Annual Education for Independent Medical Staff Members and Advanced Practice Providers

2019

Aurora Health Care®

Compliance & Integrity program

Aurora's Compliance & Integrity Program is here to help you do the right thing. This course will highlight a number of topics that are not well understood or otherwise at high risk for noncompliance.

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Violations of Law, Regulations, Policies

Unethical Conduct

Know the content of Aurora's Code of Ethical Conduct.	**KNOW**
Remain aware of the regulations that affect your practice.	**BE AWARE**
Contact a Compliance Officer when you have questions or need advice.	**ASK**
Report your compliance and ethical concerns to the Compliance & Integrity Department.	**SPEAK UP**

Aurora's Code of Ethical Conduct provides guidance to all caregivers and physicians, as well as contractors, consultants and others who do business with us.

Our reputation as a health care organization depends on all of us acting consistently with the law, our policies and our purpose, vision and values.

Fraud Waste Abuse (FWA)

DEFINITIONS:

FRAUD is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit.

WASTE is the overutilization, underutilization or misuse of resources.

ABUSE includes provider practices that are inconsistent with sound fiscal, business or medical practice, and result in:

- Unnecessary cost to federal health care programs; or
- Payment for services that are not medically necessary or fail to meet professionally recognized health care standards.

FWA LAWS INCLUDE:

- ***FALSE CLAIMS ACT***
- ***ANTI-KICKBACK STATUTE***
- ***PHYSICIAN SELF-REFERRAL STATUTE ("STARK LAW")***
- ***EXCLUSION STATUTE***
- ***CIVIL MONETARY PENALTIES***

Medical necessity is a common target of government investigations. Dr. Salim Dahdah in Ohio was personally indicted in 2017 for medically unnecessary nuclear stress tests and coronary interventions such as pacemaker insertion and stents. The charges carry penalties up to 15 years in prison.

The False Claims Act

The False Claims Act prohibits knowingly submitting a false claim to federal health care programs. “Knowingly” is defined by the False Claims Act as:

(1) having actual knowledge;
(2) acting in deliberate ignorance; or
(3) acting in reckless disregard.

Civil: Up to $21,563 per claim with up to triple damages

Criminal fines and imprisonment

There are significant civil and criminal penalties that are levied individually for violating this law, and the penalties are often layered on top of penalties for violating the Anti-kickback Statute and/or the Stark Law.

Examples of false claims include up-coding, as well as billing for services that were:

- Not medically necessary
- Not rendered
- Performed by an improperly supervised or unqualified employee
- Of such low quality that they are virtually worthless
- Billed separately when already included in a global fee
- Performed by an employee who has been excluded from participation in the Federal health care programs

Overpayment deadline

- Overpayments must be returned within 60 days of being identified.
- “Identified” means when the overpayment has been quantified. A period of no more than six months is allowed to fully quantify the overpayment.
- Failure to return overpayments within 60 days may be considered as a violation of the False Claims Act.

Transparency

CMS is continuing its efforts to make physician utilization practices more transparent to the public. You may search for your own data on the following websites:

The Medicare Provider Utilization and Payment Data: Physician and Other Supplier Public Use File contains information on utilization, payment (allowed amount and Medicare payment), and submitted charges organized by NPI, HCPCS code, and place of service.

The Medicare Provider Utilization and Payment Data: Part D Prescriber Public Use File contains information on prescription drugs prescribed by individual physicians and other health care providers and paid for under the Medicare Part D Prescription Drug Program.

Physician supervision levels

CMS has very specific requirements for physician supervision of diagnostic and therapeutic services, and these are service-specific.

In order to understand the necessary level of physician supervision to meet billing needs physicians must know where the service is being supervised, what is being supervised, and who is being supervised.

There are 3 categories of supervision: general, direct, and personal.

General Supervision

The procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure.

Direct Supervision

The physician must be present and **immediately available** to furnish assistance and direction throughout the performance of the procedure. It does not mean that the physician must be present in the room when the procedure is performed.

Personal Supervision

The physician must be in attendance in the room during the performance of the procedure.

"Immediately Available"

- In the office setting
  - Must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the service; however, the physician does not need to be in the room when the service is performed.
- In the hospital setting
  - Must be immediately available to furnish assistance and direction throughout the performance of the procedure.
  - It is not required to be present in the room where the procedure is being performed, or within any other physical boundary, as long as he or she is immediately available.

Adequate supervision for non-surgical procedures

Billing for a service performed by an improperly supervised caregiver is also prohibited by the False Claims Act.

In your office:

- Every year CMS defines the level of supervision required for every diagnostic service

In the hospital:

- Most outpatient non- surgical therapeutic services performed in the hospital require direct supervision .

- For some extended duration therapeutic services like infusion therapy, cardiac rehab and wound care, direct supervision is required for initiation of the service, followed by general supervision for the remainder of the service.

Collaborative Agreement

When you work with an Advanced Practice Professional, both you and the APP have an obligation to ensure a collaborative or supervising agreement is in place.

For APP's licensed in Wisconsin: Advanced Practice Nurse Prescribers, Certified Nurse Midwives, Clinical Nurse Specialists and CRNA's must obtain a collaborative agreement. PA's must obtain a supervisory agreement signed by his or her supervising physician on an annual basis. The supervising physician can designate other physicians to be the supervising physician. The PA's supervising physician must match what is on file with the State.

For APP's licensed in Illinois: Advanced Practice RN's must obtain a collaborative agreement and PA's must obtain a collaborative agreement signed by all supervising physicians on an annual basis.

Supervision: teaching residents or fellows

- The teaching physician must have a face-to-face interaction with the patient for every encounter that is billed (unless the Primary Care Center Exception applies).
- The teaching physician must document that they performed the service or were physically present during key or critical portion of the services performed by the resident.
- It is not sufficient if only the resident/ fellow documents the presence of the supervising physician. The combined medical record entries must support the medical necessity and the details of the service provided.
- The physician's documentation should support any updates to the patient's condition noted during the physician's review or any changes made to the plan of care.

CMS Documentation Guidelines*

Unacceptable:

- "Agree with above."
- "Rounded, reviewed, agree."
- "Discussed with resident. Agree."
- "Patient seen and evaluated."
- "Seen and agree."
- Countersignature with no statement

*CMS Transmittal 2303

Example of Acceptable Documentation from Teaching Physician - "I have seen and examined the patient with the resident, and agree with the assessment & Plan per the resident note. DM and HTN are well-controlled, continue current medications."

Supervision: teaching students

- The only student documentation that can be used in selecting the level of service is the Review of Systems (ROS) and the Past, Family, and Social History (PFSH). All other services (history of present illness (HPI) , exam, medical decision making must be re-performed and documented by the provider.

- The teaching physician must refer to the ROS and PFSH completed and documented by the student to use in selection of the Level of Service (LOS).

Documentation issues

Good documentation can be challenging to create. But taking shortcuts could result in fraud and abuse allegations from regulatory agencies.

Problematic documentation practices include:

- **Indiscriminate use of copy/paste.** Copying from one patient's record to another can result in inaccurate documentation. When copying from within the same patient's record, this can result in "note bloat" (more information than is useful) or in a procedure or order looking as if it were repeated. Of note, Epic can now show the origin of the copied documentation. Give the provider credit if you copy from another provider's note.
- **Use of templates without appropriate updating/customizing for each patient.** This may result in inaccurate documentation, such as the documentation of a cardiac exam when one wasn't completed.
- **Lack of documentation supporting medical necessity.** Document the symptoms or diagnoses that are leading you to order the test. **Be sure to document what you are considering when you order a diagnostic test.**
- **Use of Dragon without review and editing.** Notes have been identified that include gibberish because the provider did not review and edit the results of voice recognition technology.

Scribes

Regardless of the license held by the scribe, the scribe may not simultaneously scribe and perform clinical services.	SEPARATE DUTIES
Documentation entered by the scribe must clearly indicate it was entered by the scribe. Do not use copy and paste. In *Smart* Chart, the .scribe phrase is available for this purpose.	BE CLEAR
The scribe must be present during the exam/visit and must complete the note at the time of the visit.	SCRIBE IS PRESENT
The scribe must use his/her own login ID and password when making entries into *Smart* Chart or another electronic system.	NO PASSWORD SHARING
The scribe may independently record the past, family and social history (PFSH) and the review of systems (ROS). If this is done independently it must be entered as a separate note from the physician's scribed note.	SEPARATE NOTES
The physician must sign an attestation for all scribed entries. In *Smart* Chart, the .mdscribe dot phrase is available for this purpose.	SIGN ATTESTATION
Scribes may never sign an order on behalf of a physician.	NO ORDERS

Summary of patient rights

In accordance with appropriately respectful patient care (and federal regulations), patients have the right to:

- Receive care without discrimination
- Respect for cultural and personal values, beliefs and preferences
- Be treated with respect and dignity
- Privacy and confidentiality
- Personal safety
- Participate in the pain management plan
- Know the identity and professional status of persons providing services
- Receive information necessary to make treatment decisions (informed consent)
- Receive information in a manner he or she understands
- Receive language / interpreter services
- Understand rights related to research studies involving medical investigation
- End of life care provided with comfort and dignity
- Feel free to voice complaints without fear or blame

Civil rights

- The phrase "civil rights" is a translation of Latin *ius civis* (rights of a citizen).
- Because Aurora participates in the Medicare program and thus receives federal funding, Aurora and its providers must comply with federal civil rights laws.
- These laws include specific protections that will be addressed in the next few slides.

Protected Classes

A **Protected Class** is a characteristic of a person that cannot be targeted for discrimination. There are multiple federal laws that establish Protected Classes.

- Race
- Color
- National Ethnicity
- Language
- Age
- Disability
- Gender Identity
- Biological Sex

Civil rights laws and the groups the laws protect

- **Title VI and VII - Civil Rights Act of 1964/Civil Rights Restoration Act of 1987 -** Race/Language/Color/National Origin/Religion
- **Section 504 - Rehabilitation Act of 1973 Title III Americans with Disabilities Act -** Disability
- **Age Discrimination Act of 1975 -** Age of 40 years or older
- **Section 1557 of the Affordable Care Act ("ACA") -** Race, Color, National Origin, Age, Disability or Sex
- **Section 1557 and regulations 45 CFR Part 9 (Effective July 18, 2016)** Sex including Lesbian, Gay, Bisexual and Transgender

Gender identity

- *Individuals cannot be denied or have health care limited based on their biological sex, including gender identity and gender stereotyping.*
- *Individuals must be treated consistent with their gender identity, including their access to facilities.*
- *Providers may not deny or limit health services based on the fact that an individual's sex at birth, gender identity, or gender otherwise recorded in a medical record is different from the one to which such health services are ordinarily or exclusively available.*

Reasonable accommodations

Individuals with a disability may request reasonable accommodations.

- This allowance applies to caregivers, visitors, and/or patients.
- The request may be verbal or in writing.
- The individual must only identify that they have a disability but do not need to provide additional medical information.
- The entity must honor reasonable requests.
- Modifications may be made to the original accommodation request if either party determines a more effective solution.

The definition of a disabled person is an individual who has a physical or mental impairment that substantially limits one or more major life activities.

Providing care to patients with LEP

LIMITED ENGLISH PROFICIENCY ("LEP)" means a consumer who cannot speak, read, write, or understand the English language at a level that permits them access to services in a meaningful way.

Consider the following when providing care to patients with Limited English Proficiency ("LEP"):

- Effective communication may be compromised by language barriers, cultural differences and low health literacy
- Patients with Limited English Proficiency:
  - Report more communication difficulties with their doctors due to language or cultural barriers
  - May have less involvement in clinical decisions
  - May have more difficulty understanding instructions on prescription bottles and instructions from their doctor's office

Recognize special needs

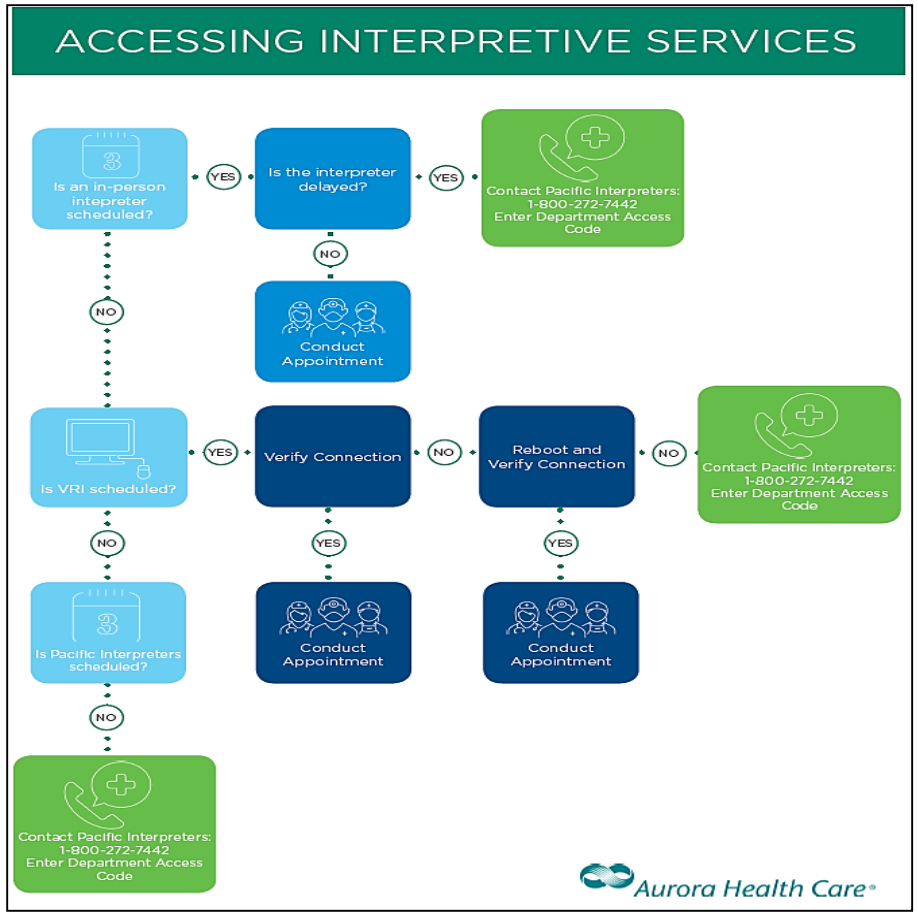
Recognize the special needs of individuals with Limited English Proficiency. An interpreter is required to ensure individuals:

- Provide an accurate and complete medical history
- Understand the procedure and associated risks and benefits for proper informed consent
- Properly prepare for tests and procedures
- Are able to follow their treatment plan, follow discharge instructions, identify complications and understand the follow-up plan

Documentation that an interpreter was utilized is a critical component to providing care to an individual with Limited English Proficiency.

Qualified interpreters

- Civil rights laws require providing a qualified medical interpreting resource to all patients indicating a need for assistance in communication. This includes patients who indicate their preference to be communicated with in a language other than English, persons who may have impaired hearing or vision.
- Qualified medical interpreters are those who have been tested for baseline competency in both English and their target language and who have received national certification as a medical interpreter. A qualified medical interpreting resource includes:
  - Over-the-phone Interpreting (OPI)
  - Video Remote Interpreting (VRI)
  - In-person medical interpreters
- Aurora utilizes both internal resources and an outside vendor to ensure appropriate accommodation



Barrier-free health care

- The U.S. Department of Justice's Civil Rights Division is working with U.S. Attorneys' offices nationwide to target enforcement efforts on access to medical services and facilities.
- The current focus of the initiative is on individuals with disabilities.
- Per the DOJ, the **Barrier-Free Health Care Initiative** "seeks to focus and leverage the Department's resources together and aggregate the collective message that disability discrimination in health care is illegal and unacceptable."

Joelle Espinosa is Aurora's Civil Rights Coordinator

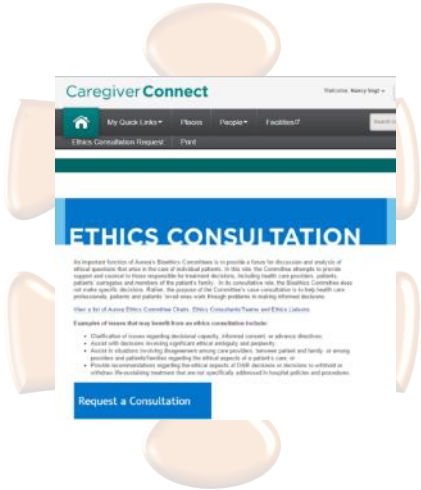
The Civil Rights Coordinator has the responsibility of ensuring that caregivers and providers adhere to the regulations as well as policies and procedures that protect the civil rights of our patients, caregivers and providers.

