Welcome to the Health First Student Orientation

Designed for students who are **not** providing direct patient care
This course requires an understanding of our Health First facilities, mission and vision and the commitments to values. Please reference those materials before proceeding.

This course is a consolidation of several Health First courses determined to be pertinent to the student working in the non-clinical environment.
HIPAA
(Health Insurance Portability and Accountability Act)

• Federal law that established basic privacy and security protections for all patients.
• HIPAA sets rules for when and how a patient’s protected health information (PHI) can be accessed, used and/or disclosed. PHI can be electronic, written, spoken or heard. PHI includes any information that can be linked to a specific patient or health plan member.
• HIPAA provides patients greater control over their medical record.
• Violations can result in disciplinary action up to termination, as well as civil and criminal penalties.
Best Practices for Protecting Information Privacy and Security

All students have a duty to protect the privacy and security of an individual’s protected health information every person, every time. Not doing so can potentially lead to serious consequences for you and Health First.

Below are some of the practices all Health First associates need to use to protect the privacy of our patients every person, every time:

Faxing
Verify that the recipients fax number is entered correctly before sending
Use a Health First approved fax cover sheet
For highly sensitive information, verify recipient fax is in a secure location and verify receipt of fax.
Best Practices for Protecting Information Privacy and Security

Paper documents containing patient information (PHI)
Always use two patient identifiers to verify the information belongs to the correct patient
Keep papers facedown when you carry or transport them
Do not leave papers/medical records unattended on a desk or in a work area accessible by others
Do not leave documents lying on copiers, fax machines, printers or other public areas.
When no longer needed place in shred bins for proper destruction; do not throw paper or other medium containing patient information in the regular trash
Best Practices for Protecting Information Privacy and Security

Verbal Communications
Ask the patient’s permission before discussing their care and treatment in the presence of visitors.
Don’t discuss patient information in elevators, cafeteria’s, hallways or other public area’s; Keep voices low when discussing patients at nursing stations etc. to minimize overhearing by unauthorized individuals.
Don’t discuss patients with other’s except when necessary for work- related purposes.
Best Practices for Protecting Information Privacy and Security

Portable Devices
Don’t leave a laptop or portable device unattended
Don’t text page PHI because it crosses a public domain and isn’t secure
Don’t photograph patients using cell phones or PDAs

Computer workstation
Never share your password
Use your user ID and password to access only that information minimally necessary for you to perform your job
Log off or lock your computer (via $ctrl-alt-delete$) when not in use
Arrange computer screens in work areas so they are not visible to unauthorized individuals
Reporting a Privacy or Security Event (Breach)

• Students are to be advocates for patients’ privacy rights and are accountable for immediately reporting any information privacy or security concerns to their instructor and/or preceptor.

• Examples may include, but not limited to the following:
  – Faxing, mailing or emailing information to the wrong individual
  – Providing discharge instructions to the wrong patient
  – Observing an associate, physician, volunteer, visitor etc. accessing/viewing patient information for non-work related purpose
  – Verbal disclosure to an unauthorized individual
  – Throwing PHI in the trash instead of shred bins
  – Using cell phone to photograph or record patient or transmit patient information
Summary

Protecting our patient’s privacy and confidentiality is your responsibility, every person, every time. You must follow all Health First policies and be an active participant in our compliance efforts. Before accessing any patient information ask yourself two questions:

Do I need this information to perform my student role and provide good patient care/service?

What is the least amount of information I need to perform my student role?
Remember, what you see here and hear here, stays here!
Safety and Security

Health First is committed to providing safe conditions for all Health First patients, associates, students, volunteers, contract employees and visitors.

You need to acquaint yourself with the safety and emergency plans and codes in the event of a disaster.

Safety & Security
24hrs/Day - 7 days/week
Dial 88
Use panic buttons
Contact hospital operator
Emergency Codes

• CODE BLUE - Cardiac/Respiratory Arrest
• CODE PINK – Infant/Pediatric Abduction
• CODE WHITE - Hostage
• CODE YELLOW - Lockdown
• CODE RED - Fire/Smoke
• CODE BLACK - Bomb Threat
• CODE ORANGE - Hazmat/Bioterrorism
• CODE GREY - Violence/Security Alert
• CODE GREEN - Mass Casualty/Disaster
• CODE PURPLE - Severe Weather
• CODE SILVER – Active shooter
Chemical Hazards

Chemicals are everywhere in the healthcare environment. They can be helpful when used correctly, but may be potentially dangerous if mishandled.
Chemical Hazards

