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How to complete Orientation for Intern/Externships

Directions for using the module

Welcome to PeaceHealth, Lower Columbia Region. This self-learning module provides a general orientation to PeaceHealth Lower Columbia Region. The modules take 3-4 hours to complete.

The Orientation Self-Learning program is broken into 5 modules:

a) Organizational Integrity, b) Confidentiality, c) Safety Basics, d) PeaceHealth Lower Columbia Region Basics, and e) Tests.

Read the modules, take the tests and return them to your supervisor.

Pages marked with the following symbol need to be submitted to your supervisor. Be sure that your name is printed on everything that you turn in.

Welcome and Enjoy!
Organizational Integrity

Overview of the PeaceHealth Organizational Integrity program, mission, values, and history

Our Mission
We carry on the healing mission of Jesus Christ by promoting personal and community health, relieving pain and suffering, and treating each person in a loving and caring way.

Core Values
- Respecting individual human dignity and worth
- Stewardship • Social Justice • Collaboration

Statement of Integrity

PeaceHealth is sponsored by the Sisters of St. Joseph of Peace, a Catholic religious congregation of women founded in 1884 in England by Margaret Anna Cusack. With an emphasis on promoting peace in family life, church, and society, the Sisters' ministry rapidly spread to New Jersey (1885). PeaceHealth’s identity evolved from the Sisters' response to social concerns of the time. Moved by the unmet medical needs of the logging and sawmill communities of Whatcom County, in 1890 two young Sisters traveled from New Jersey to Bellingham, Washington, where they founded the first St. Joseph Hospital the following year.

Today, the Sisters’ ministries include healthcare, education, advocacy for peace and justice, social work, spiritual, and supportive care.

PeaceHealth’s mission and values call us to respond to the signs of the times. We seek new ways to enhance our capacity to serve our patients, families, and the communities in which we work. At the same time, we must always hold ourselves accountable for the integrity of our decisions and actions, in this era of increased complexity in the ethical, professional, and legal requirements of healthcare delivery. Thus, we continually are compelled to foster a culture of integrity throughout PeaceHealth.

PeaceHealth has launched an Organizational Integrity Program to further integrate compliance, building on our mission and heritage of acting with integrity. This document
is designed to help you understand the PeaceHealth Organizational Integrity Program and how it affects you and your work responsibilities. We view our Organizational Integrity Program as a journey, not a destination. As the healthcare delivery, regulatory, ethical, and legal environments continue to change and evolve, so will the Organizational Integrity Program. Each of us, regardless of our employment or contract status, plays a vital role in ensuring the integrity of PeaceHealth. Each of us has a duty to fulfill our ethical, professional, and legal responsibilities.

**Introduction to the PeaceHealth Organizational Integrity Program**

The PeaceHealth Organizational Integrity Program is designed to provide guidelines, education, and tools to help you carry out your ethical, professional, and legal responsibilities in the pursuit of our healing mission. It will also assist you to better understand and comply with laws and regulations affecting PeaceHealth. Committees and Human Resources policies are currently in place. The Organizational Integrity Program builds on our past efforts and creates a unified initiative throughout PeaceHealth. Everyday, each of us at PeaceHealth is called upon to perform a variety of tasks and undertake diverse responsibilities. The decisions we make and the duties we perform are critical to the furtherance of our organizational goals, the strengthening of our mission, and the living out of our core values.

**Program Elements**

*PeaceHealth's Organizational Integrity Program contains these seven elements:*

1. Effective communication of a written Standard of Conduct and written policies and procedures.
2. A Director of the Organizational Integrity Program and an Organizational Integrity Committee of the PeaceHealth Corporate Board.
3. Background checks conducted on employees in a position to affect compliance issues.
4. Regular, effective education and training programs.
5. An effective communication process through which offenders can be reported.
6. Disciplinary mechanisms to enforce standards and policies consistently.
7. Policies to respond to identified offenses and a process for corrective action.

**Why Organizational Integrity is Important to PeaceHealth**

We face numerous challenges and complexities in healthcare today. We are being asked to provide care more efficiently, control costs, and abide by a growing number of laws
and regulations. We are being monitored by consumers, regulators, and the public at large to be sure we provide quality care, keep costs down, and obey the law. In healthcare there is a tendency to view Organizational Integrity through the lens of billing compliance. However, PeaceHealth's Organizational Integrity program goes beyond that issue to address broad concerns such as employment and how we treat the environment.

The incentives are great for complying with the law and with our own standards. One mistake or even a perception of wrongdoing could mean that we risk tarnishing our reputation for integrity and triggering a government investigation that could result in severe financial and other penalties, loss of tax-exemption, and a decline in business. Mistakes can also result in personal liability to those who work for or with PeaceHealth.

How the Organizational Integrity Program Will Help You

PeaceHealth's Organizational Integrity Program is designed to help you align values and conduct by:

- Creating a desirable workplace in which you feel respected and valued.
- Providing ethical standards for business and clinical practice.
- Offering educational opportunities so that you can better understand your ethical, professional, and legal responsibilities.
- Providing a process to address your questions and report concerns.
- Creating an environment where wholeness and healing are fostered and supported.

Standard of Conduct

PeaceHealth's Standard of Conduct is based on our Core Values. The Standard of Conduct combines our concern for fulfilling the requirements of the law with an emphasis on responsible conduct, a renewed commitment to excellence, stewardship of our resources, and a supportive work environment. The Standard of Conduct represents a reaffirmation of our long-term commitment to ethical and legal business practices, high quality care, and services to the communities where our facilities are located.

The Standard of Conduct illustrates how these values should be applied to our daily work lives. This Standard applies to all PeaceHealth employees, as well as physicians, board members, students, volunteers, contractors, and vendors.
Core Value: **Respecting Individual Human Dignity and Worth**
To live out this value, we will:

- Respect the inherent dignity and value of every person.
- Listen to and respect the suggestions and ideas of our co-workers.
- Communicate honestly. We will prepare and maintain all patient and organization data, records, and reports accurately and truthfully. We will adhere to applicable standards in maintaining all records. We will be honest in our communication with each other, as well as with patients, vendors, and payers, and with the communities in which we serve.
- Ensure safety and well-being. We will strive to provide a hazard-free working environment consistent with national standards and established federal, state, and local regulations.
- Maintain and protect the confidentiality of patient, employee, and organizational information.
- Treat each other equally and avoid discrimination against any person for any reason
- Refuse to tolerate any form of harassment or workplace violence.

Core Value: **Stewardship**
To live out this value, we will:

- Exercise responsible stewardship of human, physical, financial, and environmental resources.
- Provide accurate and truthful information in all transactions including but not limited to the completion of time sheets, patient bills, and tax returns.
- Protect PeaceHealth's assets for the good of the healthcare ministry. Prevent misuse, loss, or theft, and report when we observe inappropriate use of assets.
- Refrain from using PeaceHealth business information for our personal gain or for the advantage of our family and/or friends.
- Strive to make contracts conform with appropriate rules and regulations, policies, and procedures.
- Identify inadequate work processes and continually work to improve them; Obey all antitrust and similar laws that regulate competition.
- Disclose ownership in any organization that does business with PeaceHealth. Work for a competitor, supplier or potential supplier of PeaceHealth only with the approval of our supervisor.
Refuse any type of gift (for example, meals, money, or sporting event tickets) that influences our decision-making or creates the appearance of influencing it.

Never solicit gifts for ourselves from parties who do business with PeaceHealth.

Refuse any kind of payment for referral of patients; refuse any kind of payment in exchange for business with PeaceHealth.

**Core Value: Social Justice**
To live out this value, we will:

- Advocate for a just system.
- Create a workplace that fosters community and promotes the common good.
- Not use any of PeaceHealth's resources to benefit any political candidate, party, organization, committee, or individual.
- Provide care for all persons regardless of their ability to pay.
- Refuse to transfer patients to another provider because of their inability to pay for healthcare services.
- Use our financial resources to benefit the community and not for personal gain. We should use our financial resources in a way that is consistent with the charitable purpose of PeaceHealth, a not-for-profit 501(c)(3) corporation.