- If you, a colleague, a patient or even a family member have a concern or question, you may directly reach out to Joelle by phone at 414-219-8933 or via e-mail at Joelle.Espinosa@aurora.org.
- Contact the Civil Rights Hotline at 888-568-6845 or via e-mail at CivilRights@aurora.org.
- To learn more about reporting concerns to the Aurora Civil Rights Coordinator or to a state agency please click on the following link to be taken to Aurora's Equal Opportunity Policy #168: Equal Opportunity Wisconsin – English (also available for Illinois, and translated to Spanish and Hmong)

Ethics consultations

1. Ethics consultations are a valuable way to ensure patient rights and navigate complex patient care ethical issues. Examples of situations where an ethics consultation may be helpful include:
   - Withholding/withdrawing life sustaining medical treatment
   - Clarification of Do Not Resuscitate orders
   - Decision-making capacity concerns
   - Issues regarding surrogate decision making
   - Ethical concerns within the patient-physician relationship
   - Informed consent questions

2. **To request an ethics consultation, go to Caregiver Connect. Select the Places Tab, and click on the Ethics Consultation link.**



3. After submitting the ethics consultation request, the Ethics Consultant will follow up to gather more information related to the ethical concerns. Various options are available to facilitate a discussion with the patient, family members, loved ones, physician(s) and/or other caregivers as appropriate. After gathering the needed information and facilitating conversations, the hospital's ethics committee will offer a recommendation to those involved in the case.

EMTALA

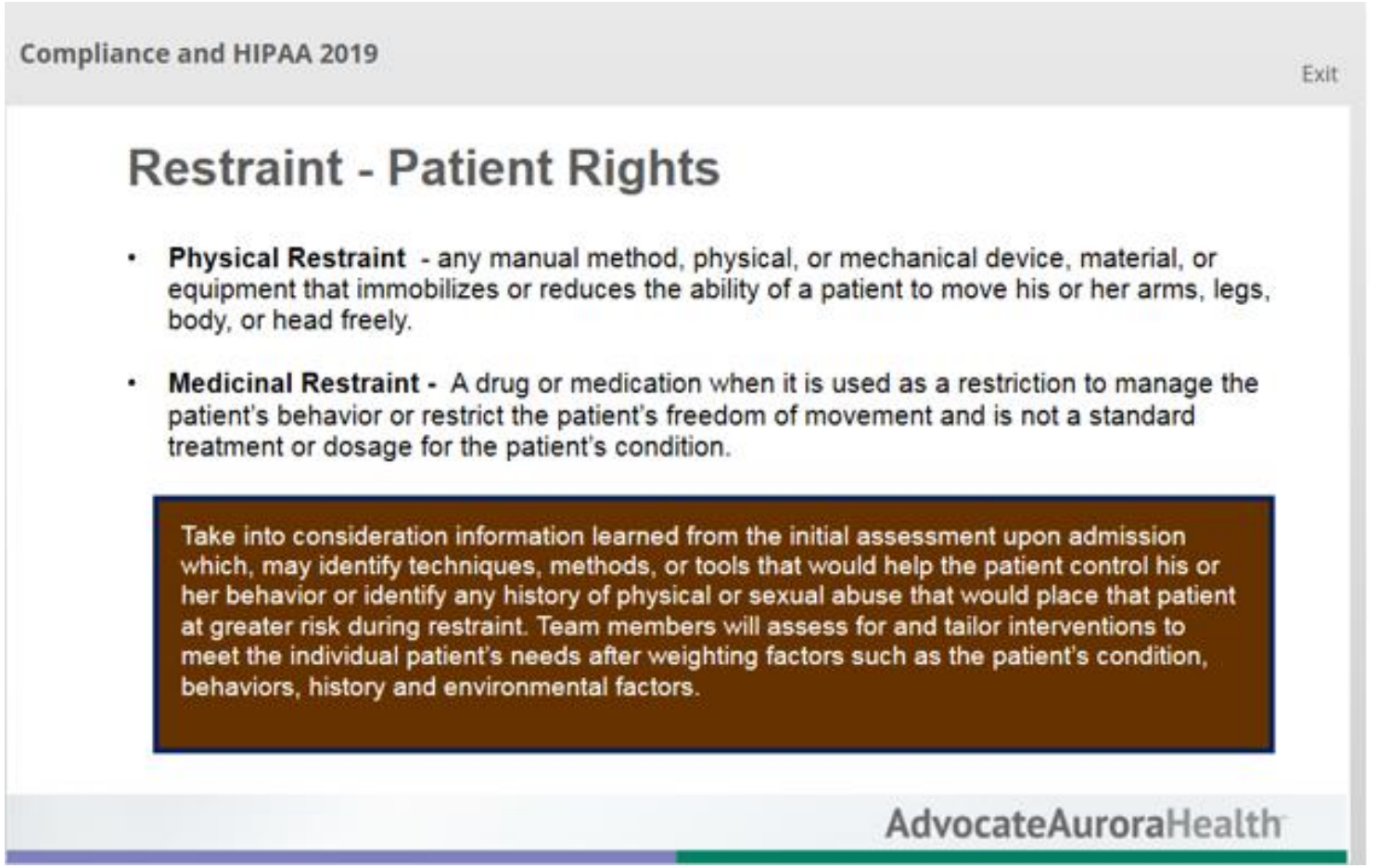
There are three important things to remember about EMTALA even if you do not practice in an ED or OB Department.

1. EMTALA is triggered when an individual seeking emergency care comes to the hospital campus (defined as hospital-owned property within 250 yards of the hospital). The hospital has an obligation to perform a medical screening exam and stabilization of the emergency condition before a transfer (if necessary) can be initiated.
2. EMTALA has been violated if a physician is on-call and fails to respond within a reasonable amount of time. If the patient is transferred, the receiving hospital is obligated to report the EMTALA violation. Of note, on-call physicians must not request that a patient be transferred to another hospital for the physician's convenience.
3. Violating EMTALA can result in a fine up to $103,000.

EMTALA: ED and OB practitioners

- **Important reminder:** Before transferring a patient to another facility, **a physician at the receiving facility must agree** to the transfer after a discussion with a physician at the transferring facility. The discussion must be between physicians, not nurses or other personnel.

Restraints in the Hospital Setting for Providers



COMPLIANCE
OUR LIFEGUARD
PREVENT • DETECT • CORRECT

Patient Rights and Restraints Policy

- Seclusion is only permitted for patients on a behavioral health or psychiatric unit and the involuntary confinement of a patient alone in a room or area from which the patient is physically prevented from leaving.

When is restraint use acceptable?

- Restraints or seclusion are used only when necessary to protect the immediate physical safety of the patient, team members or others. All patients have the right to be free from restraints that are not medically necessary or that are used by team members as a means of coercion, discipline, convenience or retaliation.
- If a team member observes and documents behaviors that may compromise patient safety, and the patient has not responded to less restrictive, nonphysical alternative interventions.
- The type or technique of restraint must be the least restrictive intervention that will be effective to ensure the immediate physical safety of the patient, an employee, or others.
- Restraints must be discontinued at the earliest possible time, regardless of the length of time identified in the order.

Order: The use of restraint must be in accordance with the order of a physician or other licensed independent practitioner who is responsible for the care of the patient. The attending physician must be consulted as soon as possible if the attending physician did not order the restraint.

Requirements Specific To Violent Restraints

Used **ONLY** for the management of violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient, a staff member, or others.

Patient:

- **Must be seen face-to-face within one hour** after the initiation of the intervention.
- May be assessed by a physician or other LIP or a registered nurse or physician assistant who has been trained in the CMS restraint and seclusion training requirements.

Document the use of restraints or seclusion in the electronic health record in accordance with the guidelines established in the procedure located in the System Restraint policy.

Order of violent or self destructive restraint may only be renewed in accordance with the following limits for up to a total of 16 hours at Advocate and 24 hours at Aurora:

- 4 hours for adults 18 years of age or older
- 2 hours for children and adolescents 9-17
- 1 hour for children under 9 years of age

After the limit has been met, a face to face assessment by the physician or LIP responsible for the care of the patient must occur prior to a new order.

Information Classifications

- Per the Information Classification Policy there are 4 types of information you encounter at Aurora.
  - Legally-Restricted-Confidential (Class 4)
  - Aurora-Restricted Confidential (Class 3)
  - Aurora Internal Confidential (Class 2)
  - Public Information (Class 1)
- It is recommended Caregivers mark confidential documents with one of the above (or equivalent) based upon the classification, if it is not clearly evident.
- Information Custodians shall be identified for all Aurora Information
  - These Caregivers are responsible for assigning classifications to information assets according to the Information Classification definitions
- Generally, Aurora Information in patient service areas has PHI, and will be classified at Level 4.

Legally-Restricted Confidential

Legally restricted data must be kept secure as it is **protected by law**.

Unauthorized disclosure of this information poses a significant risk and may result in criminal or civil fines, liabilities and breach notification obligations for the Caregiver and/or Aurora.

Legally-Restricted Confidential Information includes, but is not limited to:

- Protected Health Information (PHI)
- Social Security Number (SSN)
- Employee Personally Identifiable Information (PII)
- Criminal, civil and regulatory investigations conducted by external parties
- Payment Card Information (i.e. credit or debit cards)

Under **HIPAA, Protected Health Information** is information in any format, for example, paper or electronic, which relates to: the past , present, or future physical or mental health of an individual; the provision of health care to an individual; the past resent or future payment for provision of health care to an individual; that identifies the individual; or there is reasonable basis to believe the information can be used to identify the individual. Specific elements of PHI include:

a. Names;
b. All geographic subdivisions smaller than a State, including: street address, city, county, precinct, zip codes and their equivalent geocodes, except for the initial three digits of a zip code if, according to the current publicly-available data from the Bureau of Census:
(1) the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000; and
(2) the initial three digits of the zip code for all such geographic units containing 20,000 or fewer people is changed to 000.
c. All elements of dates (except year) for dates directly related to an individual, including: birth date, admission date, discharge date, date of death; and all ages over 89 and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age 90 or older;
d. Telephone numbers;
e. Fax numbers;
f. E-mail addresses;
g. Social Security numbers;
h. Medical record numbers;
i. Health plan beneficiary numbers;
j. Account numbers;
k. Certificate/license numbers;
l. Vehicle identifiers and serial numbers, including license plate numbers;
m. Device identifiers and serial numbers;
n. Web Universal Resource Locators (URLs);
o. Internet Protocol (IP) address numbers;
p. Biometric identifiers, including finger and voice prints;
q. Full face photographic images and any comparable images; and
r. Any other unique identifying numbers, characteristics or codes

Any information that can be used on its own or with other information to identify, contact or locate an individual or to identify an individual in context. PII is considered to be a person's name plus one or more of the following:

- SSN
- State Issued Driver's license or State ID number
- Account number or credit/debit card number in combination with security code, access code or password, permitting access to a person's account
- DNA Profile
- Biometric Data
- Username or email address in combination with a password or security question and answer that permits access to an online account

Aurora-Restricted Confidential

Confidential information is kept on a strictly need-to-know basis.

The disclosure of this type of information would likely result in liability or other harm (including reputational harm) to Aurora if disclosed without authorization.

Aurora-Restricted Confidential Information includes but is not limited to:

- Non-publicly-reported Aurora financial information
- Contracts & Information Aurora has agreed to hold confidential Information, marked “Aurora-Restricted Confidential”
- Information on Aurora IT security systems Proprietary information on Aurora facilities, such as physical security systems
- Trade secrets or intellectual property
- Records and communication of governing committees
- Aurora audit reports and work papers
- Internal investigations
- Documentation subject to attorney-client privilege
- Peer Review data
- Quality data

Aurora Internal Confidential

Any other Aurora Information that derives value from the fact that it is not publicly known; or for other reasons, should not be available to the general public.

Generally this type of information requires logging in with a user name and password in order to access or use the data.

Aurora Internal Confidential Information includes, but is not limited to:

- De-identified information
- Corporate operational documentation
- Most Policies, standards and procedures
- Unpublished Aurora research information
- Non-trade secret patent applications and other intellectual property

Public

Information that is not sensitive or confidential and is available to the public and has no independent commercial value

This type of information is frequently available from the Internet and does not require authentication to access it.

Public Information includes, but is not limited to:

- Information available on external Aurora web sites
- Publicly-available financial information
- Policies, standards and procedures required to be public
- De-identified summary data with no commercial value or sensitivity

HIPAA Fundamentals

The following are good reminders for preventing HIPAA violations:

USE AND DISCLOSURE

Only access, use and disclose a patient's protected health information ("PHI") as is allowed for treatment, payment and health care operations unless permitted by law or by the patient's signed written authorization. Only use or disclose the minimum necessary for the intended purpose.

TREATMENT

Patient information can be used/disclosed for the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and referral of a patient by one provider to another.

- Allows for access as part of a consult to another physician.
- Allows for advice between physicians regarding a unique or challenging case.
- There is an exception for AODA records, which require the patient's written authorization.
- If your treatment relationship has ended, this allowance no longer applies.
- If you treat a patient's family members, do not discuss the information of the family member unless you have their express permission to do so.

SAFEGUARDS

Protect patient information so that unauthorized parties cannot see or hear it. Examples:

- Do not leave information up on a computer screen where it can be viewed by others.
- Check the name on printed documents, such as an After Visit Summary, to make sure you are handing it to the right patient.
- Keep your voice low in situations where others may be able to overhear your discussion with a patient.
- Do not leave PHI in any form, including PHI on a mobile device or laptop, in an unlocked vehicle nor in a locked vehicle overnight.

HEALTH CARE OPERATIONS

Patient information can be used for administrative purposes, including quality assessment and improvement activities, outcomes evaluation, case management, and performance evaluation. **When not necessary for the purpose, patient identifiers must be removed** to meet Minimum Necessary rules.

Smart Chart access auditing

A new process for auditing access to patient records in *Smart* Chart has been implemented. This new process uses a software tool with complex algorithms to detect access to patient records that may not be authorized or permissible. For example, the tool can easily detect a caregiver accessing another Aurora caregiver's record. Many other types of possible inappropriate access can also be identified for further investigation. This is one example of how the "detect" goal of our compliance program is met.

HIPAA BREACHES

- A HIPAA breach occurs whenever patient health information is accessed, used, or disclosed inappropriately. A breach is a violation of the HIPAA Privacy Rule.
- In some cases, the patient must be notified of the breach.
- Breaches put Aurora at risk for enforcement action by the Office for Civil Rights, the federal agency that enforces HIPAA.
- Breaches are a risk to Aurora's reputation.

Communicating in the presence of others

Disclosing patient information in the presence of family members or others is an ongoing issue.

- You must first obtain the patient's permission before discussing their information in the presence of others.
- Even if the patient invited a family member or friend into the exam or hospital room, you need to ask the patient's permission before disclosing any information. You may **not** assume the lack of an objection infers permission.
- The permission may be verbal, and it is good practice to ask family members/friends to leave the room before you ask the patient's permission so your patient is not placed in an uncomfortable position and can speak freely.
- When asking permission, let the patient know when appropriate that you may be speaking about sensitive conditions.

