

Resident/Student Handbook

For Academic Year 2008-2009



Bay Pines VA Healthcare System

Bay Pines, Florida 33744

727-398-9533

IMPORTANT TELEPHONE NUMBERS

Main Switchboard **727-398-6661**

Emergency: Fire/Medical/Police 711

Academic Affiliations Office..... **727-398-9533**

❖Academic Affiliations (Bldg 20/Rm206) 5033

Academic Affiliations FAX # **727-319-1260** 

ACOS/Education 7671

Chief of Staff 5502

Dental Service 5559/4324

Director's Office 5500

Engineering 7777

Fiscal Service 5521

Human Resources 4116

Occupational Health Clinic 4225

OEF/OIF 5893/7541

Medical Service 5572/4311

Mental Health 4680/5879

Neurology..... 5819/5572

Nursing Education Main Office 7539/5362

Radiology 5563/4370

Safety/Hazard Materials..... 4591

Social Work Service..... 5686

Surgery Service..... 5586/4797

VA Police 4111/4112

Shuttle Service (on-station ONLY). 4686/5594

Paging – Long range pagers 9+7 digit number

Personal Telephone Directory

A complete Bay Pines Telephone Directory may be found on your computer. You must be logged into the computer then click the Start button to open the **Bay Pines Phonebook**.

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PERSONAL IDENTIFICATION VERIFICATION

(PIV) ID PROOFING CRITERIA

The following criteria must be met by all VA employees, contractors, and affiliates prior to being issued a PIV card or Temporary Identity Badge.

Table of Accepted Identification (From Form I-9)

Picture ID From Federal or State Government	Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government
<ul style="list-style-type: none"> • State-Issued Drivers License • State DMV-Issued ID Card • U.S. Passport • Military ID Card • Military Dependent's card • US Coast Guard Merchant Mariner card • Foreign Passport with appropriate stamps • Permanent Resident Card or Alien Registration Card with a photograph (INS Form I-151 or I-551) • ID card issued by federal or state government agencies provided it includes a photograph. (Photo ID Badges from this or other VA facilities are not acceptable ID.) 	<ul style="list-style-type: none"> • Social Security Card • Certified Birth Certificate • State Voter Registration Card • Native American Tribal Document • Certificate of U.S. Citizenship (INS Form N-560 or N-561) • Certificate of Naturalization (INS Form N-550 or N-570) • Certification of Birth Abroad Issued by the Department of State (Form FS-545 or Form DS-1350) • Permanent or Temporary resident card. • ID Card issued by local government agencies provided it includes a photograph or includes the following information: name, date of birth, gender, height, eye color, and address • Non-photo ID Card issued by federal or state government agencies provided it includes the following information: name, date of birth, gender, height, eye color, and address • School ID with photograph • Canadian Drivers License • US Citizen ID Card (Form I-179)

1. Two forms of identification are required from the list of acceptable documents. At least one ID must be a state or federal government issued picture ID. Either of the following is accepted:
 - a. Two forms of identification from the left column (Federal or State Government issued picture ID).
 - b. One form of identification from the left column (Federal or State Government issued picture ID) and one form from the right column (Non-Picture ID or Acceptable Picture ID not issued by Federal or State Government).
2. Any form of identification used for ID proofing may not be expired.
3. Hand written or photocopied documents are not accepted.
4. An ID issued before a legal name change (e.g. birth certificate or driver's license) can be presented as one form of ID if a legal document (e.g. marriage certificate/license or a court order) is also presented linking the previous name to the current legal name. The linking document has to display both the former and current legal names. Both documents must be valid and not expired. For example, a married woman may use both a certified copy of her birth certificate and marriage license as one form of ID as long as the marriage license has to display both her maiden name and married name.
5. The Applicant's name listed on the VA Form 0711, Request for One-VA Identification Card, must match the name on one of the IDs presented by the Applicant.

DEPARTMENT OF VETERANS AFFAIRS
Bay Pines VA Healthcare System
Post Office Box 5005
Bay Pines, FL 33744



In Reply Refer To: 516/11B

Dear Resident/Student:

Welcome to the VA Healthcare System (VAHCS) at Bay Pines, Florida where we are proudly celebrating 75 years of service to our Veterans. At the Bay Pines VAHCS, we provide comprehensive medical care including acute medical, surgical, and psychiatric care as well as extended medical and psychiatric care, rehabilitative inpatient care, and outpatient care. In addition, the BPVAHCS supervises a community nursing home care program which is one of the largest in the VA system. We are committed to providing a full continuum of high quality, patient-focused healthcare to our veteran patients.

NEW

At least four weeks prior to the beginning of your rotation, you must contact Academic Affiliations either by email vhabayAcademicAffiliations@va.gov or by telephone (727-398-9533) to set up an appointment for your fingerprinting. Please give us at least two dates/times to choose from (Monday through Friday between 9 am – 3 pm). If you are emailing us, please give us your full name, school, rotation dates, and Service you will be rotating through. The VA has recently implemented new regulations which require additional security forms to be completed...so even though you may have rotated through Bay Pines in the past, it may be necessary to repeat some paperwork and fingerprinting in order to conduct a criminal background check. **Favorable results must be back to our office prior to your first day of rotation.** We will return your email or telephone call with a confirmed appointment. **You will need to bring two forms of acceptable identification with you.** Please refer to page 4 of this handbook for complete list of acceptable ID's. *Report to Academic Affiliations (Bldg 20, Room 206) 30 minutes prior to your appointment to complete and sign additional security paperwork to take with you to your fingerprinting appointment.*

You will receive an email or telephone call from your Service Education Coordinator to set up your orientation on your first day of rotation. If you haven't been contacted by your VA Coordinator, please call our office. Orientation will take place at 8:00 am in the Academic Affiliations office located in **Bldg 20, Room 206** unless other arrangements have been made. All orientation requirements have been included in this handbook, so please read carefully. There are Bay Pines-specific orientation requirements that must be completed prior to commencement of patient care. Please complete all forms located on our website (Resident or Student) as well as the computer-based training prior to reporting for fingerprinting. Please bring all completed forms and training certificates with you to your fingerprint appointment. This will expedite your journey through Academic Affiliations and get you started on your clinical rotation at Bay Pines as soon as possible!

Tracking students is essential as the Academic Affiliations is required to know each student's rotation schedule. All **Paid Medical Residents** must complete a monthly calendar to cover their entire rotation(s). **Special overprinted calendars for this purpose may be found on our website.** If any problems or questions should arise during your rotation, please feel free to call or stop by my office to discuss them. Once again, welcome to the Bay Pines VA Healthcare System; we trust your stay at our BPVAHCS will be both a challenging and rewarding experience.

Sincerely,

Anna Marie Ray

ANNA MARIE RAY, RN, MSN, ARNP (ph: 727-398-6661 ext 5458)

Medical Education Coordinator – Email addresses: (AnnaMarie.Ray@va.gov or vhabayAcademicAffiliations@va.gov)

RESIDENT/STUDENT ORIENTATION

1. Please complete orientation forms provided to you. On your last day, you are required to clear station and complete a Learner's Perception Survey.
2. You will be provided a WOC letter or an Appointment letter depending upon your trainee status.
3. This Orientation Handbook provides the Bay Pines mandatory training information that you are required to read, sign and date prior to starting your trainee rotation:

1. **Environment of Care**
2. **Infection Control**
3. **Risk Management/Patient Safety**
4. **Cultural Diversity/LEP/Sexual Harassment & EEO Complaint Process/NO FEAR Act**
5. **Ethics**
6. **Mission, Vision, Values**
7. **Patient Rights**
8. **Mental Health Environment of Care – Reducing Patient Suicide Risk**
9. **Patient Abuse**
10. **Compliance**
11. **Resident Supervision – Supervising Practitioner Responsibilities**



4. You will need access to a computer that has internet capability as well as a printer in order to complete and print out certificates for all mandatory training:

(If you have completed these courses at another VA for this **current fiscal year [October 1 through September 30]** and can provide certificates, you do not have to repeat these courses; just bring copies of your training certificates to Bay Pines VAHCS orientation.)

NEW

Please go to the following web address (if you are reading this handbook on your computer, you may hover your mouse over the link and hit the CTRL key while clicking the left mouse button to take you to this site) or you may type the following address: ***(be sure to type it exactly as shown below as it is case sensitive)***

<https://www.ees-learning.net>

Please refer to the “**Mandatory Training Instructions**” document found on our internet website (listed below) as this will provide you with the most up-to-date information on signing into this training website as well as how to access these mandatory courses. It will also list the exact titles of all mandatory courses required by Bay Pines VAHCS for the current fiscal year (*these course titles may vary from year to year*):

http://www.baypines.va.gov/careers/ac_aff1.asp

MISSION, VISION, AND VALUES

About Us

The Bay Pines VA Healthcare System (BPVAHCS) provides comprehensive medical care including acute medical, surgical, and psychiatric care as well as extended medical and psychiatric care, rehabilitative inpatient care, and outpatient care. In addition, the BPVAHCS supervises a community nursing home care program which is one of the largest in the VA system. The facility also operates Readjustment Counseling Centers in Sarasota and St. Petersburg, a large outpatient clinic in Fort Myers, and Community Based Outpatient Clinics (CBOCs) in Dunedin, St. Petersburg, Ellenton, Sarasota, Port Charlotte, Naples and Sebring, Florida.

Mission

Honoring America's Veterans by providing exceptional health care that improves their health and well-being.

Vision

To be a patient-centered integrated health care organization for Veterans providing excellent health care, research and education; an organization where people choose to work; an active community partner; and a back-up for National emergencies.

Core Values

1. Trust
2. Respect
3. Excellence
4. Compassion
5. Commitment

Domains of Value

1. Quality
2. Access
3. Function
4. Satisfaction
5. Cost Effectiveness
6. Healthy Communities

Eight for Excellence

1. Continuously improve the quality and safety of health care for Veterans, particularly in those health issues associated with military service.
2. Provide timely and appropriate access to health care by implementing best practices.
3. Continuously improve Veteran and family satisfaction with VA care by promoting patient-centered care and excellent customer service.
4. Promote diversity, excellence, and satisfaction in the workforce and foster a culture which encourages innovation.
5. Promote excellence in business practices through administrative, financial, and clinical efficiencies.
6. Focus research and development on clinical and system improvements designed to enhance the health and well-being of veterans.
7. Promote excellence in the education of future health care professionals and enhance VHA partnerships with affiliates.
8. Promote health within the VA, local communities, and the Nation consistent with VA's mission.

CULTURAL DIVERSITY

WHAT MAKES EACH PERSON UNIQUE?

Many factors make each of us an individual:

- Appearance (gender, body size, skin color, hairstyle, clothing, etc.) and age
- Ethnicity and culture (customs, traditions, language, etc.)
- Family life (values, family size, etc.)
- Religious, spiritual, philosophical beliefs
- Income or social status
- Sexual orientation
- Physical and mental abilities
- Life experiences and education

PREJUDICE AND STEREOTYPES HURT EVERYONE

We all make judgments about people based on our experience with them, but when we make a judgment before getting to know someone we pre-judge (the source of the word "prejudice"). When we assume everyone in a certain group is the same, we stereotype and don't see people as individuals. Prejudice and stereotypes can:

- Keep us from knowing individuals.
- Cut us off from fresh ideas.
- Limit a person's opportunities.
- Make a person feel rejected or resentful or come to believe the stereotype.



PEOPLE DIFFER IN MANY WAYS

For example, cultural background (including ethnicity) can influence the way people communicate:

- **Body language** – In some cultures, people often stand close together. This closeness may be uncomfortable to a person from another culture. In other cultures, people stand farther apart, which may seem unfriendly to a person from another culture. Direct eye contact is considered rude in many cultures.
- **Touching** – In some cultures, people tend to shake hands or hug as a gesture of greeting whereas other cultures are more distant and perceive any type of touching as to be offensive or too personal.
- **Listening** – In some cultures, listeners tend to look at speakers and say "uh-huh," etc., to show they've understood. In other cultures, listeners tend to look silently away while someone is talking, which may be interpreted by others as a lack of interest or understanding.
- **Speaking** – In some cultures, speakers tend to look away from their listeners. A listener from another culture may interpret this as discomfort or avoidance. Speakers from other cultures who tend to look at their listeners intently may seem aggressive to listeners from a different culture.
- **Expressing opinions** – People in some cultures believe it is rude to complain or say no and signal discomfort in more subtle ways. A person from a different culture may miss these signals and assume all is well.
- **Working style** – In some cultures, people highly value hard work and staying on schedule. In other cultures good relationships and a relaxed atmosphere may be more important than strict deadlines.