**Core Value: Collaboration**
To live out this value, we will:

- Promote employee participation. We will promote a working environment that encourages new ideas and the sharing of those ideas.
- Foster the pursuit of knowledge and skills among all those who serve in order to provide quality healthcare.
- Exercise good faith and honesty in all dealings and transactions.
- Share our knowledge and expertise with others.
- Support and respond to organizational needs.
- Encourage a team approach in accomplishing objectives.
- Involve those affected in decision-making.
- Be a good community citizen.
How to Direct Questions and Report Concerns

Reporting Concerns:

There may be times when you are unsure about what is the right thing to do or you may be confused about a particular action. All employees, physicians, board members, students, volunteers, contractors, and vendors are responsible both for seeking clarification to questions about the Organizational Integrity Program and for promptly reporting in good faith actual or potential wrong-doing. Your questions or reports may involve possible violations of law, regulations, policies, procedures, ethics, or the Standard of Conduct. In many cases, there are existing reporting processes within PeaceHealth to report such concerns or to seek answers. For example, you should be aware of existing procedures to report concerns regarding behavior that may be or appear to be harassment of one sort or another. Because the Organizational Integrity Program seeks to build on these existing processes, you should use them when they are available and appropriate.

Resources to support you in following these standards:

1. The first is your immediate supervisor. If you have any questions about these standards or question whether they are being followed, your supervisor is the first person with whom you should speak. If talking to your supervisor makes you uncomfortable, or your supervisor is unable to help you, then keep working up through the reporting structure.

2. If that process proves unsatisfactory, then contact your Regional Organizational Integrity Representative, Ext 7915. This is your second resource. This person is responsible for the Organizational Integrity program at this facility and is very willing to help you.

3. Your third resource is the PeaceHealth Integrity Line. This is an independent, confidential service that you can call 24 hours a day, 7 days a week, excluding designated holidays. The toll-free number for the PeaceHealth Integrity Line is 1-877-261-8031.

   In response to an increased focus on the privacy and security of health information, several other resources are available:

4. Your regional Privacy Officer can be reached at ext. 2049.

5. Online policies and procedures. You can access the online PeaceHealth Privacy and Security Policy manual by visiting the Organizational Integrity website on Crossroads.
Be assured that anytime you use one of these resources, there will be no action taken against you for asking questions or reporting activity that you think is contrary to our standards. Employees or others will not be shielded from the consequences of doing something wrong simply by reporting their actions. However, a prompt and forthright disclosure, even if the error was willful, may be considered a constructive action. Know too, that in some instances, you might have a legal responsibility to report an activity.

**About the Integrity Line**

The Organizational Integrity Program Line is staffed 24 hours a day, 7 days a week, excluding designated holidays, by an outside organization professionally trained to handle such calls. The caller's location will not be traced. Callers may be asked if they are willing to identify themselves so that an issue can be followed up with the caller after the Integrity Line call ends. However, all calls are treated confidentially and callers may remain anonymous if they so choose.

While it is recommended that you begin the process by using the existing chain of reporting, you may call the Integrity Line at any time to report a concern or to obtain information about a concern. The caller's information is transcribed, then provided in writing to the Director of the PeaceHealth Organizational Integrity Program. All calls will be given appropriate attention and follow-up.

**Non-Retaliation/Non-Retribution for Reporting Concerns**

All employees, physicians, board members, students, volunteers, contractors, and vendors have a responsibility to report, in good faith, concerns about actual or potential wrongdoing and are not permitted to overlook such situations. PeaceHealth is firmly committed to a policy that encourages timely disclosure of such concerns and prohibits any action directed against employees, physicians, board members, students, volunteers, contractors, or vendors for making a good faith report of their concerns. Ultimately, it is your responsibility to report concerns related to the Standard of Conduct.

We understand that you may not wish to report concerns if you feel you will be subjected to retaliation or harassment for doing so. No one at any level of the organization is permitted to engage in retaliation or any form of harassment against employees, physicians, board members, students, volunteers, contractors, or vendors who report a concern. Anyone who engages in such retribution is subject to discipline, up to and including dismissal on the first offense. All substantive instances of retaliation or harassment against anyone who reports appropriately should be brought to the attention of the Regional Organizational Integrity Representative.

This Standard of Conduct and related policies will be reviewed and amended as appropriate.
Thank you for taking the time to become familiar with our Standard of Conduct by promoting PeaceHealth's Organizational Integrity we can strengthen our organization and live out the mission of PeaceHealth.
If you are unsure about the right thing to do or are confused about a particular action, there are resources to support you in following these standards:

- Your supervisor and your reporting structure
- Your Regional Organizational Integrity Representative can be reached at ext.7915
- The PeaceHealth Integrity Line (1-877-261-8031)
- Your Regional Privacy Officer can be reached at ext. 2049
- PeaceHealth Policies and Procedures online on Crossroads

**The next portion of Section 2 involves two situations. In each instance, you will be provided with some specifics about the situation followed by PeaceHealth’s policy covering that situation.**

———
**Scenario #1**

The sister of an elderly patient comes to take her home from the hospital. Upon encountering her sister's nurse, she expresses gratitude for the great care given the patient. To show her appreciation she places a number of large bills (that is, cash) in the nurse's hand. The nurse, uncomfortable, with the situation, does not want to offend the patient's sister. But when the nurse graciously attempts to refuse, the sister says "I don't know anybody who can't use some extra cash. This will be our little secret, okay?"

**Questions to Consider:**

Is this an acceptable practice?
What would you have done in this situation?

**PeaceHealth Policy: Gifts and Gratuities**

Employees shall not accept gifts for themselves, their families, or any other PeaceHealth employee form any person or entity with whom PeaceHealth does business.

**Issues to Consider:**

- Family member giving personal gift for care rendered
- Nurse realizes she cannot accept this gift
- Sensitivity to feelings of gift giver
- We do business with patients and their families so clearly taking money or any gift of other than nominal value is unacceptable. In this case, the nurse could not take the gift of cash.
- What could she suggest to the patient's sister to avoid offending her? There are at least two acceptable options:
  - Suggest the sister donate the money to the hospital
  - Suggest the sister donate the money to a charity

Could the nurse accept a box of chocolates or some flowers for the unit? The answer is yes. Small gifts that are to be shared with the other caregivers on the unit are deemed acceptable. Should you come across a situation that makes you uncomfortable in terms of accepting a gift, the best approach would be to discuss it with your supervisor.
**Scenario #2**

A new employee in the dietary dept. finds that every day when she goes to the employee lounge to buy some snacks, the vendor filling the snack machine seems to be waiting for her. He makes comments about her appearance, asks her personal questions, and asks her out. She is very uncomfortable and tells him she "isn't interested," that all she wants is a bag of chips. She reports this to her supervisor who tells her to "ignore him. He doesn't bother any of the others." She needs her job and doesn't want to make waves.

*Questions to Consider:*
Does she have to endure the vendor's unwanted advances to keep her job?
Is this harassment?

**PeaceHealth Policy: Sexual Harassment**
PeaceHealth's policy is to maintain an environment in which all employees are free from sexual harassment---whether that harassment comes from employees, contractors, physicians, vendors, students, board members, patients, their families/visitors, or volunteers. Any employee who becomes aware of any activity that violates that policy is encouraged to report the behavior.