Mental health information

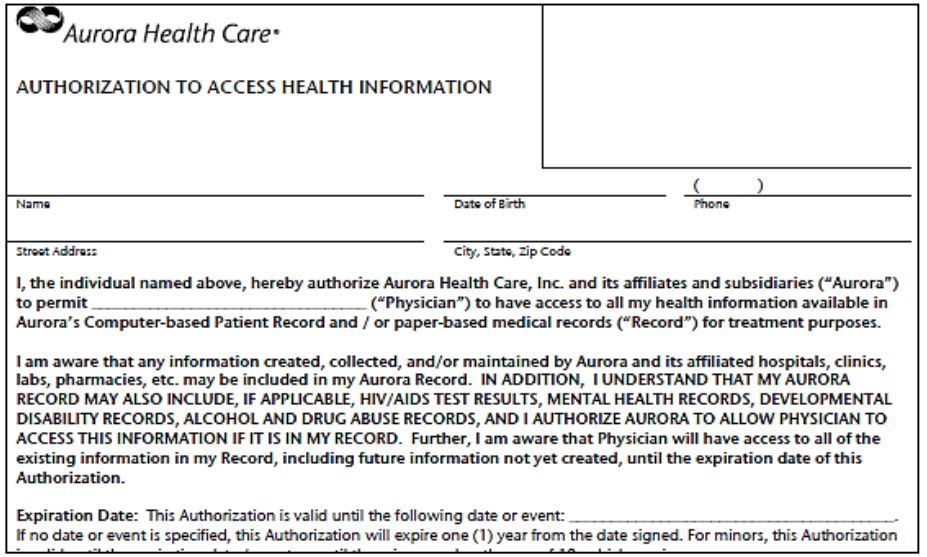
While the same access, use and disclosure allowed by HIPAA for treatment, payment and health care operations is also allowed for mental health information, it is important to remember that there is an exception. **AODA (Alcohol and Other Drug Abuse) treatment information has additional protections under another federal law.**

It is vital for health care providers to know what medications a patient is taking and other information about the patient's mental health when diagnosing and treating medical conditions. For that reason, mental health information (excluding AODA treatment records) is accessible in *Smart* Chart for treatment purposes.

- This is true for ambulatory encounters only.
- Ambulatory AODA encounters are visible but physicians and providers will need to have a proper authorization and use Break the Glass to access these encounters.
- Due to privacy requirements and electronic health record limitations, records prior to February 2016 are secured as historical and are not available except to behavioral health staff.

Access to family/friends' records

- Aurora policy allows M.D.'s and D.O.'s to access patient records outside a standard office relationship upon written authorization from the patient.
- Written authorization is required before you may access records of a family member, neighbor, or other acquaintance (unless you have a formal treatment relationship) even if they have asked you to do so.
- Under Aurora's policy, this is true even for your minor children if 12 years old or older, since there are specific state laws related to minors that must be considered.
- The same holds true for accessing your own records. You must complete an authorization form before doing so.



Aurora Health Care

AUTHORIZATION TO ACCESS HEALTH INFORMATION

Name | Date of Birth | ( ) Phone

Street Address | City, State, Zip Code

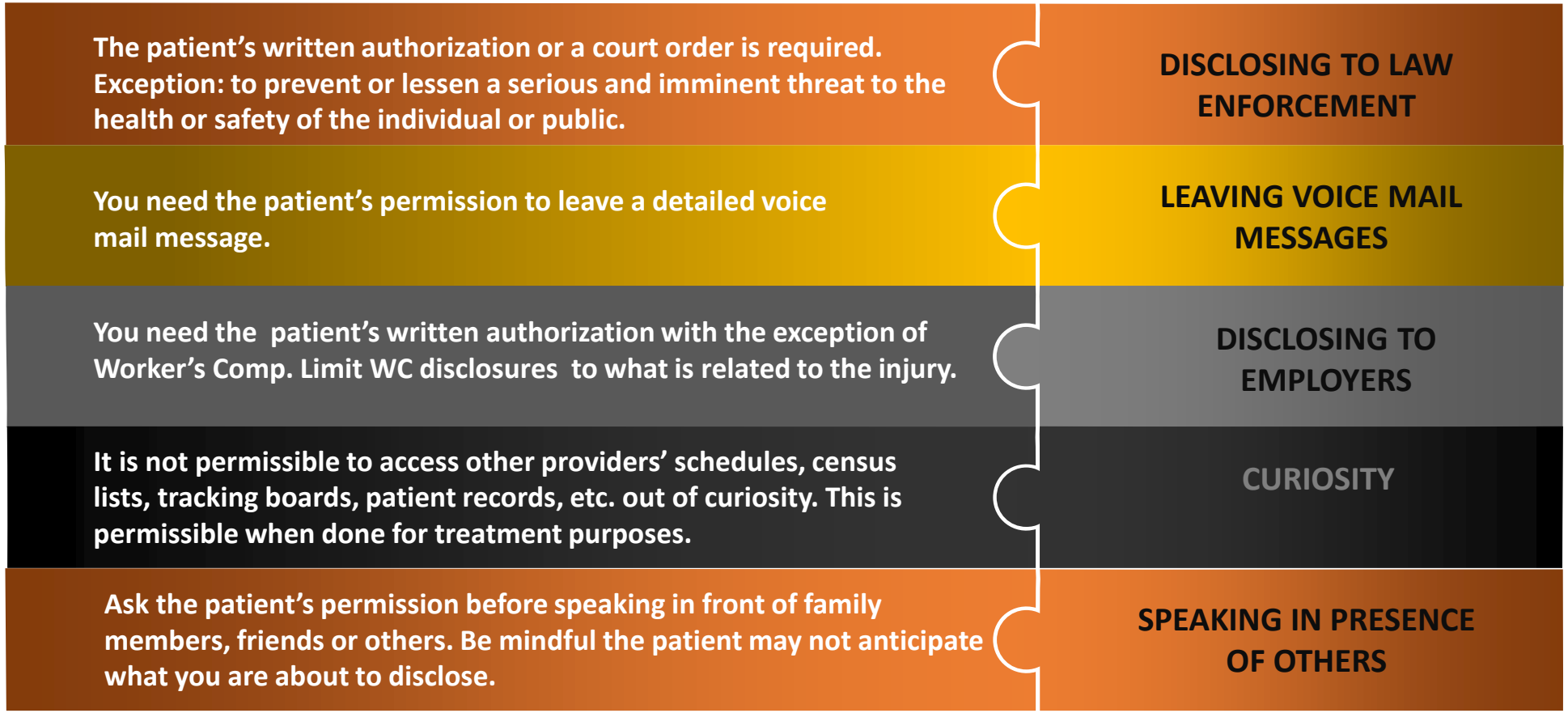
I, the individual named above, hereby authorize Aurora Health Care, Inc. and its affiliates and subsidiaries ("Aurora") to permit _____ ("Physician") to have access to all my health information available in Aurora's Computer-based Patient Record and / or paper-based medical records ("Record") for treatment purposes.

I am aware that any information created, collected, and/or maintained by Aurora and its affiliated hospitals, clinics, labs, pharmacies, etc. may be included in my Aurora Record. IN ADDITION, I UNDERSTAND THAT MY AURORA RECORD MAY ALSO INCLUDE, IF APPLICABLE, HIV/AIDS TEST RESULTS, MENTAL HEALTH RECORDS, DEVELOPMENTAL DISABILITY RECORDS, ALCOHOL AND DRUG ABUSE RECORDS, AND I AUTHORIZE AURORA TO ALLOW PHYSICIAN TO ACCESS THIS INFORMATION IF IT IS IN MY RECORD. Further, I am aware that Physician will have access to all of the existing information in my Record, including future information not yet created, until the expiration date of this Authorization.

Expiration Date: This Authorization is valid until the following date or event: _____.
If no date or event is specified, this Authorization will expire one (1) year from the date signed. For minors, this Authorization

The authorization form expires one year from being signed unless otherwise specified on the form. You may obtain the form from any Aurora Health Information Department.

Avoid common HIPAA violations



Security breaches

- Hackers consider health records valuable and thus they target health care organizations.
- In some cases, a hacker can disable an organization's information systems which can place patients at great risk.
- As if the impact to patients isn't enough, the consequences of government enforcement actions are now steeper than ever.

A sampling of 2017 breaches. There are many more.

Molina Healthcare
4.8 million patients records breached

Indiana Medicaid
1.1 million patients records breached

Pacific Alliance Medical Center
266,123 patients records breached

Women's Health Care Group of PA
300,000 patients records breached

Harrisburg Gastroenterology
93,000 patients records breached

Password Security

DO:

- Use a unique “passphrase” rather than a hard-to-remember password. A passphrase uses multiple words rather than a single word.
  For example: IloveInfoSecurity2!
- Create a password with:
  - A minimum of 8 characters.
  - 3 of the 4 types of characters: special characters, upper case letters, lower case letters, and numbers.
- Use Password Safe to store your passwords rather than a Cloud based solution
- Reset your password every 90 days

Do **NOT**:

- Share your login ID or password with anyone – not even if it helps you to be more efficient or makes a job function more convenient
- Store passwords in an insecure place (e.g. sticky notes under a keyboard)
- Store your passwords as shortcuts in applications (e.g. Dragon, web browsers, documents, or spreadsheets)

Device Security

Laptops, desktops, mobile devices, etc.

- Keep all devices physically secure at all times.
- Do not leave devices or bags containing them visible in a locked car.
- You must lock or log out of devices when you are no longer using them.
- Ensure patches, and antivirus are up to date on personal devices.
- Encrypt all devices.

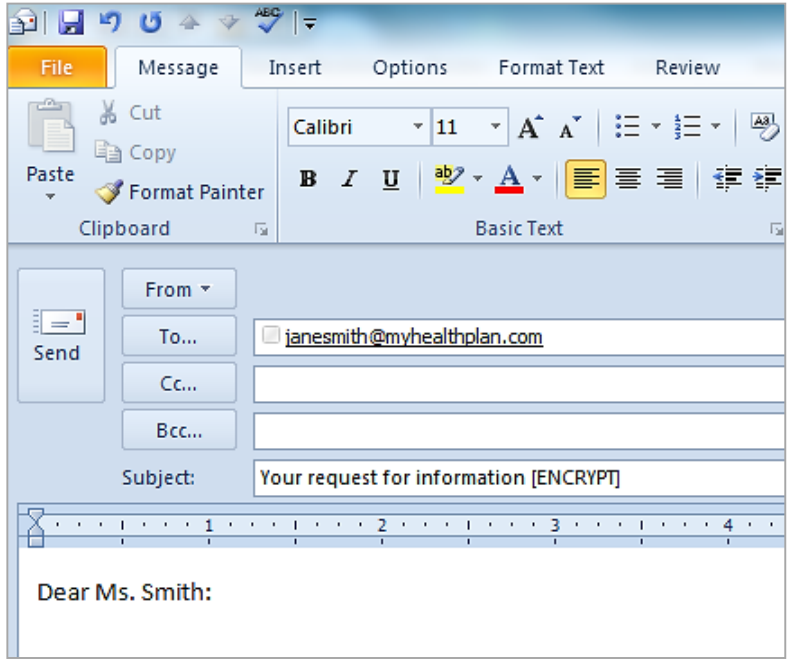
Mobile Device Security

Aurora's Mobile Device Policy requires the following on Aurora **and** personally owned mobile devices accessing Aurora Information and systems:

- The device must be protected with a password, PIN, and/or Touch ID and programmed to automatically lock after a set idle time period.
- The device and any removable storage must be encrypted. iPhones will automatically encrypt once a PIN is added. Androids may differ— **contact the IT Service Desk for more guidance**.
- If Confidential Information is stored on the device, AirWatch enterprise mobility management (EMM) must be installed.
- If you lose your Aurora or personal mobile device, you **MUST** contact the IT Service Desk. IT may remotely wipe the device to protect Aurora Information.

Encrypt e-mail

- If the e-mail contains confidential information, you **must** manually encrypt e-mails sent to an address that does not end in @aurora.org.
- E-mails sent within Aurora using Aurora's e-mail system are already encrypted.



It is easy to encrypt an e-mail:

- Type [encrypt] in the subject or body of the e-mail (including the brackets). The message and attachments will be encrypted.
- The subject line is never encrypted and should not include any patient or other confidential information.

Secure texting

Secure Chat is the only tool that has been approved for texting patient information and the type of information is limited. Any texting outside of this tool is not allowed.

ALLOWED IN SECURE CHAT TEXTS:

- Exchange of information between providers and caregivers:
  - Reason for the text
  - Admission notification
  - Request to consult
  - Call back instructions
- Patient identification information:
  - Name
  - Date of birth
  - Medical record number
- Patient medical information (within specific patient context):
  - Lab values or other numeric values
  - Medical advice
  - Images – this may include radiology, pictures, video, voice files (when applicable)
- Call back number

NOT ALLOWED:

- Medical orders – all orders MUST be placed using *Smart* Chart
- Emergency situation communication

Secure Chat guidelines: Secure Chat messages may **not** be used in lieu of proper medical record documentation.

- Documentation in the EHR should follow the same guidelines as when paging a physician. For example:
  - When there is no return call or message from the provider – document the delay
  - Document when a message is left for the provider to call the patient back directly
- Screen capture ("screen shots") of chats may **not** be used for documentation
- All patient orders, progress notes, diagnostic interpretations and formal consultations (those expected to be billed for) must be documented directly into the EHR
- Prior to sending a message, the sender should:
  - Verify that the correct person is being messaged
  - Double check all patient identifiers (name, DOB, MRN)
  - Double check spelling and intended content/message
- Escalation in the event of an undeliverable or response-less communication will be handled in accordance with departmental policies
- If you lose your device, contact the I.T. Service Desk immediately

The Anti-Kickback Statute

Kickbacks are both an ethical and legal issue.

- Ethics: We need to choose products and services for our patients based upon what is best for them, not because we have been influenced by a gift or something else of value.
- Legal: The federal Anti-Kickback Statute ("AKS") makes it a federal felony to offer or accept any payment, gift or other item/service of value in exchange for referring business or otherwise generating business that may be paid for by Medicare or Medicaid.

- At Aurora, we do not offer or accept kickbacks in exchange for doing business.
- The legal penalties are steep.
  - Criminal penalties up to $25,000 and a 5 year prison term per kickback.
  - Civil penalties up to $73,000 per kickback plus up to triple damages.
  - Violators can also be excluded from federal healthcare programs.

Kickback examples

- Educational/CME events at high-end restaurants where the vendor pays for the meal
- Promotional events (for example, a device vendor pays all the costs of an event that markets a physician and the vendor's device)
- Sham consulting or speaking arrangements where payments are made in the absence of legitimate services or payments exceed Fair Market Value
- Tickets to sporting events, concerts, etc.
- Soliciting a job for a family member from a device or pharma vendor in exchange for use of the vendor's products

While this statute may appear simple, applying it to various situations can be complicated. Contact the Compliance & Integrity Department for guidance.

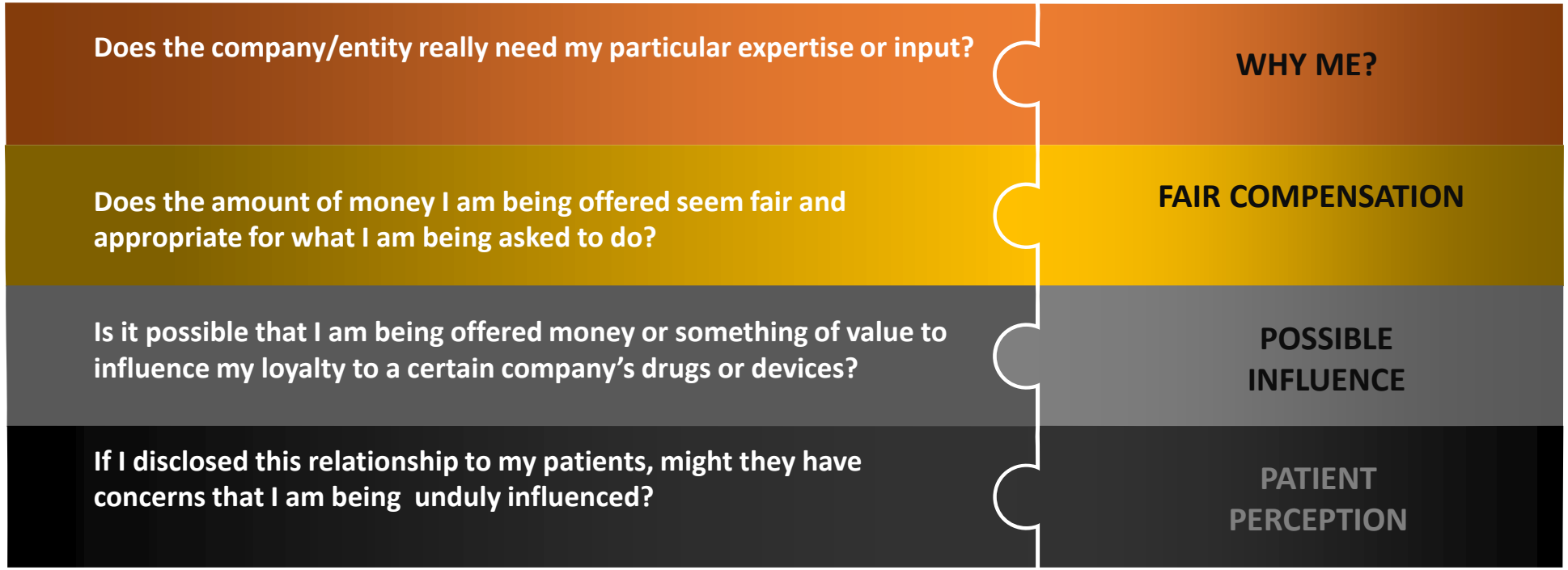
Vendor relationships

The Gift & Business Courtesies Policy prohibits accepting gifts/items of value from vendors, even promotional items like pens, with a few limited exceptions:

- Unrestricted educational grants provided to the Aurora Foundation, as long as Aurora controls the content of the event;
- Free non-CME educational events, as long as meals are not included or you pay for your own meal; and
- Patient educational materials, as long as they have been approved by the Aurora Care Management Department.