CULTURAL DIVERSITY

TO GET MORE OUT OF RELATIONSHIPS

Cultural background is only one thing that makes people unique. It is important not to assume that a person's culture explains his or her words or actions. Always make it a point to get to know a person as an individual.

- **Be open about differences** – Share how your background has influenced you and invite others to do the same.
- **Don't assume anything** – Check it out. For example: Ask a working mother if she'd like to work overtime or go on a business trip; don't assume she'd rather be home.
- **Develop friendships** – Share concerns. For example: If a new friend has a disability you might ask, "Does it help if I hold the door for you, or would you rather I not?"
- **Don't tell ethnic or sexual jokes** - even about your own group; they encourage more of the same.
- **Make your feelings known** – If someone makes unfair remarks about a group, let them know their comments are not right.

CELEBRATE DIVERSITY

Mistakes can happen especially when people are under stress. Changing old habits and ways of thinking takes time. Apologize if you've been unfair. Forgive if you've been offended. Take pride in your own uniqueness. Welcome others as individuals with special qualities. Enjoy your similarities ... and your differences.



LIMITED ENGLISH PROFICIENCY (LEP) EXECUTIVE ORDER

Title VI of the Civil Rights Act prohibits discrimination on the basis of national origin, among other things. The LEP Executive Order (Executive Order 13166) ensures that, consistent with Title VI, persons with LEP have meaningful access to federally-conducted and federally-funded programs and activities. The Order requires all agencies that provide federal financial assistance to issue guidance on how Title VI applies to recipients of that assistance in their contact with persons who have LEP. The Order also requires that federal agencies create plans for ensuring that their own activities also provide meaningful access for persons who have LEP. For additional information, please reference Bay Pines VAHCS Memorandum 516-06-00-22. It is important to note also what this does not mean and to reiterate the ultimate goals of the federal civil rights law in this area.

There have been concerns raised regarding this federal LEP Initiative - concerns that the government is attempting to create a bilingual or multi-lingual society. Language services and the LEP Initiative are not intended to replace or supplant English. They are meant to be an interim measure that works alongside our commitment to English language acquisition. Thus, language access services are a bridge to help those who have not yet acquired, or cannot acquire, English proficiency. They are a bridge to help the millions of LEP members of the American public have meaningful access to statements of rights, complaint processes, government benefits and services, and other critical information and programs - to help them today until they, or the next generation, acquire the English proficiency that will give them even greater access tomorrow.

SEXUAL HARASSMENT

Sexual Harassment: Sexual harassment is inappropriate, offensive, and illegal and will not be tolerated.

Sexual harassment includes, but is not limited to:

- a. Unwelcome verbal behavior such as comments, suggestions, jokes or derogatory remarks based on sex.
- b. Unsolicited physical behavior such as pats, squeezes, repeatedly brushing against someone's body or impeding or blocking normal work or movement.
- c. Visual harassment such as posting of sexually suggestive or derogatory pictures, cartoons, or drawings within or beyond the work unit.
- d. Unwanted sexual advances such as pressure for sexual favors and/or basing employment decisions (such as employee's performance evaluations, work assignments or advancement) upon the employee's acquiescence to sexually harassing behavior in the workplace.

Any employee or student who feels he/she has been sexually harassed or is aware of this type behavior should report the alleged act immediately to his/her supervisor. If you are uncomfortable discussing the matter with the supervisor, contact the supervisor's superior or the **EEO Manager, Joan Harris, ext 5086 or 727-398-9586.**

All allegations of sexual harassment will be investigated promptly, impartially and discreetly. Upon completion of the investigation, appropriate action will be taken. No employee or student will suffer retaliation for reporting instances of sexual harassment; however, all false allegations of sexual harassment will be dealt with the same level of seriousness.

NO FEAR ACT - Notification and Federal Employee Antidiscrimination Act Notice

The BPVAHCS cannot discriminate against an employee or applicant with respect to the terms, conditions or privileges of employment on the basis of race, color, religion, sex, national origin, age, disability, marital status or political affiliation. Discrimination on these bases is prohibited by several federal statutes to include Title VII of the Civil Rights Act of 1964, the Equal Pay Act of 1963, the Age Discrimination in Employment Act of 1967, Sections 501 and 505 of the Rehabilitation Act of 1973, and the Civil Rights Act of 1991. If you believe that you have been the victim of unlawful discrimination on the above bases, you must contact an Equal Employment Opportunity (EEO) Counsel within 45 days of the alleged discriminatory action, or in the case of a personnel action, within 45 calendar days of the effective date of the action, before you can file a formal complaint of discrimination with VA (see 29 CFR 1614). For further information regarding the No FEAR Act, please go to the following website: <http://vaww1.va.gov/ohrm/EmployeeRelations/Grievance.htm>



Whistleblower Protection Laws

A Federal employee with authority to take, direct others to take, recommend or approve any personnel action must not use that authority to take or fail to take, or threaten to take or fail to take, a personnel action against an employee or applicant because of disclosure of information by that individual that is reasonably believed to evidence violations of law, rule or regulation; gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and specific danger to public health or safety, unless disclosure of such information is specifically prohibited by law and such information is specifically required by Executive order to be kept secret in the interest of national defense or the conduct of foreign affairs. Retaliation against an employee or applicant for making a protected disclosure is prohibited by 5 U.S.C. 2302(b) (8). If you believe that you have been the victim of whistleblower retaliation, you may file a written complaint (Form OSC-11) with the U.S. Office of Special Counsel at 1730 M Street NW., Suite 218, Washington, DC 20036-4505, or online through the OSC Web site at: <http://www.osc.gov>

Persons who believe they are victims of any form of discrimination, to include sex, religion, race, color, national origin, disability, reprisal and age over 40, must contact an ORM EEO Counselor within 45 days of the alleged discrimination at 1-888-737-3361.

INFECTION CONTROL

What is the single most important means of preventing the spread of infections?

HAND HYGIENE

Hand Hygiene is **the single most important measure to reduce the risks of transmitting organisms** from one person to another or from one site to another on the same patient.

For the purpose of this manual, hand hygiene refers to either hand washing with antimicrobial soap and water or using an approved alcohol based-hand rub.

When hands are visibly soiled, they must be washed with soap and water. If hands are not visibly soiled, an alcohol-based hand rub may be used except before eating or after using the restroom when hands should be washed with soap and water. The alcohol-based product should not be rinsed off with soap and/or water.

Perform hand hygiene after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn. Perform hand hygiene immediately after gloves are removed, between patient contacts, and when otherwise indicated to avoid transfer of microorganisms to other patients or environments. It may be necessary to perform hand hygiene between tasks and procedures on the same patient to prevent cross-contamination of different body sites.



Proper Hand Washing Technique:

Wet hands.

Apply soap.

Wash hands vigorously for at least 15 seconds, paying special attention to areas between the fingers, about the knuckles and wrists, and under fingernails:

Thoroughly rinse hands under a stream of water.

Dry hands thoroughly.

Use paper towel to turn off faucets.

Proper Technique for Using Alcohol-based Hand rub:

Apply product to the palm of one hand.

Rub hands together, covering all surfaces of hands and fingers.

Rub hands until product is dry.

Do not wipe off the hand gel.

Nails:

Direct care providers should keep their nails trimmed and remove cracked and peeling nail polish.

Artificial nails or extenders may not be worn by direct care providers.

INFECTION CONTROL

STANDARD PRECAUTIONS

Standard Precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection and apply in the care of all patients regardless of their diagnoses or presumed infection status.

Standard Precautions apply to:

- Blood
- All body fluids, secretions and excretions, except sweat, regardless of whether or not they contain visible blood
- Non-intact skin
- Mucous membranes
- Contaminated equipment and supplies

PROTECTIVE BARRIERS

Bay Pines VA Healthcare System will provide appropriate personal protective equipment (PPE) which can be found on each unit if it is deemed required in your training. Please check with your instructor/preceptor or supervisory physician responsible for determining your need for PPE which is based on an assessment of the individual patient and the anticipated contact with that patient.

Protective barriers include:

Gloves -- Wear gloves when contact with patients' blood or body fluids is anticipated; to reduce the likelihood of transmitting microorganisms present on the hands to patients during invasive procedures or other patient care activities; and to reduce the likelihood of transmitting microorganisms to another patient. Note that gloves are not a substitute for hand hygiene and must be changed between patients and for the same patient if they are grossly contaminated.

Gowns -- Wear gowns to prevent contamination of clothing and protect the skin during direct care of patients known or suspected to be colonized or infected with epidemiologically important organisms to reduce the opportunity for transmission of pathogens from one patient or item in their environment to other patients or environments.



Masks, eye protection, and face shields -- Wear alone or in combination to protect mucous membranes during procedures and activities that are likely to generate splashes or sprays of blood and or body fluids.

TRANSMISSION-BASED PRECAUTIONS

In addition to Standard Precautions, use Transmission-based Precautions for patients documented or suspected of being infected with highly transmissible or epidemiologically important pathogens.

INFECTION CONTROL

The Bay Pines VA Healthcare System uses three types of Transmission-based Precautions:

1. Airborne Precautions
2. Droplet Precautions
3. Contact Precautions

Please note that certain infections require more than one type of precaution.

Airborne Precautions

Use in addition to standard precautions for pathogens transmitted by the Airborne route.

Airborne transmission occurs by the spread of either airborne droplet nuclei or dust particles containing the infectious agent. Microorganisms can be widely dispersed by air currents and may be inhaled by or deposited on a susceptible host in the same room or over a longer distance from the source patient.

Examples include:

- Measles (Rubella)
 - Varicella -- (Chicken pox) (including disseminated zoster)
 - Tuberculosis
- A. Patients requiring Airborne Precautions must be placed in one of the designated airborne precaution rooms.
 - B. An airborne isolation sign must be placed outside the patient's room on the door; the door must be kept closed.
 - C. The following respiratory protection devices are required:
 - Healthcare Workers -- wear a **hepa respirator** on entering the room. On leaving the room, the respirator should be placed in a paper bag (if it's not wet on the outside) and stored for future use. Any employee who uses a hepa respirator must be fit tested.
 - **Please Note – Normally, no Residents/students are fitted for these respirators. If there is a circumstance that requires the Resident/student to be fitted for a hepa respirator then approval must be obtained by the Safety Officer through the Occupational Health Clinic.**
 - Visitors -- wear a surgical mask upon entering the room. On leaving the room, the mask will be discarded into the red bag trash. Only visitors who have been previously exposed to patient, i.e. family members, should be allowed in the room.
 - Patients -- wear a molded surgical mask at all times when it is necessary to leave the room, i.e., to go to test/procedure that cannot be performed in the patient's room. Patients should be asked to remain in their rooms at all times.



INFECTION CONTROL

Please note – No Resident/student are allowed in Airborne Isolation rooms since they are not fitted or trained to wear respirators while at Bay Pines VAHCS.

For more information, please contact Peter Grauze, Bay Pines VAHCS **Safety Officer and Respirator Administration Official** which is located in Bldg. T201 and may be reached by calling (727) 398-6661 ext 5876.

Droplet Precautions

Droplet transmission involves contact of the conjunctivae or the mucous membranes of the nose or mouth of susceptible persons with large-particle droplets containing microorganisms generated from a person who has a clinical disease or is a carrier of the microorganism. Droplets are generated from the source person primarily during coughing, sneezing, or talking and during the performance of certain procedures such as suctioning and bronchoscopy. Transmission requires close contact between source and recipient, since droplets do not remain suspended in the air and generally travel only through the air short distances, usually three (3) feet or less.

