood or OPIM is anticipated.
- Perform all tasks in a manner that reduces spraying, splashing or aerosolization.

ENGINEERING CONTROLS – SAFE PRACTICES

Sharps with engineered sharps injury protections (SESIP), such as:

- Needleless systems
- Self-blunting needles
- Plastic capillary tubes

We are continuously analyzing what devices and procedures are involved in exposures. If you know of a device you would like evaluated:

Talk to your manager or contact Infection Prevention or Employee Health.

OBJECTIVE 8: Identify the safe handling of medical devices.

What are the best practices for safer handling of medical devices?

- Avoid recapping needles
- Pass sharps via a tray
- Use safe suturing techniques
- Proper disposal of sharps
- Must have designated biohazard bag liner
- For blood and OPIM that cannot be easily contained and may drip or leak
- Suction canisters, IVs, tubing, tubes containing blood, biological tissue and laboratory specimens

Sharps disposal containers must be the following:

- PUNCTURE RESISTANT
 - LABEL OR COLOR-CODED
 - CLOSABLE
 - LEAK-PROOF
 - DO NOT OVERFILL! EMPTY CONTAINER WHEN NO MORE THAN 2/3RDS FULL.
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OBJECTIVES: PATIENT SAFETY

1. Recognize your role and responsibility in patient safety.

2. Recognize how errors are viewed in a Just Culture©.
 3. Identify when to file an incident report*.
 4. Identify the most wide-spread Patient Safety goal. AND Select two identifiers that must be used to identify patients.
 5. Recognize MRI Safety risks and protocols.
 6. Recognize the definitions and required actions related to abuse, neglect, and exploitation.
 7. Identify the warning signs of a stroke.
 8. Identify the four primary areas for improving teamwork.
-

OBJECTIVE 1: Recognize your role and responsibility in patient safety.

What is your role in patient safety?

- Seek and offer help.
- Speak up and take the lead when you notice something that does not seem right or could be improved.
- Report unsafe conditions, near misses, and errors in an incident report*.
- Support your team members.
- Develop safety awareness.
- Encourage patients and their families to be active members of their healthcare team.

UW MEDICINE PATIENT SAFETY PLAN PROMOTES:

- A team approach for finding ways to improve patient safety.
- Participation by everyone in identifying errors and areas of concern where errors could occur.
- Open reporting of safety events, near misses and unsafe conditions that can be used to improve patient safety.

WHY DO ERRORS OCCUR?

- SOMEONE MADE A MISTAKE.
- THE WORK SOMETIMES INVOLVES GAPS OR SYSTEM ISSUES.

BOTH MAKE IT EASY FOR ACCIDENTS TO OCCUR.

Errors may occur due to some of the following obstacles:

Workload fluctuations	Interruptions
Fatigue	Multi-tasking
Failure to follow-up	Poor hands-offs
Ineffective communication	Afraid to question authority
Inadequate training	Complacency
Task (target) fixation	Drift from protocol to save time

OBJECTIVE 2: Recognize how errors are viewed in a Just Culture®.

In order to create a strong culture of patient safety, we need to ensure we have a Just Culture®.

A Just Culture® helps us balance safety with accountability by creating a culture of learning, while also holding both the organization and individuals accountable for safe practices.

What are the errors of behavior in a Just Culture®?

HUMAN ERROR: Occasionally, mistakes happen; examples could include a slip or lapse in attention. When they happen, we must remember that human beings and the systems they work in are rarely perfect.

AT-RISK BEHAVIOR: When a behavior drifts, because of performing the same task for a long time or we take a shortcut because we are busy we are potentially completing an at-risk behavior.

We decide not to follow the protocols and processes that are in place to promote patient safety because nothing bad has happened in the past or there is some circumstance that makes the choice seems worth the risk.

RECKLESS BEHAVIOR: On rare occasions staff members decide to take an action that will put the patient at risk, despite knowing that they are doing so. In such cases, review and action must be swift to address the behavior.

OBJECTIVE 3: Identify when to file an incident report* . *Patient Safety Network (PSN) OR QPrecision (Quantros) (VMC)

Identifying hazards in the work environment is everyone’s job.

