Driscoll Children's Hospital

Clinical Student Orientation Self-Study

Updated 12/02/2022

Welcome to Driscoll Children's Hospital!

We are a tertiary care referral center serving 31 counties in South Texas. We have approximately over 2,000 employees and over 300 volunteers committed to caring for children. Our state-of-the-art technology enables us to provide the very best in pediatric healthcare.

Driscoll Children's Hospital is a teaching facility committed to education through scholarships, clinical and observation programs, ongoing staff education, and medical residencies.

We look forward to providing you with a rewarding and successful learning experience.

Driscoll
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Mission, Vision and Values

Mission

Devoted to expert care, education, outreach and advocacy

Vision

Until all children are well.

Values

Compassion
Advocacy
Respect
Excellence
Stewardship

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Overview Outcomes

Through this Clinical Self-Study Student Orientation, students will increase positive patient outcomes with additional knowledge that enhances your delivery of care to the sick and high-risk pediatric patient at Driscoll Children's Hospital.

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Topics to Cover

- ✓Student Badges
- ✓Dress Code
- ✓Parking
- ✓Safety/Emergencies
- ✓Cultural Diversity
- ✓Statement of Responsibility
- ✓Ethics & Compliance Program
- ✓HIPAA and Protected Health Information (PHI), Privacy Notice, Security, HITECH
- ✓Safety Improvement Reporting System
- ✓National Patient Safety Goals (NPSG)
- ✓Communication
- ✓Pain Management
- ✓Infection Prevention
- ✓Blood borne / Airborne Pathogens
- ✓Medical Safety
- ✓Falls
- ✓Medical Equipment
- ✓Patient/Family Involvement in Care
- ✓Child Abuse
- ✓At-Risk Patients

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Student Badges

As a student at DCH you are <u>required</u> to wear your College/University Photo identification badge while on the DCH campus, in combination with the DCH Student Badge.

Upon successful completion of all student requirements, paperwork, orientation, etc., each student will be issued a DCH Student Badge.

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STUDENT BADGES

The Student Badge:

- Indicates the student has attended DCH Orientation. This includes the signing of documents, which protects DCH and its patients, permitting the student to be on our campus for the clinical experience.

- If a student shows up at DCH without a badge, they will need to wait in the hospital lobby while a call is placed to the Center for Professional Development & Practice, Ext. 5420.

- If seen without a badge while on-campus, the student should expect to be stopped and questioned by DCH personnel.

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Student Badges

On the back of the student badge, there is a QR code for an evaluation of your rotation experience. Please take the time to complete this evaluation, as your feedback is important to us!

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Dress Code

Students completing clinical rotations should adhere to the Driscoll Children's Hospital dress code.

- You are expected to use good judgment in your personal grooming and dress and to be neat, clean and well-groomed while at the hospital
- Artificial nails are not allowed – no gels, powders, stickers, enhancements, or press on nails - Only regular polish that can come off with regular nail polish remover is acceptable
- Closed-toed shoes only in any clinical areas
- Scrubs only in any clinical areas, unless otherwise instructed by your preceptor
- Business attire is appropriate if a student is completing a leadership rotation, or shadowing a hospital administration leader

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PARKING

All students/instructors are required to park in the Parking Garage adjacent to the Sloan Building in employee parking only while at Driscoll Children's Hospital. Additionally, all students/instructors should park on the 5th & 6th Floor. Please refer to the DCH Campus Map.

You are encouraged to keep your vehicles locked at all times and place any valuables out of sight. DCH is not responsible for damage to vehicles or stolen property.

DCH Security is available to help should you have a safety concern, 361-694-4466 or ext. 4466 from a DCH phone. They will even escort you to your car. Don't put yourself at risk; and always **think safety**.

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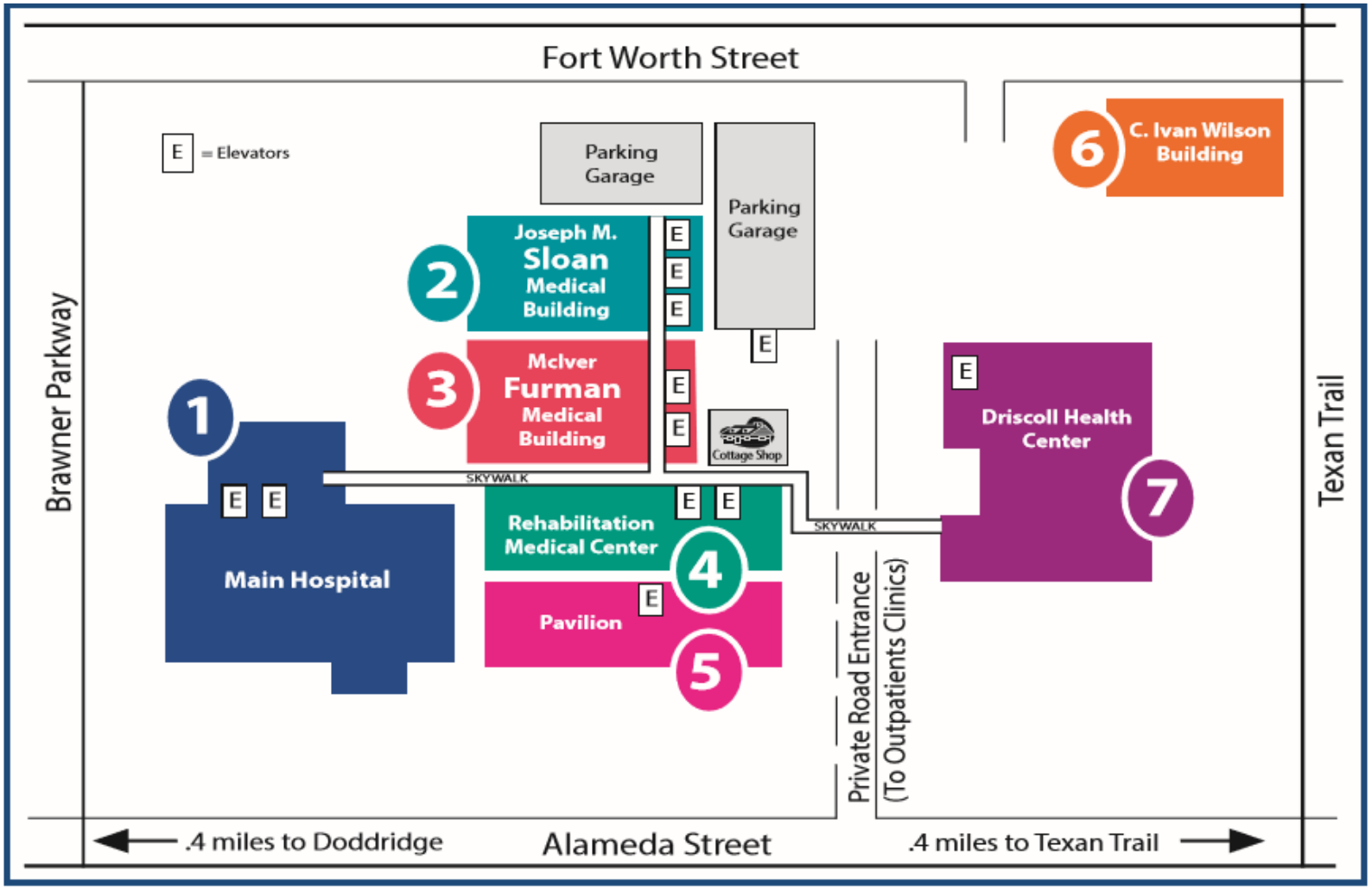
DCH Campus Map