Examples include:

- Haemophilus influenzae type B disease -- meningitis, pneumonia, epiglottitis and sepsis
- Neisseria meningitidis disease -- meningitis, pneumonia and sepsis
- Other serious bacterial respiratory infections

- A. Patients requiring Droplet Precautions are placed in a private room and the door is kept closed. Droplet isolation sign is on the outside of the door.
- B. Healthcare workers must wear a surgical mask when within three (3) feet of the patient, but it is recommended to be worn at all times while in the room for safety.
- C. Patients must wear a surgical mask when leaving their room. The patient should only leave the room for medically necessary tests and/or procedures.

Contact Precautions

In addition to Standard Precautions, use Contact Precautions for patients known or suspected to be infected or colonized with epidemiologically important microorganisms that can be transmitted by direct contact with the patient or indirect contact (touching) with environmental surfaces or patient-care items in the patient's environment.

Examples include:

- Infectious diarrhea (e.g. Clostridium difficile)
- Multi-drug resistant infections or colonization (Vancomycin Resistant Enterococcus, VRE and Methicillin Resistant Staphylococcus Aureus, MRSA)
- Skin infections that are highly contagious (scabies before treatment given)
- Viral/hemorrhagic conjunctivitis

- A. Patients requiring Contact Precautions must be placed in a private room or cohorted with patients with same infection (contact Infection Control for guidance).
- B. A **contact isolation sign** must be placed outside the patient's room adjacent to the door.

INFECTION CONTROL

C. The following personal protection devices are required:

- **Healthcare Workers** -- always wear gloves when entering the patient's room. Wear a gown if you anticipate substantial contact with the patient, environmental surfaces or items in the patient's room, or if the patient is incontinent or has diarrhea, an ileostomy, a colostomy or wound drainage.
- **Visitors** -- perform hand hygiene when entering and leaving the patient's room.
- **Patients** -- ensure precautions are maintained if it is necessary to leave the room. Frequent hand washing is required.
- **Gloves and Hand Washing** -- wear gloves when entering the room. Change gloves and perform hand hygiene after having contact with potentially infectious material, such as fecal or wound drainage. Remove gloves before leaving the patient's room and wash hands immediately with an antimicrobial agent. Do not touch potentially contaminated environmental surfaces or items in the patient's room after glove removal and hand washing.

For all transmission-based precautions:

- Limit the movement and transport of the patient from the room to essential purposes only. Notify personnel in the receiving area about the patient's precaution status.
- All patients in isolation must wear a **PURPLE ARM BAND**.
- Isolation Carts are located outside of all isolation rooms.
- Isolation warnings are posted on the patient's cover sheet in CPRS.

Safety Devices

The **Needleless Intravascular System** and safety devices will be used at all times except in identified instances where implementation is not feasible.

The use of safety devices approved by the Bay Pines VA Healthcare System is required. Straight needles should only be used in the rare instance when an appropriate safety device has not yet been approved. Place needles/syringes and other sharps in designated sharp safety containers.

DO NOT RECAP NEEDLES!

Always engage the safety device after procedure is completed. **Needle sticks** or splashes of blood or body fluid: immediately wash the area with soap and water or rinse with water if the face is involved. Then report the exposure immediately to your preceptor who will notify the Occupational Health Nurse or the ER.

Laboratory Specimens

Prepare specimen labels before obtaining the specimen.

Place each labeled laboratory specimen in the appropriate container.

Secure lids tightly to prevent leakage.

Place the specimens into the plastic laboratory specimen bag with the biohazard label.

Seal the bag before transporting it to the lab.

Place order in outside pouch.

Regulated Medical Waste

Bio-hazardous waste is any item that is saturated with blood or other potentially infectious material, or could have any type of blood contamination. This waste should be placed in the red containers or those labeled bio-hazardous waste.

Infection Control Staff

Name	Telephone	Ext	Pager
Linda Brady, RN	727-398-6661	5797	727-257-2025
Terry Canfield, RN	727-398-6661	7550	727-257-2027
Tara Eaves, RN	727-398-6661	5904	727-257-1616

Reference: **Bay Pines VA Healthcare System Infection Control Manual**

INFECTION CONTROL

Intravascular Devices (Residents with privileges to place Intravascular Devices)

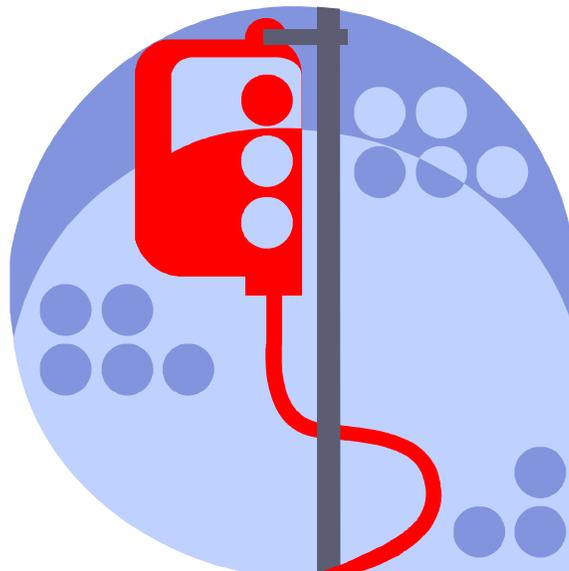
Ensure that you have received adequate training for the device you plan to use.

Gather necessary supplies -- Safety catheters or appropriate line kits (central line, arterial line kits). Chloroprep skin antiseptic swabs, anchoring device, semi-permeable dressing, appropriately sized sharps container (larger sharps needed for long lines) and barrier precautions. For peripheral lines this would include gloves, for all central and arterial lines, full sterile barrier precautions are required for both the primary and secondary operator. These would include cap, mask, sterile gown, sterile gloves and a full sterile drape.

- Perform Hand Hygiene -- Observe hand hygiene before and after palpating catheter insertion sites, as well as before and after inserting, replacing, accessing, repairing, or dressing an intravascular catheter.
- Don appropriate PPE using proper techniques.
- Open supplies using appropriate techniques.
- Perform skin antisepsis allowing the antiseptic to air dry.
- Use a no-touch technique.
- Insert the device and engage the safety feature.
- Apply dressing; do not use ointment at the insertion site.
- Date, time, and initial the dressing and document in the patient's medical record.
- Keep manipulation of all lines to a minimum.
- Maintain IV lines as sterile closed systems.
- IV lines should be capped when not in use and not be disconnected without an available cap.
- The hub of each catheter must be disinfected with alcohol prior to accessing.
- Hand hygiene must be performed and gloves donned prior to accessing.

Do not reuse single use devices, such as tourniquets, vacutainer, etc.

For more detailed information please refer to the Infection Control Manual on Intravascular Catheters.



FIRE SAFETY, HAZARD

COMMUNICATION & EMERGENCY MANAGEMENT

In the event that any of the emergencies listed below should occur, you should follow the emergency response procedures posted in each patient care area: Know where your unit specific "Fire and Emergency Plan" and "Utility Failure Plan" are posted.

BAY PINES VAHCS - EMERGENCY TELEPHONE EXTENSIONS

In case of FIRE: Pull Nearest Alarm and DIAL – Ext. 711

For CARDIAC ARREST AND MEDICAL EMERGENCIES: DIAL – Ext. 711

For CRISIS INTERVENTION: DIAL – Ext. 711

For SAFETY/HAZ MAT: DIAL – Ext. 711

The Telephone Operator will answer all emergency 711 calls and will contact the appropriate EMERGENCY TEAM.

It is IMPORTANT that you provide the Telephone Operator with:

1. Location of the emergency (Building, floor, ward, and/or room number)
2. Pertinent Information requested by the operator regarding the type of emergency
3. **DO NOT HANG UP** until the operator has all the necessary information, unless you are in imminent danger.

RADIATION SAFETY – Time, distance, and shielding are the guiding principles to limit exposure to radiation. If you are assisting a patient undergoing x-ray studies and are subject to exposure, ask the radiology technician for protective equipment.



FIRE SAFETY TRAINING

R.A.C.E. - Helps you remember the fire plan:

Rescue... Alarm ...Contain...Extinguish or Evacuate

- | | |
|-------------------|--|
| Rescue | Rescue persons in immediate life threatening danger. |
| Alarm | Pull the nearest pull station (located near every exit, Nursing station, and Stairwell door). Find the pull station on your unit when you first arrive there.
***** A N D *****
Dial extension 711 and tell the operator the building, floor and wing of the fire emergency. |
| Contain | Close all doors to contain the smoke. |
| Extinguish | Extinguish a fire using the correct type of extinguisher, if it is a small fire. |

FIRE SAFETY, HAZARD

COMMUNICATION & EMERGENCY MANAGEMENT

Different Classes of Fire require different extinguishers

Class A - Ordinary combustibles (wood, paper, plastic, clothing)

Class B - Flammable liquids and gases (greases, oils, gas, paint)

Class C - Energized electrical equipment

All extinguishers work the same way. Carry the extinguisher about 10 feet from the fire and **PASS**:

Pull the pin

Aim the nozzle at the base of the fire

Squeeze the handle

Sweep the nozzle from side to side across the base of the fire

IMPORTANT: During an actual fire emergency, **ELEVATORS WILL NOT** be utilized unless directed to do so.

Disaster

In the event of a disaster, the notification system will be activated. When a disaster is called, an Emergency Operations Center is established on station as a Command Post. All disaster efforts are coordinated from the Command Post. Your supervisor will tell you what to do and where to go. If you cannot go back to your duty station, contact your supervisor for instructions.

HAZARD COMMUNICATIONS (HAZCOM)

HazCom is designed to help keep you healthy by informing you of safe and appropriate methods of working with the hazardous substances in the workplace. Chemicals are used throughout the Bay Pines VA Healthcare System. Some are worse than others, but they are all hazardous so we must use care when we use chemicals. Chemicals can injure your lungs, cause eye damage, burn your skin, affect your brain and nervous system or even harm an unborn fetus. Many chemicals are also flammable or will react explosively with other chemicals.

Right to Know

The law guarantees you the right to know about chemicals used in the workplace. All information is in the *YELLOW* Hazardous Material Manual, the "**MSDS Book**."

MSDS (Material Safety Data Sheets)

All services must maintain Material Safety Data Sheets for the chemicals used in the work area. The MSDS lists the hazards of the chemicals such as physical properties; health effects; special precautions that must be taken when using the chemical such as use of Personal Protective Equipment; and first aid procedures.



Storage of Chemicals

All chemical containers must be labeled with information about the hazards of that chemical as well as the identification of the manufacturer and/or importer. All services must maintain an inventory of the chemicals used in the work area. These inventories are updated every year.

FIRE SAFETY, HAZARD COMMUNICATION & EMERGENCY MANAGEMENT

Personal Protective Equipment (PPE)

The VA provides the needed Personal Protective Equipment (PPE) to protect you from known risks that cannot be eliminated through other means. PPE includes equipment to protect the eyes, face, head and extremities, protective clothing, respiratory devices and protective shields or barriers.

Chemical Spills

The VA has procedures for cleaning up spills and other releases of chemicals. In case of a spill:

1. Contain the spill
2. Isolate the area
3. For spills, dial 4591 or 711 then check the MSDS and follow instructions.

SAFETY POLICIES

The Bay Pines VA Healthcare System maintains written Safety Policies.

Safety Policy Manual (GREEN BOOK)

Hospital-wide and Service-specific safety policies are located in the Safety Policy Manual.

Hazardous Materials Manual (WHITE COVER/YELLOW LETTERING BOOK)

A list of hazardous materials for each Service is maintained in the Hazardous Materials Manual. Material Safety Data Sheets (MSDS) provide information regarding hazards of chemicals such as physical properties, health effects, first aid/emergency procedures, etc.

Emergency Response Policy Manual (RED BOOK)

Emergency policies are located in the red book. All staff shall be familiar with their role in their area-specific plan during emergencies.

Bomb Threat:

- Try to get as much information as possible
- Listen for background noise
- Have someone notify the **Police at ext 711**
- Keep person on line as long as you can
- Fill out the Bomb Threat Call Checklist in the Comprehensive Emergency Management Plan, Chapter 5, Bomb Threat Plan

If you have any questions about fire/safety, call our Safety Office at ext. 4591.