This means we are all responsible for knowing how our specific roles affect patient safety.

YOU HAVE THE POWER TO IMPROVE PATIENT SAFETY.

BE OBSERVANT: By knowing what normally happens in your area, you will be more likely to spot something that is not right.

Be familiar with the policies and procedures for your area.

SLOW DOWN: Take a moment to ensure everything is in order before proceeding.

Ask others if they have noticed anything that might be a patient safety risk so that you can learn from what they have seen and done.

Tell others about potential risks you have noted.

REPORT SAFETY EVENTS: Report patient safety events, unsafe conditions, and near misses. Complete an incident report*.

When do you create an incident report?*

ANY ADVERSE EVENT: “An unexpected occurrence involving death or physical or psychological injury, or the risk thereof.” (*Joint Commission*)

ANY NEAR MISS: The event did not reach the patient because of chance alone or because of active recovery efforts by caregivers.

ANY UNSAFE CONDITION: Any condition that you find concerning; that could possibly harm to a patient, visitor, or staff member.

Explore the DO’s and DON’Ts of Incident Reporting*

DOs	DON’T’s
<ul style="list-style-type: none"> • Report as soon as possible. • Record the facts in medical record. • Call risk management if there is a bad outcome or serious event. • Keep information confidential. 	<ul style="list-style-type: none"> • Speculate as to what might have happened or try to assess blame. • Refer to the incident report or risk management in the medical record. • Use the incident report as a substitute for good team work communication.

INCIDENT REPORT EXAMPLES

A patient, visitor or staff member slips on water in the hallway or injures her wrist.
A patient's belongings are lost.
A patient receives a different dose of a medication from what is ordered.
Finding a needle in a trash can.
There is a rip in the hallway carpet that might cause someone to trip.

OBJECTIVE 4: Identify the most wide-spread Patient Safety Goal. AND Select two identifiers that must be used to identify patients.

In 2002, the Joint Commission established its National Patient Safety Goals (NPSG) program.

The NPSGs were established to help organizations address specific areas of concern related to patient safety.

EXAMPLES:

1. Use of two patient identifiers.
 - What is your name?
 - What is your date of birth?
2. Before a procedure, ensure all medications are labeled.
3. Get important test results to the right staff member
4. Take actions to prevent mistakes in surgery.

REMEMBER THESE KEY POINTS.

- Introduce yourself first and then ask the patient, “What is your name?” and “What is your date of birth?”
- Some patients may be afraid or distressed, and your introduction helps patients be more involved in their care and feel more comfortable about being in a healthcare facility!
- Verifying your Patient’s ID may be one of the safest thing you do today!

OBJECTIVE 5: Recognize MRI Safety risks and protocols.

Magnetic Resonance Imaging (MRI) Safety is required for any staff member who may be working in the vicinity of the MRI area.

Let's learn more about working in an MRI area.

THE MAGNET IS ALWAYS ON.

It CAN NOT be turned off unless it is an emergency.

If turned off, the magnet will be inoperable for three days.

The MRI machine is a powerful super conductive magnet. Once turned on, it cannot be turned off unless there is an emergent situation!

Typical emergent situations include a large piece of ferrous metal unable to be removed, or someone pinned to the magnet.

Any metallic object must be screened by the MRI technologist prior to bringing in the magnet room.

Possible dangerous projectile items include, but are not limited to:

Gurneys, scissors, oxygen tanks, pens, pagers, laryngoscopes, IV poles, pocket knives, floor buffers, mop buckets, wrenches, pliers, batteries, paper clips, bobby pins, keys, fire extinguishers, patient charts, stethoscopes, patient monitoring equipment, etc.

Never enter the magnet room unless instructed to do so by MRI personnel. Immediate and serious harm may result otherwise.

Projectiles Cause Serious Harm!

All patients and personnel entering the Magnet room must be screened by an MRI technologist.

NO EXCEPTIONS.

Exposure of pacemakers, aneurysm clips, and implanted metal devices to the magnet could be FATAL.

Flying metal objects can impact the magnet at speeds of 40 mph. EXAMPLE: Steel wrench attracted to the magnet!

OBJECTIVE 6: Recognize the definitions and required actions related to abuse, neglect, and exploitation.