*Issues to Consider:*
Employee's response to situation
Supervisor's unwillingness to address issue
Hospital's duty to ensure harassment free environment

Indeed the employee from the dietary dept. was experiencing sexual harassment---an unacceptable situation that clearly violates our policy. She had already gone to her supervisor to no avail. Other resources are in place to report the unwanted advances. They include:

- Her supervisor's supervisor
- HR
- Her Regional Organizational Integrity Representative
- The Integrity Line

She does not have to endure the advances to keep her job. Although the vendor is not a PeaceHealth employee, there are actions that can be taken. PeaceHealth is committed to creating and maintaining a work environment in which all employees are free from unlawful harassment.
PeaceHealth is required by federal law to provide information to all its Employees, Volunteers, Contractors and Medical Staff regarding the federal false claims act, administrative remedies for false claims and statements, the state false claims act and whistleblower protections under these laws. The federal and state false claims acts play an important role in detecting fraud, waste and abuse in federal health care programs.

The False Claims Act – A Federal Law That Protects Whistleblowers

The law. The federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. “Knowing” means that the person or organization:

- knows the record or claim is false, or
- seeks payment while ignoring whether or not the record or claim is false, or
- seeks payment recklessly without caring whether or not the record or claim is false.

Under certain circumstances, an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or Workers’ Compensation claim could become a False Claim. Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay.

A person who knows a False Claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government’s attention. Some states have a False Claims Act that allows a similar lawsuit in state court if a False Claim is filed with the state for payment, such as under Medicaid or Workers’ Compensation. Penalties are severe for violating the federal False Claims Act. The penalty can be up to three times the value of the False Claim, plus from $5,500 to $11,000 in fines, per claim.

Whistleblower protections. The federal False Claims Act protects anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. An employee who was harmed by their employer for filing a False Claims lawsuit must file a lawsuit against their employer in Federal Court. If the employer retaliated, the court can order the employer to re-hire the employee, and to pay the employee twice the amount of back pay that is owed, plus interest and attorney’s fees.

Our Policy. PeaceHealth’s Organizational Integrity Program includes monitoring and auditing for compliance that helps prevent or detect errors in coding or billing.
- PH expects that our employees who are involved with creating and filing claims for payment for services that we provide will only use true, complete and accurate information to make the claim.

- PH expects that anyone with a concern about a possible False Claim at a PH facility will use the OI Reporting Process immediately so that PH can investigate and correct any errors.

- PH’s policy on non-retaliation protects our employees from adverse action when they do the right thing and report any genuine concern via the OI Reporting Process.

- PH will investigate any allegation of retaliation against an associate for speaking up, and will protect and/or restore rights to anyone who raised a genuine concern.

**Our Promise.** Our employees work hard to ensure that every claim for payment for the care we provide is correct and accurate, so that we do not violate the law, or break the trust we maintain with our patients and communities.

If you have any questions about this information or wish to report a concern or view policies related to our Organizational Integrity Program, please contact Carol Barnett, System Director of Organizational Integrity at 541-686-3771 or e-mail: cbarnett@peacehealth.org
Confidentiality

What is Confidentiality?

Confidentiality is a tool for protecting privacy. By giving confidential status to sensitive information, you are mandating specific controls on that data, which include closely monitoring and strictly limiting access and disclosure.

What is Security?

Security encompasses all of the safeguards in an information system, including hardware, software, personnel policies, information practice policies, disaster preparedness, and oversight of all of these areas. The purpose of security is to protect both the system and the information it contains from unauthorized access from internal and external sources. Security includes: confidentiality, integrity, and accountability of data, systems, and persons.

What is Healthcare Information?

The UHCIA defines health care information as: “any information, whether oral or recorded in any form or medium, that identifies or can readily be associated with the identity of a patient and directly relates to the patient’s health care.

UHCIA: Uniform Health Care Information Act

What is HIPAA?

HIPAA stands for the Health Insurance Portability and Accountability Act of 1996. HIPAA is made up of new rules set in place by the federal government. These new rules concern standardized transactions, privacy rules, and security rules. We will be focusing on the HIPAA privacy rules that strive to protect the privacy and security of an individual’s confidential information.
The HIPAA Privacy Rule provides patients with many protections for their health information. These include limiting the use and disclosure of confidential information through:

- Limiting healthcare workers to the minimum amount of information necessary to do their jobs
- Requiring patient authorizations for most disclosures and
- Tightening requirements for the use of personal health information in research
- Providing patients with new rights for their personal health information including the right to inspect, copy, and amend their medical record and the right to request restrictions on the use and disclosure of personal health information

**Consequences of Violating Patient Rights**

These include civil and criminal penalties. Civil penalties can result in fines up to $100 for each violation of the law. (Up to a limit of $25,000). For "a person who knowingly" discloses individually identifiable health information, the criminal penalties range from $50,000-$250,000 in fines and one to ten years in prison.

- Other potential risks include employee termination, lawsuits, government audits, and loss of public trust.

*The next portion of Section 3 involves a series of situations. In each instance, you will be provided with some specifics about the situation followed by PeaceHealth’s guidelines covering that situation.*
Scenario #1- Covered Health Information

Dr: Lewis: Looks like you’ve got a busy day.
Roger: Yeah, never a dull moment. What brings you here, Dr. Lewis?
Dr: Lewis: Well, I need your help with a new research project.
Roger: Sure, what can I do for you?
Dr: Lewis: We're going to be conducting a longitudinal study on lung cancer patients who are receiving radiation therapy. We're looking for study participants. I need a list of all your lung cancer patients who are currently receiving treatment.
Roger: What are you going to do with that information?
Dr: Lewis: We’re going to call the patients and offer them a chance to be in the study. 50, I'll need the patients' names, addresses, phone numbers, copies of their films and a complete copy of their medical files. Can you get that for me by next Monday?

Issues to Consider:
- There may be other situations in your job where you get requests or make requests for information like the one above.
- The information being requested in this scenario cannot be disclosed without specific patient authorization.
- We exchange business and patient information with our co-workers everyday. Sometimes we need to disclose confidential information outside of our organization. HIPAA sets a foundation for privacy by requiring us to limit such disclosures to the minimum necessary. Sometimes we can disclose confidential information without authorization by removing patient identifiers. Patient identifiers include name, address, and anything else that can uniquely identify the patient. Under the privacy rule there are 18 total patient identifiers.

Definitions
Minimum necessary is defined as the minimum amount of information you’d need to do your job and still protect privacy and confidentiality. The minimum necessary would depend on your “need to know” specific information and varies for different roles and different situations.
**Scenario #2- Patient Rights**

*Pat (on telephone):* Hi, this is Pat Henderson. I'm going to stop by your office later this afternoon to pick up a copy of my stepdaughter Elizabeth's medical records. She's a patient of Dr. Waters. I want her complete file. Would you please have that ready for me by 3:00? No, my stepdaughter will not be with me and I don't see where that should be any concern of yours. She's only 16 years old and as her stepmother I have a right to full access to her file. SO, just get it ready for me. OK?

**Questions to Consider:**

- What are the rights of 3rd parties to access your medical record?
- What are the rights of parents/step-parents to access your medical record?
- Can we give patients a copy of their medical record?
- Can the timing of the request be met?

**PeaceHealth Policy:**

HIPAA does provide for the right of patients to access, inspect and obtain a copy of their health information. However, state laws governing minors, release of mental health information and laboratory results will also be important factors to consider. Talk to your regional Health Information Management Department or regional Privacy Officer for additional direction.

**Patient Rights include:**

1. Right to access, inspect and copy your health information
2. Right to a Notice of PeaceHealth's Privacy Practices (NPP)
3. Right to request an amendment to their health information
4. Right to request restrictions to the use and disclosure of your health info
5. Right to request alternative means of communication of your health info
6. Right to an accounting of disclosure of your health information

PeaceHealth has developed policies and procedures to guide you in understanding and assisting patients with exercising these rights. These can be found on the Crossroads Policy Center or on the Organizational Integrity website on Crossroads. If you need additional assistance or have other questions, you can call your regional Privacy Officer at ext. 2049.
**Scenario #3 - Business Associates**

*Pam:* When are those consultants coming in to audit our billing records!