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Safety Codes

Code	Situation
Code Red	Fire
Code Silver	Active Shooter/Hostage Situation
Code Orange	Bomb Threat
Code Yellow	Disaster *Condition 1: < 7 patients; Condition 2: 7-20 patients; Condition 3: > 20 patients; Condition 4: Chemical Exposure*
Code Blue	Cardiopulmonary arrest/Medical Emergency
Code Black	Tornado Warning
Code Dragon	Nursing Staff Assistance Needed *Level 1: Nursing (RN & nursing support staff);* *Level 2: Nursing & Ancillary (RT, Radiology, Lab);* *Level 3: Nursing, Ancillary & Physicians*
Code Pink	Missing Patient
Code Strong	Security Assistance/Violence

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Code Red - Fire

- In the event of a fire, Code Red will be called.
- Evacuation Maps are located near all exits. Please read and become familiar with the location of fire exits and locations of fire extinguishers.
- Do not use elevators during Code Red and never prop open fire doors.
- The initial response to smoke or fire is **RACE**: **R**escue anyone in immediate danger; **A**ctivate the pull station and call ext. 2222; **C**onfine the area by closing doors; **E**xtinguish with appropriate fire extinguisher, if you feel comfortable doing so, using **P.A.S.S.** (**P**ull, **A**im, **S**queeze, **S**weep).

Code Silver – Active Shooter/Hostage

- In the event of an active shooter/hostage situation, Code Silver will be called.
- Remain calm and do not attempt to disarm, confront or stop the individual(s) from leaving.
- Dial **2222** from a phone away from the situation. The operator will announce "Code Silver".
- All patients, visitors, students, volunteers, and employees will be removed from the area.

Code Orange – Bomb Threat

- If a bomb threat is in progress, Code Orange will be called.
- If you receive a bomb threat over the phone, alert someone nearby, but keep the person making the threat, on the phone.
- Ask them where the bomb is located. Listen for background noises and any distinct accents and other such characteristics of the caller.

Code Yellow - Disaster

- If a disaster has occurred in the community and the impact on hospital is unknown, or if an internal disaster has occurred, Code Yellow will be called.

- **Condition 1:** disaster has occurred with an anticipated influx of <7 patients
- **Condition 2:** disaster has occurred with an anticipated influx or 7-20 patients
- **Condition 3:** a disaster has occurred with an anticipated influx of >20 patients
- **Condition 4:** a chemical exposure has occurred

- All Clear: the incident is manageable, hospital operations to return to normal
- Controlled Lock Down: All exits/entrances will be locked, but will be accessible by employee badge
- Complete Lock Down: All exits/entrances will be locked and will not be accessible by employee badge

Code Blue – Cardiopulmonary arrest

- If someone is experiencing cardiopulmonary arrest, or if there is a medical emergency within the hospital, Code Blue will be called.
- This will signal designated medical staff to come and assist in the given area.

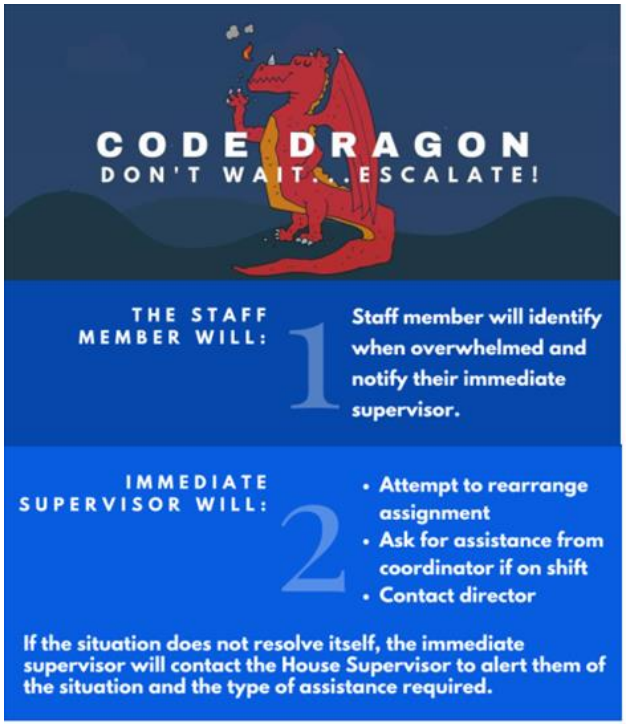
Code Black – Tornado

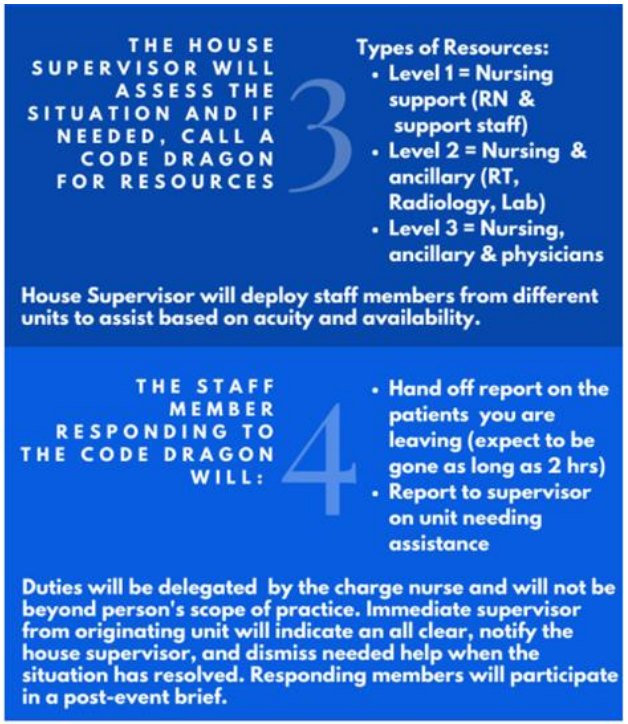
- In the event a tornado warning is issued for the immediate area, Code Black will be called.
- All patients, if not constrained by their condition, will be moved into the hallway away from windows.
- Clinical staff will remain with patients at all times.
- All employees, not in clinical settings, will move to a central area of the hospital or away from windows.
- Each unit/department has a designated area. Please check with the Charge Nurse or unit manager.

Code Dragon

- In the event that any one unit is in need of extra staff, Code Dragon will be called.

- The staff assigned Code Dragon for the day will report to that unit for relief.





Code Pink – Missing patient

- If a patient is missing, Code Pink will be called.
- All exits, parking lots and stairwells are searched by staff until the missing patient is found.

Code Strong – Violent situation

- In the event of an altercation in progress, Code Strong will be called.
- This code will alert Security to secure the situation.
- Never attempt to intervene, yourself.