Smoking Policy

Smoking: This is a designated "**NO SMOKING**" facility. No smoking is permitted within the buildings. There are designated smoking areas outside and **all** are expected to go to those locations when desiring to smoke.

OEF/OIF

Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Program Manager is Jayne Blacklin, LCSW, ext. 7541. Robert (Jake) Bauer, ext. 5893, is the Transition Patient Advocate for OEF/OIF veterans. Their office is located in Bldg 100, Room 1E240A. Please contact them if you have any issues or questions concerning veterans who have recently returned from Iraq, Afghanistan or other recent theatres of conflict.

INJURY OR ACCIDENT REPORTING

All Residents/Students will be provided medical care for on-the-job injuries and/or accidents. If you are injured while you are on duty, report to your immediate supervisor (Instructor/Preceptor/Supervisory Attending) and then, if the injury requires first aid, you will be escorted to the Occupational Health Clinic, **Building 22, Room 116** for treatment during the day tour or directly to the Emergency Room, located in Bldg 100 during afternoon or evening tours.

It is necessary that you seek treatment through Employee Health or through the ER, if working an off-tour or weekend, for injuries or accidents. Your supervisor may be required to complete the computer-based Accident Report (VA 2162) and you will be required to speak with the Safety Investigator about your accident. Residents/Students will not be required to complete forms CA-1 or CA-2 as you are not entitled to Workman's Compensation benefits. There is a possibility that your medical insurance may be billed for services. Bay Pines VAHCS will do the initial treatment only for Residents/Students, however; the Resident/Student must contact their school for follow-up treatment.

Please refer to Chapter 4, Accident Investigation and Reporting in the Green Safety Book for further details.



Back injuries continue to be a big problem for Health Care staff; therefore, it is imperative that you utilize equipment provided to prevent such injuries. This facility has a Zero lift policy in order to prevent back injuries.

Employee Health Staff:

Name	Telephone	Ext.	Pager	Title
Dr. Theophil Sutton	727-398-6661	4225	727-257-1489	Physician
Dianna O'Keefe, RN	727-398-6661	5212	727-257-2199	Nurse
Nydia Maymi	727-398-6661	4225		Pt Svcs Assistant

INJURY OR ACCIDENT REPORTING

PROTOCOL FOR OCCUPATIONAL EXPOSURE TO BLOOD AND/OR BODY FLUIDS

Percutaneous exposure (skin puncture or laceration)

- Wash wound with soap and water.
- First aid as appropriate.

Mucous membrane, cutaneous exposure (splash)

- Skin: wash area with soap and water taking note of areas exposed.
- Mucous membrane: eyes flush with copious amounts of water.

Daytime Protocol

1. Alert instructor/preceptor/supervisory attending. Go to employee health service immediately.
2. Employee health service will:
 - A. Determine employee Hepatitis B sero status.
 - B. Notify source patient's attending physician for needed post exposure follow-up, if patient is known.

Weekends, Holidays, Evenings and Night time (WHEN) Protocol

1. Alert instructor/preceptor/supervisory attending. Go to the emergency room (ER) immediately.
2. Emergency room attending physician/nurse will carry out protocol for Occupational health follow-up for Resident/student and testing of source if patient is known.

Procedure:

- A. Serological testing for HIV, Hepatitis B, and Hepatitis C will be offered. HIV testing requires a signed consent.
- B. If Resident/student has had prior Hepatitis B vaccine (HBV) serological immunity, this will be documented.
- C. If Resident/student has never received vaccine, obtain HBV serological studies, and initiate 1st Hepatitis B vaccination, if Resident/Student consents.

Bay Pines VAHCS will do the initial treatment for Resident/student; however, the resident/student must contact their school for follow-up treatment.

For more information on Post Exposure, see the VAHCS Memorandum 00-54, Employee Health Follow-up and the Infection Control Manual.



SECURITY MANAGEMENT



ID BADGES

ID badges must be visibly worn by all employees and trainees at all times above the waist. ALL Residents/Students (paid or WOC status) must wear both their current school Photo ID badge as well as be issued an official VA identification badge by the VA Police except those students who are here for less than 5 days. Those who are issued the VA ID Badge will wear it above their waist and visible at all times while on VA duty. Those students who are here less than 5 days are required to wear a temporary one-day pass issued by Police along with their current school photo ID badge. If you have lost your VA ID badge or had it stolen, please contact the Police Service at ext. 4112 to make arrangements for obtaining a new badge immediately. Your first VA ID badge is free; subsequent VA ID badges, you will be charged a replacement fee. **VA ID badges are federal property and must to be turned into Police and Security Service on your last day.** Different type of VA ID badges are:

- 1-5 days are issued one-day pass by Security Service
- More than 5 days but less than 30 days are issued a temporary ID/no photo by Police
- 30 days or greater are issued a temporary ID/no photo by Police until Adjudication is returned; then VA Photo ID will be issued.

FINGERPRINTING

At least two to three weeks prior to the beginning of your rotation, you must contact Academic Affiliations Section either by email vhabayAcademicAffiliations@va.gov or by **telephone at 727-398-9533** to set up an appointment for your fingerprinting if you are going to be with us for more than 5 consecutive days. Two forms of identification are required. At least one ID must be a State or Federal government issued photo ID. The second ID may be state school photo ID, Social Security card, certified Birth Certificate, state Voter Registration Card, just to name a few. **Please review page 4 for complete listing.** Any form of identification used for ID proofing may not be expired and names much match exactly. Please call Academic Affiliations Section at **727-398-9533** if you have questions.

VEHICLE REGISTRATION

For those Residents and Students with us for **more than 60 days**, you are required to obtain a green parking decal. If you are here at Bay Pines for less than 60 days, you must park in the Credit Union Parking Lot. You are **NOT** permitted to park in visitor parking lots which are reserved for our patients and visitors to our facility.

STOLEN PROPERTY

If you discover that a personal or government-owned item is missing or stolen, report it to your supervisor and then to the VA Police (ext. 4111) as soon as possible, and they will investigate the report. The Police and Security Service tracks thefts and reports on trends to the Environment of Care Committee. CBOC (Community Based Outpatient Clinic) staff is to report stolen personal property to local authorities.

CONTRABAND

Drugs, alcohol and weapons are contraband. It is illegal to bring contraband onto VA premises. If you see contraband items report these to Police and Security Service, ext 4111.

VIOLENCE

Get help when dealing with violent patients. If you witness uncontrolled or violent behavior, dial ext 711. The Crisis Intervention Team is trained to respond to behavioral emergencies. CBOC staff should use 911. **Protect yourself.** Be aware of your surroundings. Leave work with a co-worker, whenever possible. Have your keys ready when leaving work and approaching your vehicle. Stay in well lit areas. Always secure personal items and government property. Always secure offices, and log off all computer systems when leaving the area.

INFORMATION SECURITY



Computer Access

You will be given computer access from your Service Program Coordinator or instructor. They will give you access to essential information that will allow you to do your job and make this a great learning experience.

Passwords

Passwords are important tools for protecting VA information systems and getting your job done. They ensure that you- and only you- have access to the information you need. Keep your password secret. If you have several passwords, store them in a safe and secure place that no one else knows about. Passwords must:

- Have at least eight characters
- Use at least three of the following four kinds of characters:
 1. UPPER CASE LETTERS (ABCD...)
 2. lower case letters (abcde...)
 3. Numbers (0123456789)
 4. Special characters, (#, &, *, or \$)
- Be changed at least every 90 days

Be creative and choose a “strong” password. Passwords are your identity to a computer. If someone else uses your password, you are responsible for what is done under your profiles. Don’t share your password. **NO EXCEPTIONS!** If you suspect your password has been compromised, change it immediately.

Patient Care and Need to Know

The capability to access medical records **DOES NOT** give you authorization to access any medical record. You must be providing direct patient care or have the right and need to know when accessing medical records. The ISO’s review record access daily; unauthorized access (including accessing your own record) is subject to disciplinary action that could lead to dismissal.

Log off and/or Lock the Computer Workstation

All the security in the world is worthless if you walk away from your workstation without properly exiting from the system. Remember to never turn off your computer, but don’t forget to **Log Off or lock your workstation when you step away.** Don’t trust anyone.

Government Computers

You have no right to privacy on government computer systems. A government employee, in the course of their official duties, may read any email sent, received, web sites visited and anything typed. **We know who you are and we can see what you do!**

Sensitive Information

It is your responsibility to encrypt emails containing personal identifiable information (PII) or confidential/sensitive data. Do your part to protect sensitive information.

If you have questions regarding Information Security, contact Chet Barnett, ext. 1077 or Sandy DeSimone, ext 1153.

INFORMATION SECURITY



Confidentiality: All patient information is considered confidential and should not be discussed in any public setting such as when on the elevator, walking through the hallways, or when in the canteen. All documents with patient identification must be kept in a confidential manner and not left lying around. **It is everyone's responsibility never to disclose personally identifiable information (PII) or protected health information (PHI) about a patient any time or any where without proper consent or legal authority.**

Resident/Student Access to Records: When in the clinical setting, residents/students may have full access to current and past volumes of the patient's chart. **Remember- confidentiality of all documented records is your responsibility even when creating papers for course work. You cannot forward any patient information to your personal or school computer accounts.**



The use of personally owned Thumb Drives is now prohibited on VA-owned equipment.

All thumb drives used by VA staff, residents and students *must* meet VA encryption standards or be approved for use by the Office of Information and Technology (OI&T). If you need to sign out an encrypted thumb drive, a request must be made via your preceptor to the Information Security Officer (ext. 1077). Residents and students giving/creating presentations may use CD's, DVD's or VA encrypted Thumb Drive.



Patient Privacy: When providing patient care, patient privacy must be respected at all times. Remember to knock before entering rooms, call the patient by his/her proper name, prevent unnecessary exposure of the body, and close doors and/or curtains when providing care to the patient.

Therapeutic Relationships: If you are providing direct patient care as a professional member of the health care team, you are responsible for establishing and maintaining professional and therapeutic relationships with the veterans. Patient-staff boundaries are established and maintained by the health care worker, including the student learners.

Borrowing from or lending money to patients is *forbidden*. Ask your supervisor about other boundaries for your role.

PATIENTS' RIGHTS



- A) The following list of patients rights are assured for each patient unless medically contraindicated.
- 1) **YOU HAVE THE RIGHT** to be treated with dignity as an individual, with compassion and respect, with reasonable protection from harm and with appropriate privacy.
 - 2) **YOU HAVE THE RIGHT** to receive, to the extent you are eligible, prompt and appropriate treatment for physical and/or cultural practices that are a part of your life-style and that may have a positive impact on your course of treatment.
 - 3) **YOU HAVE THE RIGHT**, to the extent possible, to pursue/ observe psychosocial spiritual, and/or cultural practices that are a part of your life-style and may have a positive impact on your course of treatment.
 - 4) **YOU HAVE THE RIGHT** to appropriate pain management and control.
 - 5) **YOU HAVE THE RIGHT** to collaborate with your physician, to make decisions involving your health care, including the right to accept or refuse medical treatment, to the extent permitted by law. If you and/or your family have conflict with the medical treatment, you need to discuss the conflict/problem with the physician and the interdisciplinary team. If there is no resolution at that time, you can contact the Patient Advocate's Office and/or the Ethics committee for assistance in the resolution. In the event the issue cannot be resolved in the above manner, the Chief of Staff's and/or Director's Office will be consulted for intervention.
 - 6) **YOU HAVE THE RIGHT** to be informed of the medical consequences of decisions you may make regarding your medical care.
 - 7) **YOU HAVE THE RIGHT** to formulate advance directives and appoint a surrogate to make health care decisions on your behalf, to the extent permitted by law.
 - 8) **YOU HAVE THE RIGHT** to access necessary information to better enable you to make treatment decisions that is commensurate with your wishes.
 - 9) **YOU HAVE THE RIGHT** at the time of admission to information about the hospital's patients' rights policies and mechanism for dealing with any complaints you may have concerning the quality of care you receive.
 - 10) **YOU HAVE THE RIGHT** to be informed of any human experimentation or research that might be involved in your course of treatment.