ABUSE, NEGLECT AND EXPLOITATION

ABUSE - An act or suspected act of physical or mental mistreatment or injury, which harms or threatens a person through action or inaction by another individual.

NEGLECT - A pattern of conduct resulting in deprivation of care necessary to maintain physical and mental health.

EXPLOITATION - Taking advantage of a vulnerable child emotionally, physically, sexually and/or financially.

Health care professionals are not mandated by law to report cases of suspected or actual abuse, neglect, or exploitation. – **FALSE: Health care professionals ARE mandated by law to report cases of suspected or actual abuse, neglect, or exploitation. Report suspected abuse, neglect, or exploitation to your supervisor.**

OBJECTIVE 7: Identify the warning signs of a stroke.

Use **FAST** to remember the warning signs of a stroke.

FACE

- Ask the person to smile.
- Does one side of the face droop?

ARMS

- Ask the person to raise both arms.
- Does one arm droop downward?

SPEECH

- Ask the person to repeat a simple phrase.
- Is their speech slurred or strange?

TIME

If you observe any of these signs, call 911 immediately or activate the appropriate emergency response for your area.

OBJECTIVE 8: Identify the four primary areas for improving teamwork.

TeamSTEPPS (Strategies and Tools to Enhance Performance and Patient Safety)

Improving teamwork is vital to creating a strong culture of patient safety. There are four primary principles that teams should focus on.

Let's review each principle.

LEADERSHIP

There should be a clear leader for every team. Leaders are responsible for ensuring that the team works together effectively, has the resources that they need and that team members can share information and raise concerns.

- Sharing of information: briefs, huddles, debriefs
- Resource management: prioritization, balance, workloads, etc

SITUATION MONITORING

All team members should be aware of what is going on around them, seeking information and sharing it with the team.

Tools in this area include:

- Situational awareness
- Cross monitoring of other team members

MUTUAL SUPPORT

Teams support each other by anticipating and supporting members' needs through knowledge about responsibilities and workload.

Tools in this area include:

- Task assistance
- Escalation tools like C-U-S:
 - "I'm concerned."
 - "I'm uncomfortable."
 - "I think this is a safety issue."

THE IMPORTANCE OF TEAMWORK TO PATIENTS

Teams have greater knowledge and skills than a single person and allows us to:

TEAMS	INDIVIDUAL
<ul style="list-style-type: none"> • Catch errors before they occur. • Learn why errors happen so that we can do our jobs better. • Focus on our patients and their families instead of on our tasks. • Provide support for each other. 	<ul style="list-style-type: none"> • Cannot account for all possible errors. • Works in a silo. • Primarily focused on own tasks. • No outside support.

SECTIONS

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4. Patient Safety - **COMPLETE**
5. Environment of Care
6. Compliance & Ethics

OBJECTIVES: ENVIRONMENT OF CARE

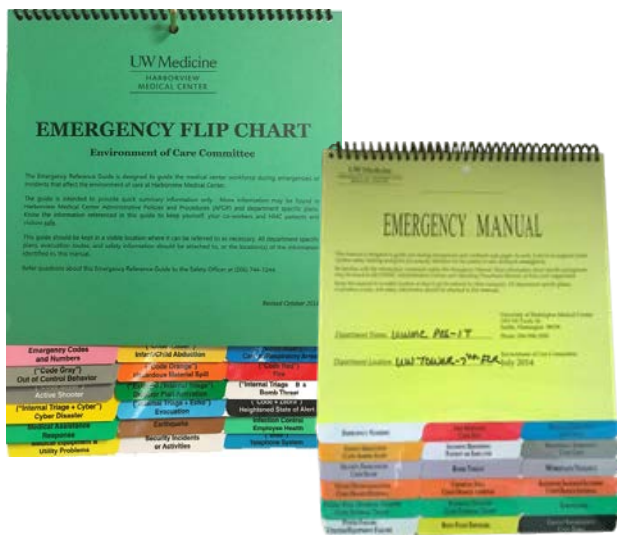
1. Identify emergency response resources.
2. Locate hazardous material policies and procedures.
3. Recognize exposure risks of hazardous drugs.
4. Maintain workplace safety.
5. Identify the procedures and contacts for reporting utility issues.