EMERGENCY SITUATION

In the event of an emergency, call ext. **2222** from any hospital phone or dial **(361) 694-4911** from a cell phone (while on main DCH campus)

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What is Diversity?

Age

Race

Ethnicity

Gender

Cultural Diversity

Diversity affects all aspects of the hospital. Common types of diversity are Age, Race, Gender and Ethnicity.

However, there are many characteristics each individual brings with them that make them culturally diverse. These include marital status, parental status, job position, education, sexual orientation, religious beliefs, food preferences, and even health care practices, among many others.

Cultural Diversity

Terms defining **Cultural Diversity** include, but are not limited to:

- **Ethnocentrism** – a belief in or assumption of the superiority of your own social or cultural group
- **Racism** – prejudice or animosity against people who belong to other races
- **Stereotype** – an oversimplified standardized image or idea held by one person or group of another

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Cultural Diversity

When providing care to a patient, it is important to:

- Understand pediatric patients are a unique patient population, and be sensitive and respectful to their needs
- Use age specific measures when caring for a child
- Take time to learn about each patient
- Ask the patient what they have done to care for the illness
- Ask the patient if anyone else has been treating their illness
- Know that each culture has different beliefs on treating illnesses either by using:
    - Modern Medicine
    - Traditional Cures
    - Herbal Medicine

Statement of Responsibility

As a Program Participant in the clinical rotation experience, you will be required to read, understand, and acknowledge the following:

Statement of Responsibility:

I UNDERSTAND THAT ACCIDENTS AND INJURIES MAY OCCUR DURING TRAVEL AND AT PARTICIPATING IN A CLINICAL LEARNING EXPERIENCE PROGRAM ("PROGRAM") AND THAT I MAY SUSTAIN SERIOUS PERSONAL INJURY. KNOWING THE RISKS, AND IN CONSIDERATION OF THE BENEFIT PROVIDED ME IN THE FORM OF A CLINICAL LEARNING EXPERIENCE AT DRISCOLL HEALTH SYSTEM, I THE UNDERSIGNED, ON MY BEHALF AND ON BEHALF OF MY HEIRS, SUCCESSORS, AND ASSIGNS AGREE TO ASSUME ALL RISKS AND BE SOLELY RESPONSIBLE FOR ANY INJURY OR LOSS SUSTAINED BY THE UNDERSIGNED WHILE PARTICIPATING IN THE PROGRAM. I AGREE TO HOLD HARMLESS AND RELEASE DRISCOLL HEALTH SYSTEM AND ITS AFFILIATES, EMPLOYEES, REPRESENTATIVES, SUCCESSORS, AGENTS AND ASSIGNS FROM ANY AND ALL LIABILITY FOR ANY AND ALL INJURY, LOSS OR DAMAGE SUSTAINED BY ME WHILE PARTICIPATING IN THE PROGRAM.

INAPPROPRIATE BEHAVIOR POLICY

•DHS shall provide a safe and productive work environment for staff, patients, and others to avoid written or physical action between individuals that causes distress, discomfort, or injury.

•No staff, member, visitor, family member, patient, provider, contractor, vendor, or other service staff shall be permitted to harass any other staff, member, visitor, family member, patient, provider, contractor, vendor, or other service staff conducting business, providing services, or receiving services from/with DHS by exhibiting behavior including, but not limited to, sexual, visual, verbal and/or physical harassment, illegal or any other behaviors that meet the definition of unruly conduct or work place violence.

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Ethics and Compliance Program Purpose:

- Help prevent and detect suspected legal and ethical violations
- Demonstrate our commitment to integrity, ethics and compliance in all that we do
- Establish accountability for the adherence and maintenance of the Program

Who is Responsible?...We All Are!

- We are responsible for:
  - Behaving in an ethical and legal manner
  - Taking individual responsibility and accountability for your own actions
  - Reporting violations

- Leadership is responsible for:
  - Setting the example to help create a culture which promotes ethics and compliance
  - Encouraging everyone to raise concerns when they arise
  - Ensuring that those on their team have sufficient information to comply with applicable laws, regulations and policies and sufficient resources to resolve dilemmas

Ethics and Compliance Program Structure

- Our Program incorporates the recommendations provided in the Office of Inspector General (OIG) Program Guidance for Hospitals and the U.S. Federal Sentencing Guidelines and integrates the seven key elements of an effective compliance program as outlined by the OIG

Ethics and Compliance Program

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Element #1: Written Policies and Procedures

- Code of Ethics and Compliance
  - Cornerstone document that sets forth the standards and principles that we all must follow
  - Some topics included in our Code:
    - Responsibilities and Accountabilities
    - Integrity in Patient and Member Care
    - Integrity in Billing and Financial Matters
    - Integrity in Business Conduct
    - Integrity with Referral Sources
    - Our Duty to Report and Cooperate with Investigations

Element #1: Written Policies and Procedures

- Conflict of Interest (COI) Policy
  - An actual, potential or perceived COI occurs in those circumstances where your judgment could be affected because you have a personal interest in the outcome of a decision over which you have control or influence
  - A personal interest exists when you or your family stands to directly or indirectly gain as a result of a decision

Element #1: Written Policies and Procedures

Some COI examples include:

- Working part-time for a company that provides services that compete directly with Driscoll's services
- Conducting business with a personal friend or relative on behalf of Driscoll
- Receiving or giving a gift or personal benefit from/to an individual or entity who does business with or who is seeking to do business with Driscoll
- Disclosing information about Driscoll that is not publicly known
- Owning part of a business that provides goods/services to Driscoll

Element #1: Written Policies and Procedures

- COI Disclosure Form
  - All employees subject to the COI policy must complete the COI Disclosure Form within **30 days** of employment
  - All employees subject to the COI policy must complete the COI Disclosure Form within **30 days** of the development of a relationship whereby the existence of that relationship creates a COI
  - Driscoll leadership at the supervisor level and above, materials management, purchasing, accounting, finance, and other staff dealing directly with a third party with whom the relationship may create a real, potential or perceived COI must complete an **annual** COI Disclosure Form

