CEG0070 2022 Virginia Annual Mandatory Education (AME) - No Contact Version

Welcome to the 2022 Virginia Annual Mandatory Education (AME) - No Contact Version!

Training duration is 1 hour & 50 minutes to complete.

Audio capability is required for narration & video playback.

Select the **"START COURSE"** button at the top of this page to begin or select a lesson from the list below.

WELCOME! - 5 MINUTES DURATION

≡   **Course introduction & navigation tips**

≡   **Introduction to UVA Community Health (UVA CH)**

PATIENT EXPERIENCE - 30 MINUTES DURATION

≡   **Mission, Vision & Values (MVV)**

≡   **Brand & Experience Principles**

≡   **Patient Safety**

≡   **Ask Me 3 & Teach Back**

≡   **Language & Cultural Services**

COMPLIANCE AND REGULATORY - 5 MINUTES DURATION

≡   **Cybersecurity**

≡   **Privacy**

TEAM MEMBER INFORMATION - 20 MINUTES DURATION

≡   **Abuse & Neglect**

≡   **Team Member Safety**

Diversity, Inclusion & Equity

Public Safety

Emergency Preparedness

Electrical Safety

Fire Prevention

Hazard Communication

Infection Prevention Basics

[?] Post-Test

Department Questionnaire & Course Completion

Course introduction & navigation tips

Welcome!

Course introduction

The purpose of this mandatory education is to provide you with the most up-to-date information on required regulatory standards and corporate policies as part of the online portion of your orientation.
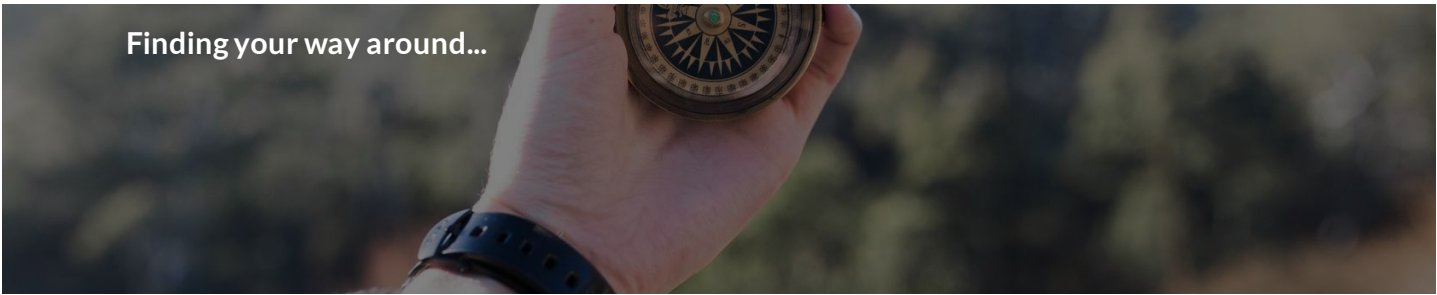
You are responsible for knowing and applying all the information contained within this course. If you have any questions about the content of this course or how to appropriately apply the information in your job, please contact your leader.

There is a post-test which requires a minimum score of 80% or higher to pass. Multiple attempts are allowed to pass the post-test.

If you have questions regarding the content of this online course, please ask your leader for further assistance.

Please scroll down this page to view the navigation tips.

Navigating the course

Let's highlight a few navigation tips so that you have a great experience exploring the content pages. Navigation is easy! You will scroll down through each lesson until directed to continue to the next lesson. You may also use the table of contents to select a lesson and track your progress indicated by a checkmark beside of completed lessons.

Important note about linked content

Please note that linked resources included in the content take you outside of the course. *For desktop and laptop computers,* use the Alt-Tab keyboard buttons (or command-Tab on Apple) to tab back to this course and continue after viewing a linked resource. *For mobile devices (phones/tablets),* navigation commands can vary, but typically there is a back button to return to the course.

Links to policies are provided in the content and are only available when the course is accessed in our network (e.g., on-campus or VPN). Mobile devices (phones/tablets) using the Learn app and team members accessing externally cannot access the document manager links.