OBJECTIVE 1: Identify emergency response resources.

DISASTER RESPONSE

- All staff members are considered essential staff and are needed to help during an emergency or disaster.
- As a member of UW Medicine, you are expected to know the meaning of your location’s emergency codes and the appropriate response.
- It is also important to know your department’s procedures and your role during an emergency.

REFERENCE GUIDE OR SHEET - WHERE IS IT LOCATION IN YOUR WORKPLACE?



INFORMATION REGARDING SPECIFIC EMERGENCIES:	
FIRE RESPONSE	EMERGENCY #S
MEDICAL EMERGENCIES	HAZARDOUS MATERIAL SPILL
HEIGHTENED STATE OF ALERT	EARTHQUAKE
DISASTER – INTERNAL/EXTERNAL	UTILITIES & EQUIPMENT FAILURE
SECURITY EMERGENCIES	BOMB THREAT
INFANT ABDUCTION	EMERGENCY CODES

INTERNAL TRIAGE

Activated when an event interferes within the medical center or clinic and special actions are needed from staff.

Examples include:

- Explosions
- Fire
- hazardous chemicals

EXTERNAL TRIAGE

Activated when disaster victims are brought to the medical center for treatment.

Examples include:

- Earthquake
- Terrorist attack

FOLLOW YOUR WORKPLACE'S DISASTER PLAN.

PROTECT YOURSELF DURING AN EARTHQUAKE

DO NOT LEAVE THE BUILDING. (unless instructed to do so)

- Stay calm and comfort patients.
- Report any damage to your supervisor or emergency warden.
- Stay away from unsafe areas.



USE R-A-C-E, if you discover a fire.

RESCUE patients, visitors, and/or staff from immediate danger, if it is safe to do so.

Pull the nearest fire, **ALARM**.

- Call the emergency phone number for your area.
- State name, department, room # and floor
- Describe the fire (open flame, smoke, smoke odor).

CONTAIN the fire by **CLOSING** all doors and windows.

EVACUATE all non-patient care staff, visitors and ambulatory patients, laterally if possible.

Shelter-in-place on in-patient units. In some cases, **EXTINGUISHING** the fire may be appropriate.

USE P-A-S-S, when using a fire extinguisher.

1. Pull the safety pin.
2. Aim the nozzle.
3. Squeeze the handle.
4. Sweep from side to side.

OBJECTIVE 2: Locate hazardous material policies and procedures.

SAFETY DATA SHEETS (SDS) FORMALLY: MATERIAL SAFETY DATA SHEETS (MSDS)

If you are unfamiliar with a chemical, check the SDS. These documents contain information about hazardous chemicals.

SDS INFORMATION
Health hazards of chemicals
Signs and symptoms of exposure
How to handle spills, leaks, and disposal
Protective measures: personal protective equipment
First aid and emergency procedures for exposure

SAFETY PRECAUTIONS: HAZARDOUS CHEMICALS

- Always wear Personal Protective Equipment (PPE) when dealing with chemicals.
- Minimum: eye protection and gloves.
- Label secondary containers.
- Compressed gases, such as oxygen tanks must always be secured or placed in a rack.

HAZARDOUS MATERIALS: CHEMICAL SPILLS

FOR ALL SPILLS:

- Clear area of staff, patients, and visitors.
- Isolate spill and follow clean-up procedures (if you have been trained).

FOR LARGE SPILLS:

- Contain the spill by closing all doors.
- Call Emergency phone number for your area.

ENVIRONMENTAL SERVICES AND ENGINEERING DO NOT CLEAN UP CHEMICAL SPILLS.

WHEN EXPOSED TO CHEMICAL SPILLS:

SKIN CONTACT:

- Remove contaminated clothing.
- Wash skin with large amounts of water for 15 min.

- Wash hands thoroughly with soap and water.

INHALATION:

- Remove yourself or others from the area to fresh air.
- Seek medical attention.

EYES:

- Immediately wash eyes using nearest eyewash or sink.

OBJECTIVE 3: Recognize exposure risks of hazardous drugs.