The Interactions with Industry Policy sets forth guidelines for other financial relationships with vendors.

Before entering into a financial relationship with a vendor or referral source, consider the following:



Gifts/Free Services to Patients

- The Beneficiary Inducement Statute prohibits offering gifts, free or discounted services and anything else of value to patients or potential patients to influence an individual to seek your services.
- Discounts through Aurora's Helping Hand program do not violate this law.
- There is a safe harbor under the law for gifts valued at <$15 (up to an aggregate of $75 per individual per year) as long as the gift is not cash, not a cash equivalent, and is not intended to influence the individual to seek your services.
- Penalties of a violation can be significant – up to a $10,000 fine per item offered. Thus offering gifts to 100 individuals could mean a $1 million fine.
- There is an exception for certain preventive care services. Contact Compliance if you need to know if a particular service is an exception.

LEARNING FROM OTHERS

Walgreens agreed to pay $50 million to resolve allegations that it violated the federal Anti-Kickback Statute and False Claims Act by enrolling hundreds of thousands of beneficiaries of government healthcare programs in its Prescription Savings Club program. The government alleged that Walgreens violated these laws by providing government beneficiaries with discounts and other monetary incentives under the program, in order to induce them to patronize Walgreens pharmacies for all of their prescription drug needs. It was also alleged that Walgreens understood that allowing government beneficiaries to participate in the PSC program was a violation of the AKS, but that it nevertheless marketed the program to government beneficiaries.

Physician Self-Referral Prohibition ("Stark Law")

- The Physician Self-Referral/Stark Law prohibits physicians from referring patients to entities with which the physician or an immediate family member has a financial relationship, unless an exception applies.
- Intent does not matter; an exception, with all its required components, must be met.
- Financial relationships include both ownership/ investment interests and compensation arrangements.

Fair Market Value/Commercial Reasonableness

While each of the 20+ Stark exceptions has its own unique requirements, Fair Market Value ("FMV") and Commercial Reasonableness are two common requirements.

- Any remuneration flowing between hospitals and physicians should be at FMV for actual and necessary items furnished or services rendered based upon an arm's-length transaction and should not take into account, directly or indirectly, the value or volume of any past or future referrals or other business generated between the parties.
- Outside of health care, FMV would basically be determined by what you could negotiate. Under the Stark Law, however, the government expects the use of sound appraisals and/or national or regional compensation benchmark data. This is true even for employment arrangements.
- The commercially reasonable standard can be briefly defined as the requirement that the arrangement make business sense without being contingent on physician referrals.

Stark reminders

Another requirement of many Stark exceptions is that the arrangement be set out in writing.

- If you will be receiving compensation from any entity (including Aurora hospitals), make sure there is a written, signed, and active agreement in place.
- You could forfeit compensation if you provide services before your agreement is signed or after your agreement expires.
- Do not draft your own agreements or amendments. The Stark Law is complex. Contact Legal Services to draft your agreement.

- You may accept gifts such as Doctor's Day gifts, meals, and sporting event tickets without a written agreement, however the Stark Law limits these to a maximum of $407 per physician per year and these gifts can never be cash or a cash equivalent.
- You may accept limited courtesies from hospitals such as free parking, lab coats, meals at meetings, etc. as long as they are offered generally to the entire medical staff and are valued at <$34 each.

Individual accountability for misconduct

"Americans should never believe, even incorrectly, that one's criminal activity will go unpunished simply because it was committed on behalf of a corporation."

Former Deputy Attorney General Sally Yates

The Department of Justice has adopted principles to hold individuals responsible for corporate misconduct.

1) Corporations are required to provide to the DOJ all relevant facts about individuals involved in corporate misconduct in order to be eligible for cooperation credit; and
2) Both criminal and civil corporate investigations now focus on individuals from the inception of the investigation.

OIG PHYSICIAN COMPENSATION FRAUD ALERT (EXCERPT)

"Physicians who enter into compensation arrangements such as medical directorships must ensure that those arrangements reflect fair market value for bona fide services the physicians actually provide. Although many compensation arrangements are legitimate, a compensation arrangement may violate the anti-kickback statute if even one purpose of the arrangement is to compensate a physician for his or her past or future referrals of Federal health care program business. OIG encourages physicians to carefully consider the terms and conditions of medical directorships and other compensation arrangements before entering into them."

Conflicts of Interest: Disclosing significant interests

The main focus of Aurora's conflict of interest program is to identify and appropriately manage conflicts. While some conflicts need to be eliminated, most can be managed.

IMPORTANT REMINDERS:

1. You are required to complete the annual Significant Interest Disclosure Statement within 30 days of receiving the e-mail from "COI-Smart" requesting you to do so.

2. Any new or changed Significant Financial Interest (as defined by the policy and in the questionnaire) arising between annual disclosures must be reported to Compliance within 30 days.

3. By accurately and honestly disclosing your Significant Financial Interests, any identified conflicts can be appropriately managed by a Conflict of Interest Management Plan. This protects you, our patients and Aurora Health Care.

4. A conflict of interest does not necessarily mean patient care, education or research has been compromised. Rather, it means there is a situation or circumstance that creates or increases the risk that a significant interest may have undue influence.

Open Payments database

Open Payments is a federal program that collects information about the payments drug and device companies make to physicians and teaching hospitals for things like travel, research, gifts, speaking fees, and meals. It also includes ownership interests that physicians or their immediate family members have in these companies. This data is then made available to the public each year on a website.

- All pharma and medical device companies are required to post anything valued at $10 or more (or $100 in aggregate if <$10 individually) that is provided to a physician or a teaching hospital. This is true regardless if the transfer of value is associated with a drug, device, biological or medical
- The Compliance & Integrity Department periodically audits the Open Payments website to confirm financial interests have been disclosed on the Significant Interest questionnaire.

Website:
https://openpaymentsdata.cms.gov/

Drug diversion

- Drug diversion is the redirection of prescription drugs for illegitimate purposes.
- Diversion negatively impacts patients and the diverter's own well-being.
- There can also be implications for billing and the False Claims Act since the patient and/or a health plan is paying for the diverted medications.
- Caregivers and providers are sometimes reluctant to report suspected diversion because they do not want to get their colleague in trouble. That does not help the colleague nor the patients he or she serves.

Spotting Possible Diversion

Although the following may not be related to diversion, they may be possible signs of diversion:

- Inconsistent/inaccurate charting
- Requesting to cover for specific patients
- Patients with consistent pain scale patterns or complaints that pain meds are not having the desired effect
- Appearance of impairment in a colleague

REPORT SUSPECTED DIVERSION
to the Compliance Hotline

Call: (888)847-6331 or
E-mail: compliance@aurora.org

COMMONLY DIVERTED DRUGS:

Fentanyl
Morphine
Hydromorphone
Oxycodone
Hydrocodone

Wisconsin PDMP

As a reminder, Wisconsin state law requires a prescriber (or his/her delegate) to check the patient's record in the Wisconsin Prescription Drug Monitoring Program database prior to prescribing a "monitored prescription drug" (defined as Schedule II, III, IV and V drugs, and any drug identified by the Controlled Substances Board by rule as having a substantial potential for abuse).

5 exceptions

1. The patient is receiving hospice care.
2. The prescription order is for a number of doses that is intended to last the patient 3 days or less and is not subject to refill.
3. The monitored prescription drug is lawfully administered to the patient.
4. Due to an emergency, it is not possible for the practitioner to review the patient's records under the program before the practitioner issues a prescription order for the patient.
5. The practitioner is unable to review the patient's records because the digital platform for the program is not operational or due to other technological failure as long as the practitioner reports that failure to the Controlled Substances Board.

https://pdmp.wi.gov/training-materials

Clinical research – impending changes

The federal rule for the protection of human subjects involved in research (referred to as the Common Rule because a large number of federal agencies have signed onto the rule) has been significantly revised. Major revisions include:

- Additional and revised exemption categories
- Reduced requirements for continuing review for some types of studies
- A number of new or revised requirements related to informed consent requirements including but not limited to a succinct summary of key information at the beginning of each consent form, additional elements of informed consent, an new option for broad consent for storage, maintenance and use of identifiable private information or identifiable biospecimens, and a requirement to post consent forms on a publicly accessible website.
- A mandate for single IRB review for multi-institutional research funded by federal agencies

The effective and compliance date for these most of these changes is January 19, 2018 although there is a push by several agencies to extend the compliance date to 2019

Be on the lookout for future communication about these changes.

Research misconduct

DEFINITION: *fabrication, falsification or plagiarism* in proposing, performing, or reviewing research, or in reporting research results. Research misconduct does not include honest error or differences of opinion.

- ***Fabrication*** is making up data or results and recording or reporting them.
- ***Falsification*** is manipulating research materials, equipment or processes, or changing or omitting data or results such that the research is not accurately represented in the research record.
- ***Plagiarism*** is the appropriation of another person's ideas, processes, results or words without giving appropriate credit.

Consequences include possible harm to:

- Aurora's patients and research subjects;
- Aurora's and the researcher's reputation; and/or
- The reputations of innocent individuals working with the individual engaged in misconduct.

Reporting suspected research misconduct by:

- **Contacting the Research Compliance Officer;**
- **Calling or e-mailing the Compliance Hotline; or**
- **Contacting another Aurora official**

Following a reported concern, an inquiry will be conducted. It will follow very prescriptive procedures as detailed in the Research Misconduct Policy to ensure consistent and fair treatment and to ensure the protection of both the individual accused of engaging in misconduct and the individual bringing forth the allegation.

Reporting and Disclosure to Medical Staff Services

In accordance with medical staff bylaws, you are required to report within one day any of the following **to the Medical Staff Services Office at each Aurora hospital where you have clinical privileges within one day:**

- Having been charged with, or convicted of (or pled no contest) to any crime, including municipal ordinance violations. You do not need to report traffic violations unless criminal.
- Substantiated findings of or current investigations related to abuse, neglect, or misappropriation.
- Any disciplinary action, restriction, or change related to your professional practice by any entity (including but not limited to the State Medical Board, the physician's employer, other hospitals, health plans, and agencies)
- Professional credential restrictions, limitations, or revocations.
- Discharge from any branch of the U.S. Armed Forces, including any reserve component
- Residency outside the state of Wisconsin (or outside the state of Illinois, if practicing in Illinois).
- Rehabilitation review requests from WI DHS.

You also need to report the following to Medical Staff Services within one day:

- If you are admitted for, seek, or are undergoing treatment for substance or alcohol abuse or a behavioral health problem. "Substance abuse" includes, but is not limited to, use or ingestion of illegal drugs, or use or ingestion of prescription medications not prescribed or not being taken as prescribed in the ordinary course of treatment of injury or disease. "Behavioral health problem" means any condition or disease of a psychiatric or psychological nature which, in the opinion of a qualified psychiatrist, adversely affects the physician's ability to care for patients or practice his profession in accordance with the applicable prevailing standard of care.

- Receipt of a notice that an adverse professional review action report or medical malpractice payment report has been filed with the National Practitioner Data Bank.

Government investigators

Government investigators may contact you at work or at home for issues related to your work or services provided at Aurora.

YOUR RIGHTS

- If they have a warrant, you must let them in, but you are not required to talk to them.
- Ask for their I.D. and contact the Legal Services or Compliance & Integrity Department immediately.
- Rely upon a member of the Legal Services or Compliance & Integrity team to work with the investigator to determine when and how the investigation or interview will be conducted.

YOUR RESPONSIBILITIES

Always tell the truth. If you decide to talk to an investigator, always be truthful.

Never destroy, alter or hide documents. The consequences of obstructing an investigation may be worse than the consequences of any violations.

Harassment

- Harassment is a form of discrimination that violates federal and state law. Harassment is defined as unwelcome conduct that is based on a protected category such as race, color, religion, sex, national origin, age, disability status, sexual orientation, or any other category protected by law.

- Petty slights, annoyances and isolated incidents will generally not rise to the level of illegal harassment. To be unlawful, the conduct must create a work environment that would be intimidating, hostile, or offensive to a reasonable person.

Harassment Policy

- At Aurora, we are committed to maintaining a work place free from intimidation and harassment. Aurora specifically prohibits such intimidation and harassment of any caregiver, patient, client, customer or guest.
- In addition, no Aurora caregiver should have to tolerate harassment from any patient, client, customer, family member, visitor, or others with whom we come in contact in the course of our work-related duties. We are committed to taking appropriate action to effectively address and prevent further harassment from non-Aurora employees.

Report concerns

It is worth repeating that Aurora's Compliance and Integrity Program cannot be effective if you do not report concerns.

- All reported concerns are investigated.
- **Both the law and Aurora's policies protect you from retaliation when you report a concern in good faith.**

There are three options for reporting concerns.

DIRECTLY CONTACT
a Compliance Officer. Contact information is available on the Compliance & Integrity website on Caregiver Connect.

CALL
the Compliance Hotline at (888)847-6331. You may identify yourself or leave an anonymous message.

E-MAIL
the Compliance Hotline at compliance@aurora.org.

Examples of compliance concerns to report

Ethics & integrity:
- Retaliation because you raised or reported a compliance concern
- Ethics of patient care

Billing & documentation
- Billing for services not provided or double-billing
- Billing for services that do not meet coverage criteria or are not medically necessary
- Inaccurate billing of medications/medication waste
- Inaccurate documentation (including copy/paste, inappropriate scribing, etc.)
- Upcoding

Qualifications of caregivers:
- A lapsed license or certification
- Practicing outside of the allowed scope of practice

Gifts & influence:
- Accepting expensive gifts from patients
- Accepting gifts, items/services of value from vendors
- Conflicts of interest
- Providing gifts/courtesies/discounts to patients or to physicians and other referral sources

Patient rights:
- Discrimination
- Research misconduct

Privacy & security:
- Password sharing
- Unauthorized access to or use of patient information, including snooping
- Unauthorized disclosure of patient information

Other:
- Drug diversion
- Inappropriate prescribing of opioids
- Many others

SAFETY REVIEW

Emergency Management

Emergency Management Planning

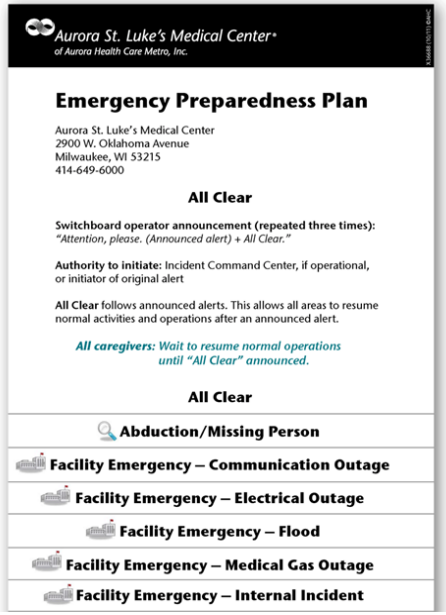
- Emergency Operations Plans for each hospital include key information for managing patients and resources during an emergency
- During an emergency, hospitals use an 'all hazards' approach for emergency response
  - A Hazard Vulnerability Analysis is performed annually
  - Strategies for preparedness, mitigation, response and recovery are identified
- Emergency plans for Aurora hospitals and clinics can be found on Caregiver Connect > Facilities Safety

For emergency management readiness the following is true:

- Hospitals have a well-equipped Command Center
- The Command Center is activated when conditions greatly impact the delivery of patient care
- Facilities have emergency resources on hand (cots, medical respirators, portable generators, redundant communication)
- Caregivers are trained in the use of personal protective equipment and have the necessary skills to perform patient decontamination
- Exercise/drills occur at least twice per year in the hospital setting to test plans

Quick Reference Resources

To quickly find out about emergency conditions or what telephone number you should call in an emergency, see the **Emergency Preparedness Plan** quick reference flipchart, posters, manuals or portfolios for your site.