PATIENTS' RIGHTS



- 11) **YOU OR YOUR LEGALLY DESIGNATED REPRESENTATIVE HAVE THE RIGHT** to have access to information contained in medical records, to the extent within the law.
 - 12) **YOU HAVE THE RIGHT** to be represented by a guardian; next-of-kin; or legally authorized, responsible person, to the extent permitted by law, to make decisions on your behalf if you have been found to be medically incapable of understanding the proposed treatment or procedures or have been adjudicated as incompetent, in accordance with the law.
 - 13) **YOU HAVE THE RIGHT** to communicate freely and privately with persons outside the facility and to have or refuse visitors. There shall be reasonable access to public telephones for making and receiving calls.
 - 14) **YOU HAVE THE RIGHT** to receive unopened mail. If there is a valid and sufficient reason to believe any mail may contain contraband, then the mail would have to be opened in the presence of an appropriate person.
 - 15) **YOU HAVE THE RIGHT** to write letters and be assisted in doing so whenever possible.
 - 16) **YOU HAVE THE RIGHT** to keep personal possessions, to the extent possible.
 - 17) **YOU HAVE THE RIGHT** to personal privacy and to have your medical records and all other information kept confidential unless disclosure is required and permitted by law or you consent to its release.
 - 18) **YOU HAVE THE RIGHT** to request a discharge from care and to be discharged in a timely manner unless appropriate legal action is taken to detain you because you represent a danger to yourself or to other persons.
 - 19) **YOU HAVE THE RIGHT** to request that another staff member of the same sex as yourself be present during an examination or treatment.
- B) Many of your rights have time limitations imposed by law, such as the time necessary to respond to your request for information from your medical record(s). If you have specific concerns regarding your rights or the time limitations imposed on responding to them, **YOU SHOULD EXERCISE YOUR MOST BASIC RIGHT: TO ASK QUESTIONS** of any of the various members of your treatment team.

ETHICAL CONDUCT FOR GOVERNMENT EMPLOYEES



VHA STANDARDS OF ETHICAL CONDUCT

The following standards apply to all employees as well as some other individuals who might not be considered traditional employees *such as residents and students*. Individuals who have questions about their applicability of the ethical rules should contact their local Compliance Office for more information.

These 23 Standards of Ethical Conduct are published in the Code of Federal Regulations (5 CFR, Part 2635) and provide examples of employee conduct with regards to gifts, vendor relationships, and procurement activities. These high standards for staff behavior are modeled on the Executive branch of government's Code of Ethical Behavior, which all VA employees agree to follow upon hire.

1. Public service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.
2. **Restrictions on gifts:** With some exceptions, an employee shall not solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or non-performance of the employee's duties.
3. Gifts to official superiors are prohibited.
4. Employees shall not hold financial interests that conflict with the conscientious performance of duty.
5. Employees must not take any official action which affects his or her financial interests.
6. Employees shall not engage in financial transactions using non-public Government information or allow the improper use of such information to further any private interest.
7. Employees shall act impartially and not give preferential treatment to any private organization or individual. An employee should not take any official action in circumstances where a reasonable person would question the employee's impartiality in that action.
8. With some exceptions, an employee is disqualified for two years from participating in any particular matter in which a former employer is a party or represents a party if he or she received an extraordinary payment from that person prior to entering Government service.
9. An employee must not take any official action which affects the financial interest of any person or entity with whom the employee is negotiating for employment.
10. Employees shall put forth honest effort in the performance of their duties.
11. Employees shall not use public office for private gain. An employee must not use his or her public office - including official time, information, property, or endorsements - for personal gain or the private gain of anyone.

ETHICAL CONDUCT FOR GOVERNMENT EMPLOYEES

12. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.
13. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment that conflict with official Government duties and responsibilities.
14. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those--such as Federal, State, or local taxes--that are imposed by law.
15. An employee shall not serve, other than on behalf of the United States, as an expert witness, with or without compensation, in any proceeding before a court or agency of the United States in which the United States is a party or has a direct and substantial interest, unless the employee's participation is authorized by the agency under certain circumstances.
16. With some exceptions, an employee shall not receive compensation from any source other than the Government for teaching, speaking or writing that relates to the employee's official duties.
17. Any fundraising activities in the Federal workplace are subject to the restrictions of Part 2635.808 and Part 950 of Title 5 of the Code of Federal Regulations.
18. An employee must comply with all ethics laws and regulations.
19. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.
20. Employees shall endeavor to avoid any actions creating the appearance that they are violating the law or the ethical standards set forth in this part. Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.
21. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.
22. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.
23. Employees shall keep all patient information confidential. Only those employees who need to view patient and staff records have the right to view them. Information should only be disclosed on a need-to-know basis.

Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.

These principles form the basis for the standards of ethical conduct regulation (5 C.F.R. Part 2635) that is discussed and illustrated by examples on the following pages. A violation of these rules could result in disciplinary action or, for certain offenses, even prosecution under related criminal statutes on conflict of interest. So you should become familiar with the rules, and talk to your agency ethics officials if you have any questions or need more information.

GIFTS FROM OUTSIDE SOURCES



When may I accept a gift?

Generally, anything that has monetary value is considered a gift. With some exceptions mentioned later, you may not accept a gift from anyone who is giving the gift to you because of your Government position. Ask yourself if the gift would have been offered if you were not working for the Government. If the answer is no, then the gift is being offered because of your Government position and you cannot accept it.

Also, you may not accept a gift from people or organizations that are "prohibited sources"- those who do business with, or seek to do business with your agency, who seek some official action by your agency, or who have activities regulated by your agency. Gifts from these people or groups are prohibited, whether or not you deal with them when doing your job. You must also turn down a gift from those who have interests that may be significantly affected by your official duties, as they are also considered "prohibited sources."

What about accepting a cup of coffee?

A cup of coffee is all right. It is such modest refreshment that it is not considered a gift. You may accept it without worrying about who is giving it or why. Other inexpensive food and refreshment items such as donuts or soda may also be accepted. There are some other items as well that are not considered gifts, such as greeting cards, and bank loans at commercial rates, publicly available discounts, certain contest prizes, and things for which you pay fair value. But remember that the definition of a gift is very broad. If you have a question about a gift, ask your ethics official.

May I accept a lunch?

Meals are gifts. If the person who wants to pay for your lunch is a "prohibited source" or if the meal is offered because of your position, then the rule on not accepting gifts applies. However, you may be able to accept a lunch or other meal under an exception for gifts valued at \$20 or less. But you may not go to lunch on a frequent basis as the guest of the same person because there is a \$50 per year limit on gifts from any one source.

May the \$20 exception be used for any thing other than lunch?

Yes, but no cash! The \$20 exception may be used to accept any gift that is not worth more than \$20. If you don't know the actual value of an item, you may make a reasonable estimate.

There are some other things you should keep in mind before you use the \$20 exception. **First**, it allows you to accept, but not to ask for, something worth \$20 or less. **Second**, the rule allows you to accept gifts worth \$20 or less on a single occasion. That means if several gifts are given at the same time, their total value cannot exceed \$20. Again remember, there is a \$50 per year limit on gifts from the same source.

There are other exceptions that would allow you to accept (but not to ask for) gifts, that would otherwise be prohibited, such as the "friends and family" exception for gifts based on personal relationships. Other examples are special discounts (such as from your agency credit union), gifts that result from an outside job for you or your spouse when they are not given because of your Government position, achievement awards, and certain dinners or other events that your agency approves for you to attend. All of the exceptions are subject to certain limits and some have conditions that must be met. For example, you cannot accept a gift for an official act, because of a criminal statute (18 USC 201). Before using an exception, the best course to follow is to ask your ethics official about it. Your ethics official can also tell you how you may properly dispose of a gift that you have received but are not allowed to keep.

GIFTS FROM OUTSIDE SOURCES

Some Things That May be Accepted

- * Alex may keep a pen worth \$15 that is given to him by a person whose license application he has processed.
- * Janine may accept a tennis racket from her brother on her birthday, even though he works for a company that does business with her agency, as long as he, not his company, paid for the gift.
- * Louise may accept two \$8 tickets to a craft show that are offered to her by a company that has applied to her agency for a grant.

GIFTS BETWEEN EMPLOYEES

What about gifts to the boss?

With a few exceptions, the general rule is that you cannot give, make a donation to, or ask for contributions for, a gift to your official superior. An official superior includes your immediate boss and anyone above your boss in the chain of command in your agency. Also, an employee cannot accept a gift from another employee who earns less pay, unless the person giving the gift is not a subordinate and the gift is based on a strictly personal relationship.

When can I give my boss a gift?

You may give your boss a gift on an occasion when gifts are traditionally given or exchanged such as a birthday or holiday, or after a vacation trip. At those times, gifts valued at \$10 or less - but not cash - are permitted.

You may contribute a nominal amount for food that will be shared in the office among several employees including your boss, or you could bring food to share. You can also invite your boss to your home for a meal or a party. If your boss invites you to his or her home, you can take the same type of gift for your boss that you would normally take to anyone else's home for a similar occasion.

You may also give your boss a gift on a special, infrequent occasion of personal significance, such as marriage, illness, birth or adoption. And you may give your boss a gift on an occasion that ends your employee-boss relationship, such as retirement, resignation or transfer.

For these special, infrequent occasions, employees are also allowed to ask for contributions of nominal amounts from fellow employees on a strictly voluntary basis for a group gift.

Remember that gift giving is strictly voluntary. A boss may never pressure you to give a gift or contribute to a group gift.

Some Gifts Permitted Between Employees

- * Nadia may collect voluntary contributions from other persons in her office in order to buy a cake to celebrate the birthday of her supervisor or a co-worker.
- * Clarissa may participate in the exchange of gifts in the office holiday grab bag by buying and contributing a tape cassette worth \$10.
- * Steve may collect contributions to purchase a fishing rod and tackle box for his boss when his boss retires, and may suggest a specific, but nominal amount, provided that he makes it clear to his coworkers that they are free to contribute less or nothing at all.
- * Ralph may bring a jar of macadamia nuts to his boss when he returns from his vacation in Hawaii.

BUSINESS RELATIONSHIPS BETWEEN VHA STAFF AND PHARMACEUTICAL REPRESENTATIVES

Promotional Materials, Promotional Activities, and Medical Literature

- Sales representatives may only promote products that are included on the VA National Formulary and only in accordance with applicable Food and Drug Administration (FDA) and VA guidelines, and/or VA restrictions and criteria which may exist for those products, except as outlined in the following paragraphs. It is the sales representative's responsibility to ensure that the formulary status of all drug products discussed and/or displayed is represented accurately. Educational materials or literature for new drug products that have not yet been reviewed by the VA Medical Advisory Panel, VISN Formulary Leaders Committee, or the VISN Formulary Committee, or new therapeutic indications for products already on the formulary, may only be displayed and discussed according to the processes outlined in the following paragraphs.
- All educational materials or literature (including journal articles, etc) and/or discussions regarding any drug that has a status of "Formulary with Restrictions," "Non-formulary," or other similar status designations, or has not yet been reviewed, must be clearly articulated and conspicuously identified as such by the sales representative. Promotional materials are not to be placed in any patient care area.
- The practice of bringing guest speakers to VA facilities for educational purposes is acceptable, but must be at the invitation of VA staff and must be approved by the Chief, Pharmacy Service, or Chief of Staff, or as specified in local policy. Sales representatives must provide the Chief, Pharmacy Service, Chair of the Facility Education Committee, or other similarly responsible VA staff member a summary of such plans well in advance of the proposed visit so that a determination of the program's suitability can be made. An education activity may be subject to further requirements by continuing education providers that have certified the activity for credit for pharmacists, physicians, or other health professionals.