Hazardous drugs are medications that can cause harm to healthcare workers who are exposed to the drug or the body fluids of patients who have received the drug.

UW Medicine has implemented a hazardous drug program to protect staff from incidental exposure to hazardous drugs and to meet Washington State requirements (WAC 296-62-500).

ELEMENTS OF HAZARDOUS DRUG PROGRAM	
Hazard assessment	Engineering controls
Personal protective equipment	Safe handling practices
Housekeeping	Labeling
Training	

Staff who may be directly or indirectly exposed to hazardous drugs include:

- Pharmacy
- RNs and assistive personnel
- Providers
- Environmental Services
- Engineering
- Laundry

- Carcinogenicity – the ability to cause cancer.
- Teratogenicity – the ability to cause defects in fetal development
- Organ toxicity - the ability to cause damage to organs (at low doses)
- Geno-toxicity – the ability to cause a change in genetic material
- Reproductive toxicity – the ability to cause miscarriage, infertility, or pre-term birth

OBJECTIVE 4: Maintain workplace safety.

UW Medicine is committed to promoting a safe workplace and patient care environment that is free from violence or threats of violence.

Workplace violence and aggressive behavior are prohibited.

We all have responsibility to help maintain safety and prevent workplace violence.

ACTS of WORKPLACE VIOLENCE AND INAPPROPRIATE BEHAVIOR	
Physical assault	Verbal abuse
Intimidation	Harassment
Stalking	Disruption
Threats	Acts of violence
Illegal contact or possession of a weapon	
SOURCES OF WORKPLACE VIOLENCE	
Patients	Visitors
Families	Clients
Co-workers	Personal relations

CODE SILVER: ACTIVE SHOOTER

Code Silver is the emergency response to an active shooter event.

The staff general response to an active shooter in order is to RUN-HIDE-FIGHT.

Remember: Notification is the key. Call 911 or Security Emergency ASAP.

Let's take a closer look at each response.

RUN from shooter! Flee for an exit while zigzagging.

EVACUATE! If there is an accessible path.

LEAVE YOUR BELONGINGS BEHIND!

Help patients, visitors, and others escape.

FIGHT!

As a last resort, if there is no possibility of escaping or hiding, and only if a person's life is in imminent danger, one can make the personal choice to fight.

- Attempt to incapacitate shooter
- Act with physical aggression
- Improvise weapons (example: using a fire extinguisher)

HIDE!

- If you cannot run, hide (outside of shooter’s view) and turn off lights!
- BARRICADE! Lock and barricade doors and windows.
- Use beds, copiers, cabinets, tables, anything to secure the door.
- Turn off TVs, cell phones, and any other devices that emit sound.
- Remain quiet until the ALL CLEAR is given.

BOMB THREAT OR SUSPICIOUS PACKAGE

- Take all bomb threats seriously.
- Immediately report the threat (call your area’s emergency number).
- Notify your department supervisor.
- Stay in the area. Be alert for suspicious packages.
- Wait for further instructions from emergency responders.

DO NOT TOUCH A SUSPICIOUS PACKAGE!

- Immediately report location (call your area’s emergency number).
- Wait for further instructions.

CODE AMBER: INFANT ABDUCTION

- Be on alert for suspicious individuals.
- Monitor exits, hallways, and stairwells.
- Stop all people carrying an infant, large bags, or packages and question them.
- If a person refuses to stay in building, allow person to pass.
- DO NOT USE FORCE TO STOP THEM.
- Get a physical description and report to police.
- Continue monitoring until ‘ALL CLEAR’.

UW MEDICINE facilities are smoke, tobacco and weapon-free.

Tobacco use in and around hospitals or clinics poses health and safety risks for our patients.

PROHIBITED ITEMS
Cigarettes
Electronic cigarettes (vaping)
Any other tobacco products
Marijuana
Weapons

Smoking/tobacco cessation options are available for staff and patients upon request.
Weapons are strictly prohibited.

OBJECTIVE 5: Identify how to report safety concerns and facility issues.

REPORT INCIDENTS*

- By reporting incidents* you help document and identify conditions present at the time of an event.
- You also help to identify hazardous conditions that have, or could have, resulted in injury or damage.
- You are also alerting your department manager so they can initiate preventative measures.