*Alice:* They'll be here Tuesday through Friday of next week. I'll be gone on Tuesday and Wednesday, but just let them have whatever records they ask for.

*Pam:* Patient records too?

*Alice:* Sure.

*Pam:* Well, what about all this privacy stuff we're hearing about! Aren't we supposed to have some kind of written agreement with consultants saying that they'll safeguard that kind of information! Do we have an agreement with them like that?

*Alice:* I don't know if we do or not. But I wouldn't worry about it. We've been using those consultants for years, so I trust them to be careful with anything we give them. I can't imagine why we'd need any formality with them.

**Issues to Consider:**

*Can you see why we might need a formal agreement with the consultants? Do you think it is appropriate that we give them access to anything they want?*

**Contracts:** We need to have a business associate contract with any vendor or company with whom we do business and share confidential patient information. *(Examples of Business Partners include accountants, temp agencies, software & hardware vendors).* More examples of business associates appear on our OI website.

**Visitor ID:** When vendors (consultants or any business representatives) enter our facility, they should check in with the appropriate department (Business Representative Identification policy). Business Representatives should schedule all appointments in advance, wear a visitor pass/badge in plain sight, and return the badge when they sign out of the facility.

**Physical Access:** All business visitors to our facility should have a valid purpose for being there. Every member of our workforce is responsible for security. If you see someone without a business representative pass or PH identification badge in an area that you know or believe they should not be in, ask if you can assist them with directions. This is another example of securing and protecting our confidential information, our patients and employees.
Scenario #4: Electronic Transmission of Patient Info

*Phil:* So, when do you think those blood test results will be back?

*Dr. Franklin:* Probably in about a week. You can call us on Friday and we'll give you the results.

*Phil:* Well, I'll be in London on business for the next two weeks. The best way to get them to me is to send the results to my e-mail address at work. I'll give your receptionist the e-mail address on my way out today.

**Issues to Consider:**
Currently, E-mail sent outside of the PeaceHealth network on the Internet is considered a secure communication.

**Other related PeaceHealth policies:**
You can find additional information about our email policy Appropriate and Inappropriate uses of e-mail defined in the PeaceHealth E-mail Policy.
Similar protections for privacy and security also apply to using the Internet on a PeaceHealth computer. You can find appropriate and inappropriate uses described in the Internet policy.
Computer viruses present a high risk to the integrity and reliability of our information systems. Virus protection is everyone’s responsibility. While we have virus protection systems in place you need to do your part by not opening e-mail attachments from unknown person or downloading files from the internet. See the Policy for more information.
**Scenario #5- Wrongful Disclosure**

**Donna:** Hey, Chris. Here are those supplies you ordered last week.

**Chris:** Thanks. How's your week going so far?

**Donna:** *You* really want to know?

**Chris:** That bad, huh?

**Donna:** Worse. That's why I came down here. I need to talk to you.

**Chris:** What's wrong? Nothing wrong with David, is there? He is one sweet little boy.

**Donna:** He sure *is*. And he loves first grade. I really thought he'd have some problems adjusting after the divorce, but he's doing just fine.

**Chris:** So, what's got you so upset?

**Donna:** Look, I don't want to put you on the spot but I didn't know who else to talk to about this.

**Chris:** Donna, we've been friends for a long time. You know I'll do anything I can for you.

**Donna:** Okay. Well, last weekend David came back from one of his visitation weekends with his father and he told me that his stepmother's son, Charlie was sick in bed the whole time. When I called my ex to see what was wrong with Charlie, he said it was just the flu and that there was nothing to worry about.

Well, now I hear that Charlie has been admitted here and is in intensive care in pediatrics. So, I called the ex again to find out what the diagnosis was and he told me that it was nothing to worry about and that David had not been exposed to anything contagious. I can't take his word on that. I need you to look up his diagnosis for me. I just have to know what my son has been exposed to.

**Issues to Consider:**
Remember signing the confidentiality agreement? The confidentiality agreement requires you to respect and preserve the privacy, security, and confidentiality of PeaceHealth information. This includes patient information.

To protect confidential PeaceHealth information we limit access to information on a need to know basis. When access to computer systems is granted, it is on a minimum necessary, need to know basis. In addition, individuals must limit their own access to only that information that is required for their job.

**PeaceHealth Policy:**
If you suspect a breach of confidentiality, you are required to report it.

- Immediate supervisor, manager or director
- Regional Privacy Officer
- Regional Organizational Integrity Leader
- Integrity line
Scenario #6 - Misplaced or Lost Info

George: Looks like you've got a big party coming up on Sunday.
Tina: We do! You know that breast cancer survivor picnic is one of the best events we have all year.
George: It sure is. Well, we want to be sure to have enough tables and chairs set up. How many folks are coming?
Tina: Let me check. I took the list home last night and called everyone who was invited. So I have an exact count for you. ...I have it right here in my briefcase. Hang on. ...I know I have it in here somewhere. I was making some final changes on it on the bus on my way in this morning. George, it's not here, I know I had it with me on the bus. ...I must have left it on the seat next to me. ...I can't believe this. ...
George: What's the problem? Can't you just get another copy off your computer?
Tina: Yes, but that list had everyone's name, phone number and address on it. Plus it was titled Breast Cancer Survivor Picnic guest list. Anyone who sees that list will know that those people are breast cancer survivors. What am I going to do?

Issues to Consider:
1. Requirements for transporting confidential information
2. Incident report
3. What do you do when a patient complains?
4. Disposal of Confidential Information
5. Who do you direct questions to?

PeaceHealth Policy:
The first thing Tina should do is fill out an incident report and report it to her supervisor. Accidents like this may be prevented if everyone follows the guidance in the policy for Transporting Confidential Information.

What if one of the patients on the list complains that their privacy has been breached? What would you do?"
The policy on Patient complaints and grievances describes how to respond when a patient comes to you with any kind of complaint. If you are unable to resolve the complaint, fill out an incident report. Complaints about patient privacy should be referred to your Privacy Officer.

Think for a moment about all the confidential information we process daily – both on paper and electronically. It is important to properly dispose of confidential information. You’re responsible for understanding and following our policy on Disposal of Confidential Info. If you, or a patient, have questions about the privacy of patient information, you can refer to our Notice of Privacy Practices.
Scenario #7- Public Discussions

_Nurse:_ Just a few minutes and we'll have your sister all ready and you can come back in.

_Visitor:_ Thanks.

_Dr. Adams:_ Who is responsible for Mr. Steinman, our next patient?

_Resident:_ He's my patient! Dr. Adams. We should probably talk about his last series of treatments before we go into this room. He is currently being treated for acute respiratory distress.  (Visitor overhears this conversation in the hallway)

Issues to Consider:
If you overhear a conversation in the cafeteria regarding confidential patient information, what would you do?

1. Intervene in a non-confrontational way**.
   **Suggestion for non-confrontational intervention-- “I don’t know whether or not you knew it or not but I could hear you discussing confidential information.”

2. If the situation is not resolved, or if there are other situations where you suspect a breach in security or patient privacy, report it to your supervisor, Regional Privacy Officer, or the integrity line.

3. We need to consider all the ways we share information with each other and do our best to protect confidential information.

_PeaceHealth Policy:_
Discussing patient, confidential personnel and/or business information in a public place (e.g. elevator, cafeteria) is one example of violating PH policies as listed in the Confidentiality Agreement.
Scenario #8-Third Party Requests

Jennifer walks into her office and puts purse in desk. She dials up her voice mail and hears:

Jennifer, this is Kim from Health Claims Management. We are reviewing the file of one of your patients, Mr. Williams, and we need some additional information before we can make payment on the claim you submitted to us. Would you please send us a complete copy of his file including all of the psychotherapy notes? Just have them sent UPS ground to our Dallas office. Thanks.

Q & A

Q: Are we allowed to disclose patient information to a third party payer (for example, an insurance company)?
A: Yes, we’re permitted to disclose patient info for the purposes of payment. The Use & Disclosure of Confidential Information policy provides additional guidance on disclosures.