However, reviewing the linked policies during this course is optional and not required for the purposes of completing this education.

Please advance to the next lesson.

Introduction to UVA Community Health (UVA CH)
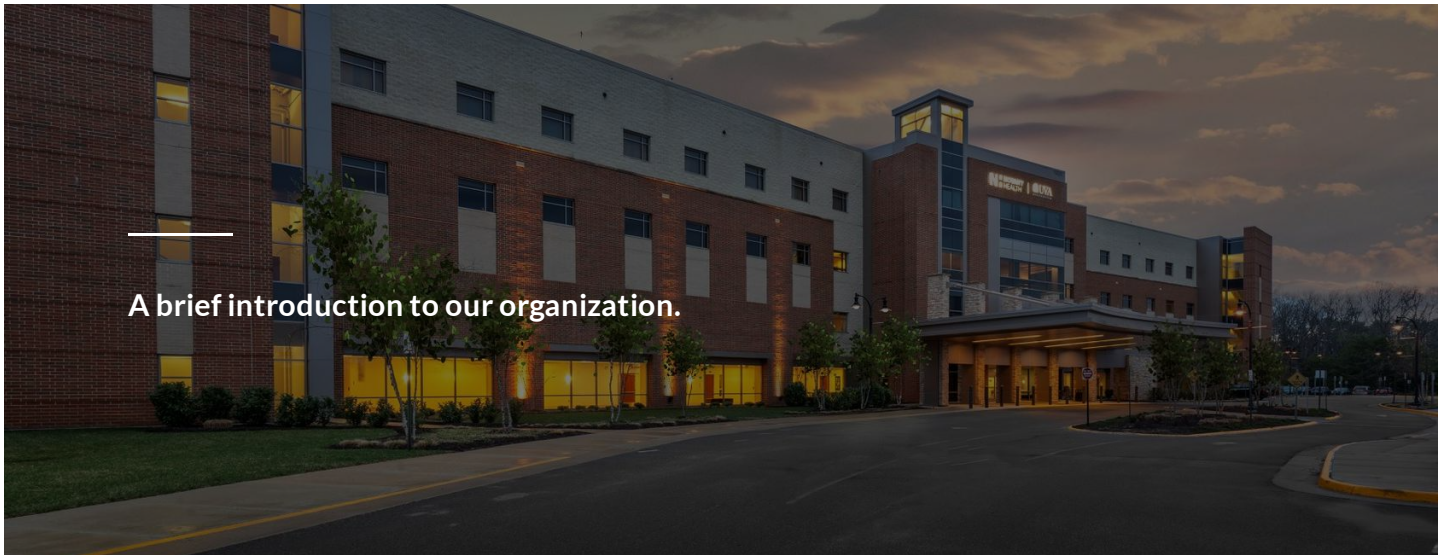
A brief introduction to our organization.

Our history...

On July 1, 2021, Novant Health UVA Health System became UVA Community Health. Prior to that, we were part of a joint operating company with Novant Health and UVA Health known as Novant Health UVA Health System. Being a part of UVA Health ensures residents of Northern Virginia and Culpeper continue to receive excellent care close to home.