Element #1: Written Policies and Procedures

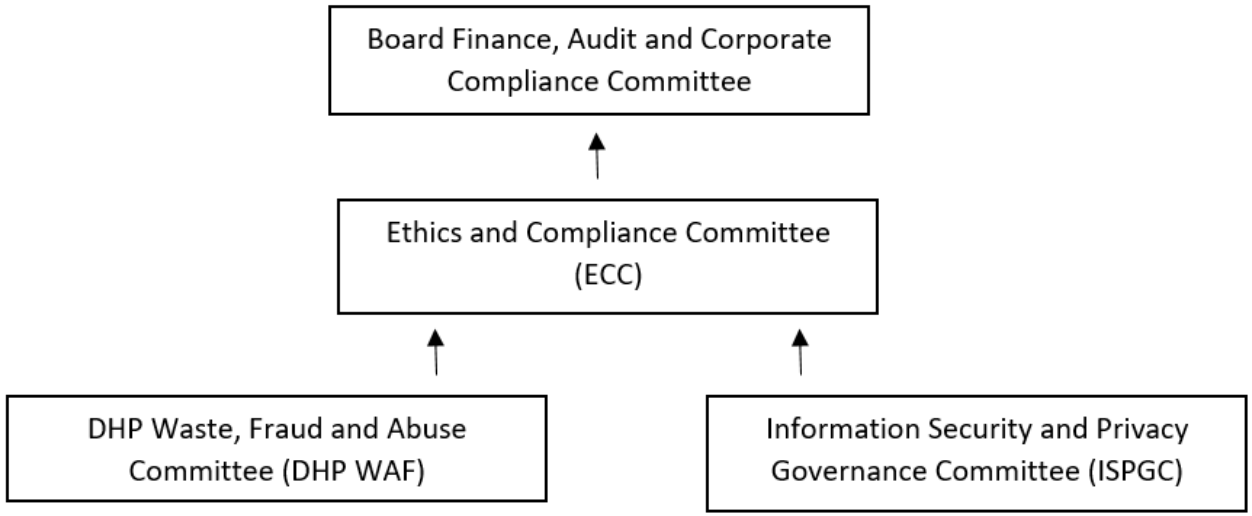
- Other Compliance-related Policies and Procedures
  - A list of compliance-related policies and procedures is located on our Ethics and Compliance SharePoint site located on the Driscoll Intranet
  - All policies and procedures can be found within PolicyTech located on the Driscoll Intranet

Element #2: Oversight and Compliance Governance

- Dedicated Compliance Personnel
  - Compliance
  - Regulatory
  - Internal Audit
  - HIPAA/Privacy

- Other Compliance Resources
  - Risk Management
  - Legal
  - Revenue Cycle
  - Health Information Management (HIM)
  - Central Business Office (CBO)
  - DHP Special Investigations Unit (SIU)
  - Facility Privacy Officials

Element #2: Oversight and Compliance Governance



The Board receives regular reports on the activities of the Program and is responsible for overseeing the activities of the Program and all subcommittees providing compliance support

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Element #3: Education and Training

- Orientation
- Annual Regulatory Computer-Based Training
  - Ethics and Compliance Program
  - Code of Ethics and Compliance
  - Conflict of Interest
- Compliance Articles (Compliance Connection or Compliance Corner)
  - Driscoll Link
  - DHP Staff Newsletter
  - The Auxilian
  - Physician Update
- Compliance Bulletins (ad-hoc emails)
- Leadership Presentations (ad-hoc)
- Ongoing and Targeting Training (as needed or requested)
- Ethics and Compliance SharePoint site
- Annual Ethics and Compliance Week
  - Usually in November

Element #4: Reporting and Effective Lines of Communication

- Compliance **concerns** can be reported through:
  - Your chain of command
  - Calling the Integrity Help Line
    - 1-888-874-0713
    - Operated by an independent third-party
    - Available 24/7/365
    - Caller may remain anonymous
- Compliance **questions** can be asked through:
  - Emailing compliance@dchstx.org
  - Please do not submit compliance concerns through this email inbox

Element #4: Reporting and Effective Lines of Communication

- Some examples of compliance-related concerns include:
  - Conflicts of Interest
  - Billing and coding issues
  - Inappropriate disclosure of confidential information
  - Embezzlement
  - Physician payment and referral concerns
  - Unauthorized/fraudulent use of company assets and resources
  - Excluded/sanctioned providers
  - Inappropriate giving/receiving of gifts and entertainment

Element #4: Reporting and Effective Lines of Communication

- Information to include in your report:
  - The location of where your concern occurred or is occurring
  - The date or dates of any incident
  - The name and job roles of the individuals involved
  - Your name, unless you wish to remain anonymous

- Non-Retaliation Policy – Driscoll does not tolerate retaliation against those who make good-faith efforts to report incidents of ethical issues or non-compliance.

Element #5: Enforcement and Discipline

- All reported potential violations are reviewed by the Ethics and Compliance Department
- Actual reported violations are referred to the applicable supervisor and the Human Resources (HR) Department to ensure progressive discipline is properly and consistently applied

Element #6: Auditing and Monitoring

- Internal Audits
  - Self Audits/Monitoring – Initiated by individuals ***within a department***
  - Internal Audit – Initiated by ***internal audit function or 3rd party contracted auditors***
    - Driscoll's internal audit function is an independent and objective resource to Driscoll, providing assurance and consulting to Driscoll
    - Driscoll's Annual Internal Audit Plan is based on the results of a system-wide enterprise risk assessment, analysis of the OIG work plan, and current internal and external audits
  - We are all expected to fully participate and cooperate with internal audit efforts

Element #6: Auditing and Monitoring

- External Audits
  - Initiated by an ***external independent 3rd party or regulatory agency*** outside of Driscoll. Some examples include:
    - Office of Inspector General (OIG)
    - Texas Department of Insurance (TDI)
    - Health Resources and Services Administration (HRSA)
    - Texas Health and Human Services Commission (HHSC)
  - You should immediately notify the applicable Department Director and the Ethics and Compliance Department should also be notified

Element #7: Response and Prevention

- Response
  - We are committed to reviewing and investigating all reported concerns promptly and confidentially to the extent possible given the information provided.
  - Appropriate steps are taken to remediate violations including, but are not limited to:
    - Recommending changes to policies and procedures
    - Personnel actions
    - Reporting results to the applicable VP, ECC, and the Board
    - Repayment of verified overpayments
    - Government agencies notified when needed

Element #7: Response and Prevention

- Prevention
  - Exclusions screenings (from state and federal healthcare programs) are performed upon initial hire and monthly thereafter
  - Criminal background checks are performed as part of the pre-employment
  - Implementation of compliance-related policies and procedures and other controls
  - Consistent application of progressive discipline

Listen to Your Gut!

- If you find yourself in a situation where you are unsure whether or not your actions are right or wrong, ask yourself…
  - Do I consistently follow Driscoll's policies and procedures?
  - Am I demonstrating compliance with applicable laws and regulations?
  - Would I be comfortable reading about my action or decision in the newspaper or online?
  - Could this harm a patient or member?
  - Could this harm Driscoll's eligibility to participate in federal and/or state healthcare programs?
  - If my child were to ask for my advice about this action, what advise would I give to him/her?

IT'S……QUIZ TIME!!

Who is responsible for the effectiveness of our Ethics and Compliance Program?

We all are!!

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Name at least one (1) way to access the Code of Ethics and Compliance and compliance-related policies

Hint: There were two (2) ways provided

The Ethics and Compliance SharePoint site and PolicyTech

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Name at least one (1) way to ask a compliance-related question or report a violation

Hint: There were three (3) ways provided

Chain of command, Ethics and Compliance Team, or the Integrity Help Line

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Program Purpose

- Abide by privacy and security laws
- **Promptly report** HIPAA incidents
- Prevent, detect, respond and mitigate future incidents
- Ensure we treat patient or member health information confidentially
- Learning **root causes** (why) something happened helps **correct** issues, and makes processes more **secure**

45 CFR § 164.530 (Workforce Training)
Reporting and Investigating Inappropriate Uses or Disclosures policy

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Who Do HIPAA Rules Apply To?