Q: Should we provide a complete copy of the record as requested?
A: No, disclosures of confidential information should be limited to the minimum necessary to meet their need. A request for disclosure of the entire medical record must be justified. See Use and Disclosure policy.

Q: Is it acceptable to provide the Psychotherapy notes as requested?
A: No, it doesn’t fall under the minimum necessary requirement. Specific patient authorization is required.

Q: Can we send records via UPS Ground?
A: Yes, if the proper precautions are taken: 1. Use a tightly secured envelope or container, 2. No visible patient information, 3. Container marked “confidential”

Q: Is it permissible to fax the information?
A: Information should only be faxed if other means of transport aren’t timely enough & if proper precautions are taken: 1. Verify that the fax transmission is sent to appropriate destination, 2. Recipient’s fax machine is located in secure area or recipient is standing by to receive information, 3. You must have a cover sheet with a confidentiality statement. See Facsimile Transmission Policy.
**Scenario #9- Public Displays of Information**

*Fertility Clinic Reception Nurse:* Good afternoon. How are you both today?

*Ted:* We're just fine.

*Nurse:* Good. Would you please sign in and we'll be with you in a few moments.

*Wendy* (picks up registration sheet on clipboard and points to a name at the top of it): Look honey, Ellen and Tom Shumacker were here this morning. Funny, I just had lunch with her the other day and she never mentioned that she and Tom were trying to have a baby. Isn't that just wonderful? Well, I'll have to call her when I get home and ask her all about this.

**Issues to Consider:**

What are some of the other potential displays of confidential information?

*Printers, Electronic Displays, Reports, White boards, Fax*

Methods to minimize public displays, include:

1. Turning your computer monitor away from the public view when possible

2. Picking up reports & documents from the printer & fax machine immediately

3. Making sure you’re signed off your computer when you leave your desk, even if it’s for a short period of time.

4. Saving confidential information on the M: or N: drives whenever possible. Consult with your IT representative on the most appropriate method for saving sensitive documents.

*We need to consider all the ways that confidential information may be inappropriately displayed and take measures to minimize that.*
Scenario #10- Handling Requests

Nurse (answering phone): Pediatrics Critical Care

Patient’s neighbor: Uh, yes, hello, this is Virginia Roberts. My neighbor's son, Sam Grinshaw, is in your hospital. They say he collapsed during a soccer match at school. Oh, my. He's such a lovely child. I just want to know if he's okay now.

Nurse (answering phone): Pediatrics Critical Care

Patient’s aunt: Hello. This is Evelyn Hyatt. My nephew, Sam Grinshaw, collapsed during a soccer match at his school just an hour ago and they brought him to your hospital. Can you tell me what's happening with him?

Nurse (answering phone): Pediatrics Critical Care

Patient’s father: This is Steven Grinshaw. I'm at the airport. My wife just left a message on my voice mail saying that our son was rushed to your hospital. I'm getting the first flight back home. But I can't get a hold of my wife. She's not at home and she's not answering her cell phone. What's my son's condition?

Questions and Answers:

Q: Can the hospital release this information to the father?
A: Yes, after verifying he is the father. The father has the right to information about his minor child. The PeaceHealth SPOC teams are also looking at appropriate ways for employees to verify the identity of persons requesting confidential information. Stay tuned for more direction.

Q: Can information be released to the aunt or neighbor?
A: If the caller asks about the patient by name, and the patient has not prohibited or restricted disclosure about themselves (DNA – Do not announce), then the hospital can release the child’s general location in the facility and his general condition. If the child’s mother was present, you could transfer the call to her.

Q: What if the news media calls for information?
A: All calls should be referred to the Public Relations departments and after hours to the nursing supervisor. Insert regional procedures here. Technically speaking from the standpoint of the law if the media asks for the person by name you can give the same information as above.
Safety Basics


Infection Control

If an exposure occurs, do the following:

1. Immediately wash skin with soap and water.
2. Flush exposed mucous membranes with water for 5 - 10 minutes.
3. Report the incident to your supervisor and to Workplace Wellness immediately. Contact the Nursing Supervisor
4. or if you work evening, night, or weekend shifts and report to the Emergency Department. HIV infection may be prevented with appropriate medication if initiated within 1-2 hours from the time of injury. With your consent you will receive a medical evaluation, pretest counseling for HIV tests, blood tests, post-exposure preventive treatment and follow-up counseling.

When to contact Infection Control

- Whenever you initiate airborne precautions, airborne precautions for TB, contact precautions or droplet precautions.
- When a patient with Methicillin Resistant Staph Aureus (MRSA) or Vancomycin Resistant Enterococcus (VRE) is admitted or identified
- Anytime a hospital acquired infection is suspected or identified, especially IV or surgical site infections and ventilator associated pneumonia.
- Whenever you have question about possible exposures and/or precautions.
Emergency Preparedness

PeaceHealth Lower Columbia Region (PHLCR) must be prepared to respond to any type of disaster or emergency situation. To respond effectively, PHLCR has developed an Emergency Management Plan that includes an “all-hazards” command structure. The Region has adopted the Hospital Emergency Incident Command System (HEICS) command structure, that will link the organization with the community command structure.

Cowlitz County Fire, Police, Emergency Medical Services (EMS), Department of Emergency Management (CC-DEM), and Public Works have adopted the Incident Command System (ICS) command structure.

What are the Command Structures?

Incident Command System (ICS)
An organized approach to control and manage operations (ex. Fire fighting, evacuation, security) at an emergency response incident.

Hospital Emergency Incident Command System (HEICS)
Procedures which provide an effective way to manage personnel and resources while ensuring the safety and welfare of patients, visitors, and personnel during an emergency response incident.

Who Is In Charge of the Command Structure?

Incident Commander (IC)
The individual responsible for the management of all operations at the emergency response incident (there can only be one IC at the incident scene) assigns personnel to fill critical Incident Command positions in response to the type and severity of the incident. Has specialized training as required by the OSHA/WISHA Emergency Response Standards.

HEICS Emergency Management Structure
HEICS is made up of 50 positions on an organizational chart. The organizational chart “crosswalk” lists the 50 positions and the positions within PHLCR with similar day-to-day responsibilities.

Each position represented on the organizational chart has an individual Job Action Sheet which outlines for staff: what they are going to do; when they are going to do it; and who they will report it to after they have done it.

In the event of a disaster, either internal or external, hospital staff may be asked to assist in any department or area. Please check with your departmental manager or director for specific instruction on where you are to report in the event of a disaster and where the departmental disaster plans and procedures are located for your assigned work area.
Fire Safety

R.A.C.E. Procedure

If you discover a fire, initiate the following RACE procedure:

- **Rescue** patients in immediate danger. If entering an area filled with smoke, remember to stay low. Close any doors and windows in the fire room and DO NOT reopen.

- **Alarm** - 3 steps
  1. Pull the alarm located near the exits.
  2. Call the Switchboard using emergency number 4199. Specify the location and size of the fire. If you are at a satellite clinic, call 9-911 and then notify the Switchboard on 4199. Specify the location and size of the fire.
  3. Alert co-workers in areas unable to hear overhead pages.

- **Confine**: Close all other doors & windows.

- **Extinguish**: Utilize fire extinguisher to put out the fire if reasonable to do so. If the fire is out of control, DO NOT attempt to fight it.

Fire drills are conducted once per shift per quarter. All hospital and clinic staff are required to participate in drills.

**Using a fire extinguisher**

When an extinguisher is properly charged, the needle will be in the green section of the gauge. When operating an extinguisher, be sure the path for your exit is not blocked, stand 8-10 feet from the fire, and remember PASS.