Chemical Hazard precautions

Sample Hazard Statements

DANGER: will cause death if swallowed
WARNING: causes eye irritation, harmful if swallowed
CAUTION: avoid contact with skin and avoid breathing of vapors
Spill Procedures

DO NOT ATTEMPT TO CLEAN UP ANY SPILLS

Inform your instructor/preceptor who will contact the Hospital Emergency Response Team (HERT) for clean-up and disposal.
Fires at a Health Care Facility

Early fire detection, containment, and availability of necessary fire fighting resources must be incorporated into healthcare facility design and operation. It is better to keep the fire from the patient than to remove the patient from the fire.

Health First has a fire response plan that tests and evaluates the efficiency, knowledge and response of associates in reaction to a fire emergency.
Compartmentalization - Defined

The concept of using various building components such as firewalls, doors, and smoke barriers to prevent the spread of fire and smoke and to provide a safe route (egress) to an exit. Areas of a floor separated by smoke barriers, are known as smoke compartments and are so labeled with a small tag, 1” high by 6” long. Smoke compartments allow for the “Defend in Place” Principle which involves the horizontal evacuation or relocation on each floor, if necessary.

SMOKE COMPARTMENT DOOR
Fire Plan: Students Role

At the fire’s point of origin:
• Report any smoke or fire to an associate or
• Pull the nearest fire pull station and follow instructions of associates or fire fighters

Away from the fire’s point of origin:
• Remain in the unit or department where located until the “all clear” has been given thus providing the notice to resume normal activities
Fire Plan: Students Role

- Elevators shall not be used during a fire alarm event
- In preparation for building evacuation, follow directions of associates or fire fighters which may be to:
  - Proceed to a nearby fire exit for safe exit from the building (and lessen confusion and the number of people in an area) or
  - Request that these individuals assist in directing ambulatory patients and visitors to the next adjacent smoke compartment and remain with them
Medical Equipment

In the hospital, you may see various types of medical equipment such as:

- Wheelchairs
- Blood Pressure Machines
- Heart Monitors
- Beds

This equipment must be inspected and cared for by the Clinical Engineering Department. Report any broken or faulty equipment to your instructor/preceptor immediately.
Cell Phones

Cell phones, can interfere with the operation of medical equipment when turned on and used in close proximity to equipment.

**Cellular Phones should not be used during working hours**

Students are discouraged from any non-business related activity.....cell phones, text messaging except during breaks and non-work times and used in non-patient care areas such as break room/lounge. Patients and visitors should not use cell phones in intensive care or recovery units.
Hand Hygiene

HAND HYGIENE is the best thing you can do to prevent an infection. There are two methods:

HANDWASHING- uses water to physically wash away visible dirt and soap with an antimicrobial to help kill germs.

HAND SANITIZING- a rub that uses alcohol to kill germs.

Glove use does not replace HANDWASHING
When to Wash Your Hands

- Always wash your hands or use an alcohol-based hand rub:
  - Before and after each patient contact
  - Before and after eating
  - After removing gloves
  - After coughing or sneezing
  - After using the bathroom
  - Any time they become soiled
  - Patients are encouraged to become involved in their own care and may ask if healthcare providers have washed their hands
Hand Hygiene Technique

- Alcohol-based hand rub preferred
- Alcohol-based products are more effective, faster acting and are recommended by the Centers for Disease Control and Prevention (CDC)
- Hands should be washed with soap and water at the beginning of a shift, when hands are visibly soiled, or when there is a build-up of alcohol-based hand rub
Caring through Prevention

• When healthcare providers think about caring for patients, we consider all the things done every day to help patients get well.

• But the greater challenge is to demonstrate our **Caring through Prevention** of hospital-acquired infections by practicing good Infection control.
For Information Regarding Infection Control.....

• A Health First Infection Control Professional is available 24 hours a day, 7 days a week to answer your questions or concerns
• Contact the Hospital Operator for the Infection Control Professional on-call
National Patient Safety Goals

The National Patient Safety Goals were developed to improve patient safety and focus on problems in health care safety and how to solve them. We have integrated these goals into our practice. Review these goals by clicking on the following web site and selecting the 2013 NPSG Program Links- Hospitals.

http://www.jointcommission.org/standards_information/npsgs.aspx
Health First Safety Plan

The Patient Safety Plan at Health First is focused on Joint Commission’s National Patient Safety Goals (NPSG’s) and promotes a proactive culture regarding patient safety. In such a culture, associates feel more comfortable and are more likely to report errors, near misses, potential risks, and make recommendations for improvement of patient safety.