SAFETY REVIEW

Emergency Management

Mass Casualty - External

Mass Casualty – External is our plan for an external disaster (such as a bus accident or other event that generates a large number of victims). This plan allows us to quickly respond with more staff and supplies to care for multiple victims. It can be initiated by an ED Physician, ED team leader, House Supervisor or EM Committee representative.

Facility Emergency – Internal Incident

A **Facility Emergency – Internal Incident** (response to a utility failure, building damage or flood) can be initiated by the Site Administrator, Director, Manager, Supervisor of Facilities Operations, Loss Prevention Security Services or the Hospital Supervisor.

If you are working:

Check your department-specific plan for details for your department response

If evacuation is necessary:

Check for your department-specific process in the plan

SAFETY REVIEW

Specific Emergency Plans

Fire Alarm

“Fire Alarm” is announced whenever there is a fire in the facility or the system is being tested.

Fire doors will close in the building where the fire alarm is triggered.

Fire doors prevent the spread of smoke and flame from one part of the building to another. **Never** prop open a fire door.

Make sure hallways are kept open and not blocked by equipment or supplies.

Ensure 18” clearance is maintained below sprinkler head.

Learn the location of your area’s fire exits, alarms and extinguishers identified in your department specific plan.

Caregiver response: Caregivers are not required or trained to respond to a potential fire scene with a portable extinguisher. In response to a fire alarm, certain departments such as Loss Prevention Services or Facilities Operations personnel will respond to the scene and, if necessary, use a portable fire extinguisher in the immediate area to put out the fire.

Never prop open a fire door

SAFETY REVIEW

Specific Emergency Plans

Medical Gas Shut Off

- Medical gases such as oxygen can fuel a fire.
- The main supply of medical gas for your unit may need to be shut off in the event of a fire.
- Before the main oxygen supply can be turned off, oxygen dependent patients need to have another source of oxygen.
- Know the locations of the medical gas shut-off valves in your department.
- **Authority to Shut Off Medical Gas** – The Aurora caregiver, in collaboration with the Patient Care Manager or their designee, can shut off or give authorization to shut off medical gases to an affected area. Portable oxygen tanks can be provided to patients with oxygen needs.

SAFETY REVIEW

Specific Emergency Plans

Medical Emergency – Cardiac Arrest, Code Blue, Code 4 Response Plan

Medical Emergency **Cardiac Arrest**

- Aurora Medical Center - Grafton
- Aurora Medical Center – Washington County
- Aurora Medical Center – Summit

Medical Emergency **Code Blue**

- Aurora Sheboygan Memorial Medical Center
- Aurora Medical Center - Manitowoc County
- Aurora BayCare Medical Center
- Aurora Medical Center - Oshkosh

Medical Emergency **Code 4**

- Aurora Lakeland Center
- Aurora Medical Center – Kenosha
- Aurora Medical Hospital of Burlington
- Aurora St. Luke's Medical Center
- Aurora St. Luke's South Shore
- Aurora Sinai Medical Center
- Aurora West Allis Medical Center
- AHC Medical Group

Our plan is to provide immediate assistance to someone who is not breathing, has no pulse, or needs immediate medical attention.

- Call for immediate assistance
- Check for respirations (breathing)
- Call your workplace emergency number to get additional assistance; State your location
- Initiate CPR if you have been trained
- Know your role. It may vary according to your job position.
- Provide support to the emergency team
- When appropriate, the emergency announcement will indicate when the victim is an infant or child

SAFETY REVIEW

Specific Emergency Plans

Medical Emergency Response – Adult

Being prepared for medical emergencies means that we are able to respond quickly. No matter what the caregiver role, ALL staff are responsible for:

- Knowing the location of emergency equipment, such as
  - Automated external defibrillator (AED)
  - Emergency/code cart
- Knowing their role in a Code 4 or medical emergency
- Knowing the communication system and how to alert other staff of an emergency

Conditions Requiring Immediate Medical Attention

We have a responsibility to anyone who:

- Calls us on the phone
- Is on our property or in our clinics

Even if you are not a clinical caregiver you are responsible to seek assistance if you are the first person to see and/or speak to a patient that needs immediate medical attention.

SAFETY REVIEW

Specific Emergency Plans

Severe Weather - Tornado Watch

In a facility, Severe Weather - Tornado Watch will be
announced based on National Weather Service warnings. Report to your department immediately.

Severe Weather -Tornado Warning

In a facility**, Severe Weather – Tornado Warning** means a **tornado** is in the area. This is based on National Weather Service warnings.

Report to your department immediately.

Close doors, windows, curtains and blinds.

Protect the patient's head and face with blankets and pillows. Have shoes readily available just in case there is broken glass.

Ask patients who can walk and visitors to move into interior spaces, stay away from windows, and remain there until an 'All Clear' is announced.

SAFETY REVIEW

Specific Emergency Plans

Security Alert – Building Threat

In a facility, **Security Alert – Building Threat** means there is a **Bomb Threat**.

If you are the one who receives a bomb threat phone call:

- Handle the call QUIETLY and CALMLY
- Try to keep the caller talking
- Call Loss Prevention Security Services immediately
- Avoid using wireless two-way communication, such as pagers, wireless phones, cell phones and hand-held radios because they may activate the bomb
- Do not touch or move suspicious objects

Safety Officer or Safety Committee

The Safety Officer (or Safety Committee in the case of Aurora at Home and AHC Medical Group) is the resource for safety related issues.

These individuals or groups have the authority and responsibility to intervene when conditions exist that pose an immediate threat to life, health, or damage to equipment or buildings.

SAFETY REVIEW

Specific Emergency Plans

Compressed Gas Cylinder Requirements

Did you know that it is a state violation to leave a cylinder unsecured? All compressed gas cylinders must be secured in an approved cart or holder. Full oxygen cylinders should be separated from empty cylinders and partially filled cylinders.

At Aurora, we separate as follows: Full = unopened; Partially Filled = 500 psi or more; and Empty = 500 psi or less. A three rack system will be used in storage rooms to separate cylinders. Cylinders placed in hand trolleys that are ***stored*** in the same enclosure as the storage racks must be removed from the trolley and placed in the appropriate rack.

Patient care areas that maintain a low inventory of cylinders (2-4), may ***store*** cylinders in hand trolleys and these are considered 'in use.'

Cylinders that are dropped or are left unsecured and tip over can become a moving object with the force and speed similar to a torpedo.

According to federal regulations, no more than 12 ***Full*** E-cylinders should be kept in a smoke compartment. (A smoke compartment is a building space enclosed by smoke barriers on all sides, top and bottom). This volume calculation does not include opened cylinders in use (on carts, wheelchairs or in patient rooms).

Compressed Gas Cylinder Safety Considerations

Oxygen is **NOT FLAMMABLE** in itself. However, it does support combustion.

- Keep away from heat, open flames, ungrounded electrical equipment
- Keep away from flammable materials such as oil based ointments, Vaseline, lip balm or hairspray
- No smoking

Transport Safety Precautions:

- Cylinders should be stable and secured in an approved carrier for transport; Transport in a trolley, wheeled cart, and bedside or wheelchair carrier
- Never place a cylinder between a patient's legs in a wheelchair or on the foot rests of a wheelchair
- Never place a cylinder in a patient's bed
- Handle cylinders carefully; Avoid tipping the cylinder over
- Never attach a 'Grab n Go' cylinder by its carrying handle to a wheelchair or bed

SAFETY REVIEW

Specific Emergency Plans

Security Assistance

Notify Loss Prevention Security Services of all threatening or suspicious persons

For emergency assistance:

- Dial Emergency Security # for your area
- Give location and have police called if needed
- Remain calm

For non-emergency assistance: (theft, vandalism, etc.)

- Dial the non-emergency # for your area

What you can do to stay safe:

- Always have a plan of action
- Be alert and aware of your surroundings
- Control visitor movement in and around the facility, challenging unauthorized persons
- Report suspicious activity, missing property and other circumstances that could result in injury, damage or loss of property
- Wear your name badge at all times when working, positioned above chest level with name side out

SAFETY REVIEW

Infection Prevention

Hand Hygiene is Key

- Hand hygiene is the single most effective method to prevent spread of infection.
- It is needed before and after **every** encounter with each patient and patient environment.
- All caregivers and providers are required to perform hand hygiene

	Soap and Water	Alcohol-Based Hand Sanitizer
When to use	• Use when hands are visibly dirty, contaminated, or soiled • After caring for a patient with suspected or known *Clostridium difficile (C. diff)* or Norovirus **(Contact and Special Precautions)**	• Use for routinely decontaminating hands if hands are not visibly soiled • Following soap and water after caring for a patient with suspected or known *Clostridium difficile (C. diff)* or Norovirus **(Contact and Special Precautions)**
How to use	1. Wet hands with water, apply soap, rub hands together for at least 15 seconds 2. Rinse and dry with disposable towel 3. Use towel to turn off faucet	1. Apply to palm of one hand, rub hands together covering all surfaces until dry

Healthy Hands and Fingernails Protect our Patients

Fingernail Policy for Direct Patient Care

- Natural nail tips must be kept less than ¼” long
- Artificial nails or extenders are not allowed – germs in the adhesives have been linked to patient deaths
- Nail polish must be intact and unchipped

Sores or cracks on your hands may be a source of infection for yourself and your patients

- Use only approved hand lotions
- Notify Employee Health if you have any problems with your hands including sensitivity to alcohol gel

SAFETY REVIEW

Infection Prevention

Standard Precautions

Use **Standard Precautions** with every patient, for their safety and yours.

Standard Precautions include:

- Hand Hygiene
- Wearing **Personal Protective Equipment** (PPE) for any anticipated contact with blood, body fluids, non-intact skin, mucous membranes, or potentially contaminated surfaces.
- Needlestick and Sharps Injury Prevention
- Cleaning and Disinfection
- Respiratory Hygiene (Cough Etiquette)
- Waste Disposal
- Safe Injections Practices

When **Standard Precautions** are not sufficient for you and your patient's safety, **Transmission-Based Precautions** will also be implemented.

Personal Protective Equipment (PPE)

The PPE you need depends upon:

- The task being performed
- Type of exposure
- *Example: Use of masks for insertion of catheters or injection of material into spinal or epidural spaces via lumbar puncture procedures*

PPE includes:

- Gloves
- Masks and goggles, or a face shield
- Fluid-resistant gowns

Perform hand hygiene before donning PPE and after removing any PPE.

SAFETY REVIEW

Infection Prevention

Transmission-Based Precautions

Patients may enter our facilities with a known or suspected contagious disease or infection.

A contagious disease can spread to other patients, visitors, or caregivers.

Safety measures called **Transmission-Based Precautions** are required in addition to Standard Precautions.

The three categories of transmission-based precautions are:

- Contact Precautions
  - Special Precautions
- Droplet Precautions
- Airborne Precautions

Contact Precautions

- **Use in addition to Standard Precautions**
- Designed to reduce the risk of transmission of microorganisms by direct or indirect contact
  - Examples: *Clostridium difficile* , scabies, multidrug-resistant organisms (MDROs)
- Wear gown and gloves for all patient care and when entering the patient's environment
- Dedicated use of noncritical care equipment (e.g., blood pressure cuffs) to a single patient or use single-use disposable noncritical care equipment

SAFETY REVIEW

Infection Prevention

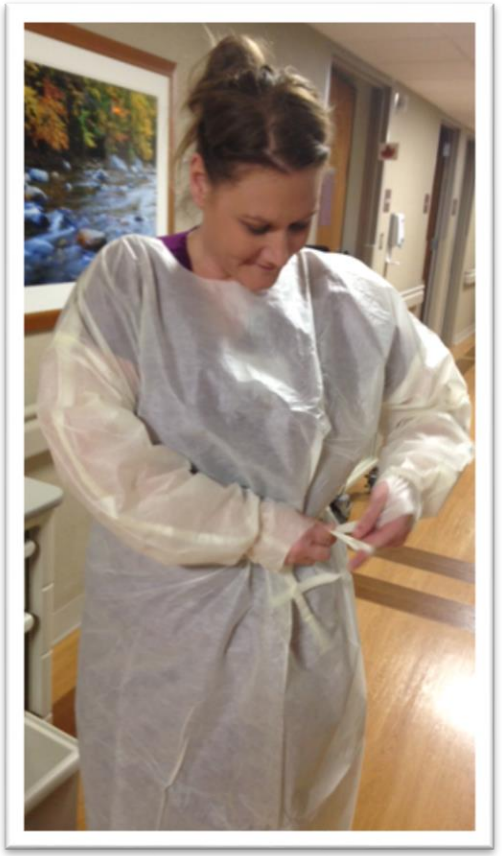
Contact Precautions How to use Personal Protective Equipment (PPE)

Before entering the room

- Perform hand hygiene
- Put on PPE in this order:
  - Yellow gown–tie at waist
- Gloves–should cover cuffs of gown

Before leaving the room, remove PPE in this order:

- Remove disposable yellow gown–grab gown at waist and pull forward to break the back of gown
- Carefully remove gown & gloves
- Discard gown & gloves–place in trash bag inside of room
- Perform hand hygiene upon exiting room



Disposable gown and gloves must be worn for Contact Precautions

SAFETY REVIEW

Infection Prevention

Droplet Precautions

- **Use in addition to Standard Precautions**
- Used for illnesses that are caused by germs that are spread long distances on tiny particles in the air.
  - Examples: influenza, meningitis
- A **mask** is used by staff or visitors upon entering the room of a patient on droplet precautions
- Hand hygiene is **essential** to avoid the spreading of germs.

Droplet Precautions
How to use Personal Protective Equipment (PPE)

Droplet Precautions prevent the spread of large droplet respiratory tract secretions during close contact with the patient. Large droplet respiratory tract secretions can travel in the air for about 3 feet and are spread when the patient talks, sneezes or coughs.

Before entering the room

- Perform hand hygiene
- Put on a mask

Before leaving the room, remove PPE in this order:

- Remove mask in room & discard
- Perform hand hygiene upon exiting room

SAFETY REVIEW

Infection Prevention

Airborne Precautions

- **Use in addition to Standard Precautions**
- Used for illnesses that are caused by germs that are spread long distances on tiny particles in the air.
  - Examples: Measles, Chicken Pox, Active or Suspected Tuberculosis, Disseminated Shingles
- A negative pressure room, or HEPA filtration is required.
- Door must remain closed at all times.
- Anyone entering or exiting a room with this sign must follow the posted instructions.

Airborne Precautions
How to use Personal Protective Equipment (PPE)

Airborne Precautions are used when the germs are spread long distances on tiny particles in the air.

Before entering the room:

- Perform hand hygiene
- Put on a N95 mask or Powered Air Purifying Respirator (PAPR). N95 masks require annual fit testing from Employee Health. If you have not been fit-tested within the past year or N95 is not available, a PAPR must be worn. Check with your site for PAPR availability

Before leaving the room:

- Perform hand hygiene
- Exit Room
- **DO NOT Remove your mask or respirator until you have left the room!**
- Remove and discard mask after leaving the patient room

Tips for a Good Fit Check – N95 Respirator

Follow these Tips for Achieving a Good Fit Check:

- Use a mirror or ask someone if the mask is centered on your face.
- Keep hair and earrings away from the edge of the mask.
- Position the head bands correctly on the crown of head and back of neck.
- Use the pads of your fingertips to press against the metal nosepiece.
- You should forcefully exhale several times. You should not feel any air leaking between your face and the mask.
- Adjust the mask until the leakage is corrected.