- Covered Entities
- Health care providers
- Health plans
- Health care clearinghouses

- Business Associates
  - Persons or organizations (other than members of a covered entity's workforce) that create, receive, maintain or transmit protected health information ("PHI") for certain functions or activities such as claims processing, data analysis, utilization review, patient safety activities, and billing.

Applicable Laws:

Federal

- Health Insurance Portability and Accountability Act (HIPAA)
- Health Information Technology for Economic Clinical Health (HITECH) Act

State

- Texas Medical Privacy Act
- Texas Business and Commerce Code (Sensitive Personal Information)

HIPAA

- Federal law that
  - Protects ***privacy*** of PHI
  - ***Secures*** PHI through electronic and physical safeguards

- Generally speaking, PHI may be used for treatment, payment or healthcare operations ("**TPO**"), abiding by "minimum necessary" rules

- Specifies patients'/members' rights to access and use of their own PHI

45 CFR Parts 160 & 164

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Privacy Rule

- Established national standards and safeguards to protect privacy of PHI
- Established the allowable uses and disclosures of PHI
- Administrative requirements include Privacy Policies, Privacy Official, and Training

45 CFR Parts 160 & 164

Security Rule

- Established national standards and safeguards for electronic protected health information ("**ePHI**")

  - **Administrative**: Security official, policies, training
  - **Physical**: Facility controls, workstation use, systems, equipment, data
  - **Technical**: Access and audit controls, encryption

- These safeguards ensure the *confidentiality, integrity and availability* of ePHI created, received, maintained or transmitted

  - **Confidentiality**: Not disclosed to anyone unauthorized
  - **Integrity**: Not altered or destroyed in an unauthorized manner
  - **Availability**: Accessible and usable by authorized persons

45 CFR Parts 160 & 164
45 CFR §164.306 – 164.312

HITECH

Federal law passed as part of the American Recovery and Reinvestment Act of 2009 that included the following:

- Established rules for use of electronic health records
- Increased fines and penalties for privacy violations
- Patients and members must be notified of breaches

45 CFR Parts 160 & 164

Texas Medical Records Privacy Act

•Established standards for use of electronic health records, and increased penalties for wrongful electronic disclosures of PHI

•Employee Training – Must be completed within **90 days of hire** date (and bi-annually) for all employees. Must be department specific and records of attendance must be kept.

•Consumer Access – Covered entities must provide patients with electronic copies of electronic health records within **15 business days** of patient's written request (under HIPAA, records must be provided within **30 days** of request). Sale of PHI prohibited.

Texas Health and Safety Code Chapter 181

Protected Health Information (PHI)

•Individually identifiable health information ("IIHI") related to past, present or future physical or mental health condition of an individual, or payment for provision of health care to an individual

•Identifies the individual (includes at least one of the 18 "identifiers")

•PHI can be in any form, including written, verbal, or electronic (ePHI), videos, photographs, audio recordings or x-ray images

45 CFR § 160.103

PHI Identifiers

1. Names
2. Address
3. Dates – birth date, admission date, discharge date, date of death
4. Telephone Numbers
5. Fax Numbers
6. Electronic Mail Addresses
7. Social Security Numbers
8. Medical Record Numbers
9. Health Plan Beneficiary Numbers
10. Account Numbers
11. Certificate/License Numbers
12. Vehicle Identifiers and Serial Numbers, including License Plate
13. Device Identifiers and Serial Numbers
14. Web Universal Resource Locators (URLs)
15. Internet Protocol (IP) Address Numbers
16. Biometric Identifiers, including finger and voice prints
17. Full Face Photographic Images and any comparable images
18. Any other unique identifying number, code or characteristic, such as tattoos, scars or wounds

Sensitive Personal Information (SPI)

- Similar in concept to PHI with different identifiers

- First name *or* initial, *and* last name, *with* any of the following:
  - Social security number
  - Driver's license or government ID number, **or**
  - Account, credit or debit card number *in combination with* a security code, access code, or password that would give access to an individual's account

Texas Business and Commerce Code § 521.002

De-Identified PHI

- To be considered "de-identified", **all 18** identifiers of PHI must be removed

- If not de-identified, PHI may only be used as allowable under HIPAA regulations

45 CFR § 164.502

Minimum Necessary

•If PHI cannot be de-identified, apply the Minimum Necessary rule

•When **using or disclosing** PHI, or when requesting PHI from another covered entity or business associate, limit to **minimum necessary** to accomplish intended purpose of use, disclosure or request

•**Look at (view)** a patient's or member's PHI only as needed in performing your job role

•**Discuss** a patient's or member's PHI with others only if necessary to perform your **job role**, and do it **discreetly**

45 CFR § 164.502
HIPAA Minimum Necessary Standards policy

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Authorization for Release of PHI

- Written authorizations are required:
  - For **all** disclosures, if not for treatment, payment or healthcare operations ("TPO")
  - Prior to disclosing to **any external (third) party**
  - If patient, member or personal representative is requesting the patient's/member's own PHI
- Only the patient, member or personal (legal) representative may sign the authorization form.
- Form of authorization must be on approved Driscoll template (or reviewed by Chief Privacy Officer or Health Information Management) to ensure it contains all required elements.
- **Verification of identity** of requester and patient/member is required for **all** disclosures (including TPO) using at least two unique identifiers.

45 CFR § 164.506 – 164.514

Authorization for Release of PHI policy

Tips For Safeguarding PHI and SPI

- **ALWAYS** verify **at least two** unique identifiers (including medical record number) to ensure correct patient/member when registering, admitting, treating, discharging, providing paperwork, mailing or faxing documents.
- **ALWAYS** verify at **least two** unique identifiers for the **parent/legal guardian** (including exact DOB) before assigning as patient's/member's **MyChart proxy**.
- Never **discuss** PHI or SPI in public areas! (hallways, cafeteria, elevators, lobby)
- When **mailing** documents, securely seal envelopes, and verify correct recipient and address.
- If sending a **fax**, confirm fax number and recipient
- To properly **destroy**, place PHI and SPI in **locked shred bins** (recycling and trash bins are not secure)
- Lock **hardcopies** of PHI or SPI at end of day, and pick up **print jobs and faxes**
- Do not access PHI or SPI if not involved in **care/treatment**

Tips for Safeguarding PHI and SPI

- Never leave PHI or SPI on **answering machines** (ask for a call back).
- Never post **photos** on **social media**, and never **post or tweet** PHI or SPI about a patient/member.
- Only **secure mobile applications** approved by **DHS Information Systems** can be used to send text messages with PHI or SPI to healthcare personnel involved with treatment, or the personal/legal representative.
- Emails with PHI or SPI must be **encrypted** (include "**Confidential**" in subject line).
- Never share **login credentials** with anyone.
- **Lock computers** if stepping away; **log off** at end of day.
- Safeguard all **electronic devices** (laptops, tablet, phones)

Privacy Incident Reporting

- Report incidents or possible breaches **immediately upon discovery** in Keeping Kids Safe (KKS) from DHS Home Intranet Page

- Select “Click here to enter a KKS event”