- **Gifts to VA Staff including Refreshments:** In order to avoid violating or giving the appearance of violating government ethics rules, VA employees must exercise careful judgment when considering the acceptance of any gift, gratuity, favor, entertainment, loan, or anything of monetary value from a sales representative or any other person seeking to become involved, or who is currently involved in business interactions with VA. Sales representatives may provide food items of nominal value (e.g., soft drinks, coffee, donuts, and other light refreshments are permissible; **meals are not**) to VA employees when incidental to a scheduled meeting or legitimate educational interchange and are not otherwise prohibited by government ethics rules and/or education accreditation requirements. VISNs may impose additional restrictive measures on sales representatives regarding food and/or refreshments incidental to meetings.
- Please refer to VHA Directive 2003-060 "Business Relationships between VHA Staff and Pharmaceutical Industry Representatives" dated October 21, 2003 for further information on this subject.

VHA COMPLIANCE AND BUSINESS INTEGRITY PROGRAM

The purpose of the Compliance and Business Integrity (CBI) Program is to ensure that Veterans Health Administration's (VHA) business operations follow all laws, regulations, and policies that apply, and to promote standards of excellence in business practices. VHA's CBI Program follows the Office of Inspector General's Compliance Program Guidance for Hospitals using the seven elements of an effective Compliance Program.

Compliance in general refers to our complying with, or being in compliance with, all requirements of regulatory agencies, accrediting organizations, regulations, laws and statutes that affect us. This includes OSHA, JOINT COMMISSION, and the Health Care Finance Administration, among others.

The Health Care Finance Administration is the healthcare/Medicare governmental watchdog agency preventing fraud and abuse.

Compliance is concerned with preventing fraud and abuse and upholding the integrity and quality of the services provided and billed for.

Compliance means that we can support our insurance billing/claims with:

- a) Supporting documentation for billed services, etc.
- b) Verification of correct coding for diagnosis, levels of care and services provided.

Compliance also means that our training programs such as medical residency and other internship and student education programs are in compliance with regulatory requirements and statutes, and are in compliance with our affiliation agreements with educational institutions.

Quality Care depends on timely, complete and compliant medical documentation reflected by: Reason for visit and presenting problem(s), pertinent history info-ROS, past, family or social history, pertinent examination, assessment clinical impression, treatment plan including rationale for ordering diagnostic and therapeutic services, date of service/signature of provider, and time spent with patient (if required).

Copying and Pasting documents or cloned documentations carry significant risk for our facility. It includes those utilizing automated templates, as well as notes, that import patient information from other parts of the record, such as laboratory or radiology results. Particularly high risk types of copying include same history of present illness appearing in the doctor's note for the past 3 years, documents includes "negative" findings for prostate exam in female patient, consultants' findings copied and pasted including consultant's signature line, identical subsequent hospital visit notes for 3 days in a row with no indication of patient's improvement. Issues identified related to copied and pasted information include: inaccuracies, plagiarism, lengthy notes obscuring pertinent information, misrepresentation of service provided, fraudulently billing of services, overuse of disk space, and erosion of professionalism.

Documentation Tips- Do not copy large block of text, problem list into assessment, chief complaint or history of present illness (the problem list may be copied into the past medical history). Do not create templates that include "normal" or "negative" statements (may forget to revise). Do not assume all imported data is current. Avoid using abbreviations not on VAHCS's "approved list". **NEVER** copy the electronic signature block. Copied documentation should identify original source-"Vital signs as taken by nurse as noted in 1/5/2003 note with no new information to add". Summarize diagnostic test result rather than importing or copying and pasting full results into note. Review note prior to signing for clarity and accuracy. Documentation should be in proportion to reason for visit.

Fraud and Abuse

Fraud is the act of intentionally submitting false information (or omitting true information) in order to obtain payment from an insurance company or Medicare. Abuse occurs when a provider unintentionally submits false information, but should have known better had the provider been familiar with the Medicare manual or updates from the Fiscal Intermediary.

VHA COMPLIANCE AND BUSINESS INTEGRITY PROGRAM

Self-Referrals

Self-referrals are those that in any way financially benefit the referring provider. VHA contracting physicians are prohibited from referring patients to themselves, family members or to organizations from which they can benefit.

False Claims Act

Parties who knowingly present fraudulent claims for payment to the government can be fined as much as \$10,000 per violation.

DOCUMENTATION AND CODING (FOR CLINICIANS)

Clinicians are responsible for complete and accurate documentation of the care provided to the patient. This information is necessary for research, epidemiology, reimbursement, evaluation of quality of care and communication to support the patient's treatment. The Computerized Patient Record System (**CPRS**) is utilized to document all patient care and services. The electronic encounter form within CPRS will be utilized in outpatient services to capture diagnostic and procedure codes.

Medical necessity indicates that the procedure, service, or admission is required to diagnose and treat patient, adheres to local standard of practice and is not provided merely for the convenience of patient or provider. Lack of **Medical Necessity** occurs when tests performed to "rule out" a condition, routine or periodic tests with no presenting symptoms, too many tests performed in a given time period, improper diagnosis to support necessity for the test/service, services provided for which improvement is not expected, non-covered screening rest or preventive care (CMS does cover some screening rest). Some examples of poor documentation are: 1. six weeks of PT ordered for wheelchair bound patient, 2. CXR performed in patient complaining of left knee pain with other diagnosis of Diabetes and hyperlipidemia and 3. Patient presented for Vitamin B12 shot with no associated diagnosis documented. Some examples of acceptable documentation are: 1. Ventricular tachycardia continue amiodarone; EKG ordered, 2. Recent CVA with residual mild right hemiplegia; gait training will be provided and 3. HTN doing well on current meds; CXR ordered.

Documentation is basis for all revenue. There are three sources. V.E.R.A., 1st party collections and 3rd party collections. VA cannot bill Medicare, Medicare HMOs but can bill other insurance companies if proper documentation is in the patient's record.

Service-Connection is important since it is monitored by Congress, Office of Management and Budget, Top VHA Officials, Third party payers and Veterans. VHA requires this data for utilization studies, research, budgeting and business office operations. The clinician documents all identified conditions and treatments given during an encounter, select the appropriate diagnosis and procedure codes on the encounter form during checkout and mark the encounter forms with the appropriate diagnostic and procedure codes. Remember documentation **MUST** support your choice. *Service-connection* meant that the facts, shown by evidence, establish that a particular injury or disease resulting in disability was incurred coincident with service in the Armed Forces, or if preexisting such service, was aggravated therein.

You must differentiate between a New versus Established patient when documenting. The Established patient has been seen by the same physician –OR- one within same specialty within a healthcare system in the past 3 years. The New patient has not been seen by same physician –OR- one within the same specialty within a healthcare system in the past 3 years. Key components when documenting evaluation and management of the patient is: History with the chief complaint, history of present illness; past medical history, family and social history, and review of systems, physical examination, medical decision making to include assessment/impression, treatment plan or plan of care and to document by using SOAP or SOAPIE. When providing the ICD-9-CM Diagnosis Codes, you need to demonstrate medical necessity, appropriate linkage of diagnosis to procedure code to support medical necessity, rule out/possible diagnosis not appropriate by assigning appropriate signs and symptoms code, avoid assigning non-specific codes such as unspecified cardiac arrhythmia.

VHA COMPLIANCE AND BUSINESS INTEGRITY PROGRAM

In conclusion, an effective compliance program identifies excellence and standards of best practices, recognizes and rewards identification of inappropriate business, ensure corrective action plans are developed to address inappropriate business processes, promote the sharing of best practices between facilities, review facility business operations in accordance with applicable laws, regulations and policies to promote standards of excellence in business practices, and promote consistent business processes.

Teaching Physician Rules for VA: VHA bills in the name of the attending physician rather than the resident when billing for care in a properly supervised environment. A "GC" modifier is applied to each CPT code in order to distinguish care provided by a resident under the direction of a teaching physician. VHA Handbook 1400.1, "Resident Supervision" is the primary guidance for the documentation of care in teaching settings.

YOUR ROLE IN THE ORGANIZATION

Conduct and Ethical Behavior: As is the policy with employees, students should avoid misconduct and other activities in conflict with their placement, be conscious of how their behavior is taken, exercise courtesy and dignity, and otherwise conduct themselves both on and off duty in a manner reflecting credit upon themselves and the VA.

Any agent of the facility who is aware of potential violations of law or business practices are obligated to report the activity to the supervisor of their service or to the facility Compliance Officer, Tracy Ross, ext 4730. Issues will be reviewed and corrective action taken.

If you want to report potential violations anonymously, a CBI Help Line has been established. The CBI Help Line number is 1-866-842-4357. The Help Line is available 24 hours a day and each caller may remain anonymous.

ETHICS ADVISORY COMMITTEE: This facility has an Ethics Advisory Committee which provides consultation, education, and policy development in biomedical ethics to the members of the Medical Center staff, patients, their families, and significant others. Among the functions of the committee is the review of cases, which raise bioethical questions or concerns. An Ethics consultation may be requested by an employee, patient, family member or representative and by others with a legitimate interest in the patient.

PATIENT ABUSE

Action in Case of Patient Abuse: The following is quoted from VHA Supplement, Part 1, Chapter 752, and is the Department of Veterans Affairs' policy:

"It is a fundamental and closely guarded policy of the VA that no patient is to be mistreated or abused in any way, physically or verbally, by any employee. Inquiry or investigation will be conducted in instances of alleged patient abuse or mistreatment."

Possible signs of abuse or neglect could be: scratches, cuts, burns, welts, scalp injury or gag marks; multiple or symmetrical bruises; contusions; injuries inconsistent with patient or caregiver explanation; malnourished appearance; sprains, punctures, broken bones, or bedsores.

Abuse can also include such acts as teasing, speaking harshly, rudely, or irritably to a patient, laughing at or ridiculing a patient, scolding a patient and indifference. **Refer to VAHCS 122-002 for further information.**

If you have reasonable cause to suspect abuse, please report it immediately to your preceptor/instructor and/or supervisory attending practitioner.

Professional conduct and adherence to patient rights and responsibilities is expected of residents and students.

PATIENT SAFETY

PATIENT SAFETY IS EVERYBODY'S BUSINESS!

Bay Pines participates in the VHA **Culture of Safety**. The focus of the Culture of Safety is on **prevention not punishment**.

Your Responsibilities as a Resident/student: As a Resident/student within the Bay Pines VA Healthcare System, it is your duty to ensure the safest possible environment for our veteran patients, VA employees, and yourself.

First, know how to contact the Patient Safety Team as they are your primary contact in all matters concerning patient safety. You may contact them by calling Quality Systems at ext. 4121 or 5507.

Second, report any and all events that just don't seem to "go like they're supposed to go." Also include other reportable events.

Third, make sure you receive the training you need to do your job safely. It is the responsibility of the VA to provide this necessary training. Make sure the VA is doing its' job! **This is why you are required to read this handbook.**



Take Home Points:

- Safety is everyone's responsibility and can make a difference!
- We are all part of the "early warning system."
- We can identify "hidden" problems with devices.
- Take focus off of people and on system design (culture change).

PATIENT SAFETY

NEW

The Joint Commission Patient Safety Goals: The Bay Pines VA Healthcare System's overall patient safety focus is to ensure that our patients receive the safest care possible. The Joint Commission Patient Safety Goals drive the Bay Pines Patient Safety Program. The **2008 Joint Commission Patient Safety Goals** are:

1. Improve the accuracy of patient identification.

- Use the patient's **full name** and **full social security number** whenever working with a patient or patient information. Be alert for similar names and same sounding names.

2. Improve the effectiveness of communication among caregivers.

- **Write down – Read Back** all verbal or telephone orders, and all critical test results.
- Report all critical test results and values to provider ASAP.
- Measure and assess, and if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt by the responsible licensed caregiver, of critical test results and values.
- Use only approved abbreviations. Check the Bay Pines Homepage (center of page) click on "CLINICAL RESOURCES" Link, then under "Tools" select "Abbreviations" for the Approved List and next select the "Do NOT Use List".
- Implement a standardized approach to "hand off" communications, including an opportunity to ask and respond to questions. This includes shift to shift hand offs.

3. Improve the safety of using medications.

- Identify and, at a minimum, annually review a list of look-alike/sound-alike drugs used, and take action to prevent errors involving the interchange of these drugs. **This list is available in VAHCS Memorandum 516-06-119-007.**
- Label all medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field.
- **Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.** The organization implements a defined anticoagulant management program to ensure individualized care for each patient receiving anticoagulation therapy.