- Pull the pin
- Aim the nozzle
- Squeeze the handle
- Sweep at the base of the fire
General Safety Issues

Emergency Codes

It is important that you learn the following codes. All codes are initiated by dialing the emergency number 4199. If you work at a satellite location dial "9-911" first, then call 4199. The Switchboard announces codes over the loud speaker 3 times unless otherwise stated.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level I, II, III</td>
<td>External/Internal Disaster, (including non-containable Hazardous Materials spills)</td>
</tr>
<tr>
<td>CODE ORANGE</td>
<td>Bomb Threat</td>
</tr>
<tr>
<td>CODE 6</td>
<td>Assistance Needed-Person Out of Control</td>
</tr>
<tr>
<td>CODE PURPLE</td>
<td>Hostage/Weapons</td>
</tr>
<tr>
<td>CODE RED</td>
<td>Fire</td>
</tr>
<tr>
<td>CODE PINK</td>
<td>Infant Abduction</td>
</tr>
<tr>
<td>CODE BLUE</td>
<td>Advanced Cardiac Life Support Team Requested infant/child</td>
</tr>
<tr>
<td>CODE BLUE PALS</td>
<td>Advanced Cardiac Life Support Team Requested infant/child</td>
</tr>
</tbody>
</table>

The on-line Incident Report should be used to report any safety related incident. The completed form will automatically be sent to Risk Management and then forwarded to the appropriate person(s) for follow-up. These reports are not to be printed or copied!

To report a safety hazard, contact the Safety Coordinator at x7468 or the Customer Service Center at x7480.

What do you do if you discover an unsafe medical device?

- Immediately discontinue use of the equipment.
- Save all equipment and packaging, which may include lot numbers, involved in the event
- Clearly mark the device and equipment as defective with a red tag.
- Complete an electronic work order on Crossroads.
- If immediate replacement is needed, contact the Customer Service Center at 7480.
Hazard Communication
The Right to Know Act

Spill Clean-up Procedure

Handling of spills and other accidents involving hazardous substances will be managed by the department where the spill occurs. Don’t assume you can call Environmental Services to clean-up a hazardous material spill. If the department staff cannot contain the spill call 4199 to report the spill as in internal disaster.

REMEMBER! In case of a spill:

1. Act quickly.
2. Wear Personal Protective Equipment (PPE).
3. Contain the spill.
4. Notify Switchboard if the spill is considered significant as noted in the Material Safety Data Sheet (MSDS).
5. Determine appropriateness of safe reentry into area.
7. Report to ED for exposure.
8. Dispose of clean up materials following MSDS and Departmental Guidelines.

MSDS information and locations
A MSDS must be made available to employees under the “Right to Know Act”. Each department maintains a chemical inventory and corresponding MSDS’s for hazardous products in their area. Review the MSDS before handling hazardous chemicals.
Workplace Violence

PeaceHealth Lower Columbia Region facts about workplace violence:

What: The definition of workplace violence at PeaceHealth Lower Columbia Region includes, but is not limited to:

- Disruptive activity in the workplace
- Threatening or hostile behavior, verbal and non-verbal
- Possession of a dangerous weapon
- Violation of restraining orders
- Physical fighting
- Stalking
- Sabotaging the workplace
- Criminal activity
- Any behavior which is perceived as threatening by the recipient

The majority of incidents consist of verbal aggression. Although physical assaults do occur, they only account for a minority of the incidents.

Why: Hospitals have a unique environment, often characterized by stress and anxiety. This unique environment can lead to aggression.

Who: Patients and visitors are the most common aggressors. Staff is most often the target of this violence.

Anxiety is often the first signal that someone has the potential to become violent. Therefore, recognizing anxiety is a key to prevention.

Signs of anxiety, include:

- Head down; face flushed or twitching
- Eyebrows frown or twitch; lips twitch
- Mouth dry, excessive swallowing
- Pacing; veins appear prominently
- Shallow breathing
- May appear confused
- Sweating; minimal eye contact
- Minimal or excessive talking or nervous laugh

Helpful interventions for dealing with anxiety include:

- Use supportive gestures and postures, such as leaning forward when listening and maintaining an open posture with your palms up.
- Be an empathic listener by maintaining 80-90% eye contact, by asking clarifying questions, and/or by tilting your head.
• Use supportive verbal communications, such as using and remembering the person’s name, talking calmly, fairly quietly, and fairly slowly. Summarize what you’ve heard. Apologizing can also be a good technique for diffusing an angry person.

• Be sure to maintain proper space. Keep at least 4 feet between yourself and the aggressor. Four feet is the minimum distance needed to react and avoid a punch, stab or kick.

If a person’s anxiety is not dealt with appropriately, they may escalate.

**Signs of aggression** beyond anxiety, include:

• Red face, lips pushed forward
• Direct prolonged eye contact
• Drooling; quick, deep breaths
• Standing as tall as possible with shoulders square
• Hands pumping, finger pointing
• Belligerent, yelling, cursing

When you notice signs that a person’s anxiety has escalated to another stage of aggression, pay attention and be ready to get help. At this point, you’ll want to make a switch in your own behavior, including:

• Use an assertive stance
• Continue to use a calm voice
• Set reasonable limits and consequences
• Enforce limits
• Get help!

If you are on the main or Delaware campus, contact Security by dialing 4199. If at a satellite clinic dial 9-911.

**Security Resources**

Security is available 24 hours a day, seven days a week at the Delaware Campus, and Security is available to provide escorts within hospital grounds.

Notify Security if unusual or suspicious behavior is observed, or if it becomes known that a weapon is on the premises. Security should always be notified whenever a patient or visitor exhibits signs of aggression. PeaceHealth maintains a zero tolerance policy for violence in the workplace.

**Resources for victims**

If necessary, victims will first be evaluated in the Emergency Department. Counseling and support will be offered to staff who are victims of workplace violence, provided through the Employee Assistance Program at ext. 2236.
Incident Reporting

Guidelines

All incidents are to be promptly reported using the electronic incident reporting system, which is found online in Crossroads.

The person most directly involved in an incident, or the person who first discovers the incident, is responsible for completing the incident report form using the instructions below.

**Incident reports are highly confidential and are not to be copied for any reason.**

The information contained in the incident report may be used only for risk management purposes and may not be used for any other purpose including peer review, employee discipline.

Incident reports are not a part of the patient medical record and no mention of an incident report should be documented in the medical record. Only the facts of an incident involving a patient are to be recorded in the medical record.

Access From Crossroad

1. Click on your “Crossroads” icon.

2. Click on “Quick Links”

3. Click on “Incident Reporting Form” and complete per instructions
Locating Hospital Policies

For further information about safety policies and procedures or clinical policies and procedures, visit the hospital intranet site “Crossroads.” In addition, some departments have unit-based policy and procedure notebooks or online resources.
PeaceHealth Lower Columbia Basic Information and Policy Summaries

Information about building access, name badges, cafeteria, parking, dress code, and the smoking policy

Building Access

- Emergency Department entrance is open 24 hours/day
- Other entrances lock at 8 pm following visitor hours
- Garage locks at 9:30 pm and is accessible by badge
- Badge will allow you access by swiping
- Certain areas of hospital are restricted (i.e. pharmacy, maternity, pediatrics)

Name Badge

- Obtain badge from Human Resources or the reporting department.
- Should be worn at all times when on duty.
- May allow building access.
- Must be taken home and never left at work as it works as an internal and external key.

Cafeteria Information

- Hours: 6:30am-7:30pm (Breakfast 6:30 – 7:30pm  Lunch: 11:00am-2:00pm; Dinner: 5:00pm-7:30pm ) Food is also available from 1:30 am – 3:30 am
- Menus are posted on-line and in the cafeteria.
Parking

Each individual will abide by the Washington State driving rules while on St. John Medical Center property including one-way, speed limit, and other designated signs. Adherence to parking regulations and vehicle safety is important to promote a safe environment and to ensure that parking spaces are available to benefit patients and visitors.

a. Church of the Nazarene (15th & Douglas). Do not park in the spaces marked with an “R.” Please use the designated crosswalk.

b. Behind the First Baptist Church (Kessler Blvd. behind the Human Resources Building). Do not park in spaces marked with an “R.”

c. On street parking. Please be mindful of our neighbors.

d. 17th Avenue parking lot - Employees and volunteers in unmarked spaces only.

e. Parking Garage:
   - Employees and contracted services may ONLY park on the parking garage in non-designated and unmarked parking spaces as available. If these spaces are full, refer to Church or on-street parking.

f. Evening or after hours Security Escorts are available to any of the referenced parking locations by calling Customer Service at extension 7480.