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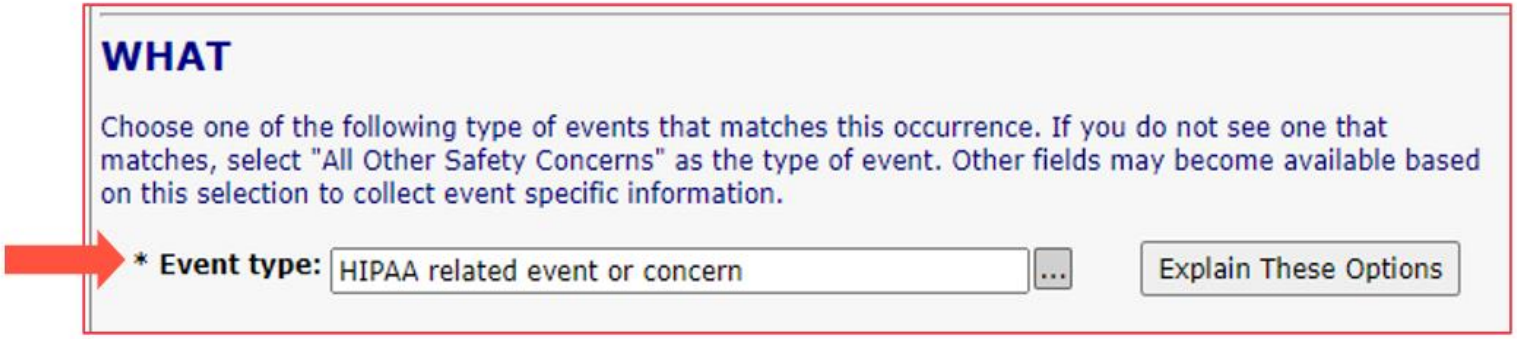
Privacy Incident Reporting

Select "**HIPAA related event or concern**"



Note:

- Refer to *Reporting and Investigating Inappropriate Uses or Disclosures* policy for further guidance on reporting a HIPAA event in KKS.
- Report **Security** incidents, **lost or stolen devices** (laptops, cell phones) immediately upon discovery directly **to the HELP DESK**: (361) 694 – 4357 (HELP)

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Breach Definitions

•**Breach of PHI[1]:** Unauthorized acquisition, access, use, or disclosure of PHI which compromises security or privacy of such information.

•*Note:* It is **presumed to be a breach of PHI** unless a **low probability of compromise** can be demonstrated based on privacy risk assessment (or determined that a breach exception applies).

•**Breach of System Security[2]:** Unauthorized acquisition of computerized data that compromises the security, confidentiality, or integrity of **SPI**, including data that is encrypted if the person accessing the data has the key required to decrypt the data.

•**Breach discovery ("date of discovery")**: A breach is **discovered[3]** by Driscoll as of the first day on which the breach is known to a Driscoll workforce member.

1. *45 CFR §164.402*
2. *Texas Business and Commerce Code §521.053*
3. *45 CFR §164.404*

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Breach Notifications

Breach of Protected Health Information

- **Affected Individuals:** 60 days after discovery
- **HHSC (DHP):** 24 hours after risk assessment completed
- **HHS (If <500 Individuals):** 60 days after end of calendar year of discovery
- **HHS (If 500 or More Individuals):** 60 days after discovery
- **Media (If >500 Individuals):** 60 days after discovery

Breach of Sensitive Personal Information

- **Affected Individuals:** 60 days after discovery
- **Attorney General (If 250 or More Texas Residents):** 60 days after discovery

45 CFR § 164.404 – 164.408

Uniform Managed Care Contract (UMCC) Attachment A Section 11.09

Texas Business and Commerce Code § 521.053

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Breach Penalties

HIPAA/HITECH (Federal)[1]

- Civil penalties: **$127 – $1,919,173** per violation (**$1,919,173** calendar year cap)
- Criminal penalties: Up to 10 years in prison and **$250,000** per violation
- Individual liability is possible

Texas Medical Records Privacy Act[2]

- **In addition to** federal fines
- Civil penalties: Up to **$250,000** per violation (and $1.5 million annually)

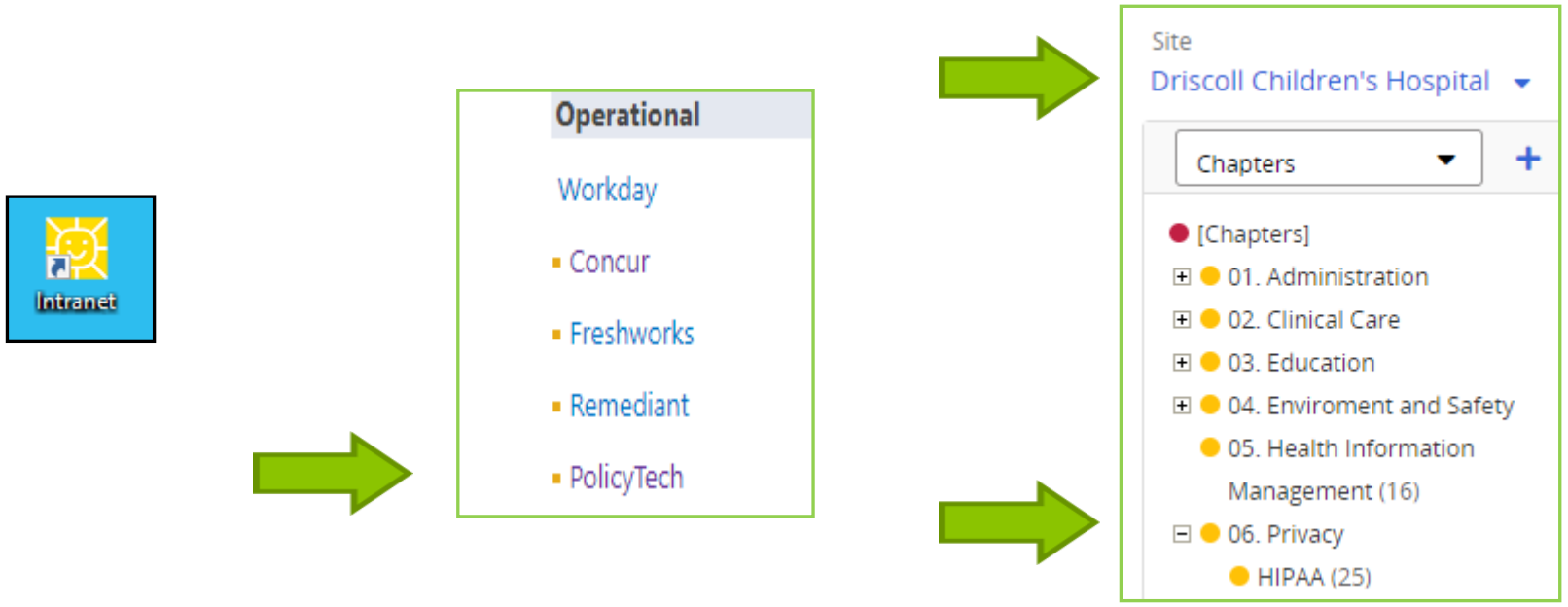
Texas Business and Commerce Code; Sensitive Personal Information[3]