REPORT SAFETY HAZARDS OR CONCERNS BY:

Talking to your supervisor.
Creating an incident report* via your entity's reporting system.
Contact your Safety Officer.
Contact Employee Health.

*Patient Safety Network (PSN) OR QPrecision (Quantros) (VMC)

THANK YOU FOR CONTRIBUTING TO IMPROVE SAFETY.

SECTIONS

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 6. Compliance & Ethics
-

OBJECTIVES: COMPLIANCE & ETHICS

1. Recognize UW Medicine Compliance services.
 2. Recognize possible triggers of healthcare fraud, waste and abuse laws.
 3. Identify the key concepts of conflicts of interest and standards of ethical behavior.
 4. Identify your responsibilities for data stewardship.
 5. Identify where to report a compliance concern.
-

UW Medicine is committed to compliance with rules and regulations that govern the work we do.

REDUCE risk of fraud, waste, and abuse.

DETECT and PREVENT misconduct and violations of laws, regulations.

EDUCATE workforce members about their compliance responsibilities.

DEVELOP an ethical infrastructure to help guide workforce behavior and activities on behalf of UW Medicine.

Our services are designated to satisfy the required elements of an effective compliance program as defined by the federal government.

COMPLIANCE is following all applicable laws, regulations, and policies. As a result, the government is:

- Implementing new laws and regulations
- Increasing education efforts and enforcement activities
- Expecting a structured compliance program to prevent, detect and address fraud, waste and abuse
- Appropriately document, code, bill, and submit claims
- Make ethical decisions and behave in accordance with the code of conduct
- Appropriately handle confidential UW Medicine data including protected health information
- Report suspected or actual non-compliance

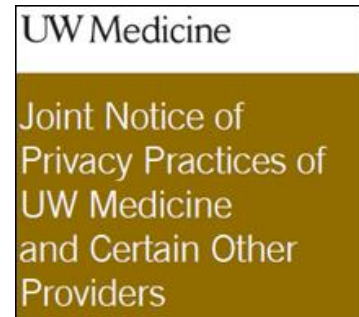
KEY SERVICES UW MEDICINE COMPLIANCE PROGRAM

- Consultation and Guidance
- Policies and Procedures
- Education and Outreach
- Auditing and Monitoring
- Investigation of concerns
- Tracking regulatory developments

UW MEDICINE CODE OF CONDUCT

- Behave in a respectful, professional, and ethical manner
- **Ensure the privacy and security of all data**
- **Avoid conflicts of interest**
- **Maintain accurate and timely records**
- **Use institutional resources appropriately**

- Comply with laws, regulations, policies, and standards
- Report concerns.



THE RIGHT TO:

- Obtain a Notice of Privacy Practices (NoPP)
- Access, inspect and obtain a copy of their PHI
- Request an amendment to their PHI
- Receive an accounting of PHI disclosures
- Request restrictions on their PHI disclosures
- Request restrictions to health plans
- Request communication to alternative phone number or address
- Make a complaint

OBJECTIVE 2: Recognize possible triggers of healthcare fraud and abuse laws.

Healthcare fraud, waste, and abuse is the appropriate provision of healthcare services with accurate coding/billing based on documentation.

FRAUD - A type of illegal act in which something of value is obtained through misrepresentation.

WASTE - Not receiving reasonable value for goods and services due to mismanagement, inappropriate actions or inadequate oversight.

ABUSE - Provider practices that are inconsistent with sound medical, fiscal, or business practices.

- A claim is a request for payment of healthcare goods or services.
- A false claim is submitting a request for payment that does not reflect the services provided.
- Submitting a false claim is prohibited.

Billing problems that could lead to a false claim:

- Unbundling or up-coding of services
- Services billed that were not performed
- Duplicate billing
- Services billed without a documented order
- Resident services without appropriate Teaching Physician documentation
- Billing a study subject instead of sponsored research account

Merely submitting a false claim is sufficient proof of intent to violate the law. Ignorance is not an excuse.

Violations may generate civil and/or criminal penalties.

Individuals can file a lawsuit on behalf of the government and may share a percentage of any recoveries.