It also means increased access to UVA Health physicians (locally and in Charlottesville), a world-class medical center and exceptional medical research when needed.
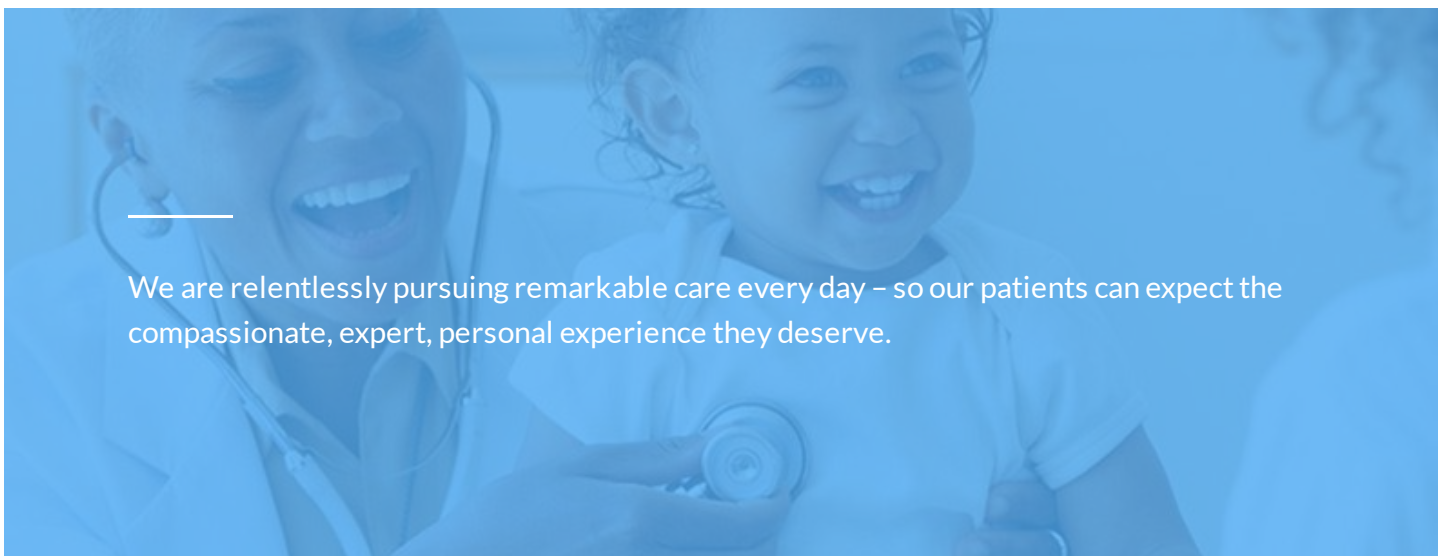
We are relentlessly pursuing remarkable care every day – so our patients can expect the compassionate, expert, personal experience they deserve.

Our brand

Externally, we will present as one unified UVA Health brand to our patients and communities. Internally, the previous Novant Health UVA Health System is known as UVA Community Health.

We are currently in the process of a branding and operational transition which will take several years to complete. For this reason, the new hire orientation you are attending is offered by Novant Health, even though you were hired by UVA Community Health and will be an employee of a UVA Health entity. We ask for your patience as we work through this ongoing transition for our organization.

Knowledge Check

UVA Community Health was established in:

- ○ 2003

- ○ 2021

- ○ 1985

- ○ 1999

SUBMIT

You have completed this lesson!

Mission, Vision & Values (MVV)

Mission, vision, and values (MVV)

Our mission, vision, values, people credo and promise define who we are as an organization and guide our decisions for how we provide care to our communities.

In this lesson, we will:

- Define our mission, vision and values (MVV)

- Share information about our people credo

- Describe our brand promise to patients

- Describe our strategic imperatives

- Explain how we are working to deliver value-based care

Now, let's take a look at an illustration of our mission, vision, values and brand promise.

Please carefully review the explanations provided in the graphic, below.

Next, we'll take a deeper dive into some of these essential pieces that define our culture.

Overview of MVV, people credo and our brand promise

Please carefully review the explanations provided in the graphic, below.

Next, we'll take a deeper dive into some of these essential pieces that define our culture.

Mission

Novant Health exists to improve the health of communities, one person at a time.

Vision

We, the Novant Health team, will deliver the most remarkable patient experience in every dimension, every time.

Values

• Compassion
• Diversity, Inclusion and Equity
• Excellence
• Teamwork
• Courage

Our people   We are an inclusive team of purpose-driven people inspired and united by our passion to care for each other, our patients and our communities.

Our promise   We are relentlessly pursuing remarkable care every day — so you can expect the compassionate, expert, personal experience you deserve.

Our principles   Human-Centered • Access for All
World-Class Care • Purposeful Innovation

Select the image above to view a zoomed view.

Our people credo

Our people credo highlights our organization's commitment to its team members. Each of team member plays a role in the final delivery of world-class, remarkable healthcare to the communities we serve. The people credo is an extension of our MVV and how we treat each other and our patients.