- Civil Penalties: **$2,000 - $50,000** per violation

1. *Civil: 45 CFR § 102.30 (Updated March 2022; OCR penalties 45 CFR 160.404), Criminal: 42 USC 1320d-6*
2. *Texas Health and Safety Code § 181.201 – 181.203*
3. *Texas Business and Commerce Code § 521.151*

Know Where to Find HIPAA Policies

- Driscoll Intranet Home Page
- PolicyTech (scroll down, left side of page)
- Driscoll Children's Hospital Site, Privacy Chapter



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DHS HIPAA Policies

- Employees may be subject to disciplinary action (sanctions) for failure to comply with privacy policies
- Review the following HIPAA policies within your first 90 days (new hires):

1)Authorization for Release of PHI

2)Enforcement of HIPAA Policies

3)Inappropriate Use of Disclosure of PHI

4)Incidental Disclosures of PHI

5)Patient Photography

6) Personal Representatives

7) Reporting and Investigating Inappropriate Uses or Disclosures

8) Safeguards and Controls of PHI

9) Unsecured PHI or SPI Breach Notification

10) Use and Disclosure of PHI Generally

11) Social Media Use (***Human Resources***) policy

45 CFR § 164.530 (Workforce Sanctions)

Enforcement of HIPAA Policies policy

Human Resources Progressive Discipline policy

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For Additional Information

Contact the Chief Privacy Officer (Lauren Parsons) with questions:

- privacy@dchstx.org, or
- (361) 694 – 4808

Note: Please do not submit reports through this email

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Keeping Kids Safe (KKS):

- ✓ Helps DCH improve patient, visitor student and employee safety… reporting all incidents in a timely manner

- ✓ To report an incident, call 1-888-874-0713 or on-line through the DCH Intranet* by clicking on the Keeping Kids Safe – Safety Improvement Reporting hyperlink, located on the home page of the DCH Intranet

**Dependent on student electronic access*

Additional Reporting System

Driscoll Children's Hospital is dedicated to providing tools that allow individuals to report concerns without fear…

To report anonymously,
call the integrity hotline at 1-888-874-0713

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Additional Reporting System

The Joint Commission on Accreditation of Healthcare Organizations encourages you to:

First, bring your complaint to the attention of the healthcare organizational leaders.

If this does not lead to resolution, the Joint Commission asks that you bring your complaint to them for review.

Additional information regarding this may be found at: www.jointcommission.org.

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Additional Reporting System

At DCH, we encourage you to utilize the Hospital's *Chain of Command* until you are satisfied that the problem has been appropriately addressed and resolved.

Discuss any concerns you have first with your DCH Preceptor and/or Clinical Instructor. If your concern has not been addressed, you may escalate to the next steps in sequence until you feel your concerns have been addressed and resolved: Charge Nurse, House Supervisor; Unit Manager or Director; DCH Executive Leadership.

Always advocate Patient Safety.

National Patient Safety Goals

National Patient Safety Goals (NPSGs) *were developed to ensure patients and staff are protected from potential harm.*

Driscoll Children's Hospital

Patient Identification

We use two (2) patient identifiers in our facility:

- ✓ Patient Name
- ✓ Medical Record Number (MR#)

Final verification must be conducted before:

- ✓ Procedures
- ✓ Medications
- ✓ Assessments

Improve communication among care providers:

- Do not use unapproved abbreviations
- Write down, then read back the verbal and telephone order to the person who gave the order. Time and date of order must be indicated.*
- Always hand-off your patient to anyone assuming care.
- Report critical results to the provider of care, as soon as possible (measure, assess, take action).*

**Dependent on student role*

Improve communication among care providers:

- Communicate early warning signs of a change in the patient's condition immediately to the Primary Nurse.
- The physician will be notified by the Primary Nurse of any patient who fails to receive relief following pain management interventions
- Always report the following to the physician
  - A change in level of consciousness and arousal
  - Significant changes in the patient's vital signs and oxygenation
  - Change in the patient's PEWS score

Types of pain are *subjective* versus *objective:*

- Subjective Pain is how the patient states their pain
- Objective Pain is measureable and verifiable

Acute Pain:

- Pain lasting less than 3-6 months
- Has a distinct beginning and end
- Blood pressure increases

Chronic Pain:

- Pain lasting greater than 6 months
- Cannot remember when it started
- Pain may never go away
- Blood pressure and pulse don't change

Pain Scales

The following pain rating scales have been accepted for use at DCH:

- ✓ N-PASS — All patients in the Neonatal Intensive Care Unit (NICU)
- ✓ r-FLACC — Patients ages less than eight (8) years old, cognitively impaired, developmentally delayed, or non-verbal.

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Pain Scales

Numeric Pain Rating Scale Patients ages eight (8) and older able to self-identify level of pain

The Pain Rating Scales will translate into the following pain levels:

	Pain Scale
Mild Pain	1-3 (out of 10)
Moderate Pain	4-6 (out of 10)
Severe Pain	7-10 (out of 10)

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Infection Prevention

- It is the responsibility of every employee, volunteer, visiting clinical student, contracted personnel, medical staff and healthcare provider with clinical privileges to follow the guidelines of the infection prevention and control program (IPCP)
- We must resolve to prevent the spread of infection from patient to patient, from personnel to the home, and from parents to the home.
- Each high-risk area (NICU/PICU/Surgery/ED) has year-round surveillance

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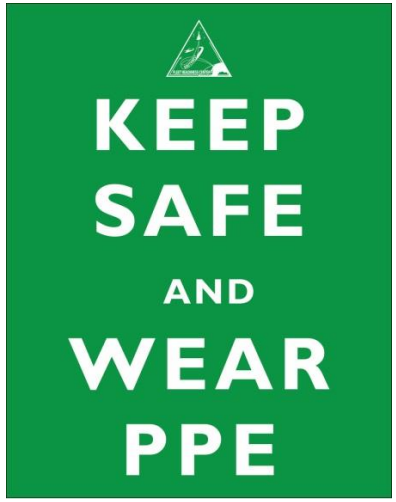
Infection Prevention

- Reduce the risks of healthcare-associated infections by following standard infection control practices
  - Examples: good hand hygiene, wearing personal protective equipment (PPE), proper disposal of infectious materials
  - Students should not provide any care for high-risk patients, without close supervision by the Primary Nurse
- High-risk situations for infection
  - Multidrug-resistant organisms in acute care hospitals
  - Surgery site infections
  - Indwelling catheter-associated urinary tract infections
  - Central line-associated bloodstream infections

Bloodborne & Airborne Pathogens

There are designated areas where you may perform high-risk tasks. These tasks may require the use of personal protective equipment (PPE) in the form of a face shield or eye goggles, which will be provided to you.



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If you are on assignment and you are exposed to blood or body fluids, **WHAT** would you do?

- ✓ Flush and wash the area immediately;
- ✓ Notify your instructor;
- ✓ You and your instructor must notify the Primary Nurse, House Supervisor (ext. 5044), Employee Health Nurse (ext. 5018), and/or CPDP (ext. 5420).
- ✓ DCH will collect patient specimens only
- ✓ You are responsible for your own follow-up

BLOODBORNE & AIRBORNE PATHOGENS

Patients with Airborne Isolation Precautions require airborne isolation equipment, which is specially fitted for **Driscoll employees**.