Dress Policy

The following items are NOT acceptable: Dress and appearance that does not meet minimum standards. The following do not meet minimum dress and appearance standards:

a. Blue denim jeans, skirts, dresses or bib overalls. Casual denim is material that is faded, distressed, frayed, studded or otherwise inappropriate for the work setting.

b. Sweat pants or sweat shirts, other workout clothing, running attire or other shorts.

c. Tights or leggings worn as pants
d. Tank tops or camisoles that are low-cut (unless sufficiently modest, covered with a jacket, shirt or sweater)

e. Spandex/Lycra clothing

f. Visible undergarments

g. T-shirts/sweatshirts with slogans or logos other than PeaceHealth logo

**Smoking**

Smoking is prohibited in any hospital building.

<table>
<thead>
<tr>
<th>Where can I go to use tobacco while I’m at the Hospital?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This is a non-smoking facility. Smoking is not allowed on hospital property.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What do I do if I see someone not complying with the policy?</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you feel comfortable, you can nicely remind people about the policy and direct them to the emergency entrance smoking area.</td>
</tr>
<tr>
<td><strong>Employees/Volunteers:</strong> Instead of confronting someone directly, you can report the incident to your manager/supervisor or to Security. Employees are not expected to be police ‘others’ For more information see the Smoking Policy on the Lower Columbia Policy Center on Crossroads.</td>
</tr>
</tbody>
</table>

**Substance Free**

It is the intent and obligation at PeaceHealth, Lower Columbia Region, to provide a safe, secure, and productive work environment free from the effects of alcohol, drug and substance abuse. Accordingly, using, possessing, or working under the influence of any known substance that can adversely affect alertness, coordination, decision-making, safety, or job performance will not be tolerated.

- As a condition of employment, all must abide by the terms of this policy.
- Violations will result in corrective action up to and including discharge.
The False Claims Act

PeaceHealth is required by federal law to provide information to all its Employees, Volunteers, Contractors and Medical Staff regarding the federal false claims act, administrative remedies for false claims and statements, the state false claims act and whistleblower protections under these laws. The federal and state false claims acts play an important role in detecting fraud, waste and abuse in federal health care programs.

A Federal Law That Protects Whistleblowers

The law. The federal False Claims Act (31 USC 3729-33) makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment. “Knowing” means that the person or organization:

- knows the record or claim is false, or
- seeks payment while ignoring whether or not the record or claim is false, or
- seeks payment recklessly without caring whether or not the record or claim is false.

Under certain circumstances, an inaccurate Medicare, Medicaid, VA, Federal Employee Health Plan or Workers’ Compensation claim could become a False Claim. Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, or for services that were not ordered by a physician, or for services that were provided at sub-standard quality where the government would not pay.

A person who knows a False Claim was filed for payment can file a lawsuit in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government’s attention. Some states have a False Claims Act that allows a similar lawsuit in state court if a False Claim is filed with the state for payment, such as under Medicaid or Workers’ Compensation. Penalties are severe for violating the federal False Claims Act. The penalty can be up to three times the value of the False Claim, plus from $5,500 to $11,000 in fines, per claim.

Whistleblower protections. The federal False Claims Act protects anyone who files a False Claim lawsuit from being fired, demoted, threatened or harassed by their employer for filing the suit. An employee who was harmed by their employer for filing a False Claims lawsuit must file a lawsuit against their employer in Federal Court. If the employer retaliated, the court can order the employer to re-hire the employee, and to pay the employee twice the amount of back pay that is owed, plus interest and attorney’s fees.

Our Policy. PeaceHealth’s Organizational Integrity Program includes monitoring and auditing for compliance that helps prevent or detect errors in coding or billing.

- PH expects that our employees who are involved with creating and filing claims for payment for services that we provide will only use true, complete and accurate information to make the claim.
- PH expects that anyone with a concern about a possible False Claim at a PH facility will use the OI Reporting Process immediately so that PH can investigate and correct any errors.
- PH’s policy on non-retaliation protects our employees from adverse action when they do the right thing and report any genuine concern via the OI Reporting Process.
- PH will investigate any allegation of retaliation against an associate for speaking up, and will protect and/or restore rights to anyone who raised a genuine concern.

Our Promise. Our employees work hard to ensure that every claim for payment for the care we provide is correct and accurate, so that we do not violate the law, or break the trust we maintain with our patients and communities.

If you have any questions about this information or wish to report a concern or view policies related to our Organizational Integrity Program, please contact Carol Barnett, System Director of Organizational Integrity at 541-686-3771 or e-mail: cbarnett@peacehealth.org

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Tests

The following section includes the tests that you will need to complete and submit to your supervisor.

Use this page as a checklist to be sure that you have completed and turned in all of the required completed tests and answer sheets to your supervisor.

**CHECKLIST**

<table>
<thead>
<tr>
<th>Test Name</th>
<th>Test Completed &amp; Submitted</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organizational Integrity Test</td>
<td>Acknowledgement</td>
</tr>
<tr>
<td>2. Confidentiality Test &amp; Acknowledgement</td>
<td></td>
</tr>
<tr>
<td>3. Safety Basics Test</td>
<td></td>
</tr>
</tbody>
</table>
Organizational Integrity Test

Instructions: Please complete the following quiz, sign, and return this document to your supervisor

1. At PeaceHealth, our Standard of Conduct is based on what?

2. In your own words, what does PeaceHealth's Non-retaliation/Non-retribution policy say?

3. What is the PeaceHealth Integrity Line?

4. True or False: The Office of the Inspector General could fine PeaceHealth for hiring or doing business with an individual or organization on the Excluded List. (Circle the right choice)

5. True or False: PeaceHealth's Organizational Integrity program covers only policies having to do with billing and confidentiality. (Circle the right choice)

6. True or False: You have a responsibility to report in good faith, concerns about actual or potential wrongdoing and are not permitted to overlook such situations (Circle the right choice)

By signing below, I acknowledge that I have read the Organizational Integrity material in Section 2 of the Traveler Orientation Self-Learning Module.

Your Signature ___________________________ Today’s Date ______

Your Printed Name ________________________ Department ______

Turn in to your Supervisor
Confidentiality Test and Agreement

Instructions: Please complete the following quiz, sign, and return to your supervisor.

1. Write down two examples of specific rights every patient has regarding his or her health information?
   
a. _______________________________________________________
   
b. _______________________________________________________

2. What telephone # would you call to contact your Regional Privacy Officer?
   __________

3. Where is the PeaceHealth Privacy and Security Policy Manual located?
   _______________________________________________________

4. Define the term minimum necessary as it relates to confidential information.

5. Why is it important to identify and question unfamiliar individuals (that is, those who apparently don’t belong) in your work area?

6. Can a breach of confidentiality be grounds for termination?  YES or NO

7. If I overhear a conversation outside the clinical area regarding sensitive patient information, should I let the offenders know immediately that they are violating the confidentiality policy?  YES or NO

8. Should I access a medical record (other than my own) for any reason other than a work-related purpose (need-to-know)?  YES or NO

By signing below, I acknowledge that I have read the Confidentiality material in Section 3 of the Orientation Self-Learning Manual.