4. Reduce the risk of health care-associated infections.

- Comply with current World Health Organization (WHO) Hand Hygiene Guidelines or Centers for Disease Control and Prevention (CDC) hand hygiene guidelines. *Required Hand Hygiene Practices are specified in VAHCS Memorandum 516-06-11-53.*
- Manage as sentinel events all identified cases of unanticipated death or major permanent loss of function associated with a health care-associated infection. **Call Quality Systems (Ext. 4121 or 5507) for all unanticipated deaths or permanent loss of function associated with a health care-associated infection.**

5. Accurately and completely reconcile medications across the continuum of care.

- There is a process for comparing the patient's current medications with those ordered for the patient while under the care of the organization.
- A complete list of the patient's medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service, practitioner or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

PATIENT SAFETY

6. Reduce the risk of patient harm resulting from falls.

- Implement a fall reduction program including an evaluation of the effectiveness of the program.

7. Encourage patients' active involvement in their own care as a patient safety strategy.

- Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

8. The organization identifies safety risks inherent in its patient population.

- The organization identifies patients at risk for suicide.

9. Improve recognition and response to changes in a patient's condition.

- The organization selects a suitable method that enables health care staff members to directly request additional assistance from a specially trained individual(s) when the patient's condition appears to be worsening. To activate the hospital's Rapid Assessment Process known as "RAP", immediately dial 711.

INCIDENT REPORTS

Reporting unsafe incidents: The key building block for accomplishing our goal of keeping our patients safe is the reporting of all incidents that have caused harm (adverse patient event) or may cause harm (near-misses or close calls). The purpose of reporting all incidents is to get an accurate account of what and why a particular unsafe incident happened. Knowing this allows us to take action to help prevent that type of incident from happening again.

Residents and Students Responsibilities: Every employee, including our Residents and Students, is responsible to report any unsafe patient occurrence (incident). Residents and Students are also responsible for reporting any unsafe conditions or practices, even though an adverse event or close call has not occurred.

Fill out the Electronic Incident Report form as soon as possible. It is found on the Bay Pines Home Page by choosing the "CLINICAL RESOURCES" Link and selecting "Electronic Incident Reporting". The incident report is located at the bottom of the page; click under "more". It can also be access on the CPRS tool bar under "tools".

It is important to fill out an incident report form as soon as an incident occurs. **You will need a printer;** make sure the computer you use to complete the incident report form is attached to a printer. You need to be able to print and complete the Routing Sheet when you have finished your section of the report and forward to the Unit Nurse Manager.

Reporting of adverse events (incidents) is the responsibility of every employee and our Residents and Students. The report will include an objective description of the incident which will include what was witnessed and/or quoted by the patient, where it occurred and pertinent factors such as the diagnosis, date of birth, mental status, and medications taken by the patient within 24 hours, a medical assessment, and plan of action.

The physician responsible for the patient's care at the time of the incident should be notified immediately. The responsible practitioner examines the patient following an incident and records a brief summary of findings on the Incident Report. The Incident Report is not placed in the medical or administrative sections of the patient's record. The event should be documented in the progress notes and include what occurred, the results of the evaluation and necessary treatment. No mention of the incident report is be made in the medical record.

VHA is obligated to inform patients and their families, as authorized by applicable confidentiality statutes, about injuries resulting from adverse events and the options available to them.

PATIENT SAFETY

Safe Medical Devices Act Reporting

All medical device-related incidents will be reported and evaluated under the Patient Incident Reporting or Employee Injury Program. A medical device is item used for the diagnosis, treatment, or prevention of a disease, injury, illness or other condition except for pharmaceuticals. Examples include but are not limited to ventilators, catheters, diagnostic test kits and reagents used for phlebotomy, disposables, components, parts, accessories and related software.

Patient Safety is Everyone's Business!
Additional ways to report patient safety events or close calls:

Bay Pines VA Patient Safety Hotline
Call: (727) 319-1355 – or - Ext. 1355

Call the **Patient Safety Hotline** to anonymously report concerns about care provided to our patients



Patient Safety Reporting System (PSRS)

- Through PSRS you can voluntarily report any events or concerns that involve patient safety.
- All reports are considered confidential and privileged quality assurance documents under the provisions of 38 USC 5705.
- PSRS removes all personal names, facility names and locations, and other potentially identifying information before entering reports into its database.
- You can report: unexpected serious occurrences (patient's death, physical injury, or psychological injury); close calls (events or situations that could have resulted in a patient's accident, injury, or illness, but did not); Lessons learned or safety ideas.

For more information, visit the PSRS website: <http://psrs.arc.nasa.gov>.

The Joint Commission (TJC)

The Joint Commission encourages you to first bring your complaint to the attention of the health care organization's leaders. If you believe you need to contact The Joint Commission, summarize the issues in one to two pages and include the name, street address, city, and state of the health care organization. The Joint Commission does not address individual billing issues and payment disputes. Also, they do not have jurisdiction in labor relations issues or the individual clinical management of a patient.

Send your complaint by mail, fax or e-mail to:

Email: complaint@JointCommission.org

FAX: (630) 792-5636

Mail: Office of Quality Monitoring – Joint Commission
One Renaissance Blvd
Oakbrook Terrace, IL 60181

Bay Pines VAHCS Medical Staff Bylaws and Rules:

These are available for review on the Bay Pines Homepage (center of page) under "REFERENCES". Go to REFERENCES and then select "VAHCS Memorandums", the "Select a Service" by scrolling to obtain "Chief of Staff", then below this box, click on "Get Selected Service Memos"; then scroll down to VAHCS Memorandum (516) 11-006 "Medical Staff Bylaws and Rules".

PATIENT SAFETY

NEW

Mental Health Environment of Care – Reducing Patient Suicide Risk

- Suicide was the eleventh leading cause of death in the United States with a rate of 10.7 per 100,000 in 2001.
- Primary risk factors are:
 - Suicidal thoughts/behaviors and history of these behaviors.
 - Psychiatric diagnoses (Depression, Bipolar, and Substance Abuse).
 - Physical illnesses (pain and functional impairment).
 - Availability of lethal means such as medications or fire-arms.
 - Feelings of hopelessness, impulsivity, aggression, anxiety.
 - Elderly white males at high risk (especially when alone).
- Veterans are twice as likely to die from suicide as non-veterans.
- To reduce suicide risk, each VA Medical Center is to form a multidisciplinary inspection team to identify any potential hazards. This team is composed of Patient safety, psychiatry, psychology, nursing, fire protection, engineering, quality improvement, and senior management
- Focused on specific rooms in locked mental health units
 - General room, bath, bed, seclusion, utility, kitchen, Laundry, OT, dining, staff office, nursing station, entrance to unit, outdoor areas
- Conduct environmental rounds at least quarterly using the Mental Health Environment of Care Checklist for Locked Mental Health Units as a guide
- Rate identified safety concerns using a standardized scale taking severity and frequency into account.

Study on Inpatient Suicide and Para Suicide RCA Events in VHA 12/1999 to 6/2006:

A total of 185 inpatient suicide and suicide attempts were reported; 42 were completed suicides and 143 were suicide attempts. Approximately 52% of the total number of events occurred while the patient was on an inpatient psychiatry unit. Other areas where the events occurred include ER, Acute Care TCU, Common Space, Domiciliary, Grounds, NHCU or Alzheimer's Unit, Clinic, Detox Unit, and ICU.

- Methods for the events include hanging, cutting with a sharp, drug overdose, jumping, and strangulation. Note that patient induced drug overdose, cutting with a sharp object and hanging accounted for 71.4% of the total number of events.
- Hangings, cuttings, and strangulation took place primarily on inpatient psychiatry units, while a large percentage of overdoses and jumping took place on other units.
- Anchor points used for the 58 cases of hanging include Door or Door Hardware, Wardrobe Cabinet, Bed or Bed Rail, Shower, Bathroom Stall, Grab-bar or Handrail. Doors and wardrobe cabinets accounted for 41.4% of the anchor points listed.
- Materials used as a noose in the 58 cases of hangings include Bedding, Belt, Clothing, Shoelaces, Wire Coat Hanger, Medical Equipment, Window Blind Cord, Towel, TV Cable, and Rope. Note that 39.7% of the total utilized bedding.
- Cutting implements used in the 38 reported cases of serious cutting. Other implements used include razor blade, box cutter, knife, aluminum can, scissors, plastic knife, light bulb, glass, broken wall tile, toilet paper holder – spring. Note that razor blades accounted for 36.8% of the total.

Literature on Inpatient Suicide

- Most common JC sentinel event – 16.3% of total.
- Most inpatients have many risk factors but only a small percentage will attempt suicide.
- Physical environment a root cause in 84% of JC sentinel event inpatient suicides.
- Hanging is the most common method reported in JC (75%) literature and in the VA (30.8%). 50% of suicides by hanging were NOT fully suspended – using anchor points below the head.

Reducing Environmental Risk Factors

- Eliminate structures that are capable of supporting a hanging object such as plumbing, ductwork, fire sprinkler heads, curtain or clothing rods, hooks, shower heads and controls, doors, hinges, door handles, light fixtures.
- Include structures close to the floor:
 - Towel bars, grab bars, toilet/sink plumbing & faucets, projections and side-rails on beds
- Reduce strangulation devices including drapery cords, belts, shoe laces, ties, kerchiefs, bathrobe sashes, drawstring pants, coat hangers, call cords, privacy curtains, and trash can liners. Very hard to eliminate all of these e.g. sheets.

PATIENT SAFETY

- Reduce access to dangerous objects such as conducting a contraband check, medications, objects provided by roommates and visitors, cleaning supplies, electrical outlets, stoves, breakable furniture.
- Reduce access to sharps or any breakable glass or tiles, razors, flatware, light bulbs, wires or springs, dishes, scissors.
- Reduce opportunities to jump from windows, balconies, walkways, roofs.
- A good risk reduction process:
 - Clinical assessment and reassessment
 - Environmental evaluation
 - Staff communication and participation

USE OF RESTRAINTS

It is the goal of Bay Pines VA Healthcare System to reduce the use of restraints/seclusion while providing the safest, most therapeutic and least restrictive environment for our patients. Restraint and Seclusion is based on the patient's assessed needs when less restrictive interventions have been ineffective to protect the patient and others from harm. Restraints are used as a last resort and will **NEVER** be imposed as a means of coercion, discipline, convenience or retaliation by staff. Since there are different documentation requirements for medical restraints and behavioral restraints, you must review those policies regarding restraints with your VA supervisor if you will be working in clinical areas in which restraints may be used.

ABBREVIATIONS – DO NOT USE LIST

pg (microgram)	Mistaken for mg (milligrams) resulting in one thousand-fold overdose	Write "mcg" or "micrograms"
U (unit)	Mistaken for "0" (zero), the number "4" (four) or "cc"	Write "unit"
IU (International Unit)	Mistaken for IV (intravenous) or number 10 (ten)	Write (International Unit)
Trailing zero (x.0mg)* Lack of leading zero (.xmg)	Decimal point is missed	Write X mg Write 0.X mg
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other Period after the Q mistaken for "1" and the "0" mistaken for "1"	Write "daily" Write "every other day"
MS MSO ₄ and MgSO ₄	Can mean morphine sulfate or magnesium sulfate Confused for one another	Write "morphine sulfate" Write "magnesium sulfate"

These **Do Not Use abbreviations** apply to all orders and medication related documentation including free text computer entry and pre-printed templates. **EXCEPTION:** * A "trailing zero" may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter tube sizes. It may not be used in medication orders or other medication related documentation.

A complete list of Approved Abbreviations may be found on the Bay Pines Home Page under the Clinical Tab on the left side of the page.

PAIN MANAGEMENT

The Bay Pines VA Healthcare System is committed to prompt recognition and compassionate alleviation of patients' pain.

DEFINITION OF PAIN

- Pain is an unpleasant sensory and emotional experience with actual or potential tissue damage.
- Pain can affect daily functioning, sleep, appetite, mood and relationships.
- Pain is subjective and is what the patient experiencing it says it is.