Employers may not retaliate against employees who report concerns.

UW Medicine Fraud, Waste and Abuse Prevention policy* provides greater detail.

OBJECTIVE 3: Identify the key concepts of conflicts of interest and standards of ethical behavior.

COMPLIANCE AND ETHICS

A conflict of interest is when an outside or personal interest biases your work judgment or your ability to perform your job duties.

Outside work: PAID or UNPAID

- **You must obtain approval from your supervisor.**
- **Outside work must not present a conflict of interest with your UW Medicine role.**
- **UW employees must register outside work using the Outside Work Approval form.**

Use of institutional resources

- Institutional resources are intended for UW Medicine business.

INSTITUTIONAL RESOURCES
Your work
Your email
Everything UW Medicine owns or rents

EXAMPLES	
Computers	Equipment
Internet and wifi	Paper
Email	Photocopies
Cash	Supplies
Buildings	

Email, internet and telephone use only okay if:

- Brief and infrequent
- Little or no cost
- No personal gain, such as an outside business
- No interference with your job or with your coworker's job

- Special rules for researchers

OFFERING AND RECEIVING: YOU MAY NOT:

- Solicit, receive or offer anything of value in exchange for healthcare services or referrals
- Accept a gift if it can be perceived:
 - To influence your judgment or actions
 - As a reward for performance of your job
- Give free items or services to federal health plan patients in order to induce them to receive care

While you can give items such as combs, toothbrushes, toothpaste, avoid giving patients extra supplies or materials in excess of \$10.

CHARITABLE FUNDRAISING AT WORK

Only allowed with your unit head's written approval

- Activity must contribute to organizational effectiveness and improved morale; supervisors must document justification

Even authorized fundraising activities must:

- Be a brief, infrequent use of a resource or your time
- Not interfere with or detract from your work



- Inappropriate use of state resources and conflict of interest result in personal liability.
- Anyone can report.
- Findings are made public.

Sanctions include:

- Civil penalties.
- Fines.
- Other disciplinary measures.

OBJECTIVE 4: Identify your responsibilities for data stewardship.

DATA STEWARDSHIP

PROTECTING PATIENT AND CONFIDENTIAL INFORMATION

Your personal, professional and ethical responsibility to protect all information used in the course of your work for UW Medicine.

BEST STEWARDSHIP PRACTICES: ENCRYPTION

ENCRYPTION is the use of computing technology to make electronic data unreadable by anyone that does not have a password or key.

ENCRYPTION IS REQUIRED to protect information from unauthorized access and to mitigate disclosure requirements.

Mobile devices present special risks as they are easily lost or stolen; they are attractive assets.

Your responsibilities:

- Encrypt devices.
- Do not enable automatic login – use strong passwords to log on to mobile devices.
- Keep operating system and apps up to date.

Personally owned mobile devices, when used for work purposes, must comply with UW Medicine security policies.

The owner of the device is responsible for safeguarding information.

EXAMPLES OF MOBILE DEVICES

- Laptops
- Tablets
- Smart Phones
- USB Drives
- External Drives

WORKSTATIONS

- Workstations must be locked or logged-out when not in use or unattended.
- Best practice is to use a remote access program (e.g. SSL VPN, extranet) if you work from off-site locations – this keeps the information on secure networks and off your mobile/remote device!

LOGIN MANAGEMENT

- Use your credentials only for authorized job responsibilities.
- Do not share your account information with anyone.
- If someone asks you for your password - do not provide.

Your supervisor is responsible for making sure your access rights are correctly assigned at onboarding and updating your access upon role changes, transfers or separations.

EMAIL

- All confidential information (including PHI) must be encrypted when sent outside UW Medicine.
- Do not use personal email for official UW Medicine business, e.g. Gmail, Yahoo!, AOL.
- Check and double-check all messages for proper recipient email addresses.

Copying, Distributing and Disposing

- Restricted or confidential information in your work area must be secured when not in use.
- Ensure faxes are sent to the correct recipient.
- Always clear restricted or confidential information from printers immediately.
- Dispose of information appropriately when no longer needed.
- Carefully check the patient’s name on documents you plan to release – it must match the intended recipient.