Your Signature ___________________________ Today’s Date__________

Printed Name ___________________________ Department ____________
Statement and Agreement Regarding PeaceHealth Information

During the course of your work with PeaceHealth, you may develop, use, maintain, or have incidental contact with or access to patient information, employee information and/or business information that is confidential (“PeaceHealth Information”). PeaceHealth Information from any source in any form (including paper records, oral communication, audio recordings, and electronic displays) shall be kept strictly confidential. You may access PeaceHealth Information only if you need to know the specific PeaceHealth Information to perform your job responsibilities.

You agree to comply with the notice of privacy practices adopted by PeaceHealth (“Joint Notice of Privacy Practices”) as well as PeaceHealth’s policies and procedures to respect and preserve the privacy, security, and confidentiality of PeaceHealth Information. You agree and recognize that you are solely responsible for your own actions relating to protecting the privacy, security, and confidentiality of PeaceHealth Information. This agreement is valid for all positions with access to PeaceHealth information, whether internal or external.

Violations of PeaceHealth’s policies and procedures may include, but are not limited to:

- Accessing PeaceHealth Information that is not within the scope of your job or responsibilities to PeaceHealth or otherwise permitted by written policy.
- Leaving confidential information including but not limited to confidential business information, employee records, patient medical records or charts in an unsecured place or leaving a secured application unattended while signed on to the computer system.
- Misusing, disclosing without proper authorization, or improperly altering PeaceHealth Information.
- Disclosing your sign-on code and/or password or using another person’s sign-on code and/or password for accessing electronic or computerized records.
- Discussing PeaceHealth Information in a public place (e.g., elevator or cafeteria) or with persons not authorized to receive such information.
- Using the incorrect sign-on code and password for a given position, when different sign-on codes exist for multiple positions and/or employers.

Violation of PeaceHealth policies and procedures by any user of PeaceHealth Information may constitute grounds for corrective action, up to and including termination of employment or loss of medical staff privileges, in accordance with applicable Medical Staff Bylaws, Rules, and Regulations. Violation of PeaceHealth policies and procedures by volunteers or interns/students may constitute grounds for corrective action in accordance with applicable PeaceHealth or educational institution procedures. Violation of PeaceHealth policies and procedures by third parties, such as temporary staff or
vendors, may constitute grounds for corrective action, termination of the user’s access, or
termination of the contract or other terms of affiliation. Violation of PeaceHealth policies
and procedures also may result in civil and/or criminal liabilities and penalties.

If you use or disclose a “limited data set,” which is PeaceHealth Information that has had
some but not all identifiers removed, then you specifically agree to only use or disclose
the limited data set for research, public health, or health care operations and to comply
with PeaceHealth’s policy on De-identification of Protected Health Information and
Limited Data Sets.

Certain federal and state laws provide you with the right to request access to your
personal health information, under specific circumstances. Some users have been
provided the right to access their personal health information electronically because of
their job responsibilities. If you are one of these users, your right to access your personal
health information is subject to the following conditions:

- You will review only the level of information for which you have electronic
  information systems access. PeaceHealth will not grant you higher levels of
  authorization for your review of your personal health information. You may
  access your remaining health information through your regional health
  information or medical records department, according to PeaceHealth policy.

- You will review only your own personal health information or that of your minor
  child under the age of 13 when legally permitted. You understand that you are not
  authorized to review the personal health information of your spouse, children age
  13 and above, friends, or any other person. Authorization from the patient,
  written or otherwise, does not permit you to access electronic health information
  for personal reasons except through means established for that purpose, such as
  PatientConnection®, or through the facility HIM department.

- Your review will take place under your sign-on password. You will not share or
  access another person’s password to gain greater access.

- It is your responsibility to talk with your medical provider who may have ordered
  any diagnostic testing for results interpretation.

- The information that you review is to be read only, and you cannot and will not
  alter or delete the information.

- If you find what you believe to be an error in the electronic medical record, you
  will submit your request for an amendment to the Health Information
  Management/Medical Records Department, for review, following PeaceHealth
  procedures for requesting an amendment to your personal health information.

- If you have access authorization to any financial data as part of your job
  responsibilities and you have concerns regarding your financial information, you
  will not alter or delete any financial data. You will direct all of your inquiries to
  Patient Financial Services.

- If you elect to print one or more pages/screens from your personal health
  information, you will then be responsible for handling your information in a
  confidential manner.
• The opportunity to access your personal health information is subject to state and federal laws and PeaceHealth policies and procedures. PeaceHealth retains the right to modify and change this access at any time.

I understand that I am responsible for knowing and adhering to the terms of the above statement and agreement as well as PeaceHealth Privacy and Security Policies and the Joint Notice of Privacy Practices adopted by PeaceHealth. I further understand that the obligations set forth in this statement and agreement as well as applicable policies continue beyond the end of my relationship with PeaceHealth.

__________________________________________________________________________
First Name MI Last Name (please print) SSN

Affiliation with PeaceHealth:
☐ Employee ☐ Medical Staff Member ☐ Physician Office Staff ☐ Volunteer
☐ Intern or Student ☐ Vendor or Contractor ☐ Other/Clinic name: _____________________________

__________________________________________________________________________
Signature Date

__________________________________________________________________________
Signature of Legally Responsible Person Date
(Required if above individual is under age 18)

Effective: 5/08

Relationship of Legally Responsible Person to above individual

Return this form with test answers.
Safety Basics Test

Instructions: Please complete the following quiz and return this document to your supervisor.

1. In which of the following scenarios should you contact Infection Control?
   a. You suspect a patient has Influenza.
   b. You initiate airborne precautions for a suspected TB patient.
   c. Someone you live with acquires Chickenpox.

2. Why is it important to notify Infection Control within 1-2 hours if you've had a bloodborne pathogen exposure?

3. How do you call a code?
   a. Dial 911
   b. Dial 4199 and explain situation and location
   c. None of the above

4. A Trauma or Modified Trauma is announced when confirmed disaster victims begin arriving at the Emergency Department.
   a. True
   b. False

5. During a Disaster where do you check in for job assignment if you do not have patient care duties?
   a. Medical Library
   b. Health Education Center
   c. Department Manager

6. Define each step in the RACE procedure.
   R _________________________________________________________
   A _________________________________________________________
   C _________________________________________________________
   E _________________________________________________________

7. What does the acronym PASS stand for when using a fire extinguisher?
8. A code ____ is paged overhead to announce a fire or fire drill.

9. Match the following codes with their definitions.

_____Code Orange                      a. cardiopulmonary arrest
_____Code Gray                       b. person out of control
_____Code Red                        c. “First Responders” needed
_____Code Pink                       d. large chemical spill
_____Level I, II or III Internal Disaster e. infant/child abduction
_____Code Purple                     f. bomb threat
_____Code 6                          g. hostage/weapons threat
_____Code Blue                       h. fire

10. The Incident Report can only be found on-line.
    a. True
    b. False

11. Describe the steps to be followed if you discover an unsafe medical device?

12. What type of equipment should be sent to Maintenance for repair?

13. When should the switchboard be notified in the event of a hazardous spill?
    a. If the spill that is considered significant in the MSDS
    b. If you are unable to locate a spill kit
    c. If it can not be cleaned up by the department

14. Name one location where you can find a spill kit.
15. Where can you find information about a chemical?
   a. MSDS
   b. Container label
   c. Safety office
   d. All of the above

16. Workplace violence can be defined as any behavior that you perceive as threatening.
   a. True
   b. False

17. Signs of anxiety are usually displayed before signs of aggression.
   a. True
   b. False

18. You’ve tried a combination of different interventions in an attempt to calm an anxious client. However, the client is becoming more and more frustrated and starts using loud, threatening language. What should be your very first action?
   a. Try another attempt at using the interventions for dealing with anxiety
   b. Establish proper space (at least 4 feet between yourself and the aggressor)
   c. Call Security or 911

By signing below, I acknowledge that I have read the Safety Basics material in Section 4.

Your Signature ___________________________ Today’s Date ______

Your Printed Name ___________________________ Department ________