PAIN MANAGEMENT

- Pain Management is integral to patient care and is a patient's right.
- Pain is identified as acute (present < 6 months), or chronic (present > 6 months).

PAIN ASSESSMENT

- The VA adopted Pain as the 5th vital sign
- The patient's self-report is the single most reliable indicator of pain.
- Pain Intensity Rating scales are used by staff to assess a patient's pain level.
- Pain Intensity Rating scales are posted in every patient room.

CLINICIAN'S ROLE IN PAIN MANAGEMENT

- Assess and reassess patient's pain as appropriate.
- Educate patients and families about pain and their treatment plans.
- Complete the VISN Opioid Agreement when prescribing for patients with chronic pain.

HOSPITAL EMPLOYEES' ROLE IN PAIN MANAGEMENT

- Communicate the patient's report of pain to his/her treatment team.
- Encourage the patient to report any pain to his/her treatment team.

THE PATIENT'S ROLE IN PAIN MANAGEMENT

- The patient has an active role in the treatment of his/her pain.
- The patient should tell the treatment team if he/she has pain and if the pain therapy is working.



RESIDENT SUPERVISION - SUPERVISING PRACTITIONER RESPONSIBILITIES

All VA care is provided either by a licensed independent practitioner with appropriate privileges (e.g., an attending physician) or by a resident physician (all PGY levels) under the direction of an attending physician, who is called the **Supervising Practitioner (SP)**. All patient encounters or reports of patient diagnostic examinations must identify the Supervising Practitioner (SP) and indicate the level of involvement.

There are four ways to document resident supervision:

1. The SP writes his/her own progress note.
2. The SP writes an addendum to the resident's note.
3. The SP countersigns the resident's note (which implies that the SP concurs with the resident's note). Reports related to reviews of patient material (e.g., pathology, radiology) must be verified and countersigned by the SP.
4. The resident documents the SP's supervision in his/her note. The SP's name, level of involvement and concurrence with the plan are essential elements (e.g., "I have seen and discussed the patient with my supervising practitioner, Dr. X, and Dr. X agrees with the assessment and plan).

INPATIENT SERVICE

New Admission – The SP must evaluate the patient within 24 hours of admission.

Documentation: The SP writes a note or adds an addendum to the resident's note documenting the SP's findings and therapeutic plan. The documentation must be completed by the end of the calendar day following admission.

RESIDENT SUPERVISION -

SUPERVISING PRACTITIONER RESPONSIBILITIES

Continuing Care – The attending must be personally involved in the patient's on-going care.

Documentation: Any of the four methods listed above is sufficient, at a frequency consistent with the patient's clinical acuity and principles of graduated levels of responsibility. It is the VAMC Bay Pines' goal that every resident note be so documented.

Inpatient – ICU Care (Includes SICU, MICU, CCU, etc) – Because of the unstable nature of patients in ICUs, SP involvement is expected on admission and on a daily or more frequent basis.

Documentation: Admission documentation requirements (see Inpatient: New Admission above) plus any of the four types of documentation daily.

Discharge or Transfer – The attending must be personally involved in a decision to discharge or transfer the patient to another service or to another level of care.

Documentation: The SP must countersign the discharge/transfer note. If the patient is transferred to another inpatient service, the accepting service's SP must treat the patient as a new admission.

OUTPATIENT SERVICE

The SP must be physically present in the clinic.

New Visit – Every new patient to the facility must be seen by or discussed with the SP.

Documentation – An independent note, addendum to the resident's note, or resident note description of attending involvement. Co-signature by attending alone is not sufficient documentation.

Return Visit – Patients must be seen by or discussed with the SP at a frequency to ensure appropriate treatment.

Documentation – Any of the four types of documentation listed above is sufficient.

Discharge – The SP will ensure the patient's discharge from the clinic is appropriate.

Documentation – Any of the four types of documentation listed above is sufficient.

EXTENDED CARE (NURSING HOMES)

New Extended Care Admissions – Each new patient admitted to an extended care facility must be seen by the responsible supervising practitioner within 72 hours of admissions.

Documentation – Any of the first two types of documentation listed above is sufficient.

Continuing Care in the Extended Care Setting – The supervising practitioner must be identifiable for each resident's patient care encounter. Extended care patients must be seen by, or discussed with, the supervising practitioner at such a frequency as to ensure that the course of treatment is effective and appropriate.

Documentation – Any of the four types of documentation listed above is sufficient.

CONSULTATIONS (INPATIENT, OUTPATIENT, EMERGENCY DEPARTMENT)

The SP must supervise all consults performed by the residents.

Documentation – Any of the four types of documentation listed above is sufficient.

RADIOLOGY AND PATHOLOGY

Documentation – Reports related to reviews of patient material must be verified and countersigned by the radiology or the pathology SP.

EMERGENCY ROOM

The Emergency Room (ER) SP must be physically present in the ER, and is the attending of record for all ER patients. The ER SP must be involved in the disposition of all ER patients.

Documentation – An independent note, addendum to the resident's note, or resident note description of attending involvement. Co-signature by attending alone is not sufficient documentation.

RESIDENT SUPERVISION -

SUPERVISING PRACTITIONER RESPONSIBILITIES

SURGERY

Except in emergencies, the SP must evaluate each patient pre-operatively.

Documentation – The SP must write a pre-procedure note detailing findings, diagnosis, therapeutic plan and choice of surgical procedure (may be done up to 30 days prior to surgery). Informed Consent must be obtained according to BPVAHCS policy. The attending's level of involvement is documented in the VistA Surgical Package. Post-operative documentation is required following JOINT COMMISSION standards and Bay Pines VA Healthcare System's Bylaws, Rules, and Regulations of the Medical Staff.

PROCEDURES

Routine Procedures (e.g., lumbar punctures, central line placements, paracentesis)

Graduated Level of Responsibility applies. The resident must write a procedure note that includes the SP's name.

Documentation – Any of the four types of documentation listed above is sufficient.

NON-ROUTINE AND NON-OPERATING ROOM PROCEDURES (e.g., cardiac catheterization, endoscopy, interventional radiology) The SP must authorize the procedure and be physically present in the procedure area.

Documentation – Any of the four types of documentation listed above is sufficient.

OPERATING ROOM PROCEDURES

The attending's level of involvement is documented in the VistA Surgical Package using the following codes:

Level A (Attending Doing the Operation) – The SP performs the case; the resident may assist.

Level B (Attending in the OR and Scrubbed) – The SP is physically present in the OR and is directly involved in the procedure. The resident performs the major portions of the procedure.

Level C (Attending in the OR but Not Scrubbed) – The SP is physically present in the OR providing direction to the resident.

Level D (Attending in the OR Suite, Immediately Available) – The SP is physically present in the OR suite and is immediately available for supervision or consultation as needed.

Level E (Emergency Care) – Immediate care is necessary to preserve the patient's life or prevent serious impairment. The attending must be contacted.

Level F (Routine Bedside or Clinic Procedure Done in the OR) – The attending is identified.

Reference: VHA Handbook 1400.1 Resident Supervision, July 27, 2005.

NOTE: Resident supervision guidelines are subject to occasional revision. All staff and trainees are advised to check with their supervisors for updated requirements.

Computerized Patient Record System (CPRS)

All residents, medical students, and nursing students that will access our patients' records, must be familiar with our electronic records. This link will take you to a training course for our CPRS.

<http://www.vehu.va.gov/vehu/WBTPages/WBT06.cfm?ClassNum=880H> We encourage you to take this on-line course at home or school prior to your first rotation at the VA due to the length of this training. At the end of this course, there is a training certificate; please type your full name and then print the certificate out and bring it with you to orientation.

ADDITIONAL BAY PINES VAHCS INFORMATION



Photography: The Bay Pines VA Healthcare System (BPVAHCS) has a strict policy about photography and/or Videography of persons on BPVAHCS property. This policy is for the purpose of protecting our patients' privacy. Persons being photographed must sign a release granting permission on a specified VA form. Please contact Medical Media, ext 5856 or 4251, for further information.



Public Affairs: This organization has designated an individual who is the official spokesperson and responsible to speak on behalf of the Bay Pines BPVAHCS. Before participating in an interview or other activities that could be interpreted as representing this BPVAHCS, be sure to contact the Public Affairs Officer at Ext 5031.



Library Resources: The Library Service's mission is to provide access to knowledge-based information resources and education opportunities to enhance and support the excellence of health care within the veteran population and community.

The Medical Library (Bldg 100, Room 1A106) is located in the main hospital building at the Bay Pines VA Healthcare System. The hours of operation are: Monday through Thursday 7:00 am – 4:30 pm and Fridays 8:00 am – 1:00 pm. The Medical Library houses a comprehensive medical, nursing, and allied health collection as well as a strong management and administrative collection. The Patient Education Resource Center (PERC) is located in Building 100, Room 1E236 and houses the consumer health and patient education materials for use primarily by patients and their family members. The PERC is open Monday through Thursday from 8:00 am – 4:00 pm and Fridays 9:00 am – 1:30 pm. Library Service also maintains an on-line collection of health science resources to enhance information delivery at the point-of-care and throughout the medical center.

The Library Service webpage (located on the Bay Pines VA Healthcare System intranet web site) contains additional information about library services and policies. It is also an excellent starting point for exploring our collection of on-line resources as well as attending a library orientation session. These sessions are conducted on a regular basis by the Medical Librarian. Please call ext. 4695 to register.

Residents, fellows, and students may use both the Medical Library and the PERC. To obtain check-out, document delivery, or other library privileges, your Service is required to submit Appendix A of VAHCS Memorandum 516-07-142D-1, "Knowledge Based Information Programs". You may obtain a copy from the Medical Library. If after-hours access is desired, the resident, fellow, or student must have a Bay Pines VA Healthcare System Identification Badge and supply their social security number to the Medical Library staff.

Library Service staff looks forward to meeting you and assisting you with your informational needs.



Parking: Residents and Students should **NEVER** park in visitor parking lots. If you have a green parking decal (**on station for over 60 days**), you may park in any designated Green Parking Decal lot or at the Credit Union parking lot. If you do not qualify for a green parking decal, you must park at the Credit Union. Failure to adhere to the parking and traffic regulations may result in vehicle towing and/or imposed fines.

OFFICE OF ACADEMIC AFFAIRS SURVEY

Department of Veterans Affairs

All Health Professions Trainees, Physician Residents, and Students

Don't forget to tell us...

...about your clinical training experience after you have completed your clinical training at VA.

This simple on-line survey will help VA identify areas of excellence & improvement.

Rate your satisfaction with this:

- Clinical Faculty/preceptors
- Learning environment
- Working environment
- Physical environment
- Preceptor/Eg. resources
- and more...

- very satisfied
- Somewhat satisfied
- Neutral
- Somewhat dissatisfied
- Dissatisfied
- Not applicable

<http://www.va.gov/oaa/surveys/>

<http://www.va.gov/oaa/surveys>

Please complete this survey at the **end of your last rotation** here at the Bay Pines VA Healthcare System so that we may continue to improve future training in all health professions for physician residents, students, and trainees.

NOTES

Directions to the Bay Pines VA Healthcare System from Tampa:

1. Go south on I-275 through Tampa.
2. Cross over the **Howard Frankland Bridge** continuing south.
3. Exit the I-275 south at **Exit 25** (38th Avenue North exit).
4. Turn right onto 38th Avenue North going west.
5. Continue on 38th Avenue North for 5-6 miles until you reach the intersection of Tyrone Blvd and 38th Avenue North.
6. Turn right onto Tyrone Blvd. Tyrone Blvd then changes names to Bay Pines Blvd...continue for 1-2 miles.
7. The Bay Pines VA Healthcare System is located on the left side of Bay Pines Blvd at **10,000 Bay Pines Blvd**, Bay Pines, Florida 33744.



Directions to the Bay Pines VA Healthcare System from Internet:

NOTE: Go to <http://www.maps.google.com> for correct driving directions. Click on "Businesses" tab and type in Bay Pines VA Healthcare System for map and/or driving directions. **Other on-line mapping services often give erroneous directions that are many miles from our physical location!**

BAY PINES VA HEALTHCARE SYSTEM