***As a student, you will not be fitted for this equipment. For this reason, students are not allowed to care for these patients or enter an airborne isolation room.**

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In an effort to reduce medication errors, we have:

- ✓Standardized and limited the number of drug concentrations
- ✓Identified look alike/sound alike drugs on the MAR
- ✓Labeled all medications, containers and solutions
- ✓Anticoagulation therapy practice protocols are in place at DCH

Reconciliation of Medications

***Reconciliation of medications is very important. Remember to:**

✓Document patient's current medication upon arrival and entry into the facility

✓Medications are then compared and reconciled to medications ordered

✓Current medication lists accompany the patient throughout their hospital stay

✓A complete list of medications are explained and documented at the time of discharge

✓Finally, medication lists are communicated to the next provider of care if the patient is transferred to another facility

**Dependent on student role*

Driscoll Children's Hospital

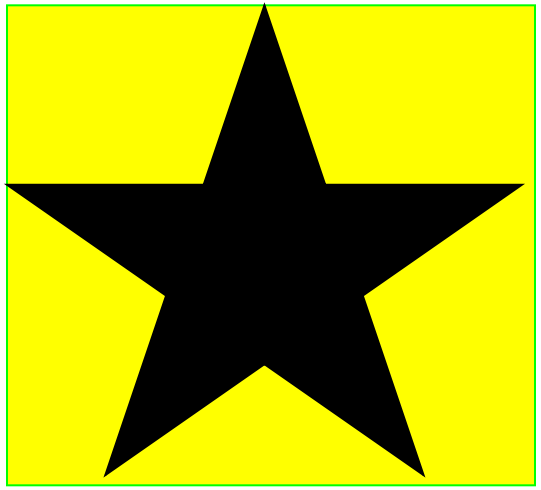
Reduce the risk of patient harm from falls.

What would classify a patient as a fall risk?

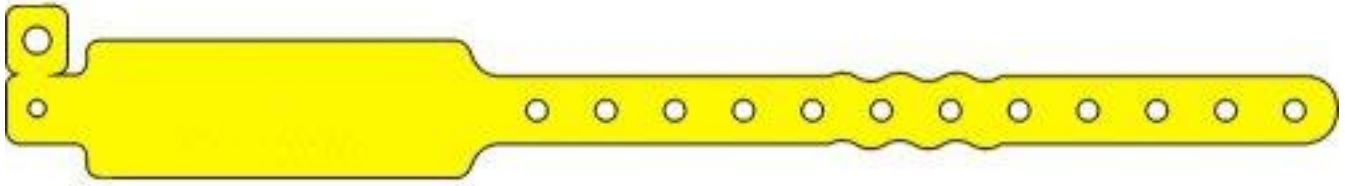
- ✓ Seizure disorder
- ✓ Medications (*narcotics, sleeping pills, anti-anxiety medications, anti-depressants, tranquilizers, diuretics, muscle relaxants, antihistamines*)
- ✓ Received anesthesia in last 24 hours
- ✓ Neuromuscular impairments
- ✓ Orthopedic devices
- ✓ Closed head injury
- ✓ Climber

FALLS

Patients who have been designated as fall risks will have this picture (black star on yellow background) on the outside of their patient room door.



They should also be wearing a yellow wrist band.



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Care & Upkeep of Equipment

- You may be involved in the cleaning of equipment at a low-level
    - Equipment is cleaned at the end of the shift, or after the work project is completed
    - Manuals for cleaning and care of equipment are located in the Environmental Services Department
    - You should only clean equipment if you have received instruction necessary for the safe operation of the equipment, and with close supervision
    - You must wash your hands thoroughly before and after cleaning equipment

Care & Upkeep of Equipment, contd.

- Storage
  - Equipment must be stored in designated areas only
  - Storage areas and closets must be clean and uncluttered
- Cleaning carts
  - Carts must be cleaned at the end of each shift
  - Remove all trash and damp clean receptacle
  - Organize paper products and supplies on the cart shelves
  - Damp wipe all surfaces with germicidal solution and wipe dry

Medical Equipment

What would you do with a piece of equipment (such as an IV pump) that suddenly malfunctions while in use on a patient?

Report to the Primary Nurse immediately, or to your Instructor, who will then report to the Primary Nurse.

Driscoll Children's Hospital

MEDICAL EQUIPMENT

The Primary Nurse will assess and inspect the equipment and then will:

- ✓ Disconnect the equipment from the patient, if appropriate
- ✓ Stabilize the patient
- ✓ Leave everything as is (including all attachments, tubing etc.)
- ✓ Fill out a KKS report
- ✓ Tag equipment with specific data regarding problem
- ✓ Remove equipment from patient room and place in dirty utility room
- ✓ Call Biomed to pick up equipment **immediately**

Driscoll Children's Hospital

Patient & Family Involvement in Care

It is important to communicate to patients and their families about care, treatment and services.

Patients and families are an important source of information about adverse events and hazardous conditions.

Remember to encourage patients and families to report any concerns about safety that they might have.

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Patient & Family Involvement in Care

The components of the pain management plan should be explained to the patient/family/caregiver, including:

- The pain scales used for assessing pain and frequency of assessments
- The use of pharmacological and non-pharmacological interventions for ongoing pain management and potentially painful procedures/interventions
- At discharge, the patient/family/caregiver should be given instructions on home management of pain

Driscoll Children's Hospital

Child Abuse

Types of Abuse:

- Emotional
- Physical
- Sexual
- Neglect: Physical & Medical

Texas Law on Reporting Child Abuse or Neglect

- A person having cause to believe that a child has been abused or neglected shall make a report within 48 hours. (Driscoll policy is that it must be done by the end of your shift.)
- A person must make the report and may not have another person make the report on behalf of the person/professional.
- The report is anonymous.

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Child Abuse

Baby Moses Law:

- A mother may take her infant baby to any hospital, fire rescue station or Emergency Medical Technician (EMT) in the State of Texas and not be prosecuted for Child Abandonment or Neglect.
- The infant may be up to 60 days old.

Texas Department of Health Rider 14 (formerly 18)

- Each contractor/provider shall ensure that its employees, volunteers or other staff reports a victim of sexual abuse who is an *unmarried minor under 14 years of age*.

CPS Statewide Hotline	*800.252.5400*
CCPD	*361.886.2600*
Nueces County Sheriff	*361.826.2900*

Driscoll Children's Hospital

At-Risk Patients

Patients at risk for suicide must be identified by healthcare providers.

Upon admission, a suicide assessment tool is completed to identify those patients who are at risk.

If a risk is identified the patient is placed on 1:1 observation immediately.

Driscoll Children's Hospital

Online Orientation

Please click the link below to complete the ***required*** online orientation:

Online Orientation | Driscoll Children's Hospital (driscollchildrens.org)

Please feel free to call us with any questions.

Center for Professional Development and Practice

Student Scheduling
361.694.5068

Driscoll Children's Hospital