SAFETY REVIEW

Infection Prevention

Clostridium difficile (*C-diff*)/Norovirus

- *C. diff* is a bacteria that produces spores and causes severe diarrheal illness.
- Norovirus is a very contagious virus that causes vomiting and diarrhea.
- You must both wash your hands with **soap and water**, and then use an **alcohol-based hand sanitizer** after caring for a patient with these confirmed or suspected diseases.
- At Aurora Health Care, we call this "**Special Precautions**".

Multidrug-Resistant Organisms (MDRO)

MDROs are:

- Germs resistant to many life-saving antibiotics
- Spread from patient to patient, usually from unwashed caregiver hands!
- Germs that require **Transmission-Based Precautions** in addition to **Standard Precautions**
  - Examples include:
  - Methicillin-resistant *Staphylococcus Aureus* (MRSA)
  - Vancomycin-resistant Enterococcus (VRE)
  - Carbapenem-resistant Enterobacteriaceae (CRE)

SAFETY REVIEW

Infection Prevention

Single dose and single use vials are for single patient use only!

- Single-dose/Single-use labeled vials are vials of medication for infusion or injection that should be used for a single patient and/or a single case/procedure/injection.

- Insulin Pens are single patient use only.

- Even if a single-dose or single-use vial appears to contain multiple doses or contains more medication than is needed for a single patient, that vial should not be used for more than one patient nor stored for future use on the same patient.

What about Multi-dose Vials?

- Multi-dose vials are vials of medication intended for injection or infusion that contains more than one dose of medication and are labeled as such by the manufacturer.
  - Multi-dose vials typically contain an antimicrobial preservative to help prevent the growth of bacteria.
  - Examples: Insulin vials

- Multi-dose vials should be dedicated to single patient whenever possible.

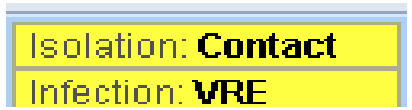
- If multi-dose vials must be used for more than one patient, they should be kept or accessed in the medication preparation area.
- If a multi-dose vial enters the immediate patient treatment area, it should be dedicated to that patient only and discarded after use.
- ***Always*** use a new syringe and needle/cannula when entering a vial.

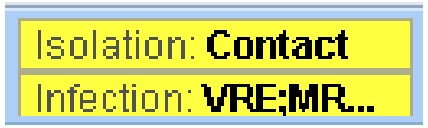
SAFETY REVIEW

Infection Prevention

Hospital EPIC Views – Isolation & Infection Alerts

Patients with known or history of MDRO, will have an alert entered by Infection Prevention that displays in a COLORED Infection box in the patient banner.





A "…" means there is more to see…While in EPIC, hover or click on any of these boxes to read/open

Caregiver TO DOs:

- Put isolation supplies outside the room
- Nursing must obtain, or should enter, a "No co-sign" order for Isolation
- Chart "Isolation" under Daily Cares—Precautions—at least once each shift
- Teach patient & family about isolation any time it is initiated and document teaching—TJC and State will look for this

SAFETY REVIEW

Infection Prevention

Respiratory Hygiene

The Centers for Disease Control (CDC) recommends healthcare facilities take the following measures for all individuals with signs or symptoms of a respiratory infection:

Healthcare facilities should advise patients and visitors to:

- Cover nose and mouth with tissues when coughing or sneezing to contain respiratory secretions
- Dispose of tissues in the nearest waste receptacle
- Perform hand hygiene after contact with respiratory secretions and contaminated objects in the environment

Healthcare facilities should also:

- Provide conveniently located tissues, masks, waste receptacles, and alcohol-based hand gel in facility waiting areas
- Post visual alerts (signs) at the entrances to all healthcare facilities informing patients and visitors about these respiratory hygiene measures

Additional Measures:

- Offer masks to individuals who are coughing.
- When space permits, encourage individuals who are coughing or sneezing to sit at least three feet away from others in common waiting areas.
- Healthcare personnel should wear a mask when examining patients presenting with symptoms of a respiratory infection.
- **Healthcare personnel should wear a mask when the healthcare worker has respiratory symptoms.** *(Report symptoms of illness to Supervisors and Employee Health).*

SAFETY REVIEW

Infection Prevention

Healthcare Associated Infection (HAI)

- An HAI is an unexpected infection that develops after receiving care for another condition in a healthcare setting.
- On any given day, one of every 25 inpatients has at least one HAI.
- Most HAIs are passed to the patient from the **hands** of healthcare workers or the healthcare environment.
- Surgical site infections (SSIs) are one of the most common HAI.
- Other types of HAIs include Catheter Associated Urinary Tract Infections (CA-UTIs), Central Line Associated Blood Stream Infections (CLA-BSIs), and Gastrointestinal Infections caused by *C. difficile* (CDI).
- In addition, hospitals will no longer be reimbursed for many HAIs.

National Patient Safety Goals

National Patient Safety Goals promote best practice to prevent infections such as:

- Central line associated blood stream infections (CLA-BSI)
- Catheter associated urinary tract infections (CA-UTI)
- Surgical site infections (SSI)

SAFETY REVIEW

Infection Prevention

How to Safely Clean Up a Blood/Other Potentially Infectious Material Spill

1. **PPE**: Apply gloves and other PPE, as needed
2. **Contain the spill**: A spill kit may be used, otherwise contain the spill with absorbent material. Dispose of material that is drippable, pourable, or flakeable as biohazardous in a red bag and container.
3. **Clean the area**: Use an EPA-registered disinfectant to clean the area and remove visible contamination.
4. **Disinfect the area**: Once visible contamination is removed, use an EPA-registered disinfectant to disinfect the area following the manufacturer's instructions for use.
5. Carefully **dispose** of all items used to contain and clean the spill.
6. Carefully **remove PPE** and dispose PPE.
7. Perform **hand hygiene** with soap and water.

In a hospital facility, call Environmental Services for a large spill or on carpeted area or involving textiles.

If a disinfectant wipe is used to clean an area, a new disinfectant wipe must be used to disinfect the area.

The same procedure is to be followed for cleaning a spill of any potentially infectious material.

Sharp's Safety

- Never recap a needle unless using the following:
  - Point-lok needle safety devices; check with your manager

    OR
  - The one-handed scoop method
- Sharps containers should be replaced when they are ¾ full. Environmental Services and nursing staff are responsible for ensuring containers are emptied.
- Check for exposed needles prior to touching the sharps container.
- Never place hands in a sharps container for any reason.
- Staff responsible for cleaning reusable sharps require additional training. Check with your manager.

SAFETY REVIEW

Infection Prevention

Infectious Waste

- Use red bags to protect yourself and others from waste that may be infectious
- Red bag all items containing blood or body fluids that are any of the following:
  - Drippable
  - Pourable
  - Squeezable
  - Flakeable

Use the **double bag** procedure in place of the red bag procedure when working in a **patient's home**

In facilities, **red bags** will be placed in **special containers** by **trained staff** to prevent the spread of disease

Improper Disposal is Expensive

These items DO NOT belong in a RED BAG:

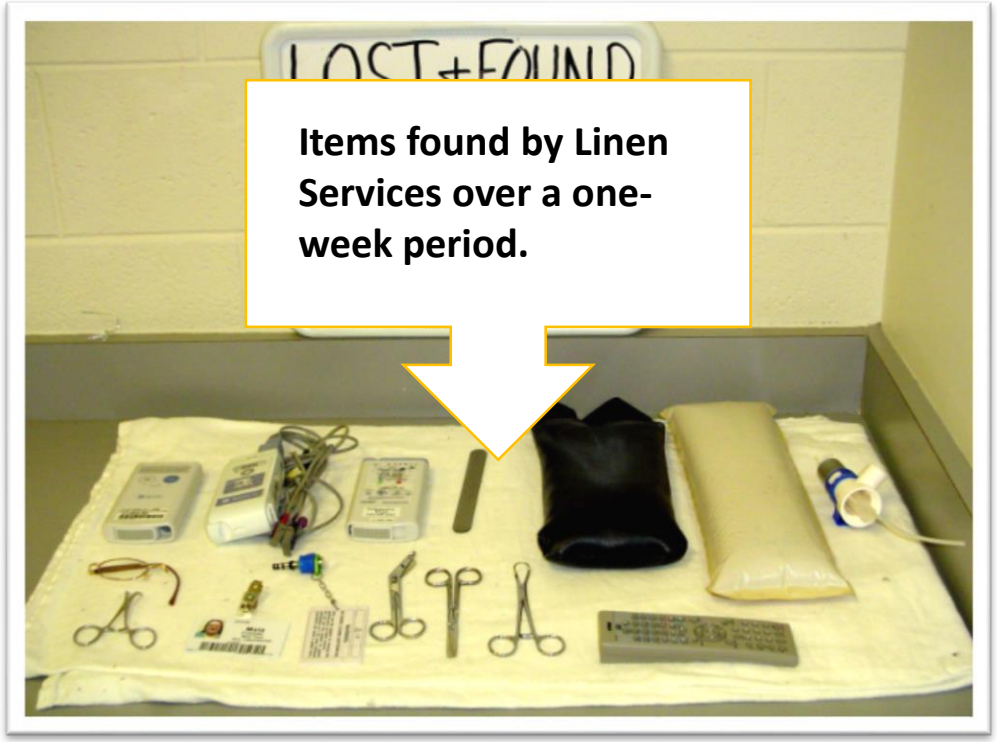
- IV bags and lines without visible blood
- Syringes without blood and needles
- Personal protective equipment (PPE) without blood
- Packaging material
- Empty bedpans, emesis basins, wash pans and urinals
- Stool blood cards
- Paper toweling
- Diapers and underpads with no visible blood
- Dressings and bandages spotted with blood

SAFETY REVIEW

Infection Prevention

Laundry Safety

- Needles and sharps in the laundry are dangerous
- Other items such as patient care monitors and remote controls have been found in linens



Be part of the solution!

- Use care when removing linens
- Check pockets of lab coats, scrubs and patient gowns
- Look before you launder or place linens in a bag

SAFETY REVIEW

Infection Prevention

Bioterrorism and Emerging Infectious Diseases

As you know, we are seeing new diseases everyday. To find out about these diseases:

- Ask the experts—Infection Preventionists
- Read Infection Prevention alerts when communicated to you
- Examples of some emerging infectious diseases include:
  - CRE (Carbapenem resistant Enterobacteriaceae)
  - Legionella
  - Avian Influenza (bird flu) H7N9
  - MERS-CoV

Exposures/Outbreak/Healthcare Associated Infection Investigations

- Sometimes investigations of infections, communicable diseases or outbreaks involve healthcare workers.

- You may need to participate in such an investigation by:
  - Being part of an interview process for the investigation.
  - Providing screening cultures or other lab tests, if the source of the infection or outbreak is thought to be a member of the healthcare team.

- If lab tests become necessary your Infection Preventionist will work with you, your manager, lab, an Infectious Disease Physician, and Employee Health to obtain the necessary tests.

SAFETY REVIEW

Infection Prevention

NEW Communicable Disease Reporting

WHAT diseases need to be reported?

- A list of reportable diseases can be obtained from the Wisconsin Department of Health Services (DHS) Disease Reporting Website:
- Category I includes, but is not limited to, diseases such as Tuberculosis, Measles, Hepatitis A, Meningococcal Disease, Pertussis, Rubella, Botulism, Anthrax, and any suspect/confirmed outbreaks.
- Category I diseases need to be reported to public health as soon as they are suspected – i.e., when the lab test is ordered.

WHEN are they reported?

- **CATEGORY I** diseases, **suspect or confirmed**, are of urgent health importance and shall be reported **immediately** via telephone or secure fax to the local health department. If local public health staff is unavailable, the report is made immediately to the state epidemiologist.
- **Category II** diseases, **suspect or confirmed** are reported within 72 hours of recognition.
- **Category III** diseases **suspect or confirmed** must be reported directly to the state epidemiologist within 72 hours of recognition.

WHO does communicable disease reporting?

- **Hospital Sites:** The INFECTION PREVENTIONIST or their designee.
- **Clinic Sites:** The PHYSICIAN or their designee.
- *In addition*, **ACL Laboratories** reports the identification or suspected identification of a disease-causing organism or laboratory finding indicating the presence of a reportable communicable disease.

HOW is this done?

- Department of Health Services form: Acute & Communicable Disease Case Report F-44151
- Department of Health Services form: Sexually Transmitted Diseases Laboratory & Morbidity Epidemiologic Case Report, F-44242
- Electronically utilizing the Wisconsin Electronic Disease Surveillance System (WEDSS).
- In addition, Category I Diseases require a telephone call or secure fax notification.

SAFETY REVIEW

Infection Prevention

NEW WHAT is Antimicrobial Stewardship?

Antimicrobial Stewardship describes the effort to ensure our patients receive the best care related to antimicrobial therapy:

The RIGHT drug → The RIGHT dose → The RIGHT duration

The Joint Commission will review our antimicrobial stewardship efforts as part of our accreditation surveys.

Aurora Health Care Antimicrobial Stewardship Program (AHC ASP)

The AHC ASP is a system-wide, multidisciplinary and collaborative group of experts who:

- Measure and analyze data related to antimicrobial activity and use throughout Aurora
- Implement clinical programs to optimize antimicrobial use
- Develop educational materials for caregivers and patients

Expectations when Prescribing Antibiotics:

- Document indication and anticipated duration of therapy.
- Empiric Therapy in Hospitalized Patients: Use an antibiotic **"Time-Out"** at 48-72 hours to review cultures, **de-escalate, escalate or discontinue** as appropriate.
- Online Resources: AHC antibiograms and internal guidelines are available through the AHC Antimicrobial Stewardship Website to augment best practice.

SAFETY REVIEW

Patient Safety

High Reliability Organizations (HRO)

Aurora's Goal: Zero Patient Error

- To reach this goal, many healthcare organizations, including Aurora, study the practices of high reliability organizations (HROs), which are those that, even with highly complex and dangerous activities, have very few errors.
- Many Aurora patient safety practices, such as reporting errors and improved communications are used by HROs.

Fair and Just Principles of Aurora Health Care

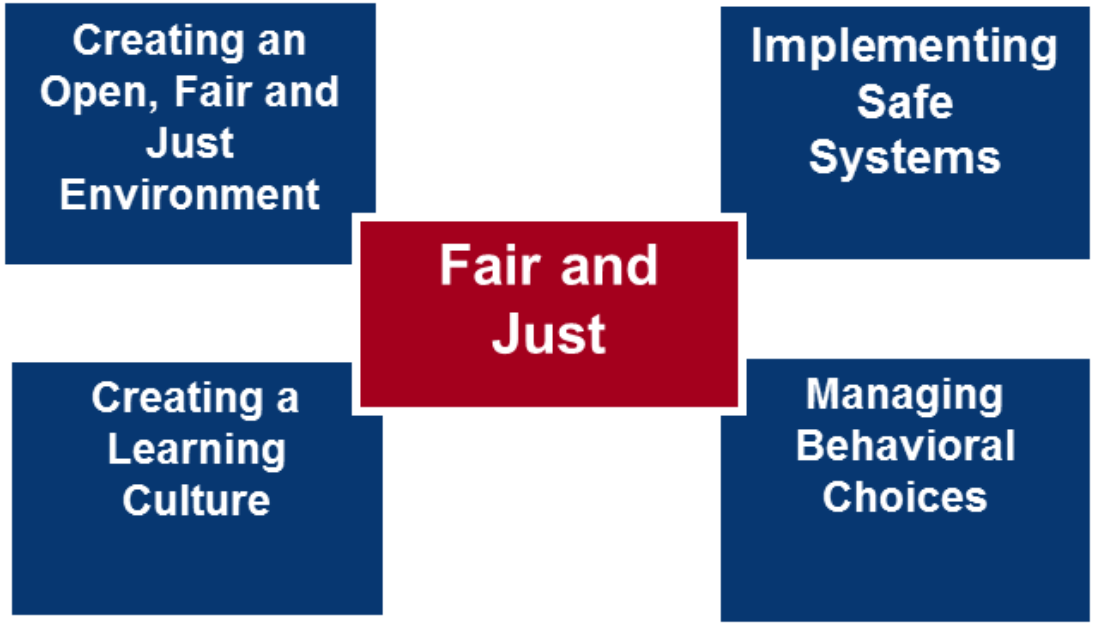
One of the fundamentals of a Fair and Just environment requires us to move away from being overly punitive where we take action against a caregiver based upon the severity of the outcome attached to their behavior. It also requires us to move away from being "blame free" where no one else is held accountable for their choices in the quest of getting caregivers to disclose errors.