Best Stewardship Practices – Verbal

IN WORK AREAS:

- Discuss PHI for job-related reasons only.
- Discuss PHI in appropriate settings and only with those who have a need-to-know.
- Use your professional judgment before discussing PHI in front of the patient’s family and friends. If you are unsure, ask the patient if it is okay to discuss.

IN PUBLIC AREAS:

- Speak with a soft voice.
- Be conscious of your surroundings, who is around you and what can be overheard.
- Only use last or first name when calling patients in a waiting area.
- Limit patient information discussed to the minimum necessary.

A breach is the acquisition, access, use or disclosure of PHI or PII for non-authorized reasons.

POTENTIAL BREACH EXAMPLES
Information sent to the wrong location via fax, mail, etc.
Lost or stolen device containing unencrypted information
Paper information not shredded or otherwise properly disposed
Accessing patient information “out of curiosity”
Paper information handed to the wrong person

CONSEQUENCES OF A BREACH

CONSEQUENCE	PERSONAL	INSTITUTIONAL
Reputation	Loss of patient, employee, and public trust in UW Medicine workforce members	Loss of patient, employee, or public trust in UW Medicine
Investigation	Subject to an investigation, reported to your department, UW Medicine leaders and external regulatory agencies	Office for Civil Rights investigation; and Federal law requirements regarding notification and added expenses
Resources	Time you will spend on responding to the investigation, in retraining and other remedial activities	Time and resources to investigate and determine appropriate action including cost of legal counsel and other departments
Liability	Personal liability	Possible imposition of civil and/or criminal penalties, fines and sanctions on the institution

IDENTITY THEFT

For patient safety and to prevent fraud, you must protect patient information.

Follow your entity's procedures to prevent identity theft.

Request government-issued photo identifications:

- From patients at check-in.
- When providing patient information to any individual.

TAKE PROPER STEPS TO SECURE CONFIDENTIAL INFORMATION

- **ENCRYPT AND PASSWORD PROTECT** data on all mobile devices used for work purposes.
- **DO NOT SAVE** emails, documents or other work-related material on a local hard drive or unencrypted mobile device.
- **DO NOT USE** email to send confidential information unless it is encrypted or sent through an approved email domain.
- **DO NOT OPEN** an email or attachment from an unknown source.
- **REPORT ALL POSSIBLE BREACHES** to UW Medicine Compliance or your supervisor.
- **OBTAIN APPROVAL** to take PHI offsite.

Taking information offsite... secure it and keep in your possession at all times.

- To connect remotely, use a Virtual Private Network (VPN).
- Secure your computer when left unattended.
- Do not save confidential information on your desktop; use secure sites.
- Best practice: regular backups and safely store.
- Keep your operating system and software, including anti-virus, up to date.

- Manage your login information by keeping your credentials private and use only for authorized job responsibilities.
 - Double check patient identity before handing, mailing, faxing, emailing or discussing PHI.
-

OBJECTIVE 5: Identify where to report a compliance concern.

Ask Questions and Report Your Concerns

- You have a duty to report potential violations regarding data breaches, inaccurate claims, ethical dilemmas, etc.
- Federal/State law and UW Medicine policy prohibit retaliation.
- UW Medicine will investigate concerns and take appropriate corrective actions.

WE ARE ALL RESPONSIBLE.

YOUR COMPLIANCE RESPONSIBILITIES:

- Know the policies that apply to your job and follow them.
- Review your entity's Code of Conduct.
- Annually review and sign the Privacy, Confidentiality, and Information Security Agreement (PCISA).



UW Medicine Compliance

206.543.3098 | 1.855.211.6193 | comply@uw.edu

<http://depts.washington.edu/comply/>

Anonymous Hotline

206.616.5248 or 1.866.964.7744

UW Medicine

SECTIONS

1. Mission & Patients Are First® - **COMPLETE**
 2. Cultural Awareness - **COMPLETE**
 3. Infection Prevention - **COMPLETE**
 4. Patient Safety - **COMPLETE**
 5. Environment of Care - **COMPLETE**
 6. Compliance & Ethics - **COMPLETE**
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**Read THE INFORMATION SHEET specific to your location.
Take quiz.**