While associates are encouraged to talk to their manager about safety concerns, they can also confidentially report safety, both patient and general safety, issues to the Health First Safety Hotline at 434-S-A-F-E (434-7233).
Patient Safety is:
Our number one priority.

Patient safety should become incorporated into everything we do.

Every Patient, Every Time. Remember our motto:

[Image of the Health First logo with the text: Patient Centered, Patient Safe. It's up to ALL of us!]

Health Insurance ▪ Hospitals ▪ Medical Group ▪ Outpatient Services
What is a “Tailgater”?

Someone that follows a person into a unit without proper authorization.

What is your responsibility?
- Challenge the person: inform them that each person must check-in first.

What should you always do when entering a locked down unit?
- Assure that upon entering that the door closes and locks behind you.
Tailgating

• If an individual attempts to tailgate, take appropriate action by addressing the individual or group or enter via another entrance to the unit.

• Report any security related issues (e.g. suspicious persons, circumstances, or events) to your instructor, the charge nurse or unit manager immediately and notify security.
General Information

• Be aware of your surroundings and behavior that you believe to be suspicious.

• Know how to contact security in a hurry if needed. Using panic buttons or dialing 88 are quick and reliable methods.
TB is carried in airborne particles that are produced when people with TB of the lung or larynx sneeze, cough, speak or sing. The infection occurs when droplets are inhaled into the lungs and spread throughout the body.
Disease Overview

• The Purified Protein Derivative (PPD) skin test is required for students.

• People with a PPD skin test conversion may be treated with medication to reduce the risk of developing active disease later in life.

• Participation in the TB screening program will reduce an individual’s risk of developing TB disease.
Signs of TB

- Cough lasting three weeks or more
- Night sweats
- Coughing up blood
- Fever/chills
- Loss of appetite
- Tires easily
- Unexplained weight loss
Prevention of Patient TB

Measures to prevent the spread of TB include:

• **IDENTIFY** people who are infectious to help to control the spread of TB. Be on the lookout for TB.

• **ISOLATE** the patient by placing them in a negative pressure room. Cover the patient’s nose and mouth with tissues when coughing or sneezing.

• **TREAT** TB using an effective treatment method that should be implemented as soon as possible.
Prevention of Student TB

• Be familiar with the TB Control Plan in the Infection Control Manual on the Health First Intranet and comply with work practice controls and methodology.

• Students should not care for TB patients or other patients in airborne precautions and/or patients isolated in negative pressure rooms.
Stroke

Stroke is the third-leading cause of death in the United States and it is the leading cause of disability. If someone you see has signs or symptoms of a stroke, take immediate action, even if they have only one symptom or the symptoms go away.
Walk - Is their balance off?

Talk - Is their speech slurred or face droopy?

Reach - Is one side weak or numb?

See - Is their vision all or partly lost?

Feel - Is their headache severe?
What To Do

Don't wait!

• If you see even one of these symptoms, (even if it goes away) do not wait, get help.

1. If you are outside the hospital call 911.
2. If it is a patient, notify the nurse. The nurse will call the Rapid Response Team (RRT)
3. If it is an associate, visitor, or outpatient, help them get to the Emergency Department.
Bullying

Bullying is a form of aggressive behavior, which may manifest as abusive treatment, the use of force or coercion to affect others, particularly when habitual. May be directed towards particular victims on grounds of race, religion, gender, sexuality, or ability.

If you experience bullying, let your instructor/preceptor know immediately.
Offensive Conduct

Offensive conduct may include, but is not limited to, offensive jokes, slurs, name calling, physical assaults or threats, intimidation, ridicule or mockery, insults or put-downs, offensive objects or pictures, and interference with work performance.

If you experience any offensive conduct, let your instructor/preceptor know immediately.
Diversity

People and things differ in many ways. Some of these are listed above.

It is important to acknowledge & embrace the differences among all individuals.

It is important to RESPECT one another.
Why is this important?

We serve a community that is rich in diversity and that diversity is reflected in our patients and associates.

Recognizing and showing respect for those who are different from you is an expectation at Health First.

Learn about diversity and use that information to enhance relationships, the care you give, and strengthen the team you work with.
Welcome to the Health First Team

Students are an important part of the Health First team.

Our team includes, but is not limited to physicians, nurses, nursing assistants, housekeepers, dietitians, office workers, educators and you!