SAFETY REVIEW

Patient Safety

Four Cornerstones

The Fair and Just Principles are built on four cornerstones. Each one plays an important role in the development of a strong safety culture.



Core Beliefs of Fair and Just Principles

- Caregivers ***will*** make mistakes
- Caregivers ***will*** drift from what they have been taught
- There ***is*** risk everywhere
- We must manage to our values
- ***Everyone*** is accountable for providing safe care to our patients

SAFETY REVIEW

Patient Safety

What Can You Do To Keep Your Patients Safe?

Communicate Clearly with Fellow Caregivers

Clear communication reduces the potential for patient care error.

If you are a caregiver who works with patients and medications, following safe practices prevents mistakes.

What You Can Do

Use SBAR when communicating with other caregivers. SBAR stands for:

- **Situation** – a statement of the issue/concern ("The problem I am calling about is…")
- **Background** - a summary of pertinent facts ("The patient has a history of…")
- **Assessment** – your assessment of the situation ("This is what I think the problem is…")
- **Recommendation** – what you think needs to be done ("I think we need to…")

- Use safe injection practices.
- Ensure medications are accurate (correct patient, correct medication, correct dose, correct time, correct route). Use available technology to help ensure patient safety (Alaris pumps, barcode medication administration).
- Review the patient's vaccine record before administering vaccination.
- Before a procedure, label medicines that are not labeled.

SAFETY REVIEW

Patient Safety

What Can You Do To Keep Your Patients Safe

Communicate Clearly with Fellow Caregivers

Understanding our patients, and the patients understanding us, reduces the potential for mistakes.

What You Can Do

- **Be clear**: Use plain language;
- **Slow down**: Talk to patients and listen to their concerns. Don't rush the conversation.
- **Patient participation**: Encourage questions
- **Use teach-back**: Have patients repeat information back to verify understanding
- **Explain**: Your actions to patients and how this affects their safety such as "I am washing my hands before changing the dressing so you will not get an infection"

Improve medication safety

If you are a caregiver who works with patients and medications, following safe practices prevents mistakes.

- Take extra care with patients who take medicines to thin their blood.
- Record and pass along correct information about a patient's medicines.
- Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient.
- Make sure the patient knows which medicines to take when they are at home.
- Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

(U.S. Department of Health and Human Services)

SAFETY REVIEW

Patient Safety

What Can You Do To Keep Your Patients Safe

More Patient Safety Practices	What You Can Do
Prevent healthcare-associated infections	• Wash your hands • Use safe practices to prevent infections from central lines, urinary tract catheters, after surgery • Follow infection prevention policies and procedures • Use proper personal protective equipment
Identify Patients correctly Respond to clinical alarms	• Use two ways to identify patients (i.e., patient's name and date of birth) • Make sure patients get the correct blood during transfusions by following appropriate procedure • Work with your caregivers in your area to make sure that all clinical alarms are set properly and responded to
Prevent mistakes in Surgery	• Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body. • Mark the correct place on the patient's body where the surgery is to be done. • Pause before the surgery to make sure that a mistake is not being made
Prevent suicide of patients	• Ensure the safety of our patients by observing the Suicide Precautions Policy • Hospitals can be intense places. Suicidal thinking is an intense reaction to something else that is going on with a person. Ensure the safety of others by observing the Suicide Prevention Policy

SAFETY REVIEW

Patient Safety

What patient safety events to report

- Report any event that resulted in harm/injury to a person or has the potential to do so.
  - Examples include equipment failures, falls, IV infiltrates, medication errors and decubitus ulcers.
- Report near misses, or those errors that are caught before reaching the patient.
  - Near misses are potential patient safety issues.
  - Examples include specimen mislabeled but caught before being tested or results reported; wrong x-ray test ordered on patient.
- Drug administration errors that must be reported to the physician.

Note: If you discover an error or near miss, report it, even if you did not make the error. The important thing is to accurately measure error.

Reporting Disease or Procedure Complications

- Some complications occur as a part of the disease process.
- Complications (such as bleeding, infection, hypoglycemia, and others) may have occurred due to error.
- If you think the complication may have occurred due to error, for example a medication error or monitoring issue, report it.
- Further examples may be found in the Incident/Sentinel Reporting Policy Addendum.

Any caregiver who has concerns about the safety or quality of care provided in the hospital that are not adequately addressed within Aurora may report these concerns to the Joint Commission via the 'Report a Complaint' link at www.jointcommission.org or via email to: complaint@jointcommission.org.

SAFETY REVIEW

Employee Health

Bloodborne Pathogens (29 CFR 1910.1030)

What is an exposure?

- A deep cut or needle stick with a sharp item contaminated with blood or body fluid
- Splash to mucosal membranes (eyes, nose, mouth) with a blood or body fluid
- Blood contact on broken skin
- A human bit when skin is broken

What is considered a bloodborne pathogen?

HIV

- No Vaccine
- Fragile if exposed to air
- 0.3% risk after exposure

Hepatitis B

- Vaccine Series - 3 injections - offered free to all (at risk) caregivers for protection from exposure to blood or body fluids.
- 300 times more contagious than HIV
- Can be transmitted in dried blood

Hepatitis C

- No Vaccine
- 20-30 year incubation period

Signs and Symptoms of Hepatitis B, C and HIV

- Signs and symptoms of Hepatitis B usually appear about three months after you've been infected and can range from mild to severe. Signs and symptoms of Hepatitis B may include abdominal pain, dark urine, fever, joint pain, loss of appetite, nausea and vomiting, weakness and fatigue, and yellowing of your skin and the whites of your eyes (jaundice).

- Hepatitis C infection usually produces no signs or symptoms during its earliest stages. When signs and symptoms do occur, they're generally mild and flu-like and may include: fatigue, fever, nausea or poor appetite, muscle and joint pains, tenderness in the area of your liver.

- After exposure to human immunodeficiency virus (HIV), some people develop a flu-like illness, usually two to four weeks after being infected. Doctors refer to this illness as acute retroviral syndrome, or primary HIV infection. Early HIV signs and symptoms may include: fever, headache, fatigue, swollen lymph glands, and rash.

Bloodborne Pathogen Exposures

- Exposures are treated as Medical Emergencies
- Provide First Aid
  - Wash wounds with soap/water for 5 minutes
  - Flush eyes or mouth with large amounts of water for 15 minutes
- Report Immediately - post exposure prophylaxis (PEP)
  - Employee Health, Nursing Supervisor, Occupational Health or designated contact when Employee Health is unavailable
- Fill out Caregiver Incident Report
- Remember to keep the source patient available for assessment and testing
- Follow-up testing and results will be handled through Employee Health

SAFETY REVIEW

Employee Health

Tuberculosis: Cause & Transmission

- Caused by a bacterium called Mycobacterium tuberculosis
- Spread via an “airborne” route-germs are spread person to person through tiny particles in the air
- Usually affects the lungs
- Germs are spread by coughing, sneezing, singing or just talking
- Germs can remain in the air for hours
- Become infected by breathing in the germs
- Two Stages:
  - Inactive: Infection can not spread to others
  - Active: Infection can spread to others

Stages of TB

Active TB

- Can spread to others
- Positive TB skin test and Chest X-ray
- Clinical Symptoms:
  - Cough with possible blood
  - Chest Pain
  - Fatigue/Weakness
  - Weight Loss
  - Night Sweats
  - Fever

If you develop signs and symptoms of TB, you must promptly notify Employee Health

Inactive or Latent TB Infection

- Can not spread to others
- Germs are in the body, but not active
- Positive TB test
- Negative Chest X-ray
- No Symptoms
- Treat as positive until ruled out
- May require preventative therapy

SAFETY REVIEW

Employee Health

Caregiver TB Testing and Screening

- All physicians and APPs must submit a TB test at the time of application.
- The need for annual TB testing is based on the results of the annual risk assessment. Aurora caregivers and volunteers that work in facilities that are in the low risk category will not be required to complete an annual TB test. If a facility moves into the medium risk category, annual TB testing of all direct patient caregivers will be required.
- Caregivers with a history of previous positive TB test must complete an annual questionnaire from Employee Health.
- All caregivers must complete annual TB Screen questionnaire from Employee Health.

Care of the Patient with Suspect TB or Other Airborne Disease

Hospital Setting

- Patient must be placed in “airborne precautions” in a negative pressure room.
- You cannot go into this room without wearing an N95 mask (Respirator) or a Powered Air Purifying Respirator (PAPR).
- You must be fit tested to wear an N95 mask (respirator) annually.
- If you have not been fit tested, you must wear a PAPR to enter the room to care for the patient.

SAFETY REVIEW

Employee Health

Why is the influenza vaccination so important?

- Many of our patients are elderly or severely ill, and due to their medical condition often have suppressed immune systems. In such situations, succumbing to the flu can be serious or deadly.
- Past flu out-breaks have been credited for many documented deaths involving the elderly.
- Unvaccinated health care workers are thought to be a key cause of flu outbreaks in health care settings.
- Vaccination of health care workers has been linked to a significant reduction in patient mortality.
- The types of flu that the vaccines protect against are those that have debilitating respiratory ailments that take days to recover.

Aurora's Policy

- Purpose: Protect patients, caregivers, family members and the community from influenza
- Requirement: Annual influenza immunization
- Scope: All individuals working or volunteering at Aurora Health Care are required to be vaccinated
- Procedure: Free vaccination clinics will be offered
- Exemptions: May be granted for medical contraindications or religious beliefs

SAFETY REVIEW

Environment of Care

Hazardous Materials and Chemicals

The likelihood of an adverse health impact occurring and the severity of the impact, is dependent upon:

- The toxicity of the hazardous substance
- The nature and extent of exposure to the hazardous substance
- Route of exposure

There are four main routes of exposure:

- Inhalation – gases or vapors of volatile liquids
- Skin contact or absorption via mucous membranes
- Ingestion – less common route of exposure
- Injection – direct access to bloodstream due to mishap with sharps (highly unlikely)

Where can you find out about hazardous materials and chemicals?

Safety Data Sheets (formerly called MSDS) tell you how to protect yourself from hazardous materials. They include precautions for protecting yourself and instructions for clean-up.

“SDS Online” can be found via the Caregiver Connect; select “Places” and type in ‘MSDS’ or ‘SDS.’ Or use other search engines such as Google or Yahoo to look up chemical.

If SDS Online is not accessible, a back-up is available by calling the Loss Prevention Security Services Department at their Central Dispatch at 414-299-1761 for 24/7 service.

Ordinary products and cleaners that are used daily can be hazardous.

Safety Data Sheets (SDS) Information

Standardized 16-section Safety Data Sheet (SDS) – No longer MSDS

- Due to the standardized format, information will be more readily and easily accessible
- Less complicated – easier to understand
- Information on the label should be used to ensure proper storage of hazardous chemicals
- Information on the label should be used to quickly locate first aid when needed

Uniform labeling of containers

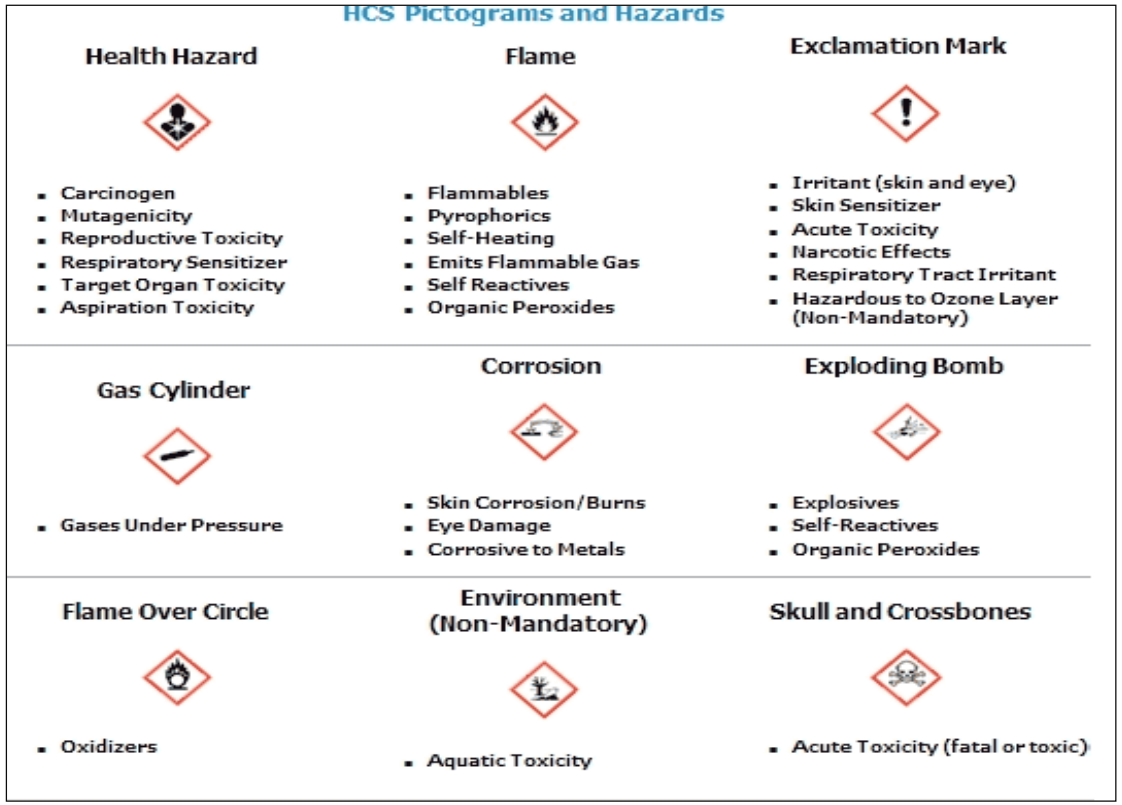
- Product identification
- Signal word - either **“Warning”** or **“Danger”** depending on the level of hazard
- One of nine pictograms showing the type of hazard – Explosive, Flammable, Oxidizer, Compressed Gas, Corrosive, Acute Toxicity, General Hazard, Health Hazard, and Environmental Hazard

SAFETY REVIEW

Environment of Care

Uniform Labeling of Containers

The hazardous substance pictogram are a red-boarded diamond around a black symbol.



- **Hazard statements** describe the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard. For example, “Causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin.”
- **Precautionary statements** are to cover prevention, response to an accidental spill, or exposure, storage, and disposal as appropriate. Response includes first aid and fire situations related to the product.
- Safety Data Sheets (SDS) will continue to be available through the current links to MSDS or SDS on Caregiver Connect.
- Name, address, and phone number of chemical manufacturer, distributor or importer is included.

SAFETY REVIEW

Environment of Care

Hazardous Substance Spill

- Protect yourself and fellow caregivers. Resist the temptation to rush in.
- Use strong verbal commands to instruct patients and staff out of or away from spill site.
- Isolate the site and immediately notify Loss Prevention Security Services (LPS) and provide your name and location of spill.
- Loss Prevention Security Services will notify Environmental Services and Facilities Operations as needed.
- If possible, be ready to identify the hazardous substance.
- Loss Prevention Security Services and department supervisor will determine need for evacuation.
- Caregivers in the immediate area of an incidental/occupational spill will clean up per department protocol. Environmental Services may be contacted for assistance.

Response personnel will:

Obtain the Safety Data Sheet (SDS).

Determine if the chemical can be cleaned up safely.

Perform clean up efforts or call-in contracted outside service to clean up spill.

Determine if local authorities should be notified to assist with clean-up.

Notify Facilities Operations regarding air handling shutdown if needed.

A hazardous substance spill alert will be announced as needed.

SAFETY REVIEW

Environment of Care

Hazardous Waste

- Hazardous waste is disposed of through incineration at higher temperatures than other waste streams. Some hazardous wastes can be recycled by burning for the purpose of energy recovery or through a metal reclamation or fuel blending process with our vendor.

- For many years, flushing excess amounts of unused and left-over chemicals and medications down the drain has been common practice. In most instances, this is no longer acceptable. Thus it is imperative that you are aware of and abide by the proper disposal practices that Aurora has in place.

Hazardous Waste is defined as waste, that if disposed of improperly, can cause harm or damage the environment/ecosystem or significantly contribute to an increase in mortality or serious irreversible or incapacitating illness.

Types of Hazardous Waste Generated in Healthcare Facilities

- Chemical wastes generated from clinical/diagnostic equipment in laboratories (i.e. alcohol, methanol, xylene, formalin).
- Specific metals (i.e. silver, mercury, lead) contained in E-waste.
- Specific batteries from equipment (i.e. Lithium, NiCad, Wet Cell)
- Unused high-level disinfection agents (i.e. Glutaraldehyde products not neutralized).
- Unused, partial, left-over Medications segregated into Hazardous and Non-Hazardous (note: separate detailed training will be provided to clinical caregivers).
- Infectious Waste (i.e. Red Bag and Sharps Waste) is handled separately and will be discussed separately in the program.
- Proper collection containers with proper labeling will be available to your department/clinic to dispose of hazardous waste
- If you have waste in your area that you think might be hazardous waste, contact Environmental Services, site Safety Officer or your Supervisor.

SAFETY REVIEW

Environment of Care

Hazardous Waste Containers

- Hazardous wastes that are generated in our facilities should be placed into an appropriate sized disposable black container located in your area.
  - Some chemicals and other select items in larger quantities will be disposed of in larger drums or containers provided through our vendor.
- These containers will have labels that specify the type(s) of hazardous waste that should be placed into these containers and must always be closed when not in use and in a secure, monitored location/room away from patients and visitors.
- Disposal of hazardous pharmaceutical waste within all Aurora facilities will be into a properly labeled, designated rigid black container.

What Are the Consequences of Improper Waste Management?

- The Wisconsin Department of Natural Resources (WDNR) and the United States Environmental Protection Agency (USEPA) can take enforcement action when businesses do not properly manage their hazardous wastes.
- Civil enforcement penalties for noncompliance may begin at $37,500.00 per day, per violation.
- That means that one violation, for three days, could result in a penalty of $112,500.00.
- The WDNR and USEPA can also seek criminal penalties for intentional hazardous waste violations which will result in more severe fines and imprisonment.
- The consequences of not complying with environmental rules is substantial.

SAFETY REVIEW

Environment of Care

Radiation Safety

- The risks of radiation exposure include: cancer, cataracts, and genetic effects.
- Keep yourself safe by knowing the three (3) basic rules of radiation safety:
  - Time
  - Distance
  - Shielding
- The risk of harm increases with increased exposure. Spend the least time possible in an area where a diagnostic test is done.
- Spend the least time possible in an area where diagnostic testing is done.
- Wear lead protective garments or stand behind a lead shield if you must be close to an x-ray procedure.
- Ensure that the radioactive material is shielded anytime you are working in the presence of radioactive materials.
- Contact your site Radiation Safety Officer for questions.

Radiation Warning Signage

- The signs and symbols pictured below warn us of the hazards of radiation
- If you come across a package bearing these signs, notify your Radiation Safety Officer or the Nuclear Medicine Department for further instructions. Do not touch the item.
- Contact your Radiation Safety Officer for any radiation accidents or spills

SAFETY REVIEW

Environment of Care

MRI Safety

- **MRI** stands for **M**agnetic **R**esonance **I**maging.
- MRI uses a very powerful magnetic field to create images. **This intense magnetic field is always on.**
- Metal objects become deadly projectiles if taken into the magnetic field.
- Medical implants (pacemakers and defibrillators) are adversely affected by a magnetic field.
- Some medication patches may cause injury if worn during an MRI.
- Never enter the scan room without consulting an MRI technologist or supervisor of imaging.
- All people entering a scan room MUST be screened for potential hazards.

MRI Zones

- **MRI Zone I** consists of all areas freely accessible to the general public. This zone includes the entrance to the MRI facility. The magnet poses no hazards in these areas.
- **MRI Zone II** is a semi-restricted area where patients are under the general supervision of MRI personnel. It may include the reception area, dressing room & interview room.
- **MRI Zone III** only approved MRI personnel and screened individuals are allowed inside this zone. The MRI control room and/or computer room are included.
- **MRI Zone IV** is the area within the walls of the MRI scanner room, sometimes called the magnet room. A warning sign indicates the presence of a high magnetic field.
- **MRI Zone III & IV** are restricted areas and only trained personnel are allowed access.

SAFETY REVIEW

Environment of Care

Equipment and Electrical Safety

How can you use equipment safely in your workplace?

- Use new medical equipment only after it has been inspected.
- If you find frayed wiring stop using the device, unplug it and report it.
- The use of extension cords is strongly discouraged and permitted only on a temporary basis. All extension cords must be obtained through Facilities Operations.
- Power strips providing power to patient care medical equipment must be “Special Purpose Re-locatable Power Taps and listed as UL1363A or UL60601-1. Check with your Facilities Operations or Clinical Engineering departments.

How can you use equipment safely in your workplace?

- Power strips providing power to non-patient care equipment such as in offices or nurses’ stations, should be hospital grade.
- Keep liquids away from equipment.
- Know where the Operator’s Manuals are located for medical equipment.
- Per policy the following are prohibited: heated fragrances and candles, toaster ovens, pizza ovens, popcorn machines and more. Check the GE sticker located on the medical equipment, that provides a planned maintenance date, to ensure it is safe to use and not out of date.

SAFETY REVIEW

Environment of Care

Tubing Misconnections

Tubing and catheter misconnection errors can lead to serious life threatening consequences

- ALWAYS find clinical staff to re-connect a tube or a catheter
- NEVER attempt to reconnect it yourself if you are not a trained clinician

Cell Phone Safety

- Use of cell phones near sensitive patient equipment may cause a malfunction. These areas are referred to as ‘Equipment Dependent Patient Locations.’
- Equipment Dependent Patient Location are defined as areas with high equipment density and acute patient density.
- Watch for signs warning not to use cell phones in equipment dependent patient locations. Turn off all cell phones and other radio transmitters in these areas.
- Whenever possible, such equipment should not be utilized within 3 feet of active medical equipment.

SAFETY REVIEW

Other Safety Considerations

Violence in the Workplace

Key components of our policy are:

- Zero tolerance for ALL violence - verbal and physical
- Establishment of a Threat Assessment Team to address reports and occurrences of violence.
- Identification of resources for all departments to help reduce violence.
- Advocacy emphasis to support caregivers.

Preventing Work Place Violence

When dealing with an angry person:

- Keep your voice calm and low
- Listen to the person - present a composed and caring attitude
- Trust your instinct and be aware of your surroundings
- Don’t isolate yourself with a potentially violent person
- Always keep an open path for exiting
- Don’t give orders or match threats
- Avoid any aggressive behavior
- Immediately report any aggressive/violent behavior to your supervisor.
- Call Loss Prevention Security Services

What Should You Do About Domestic Violence in the Workplace?

- Create a supportive environment.
- Encourage co-workers to talk to supervisor/manager. “There are people and resources that can help you.” “You don’t have to be so alone in this.”

SAFETY REVIEW

Other Safety Considerations

The “Safe Place for Newborns” Law

“Safe Place for Newborns” is based on a Wisconsin law to provide a safe place for abandoned newborns. When a person approaches any caregiver and indicates that they want to give you a newborn, the caregiver should accept the baby and take it to the Emergency Department.

What if you are approached to take a newborn?

- Do take the baby to the Emergency Department
- Do obtain a package of information from the Emergency Department or main entrance and offer it to the individual (they do not need to accept it.)
- Don’t walk away without taking action
- Don’t ask their name or other questions
- Don’t give the newborn back
- Don’t notify police

Follow up care to ensure the baby’s safety will be initiated by the Emergency Department.

SAFETY REVIEW

Other Safety Considerations

Infant Abduction

Although it doesn't happen often, the abduction of infants (birth through six months) from health care facilities by non-family members is of concern for parents, healthcare staff, law enforcement, and the National Center for Missing and Exploited Children.

The obstetrical unit can be filled with medical and nursing staff, visitors, students, volunteers and participants in parenting and newborn classes. The number of new and changing faces on the unit is high, making it an area where a "stranger" is less likely to be noticed.

Because there is generally easier access to a mother's room than to the newborn nursery and a newborn infant spends increasingly more time with his or her mother rather than in the nursery, most abductors "con" the infant directly from the mother's arms.

The typical hospital abduction involves an "unknown" abductor impersonating a nurse, hospital employee, volunteer or relative.

Infant abductors exhibit the following characteristics and behaviors:

- Female of childbearing age (12-50), often overweight
- Most likely compulsive; often relies on manipulation, lying and deception
- Frequently indicates that she has lost a baby or is incapable of having one
- Often married or cohabiting; companion's desire for a child may be the motivation for the abduction
- Usually lives in the community where the abduction takes place
- Frequently visits nursery and maternity units prior to the abduction
- Usually plans the abduction, but does not necessarily target a specific infant
- Often becomes familiar with hospital personnel and even with the infant's parents
- Demonstrates a capability to provide "good" care to the baby once the abduction occurs

Infant Abduction – What to Watch For

- Repeated visiting "just to see" or "hold" the infants
- Asking questions about hospital procedures/security measures and layout of the floor, such as: "When is feeding time?" "When are the babies taken to their mothers?" "Where are the emergency exits?" "Where do the stairwells lead?" "How late are visitors allowed on the floor?" "Do babies stay with their mothers at all times?"
- Taking uniforms or other identification
- Physically carrying an infant in the hospital corridor instead of using the bassinet or leaving the hospital with an infant on foot rather than in a wheelchair
- Carrying large packages off the unit (e.g., gym bags), particularly if the person carrying the bag is "cradling" or "talking" to it
- Caregivers must always be aware that disturbances in other areas (e.g., a fire in a closet or a loud, threatening argument) could facilitate an abduction if their attention and awareness is diverted. Constant vigilance is critical. The abductor may use a diversion to distract caregivers

Infant Abduction Prevention

Safeguarding newborn infants requires a comprehensive program including:

- Newborn security procedures
  - Abduction/ Missing Infant Response (part of EOC manual) including regularly scheduled drills
  - Infant/Parent Identification (Wrist bands)
  - Staff Identification (Pink background Photo ID)
  - Restrictions on transportation of infants in the hospital
- Physical and electronic security measures
  - Infant Protection Banding System
  - Limited Access to areas in obstetrical unit (i.e. nursery and stairwells) and delayed egress locks on exits
  - Closed Circuit TV Cameras
- Education
  - Parent education on what to be alert for including visualization of proper staff ID, never to leave infant unattended, and positioning bassinet away from hallway door
  - Hospital staff being aware of unusual behavior and alert to unfamiliar people on the unit is key. One of the most effective techniques is to ask, "May I help you?" or "Who are you here to visit?"

SAFETY REVIEW

Other Safety Considerations

NEW! EHAC-Early Heart Attack Care

- EHAC is intended to educate all caregivers and the public about the early warning signs and symptoms of an impending heart attack.
- Early warning signs occur in >50% of patients
  - Recognition of early warning signs can prevent heart attack
  - Symptoms can begin hours to weeks before a major heart attack occurs
- The key to preventing damage or death of the heart is early recognition and treatment

NEW! Cardiac Emergency Response

- If you encounter a patient experiencing cardiac symptoms immediate action should be taken.
- Follow your site's medical emergency plan by calling the appropriate emergency number. This phone number will differ by Aurora location.
- If you are at home or out in the community, always dial 911 and activate the emergency response system.

American College of Cardiology Foundation, (2017). http://dha.acc.org/ retrieved November 28, 2017

SAFETY REVIEW

Other Safety Considerations

NEW! Active Shooter (new video from Department of Homeland Security)

As we've seen in many venues across the nation, an armed individual could come onto the property with the intent to commit great bodily harm or death. We must be prepared to protect ourselves and those in our care. Watch the 3.5-minute **DHS Active Shooter Training Options for Consideration** video. **This is a YouTube video and closed caption is available.** https://www.youtube.com/watch?v=yz5P2wy4X4o

Follow the "RUN-HIDE-FIGHT" response in any order as safely as possible:

RUN – If there is an accessible escape path, attempt to evacuate the premises

- Have an escape route and plan in mind
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind

HIDE - If evacuation is not possible, find a place to hide where the active shooter is less likely to find you

- Your hiding place should be out of the active shooter's view
- Provide protection if shots are fired in your direction
- Your hiding place should not trap you or restrict your options for movement

FIGHT – As a last resort and only when your life is in imminent danger, attempt to disrupt and/or incapacitate the active shooter

- Act with physical aggression
- Throw items, improvise weapons, and shout
- Commit to your actions

SAFETY REVIEW

Other Safety Considerations

Active Shooter

Local Law Enforcement will respond and work directly with hospital Loss Prevention Security Services.

If you are responsible for patient(s), if time allows you will:

- Close patient(s) room doors.
- Block door(s) with heavy furniture.
- If patient is able to move, place them in the restroom in the patient room and close the door.
- If shooter is not located in your unit, lock down and barricade your unit if possible.

When law enforcement arrives, remember:

- Remain calm and follow officer's instructions.
- Put down any items in your hands (i.e. bags, jackets).
- Immediately raise hands and spread fingers.
- Keep hands visible at all time.
- Avoid making quick movements towards officers.
- Avoid pointing, screaming and or yelling.
- Do not stop to ask officers for help or directions. Proceed in the direction from which officers are entering the premises.

Perimeter Control

When a situation develops that could compromise the safety and security of an individual, department, building, or facility Loss Prevention Security Services will initiate this plan to control access or lock down the affected areas.

Threat to Individual:

- Identify a safe zone within the department, preferably a room with a lock
- No overhead announcement will be made

Threat to a Specific Department:

- This may be announced overhead
- Loss Prevention Security Services will secure all lockable access points not deemed critical to patient access or department needs
- Loss Prevention Security Services will remain in the department until an 'All Clear' is announced

Threat to a Specific Building or the Entire Facility:

- This will be announced overhead
- Your department may need to assist with door coverage responsibilities. If these are unknown, your department manager will follow up with Loss Prevention Security Services.
- Loss Prevention Security Services will respond as soon as possible and secure all perimeter entrances to the building or entire facility.
- Loss Prevention Security Services will establish manned checkpoints at each entrance to screen incoming persons and/or packages.
- Electronic or manual locking procedures may be initiated prior to staffing the location until such time as adequate staff can be called in to provide manned checkpoints.
- Loss Prevention Security Services will remain at the checkpoints until an 'All Clear' is announced.
- You may need your Aurora Photo ID to gain entrance into the building. Get in the practice of taking your photo ID with you at the end of your shift.

SAFETY REVIEW

Other Safety Considerations

EHR Downtime: How will I access information during downtime?

What is Hyperspace SRO (shadow read-only)?

- The EPIC Downtime environment that gives the users the look and feel of the EPIC production environment, but does not allow data entry.
- This environment should be used when there is an EPIC outage but the Network is still available.

What does BCA-PC stand for?

Business **C**ontinuity **A**ccess **P**ersonal **C**omputer Workstations

- Should be used when caregivers do not have access to the network and cannot navigate to the Shadow Read Only Environment.
- Should always be ON, except for routine reboots.
- Should always be plugged into a red outlet and directly cabled to a printer that has a full ink cartridge and is also plugged into a red outlet.
- Every department should routinely check that their reports are on their assigned BCA-PC and that their reports print.

What is a Downtime Toolkit?

- A collection of approved Downtime forms packets for use by caregivers in patient care areas. Examples include:
  - Physician order sheets
  - Nurse’s notes
  - Progress notes
  - Lab results forms
  - Clinic Registration forms
- Tipsheet for accessing backup environments.

Phases of Recovery

Phase I

- *Downtime Phase I Recovery* will be communicated
- Recovery Phase 1: the complete update of all Admission, Discharge or Transfer (ADT) transactions – Patient Access departments will complete back-entry of all admissions; Discharges and Transfers are completed by the units unless otherwise communicated.
- Recovery Phase 1 must be completed before departments can go to Phase 2.

Phase II

- *Downtime Phase 2 Recovery* will be communicated.
- This is the catch up period where orders and documentation are entered on all patients that have been admitted, transferred or discharged during Downtime.
- Specific instructions for information to be transcribed into the record are described in each application section and summarized in Appendix F of policy 2018.
- At the end of the Downtime a note must be entered by each discipline that is back-entering documentation into the patient record to indicate that a Downtime has occurred and that some documentation may be on paper: use the (dot) .downtime phrase.

Thank you for completing your annual education.