PEOPLE CREDO

We are an inclusive team of purpose-driven people inspired and united by our passion to care for each other, our patients and our communities.

Don't miss this! Our brand promise...

Before moving to the next item in this section, please take another opportunity to reflect on our brand promise and how it applies to you and your role...

Novant Health = Compassionate Expertise

Relentlessly pursuing remarkable care every day – so you can expect the compassionate, expert, personal experience you deserve.

Next, let's take a look at our values which dynamically support the cultural pieces we have reviewed in this section.

Novant Health's values

Select each of the values listed below to view their descriptions:

Diversity, Inclusion, and Equity ___

Diversity:

Diversity is the similarities and differences of people found in our workforce and communities. Diversity includes many visible characteristics such as race, age, gender and appearance, and it also includes less visible characteristics such as personality, ethnicity, religion, disability, military status, job function, life experience, sexual orientation, gender identity, geography, regional differences, work experience and family situation – all of which make us similar to and different from one another.

Inclusion:

Inclusion is intentionally engaging human differences and viewing such differences as strengths. We create inclusion by actively seeking and valuing the voices and life experiences of each person. These actions build an environment that fosters respect, belonging and trust. Our commitment is to each other and the communities we serve.

Equity:

Equity exists when each person has the appropriate access to opportunities and resources to attain their highest quality of life. We must recognize and address systemic disparities and how those disparities have impacted groups and individuals.

Teamwork _

The needs and expectations of any one customer are greater than that which one person's service efforts can satisfy. We support each other so that together as a team, we can be successful in the eye of the customer as a quality service provider.

Excellence _

We strive to grow personally and professionally and we approach each service opportunity with a positive, flexible attitude. Honesty and personal integrity guide all we do.

Courage _

We act boldly in making the changes necessary to achieve our mission, vision and promise of delivering remarkable healthcare.

Compassion _

We treat customers and their families, team members, and other healthcare providers as family members by showing them kindness, patience, empathy and respect.

Safety _

We follow best practices to enhance patient and team member safety.

Strategic imperatives

Our executive leadership team has identified six strategic imperatives that will ensure we continue to expand our ability to provide remarkable healthcare in the communities we serve. Select each strategic imperative listed below to read more about it, prior to leaving this page.

High performing, change ready, and resilient team _

Our culture will be known for resilience and innovation. Our leaders, team members and clinicians will have the mindset, tools and skills to anticipate and manage rapid change, ensuring that we continue to grow and thrive as a system.

Improving health _

We will provide the highest quality of care and value through the remarkable patient experience to each individual patient, while partnering with others and developing a system of care that focuses on keeping our communities healthy.

Operational excellence _

We will deliver outcomes to exceed our patients' expectations of a remarkable patient experience.

Technology, innovation, and advanced analytics _

We will optimize and expand our technology and business intelligence capabilities to provide actionable and secure information and innovate to drive organizational results.

Consumer-driven products and pricing _

We will develop products, pricing and partnerships that anticipate and respond to the needs of our patients, employers, communities and payors.

Industry leadership and growth _

We will provide industry leadership and advocacy, and build strong community relationships as we grow locally and into a multi-state "super-regional" system.

Knowledge Check

Our brand promise states that we will relentlessly pursue remarkable care every day so that our patients can expect the compassionate, expert, personal experience they deserve. *(Select Submit after choosing your response.)*

○ True

○ False

SUBMIT

Drag and drop each of our values on the left to their corresponding definition on the right. *(Select Submit after completing your matches.)*

SUBMIT

> "We can change the world and make it a better place. It is in our hands to make a difference."
>
> - Nelson Mandela

You have completed this lesson!

Brand & Experience Principles

Overview of our principles

Our brand and experience principles work together to identify specific areas of focus that will position us to be a world-class, remarkable healthcare choice for the communities we serve.

The brand principles guide us in answering the question...

"How can we focus on advancing who we are to re-imagine healthcare and become the healthcare system of choice?"

In this topic, we will:

- Explain the relationship between our brand and experience principles

- Identify specific behaviors in our experience principles that support each brand principle

- Identify the Patient's Bill of Rights

- Explain our approach to service recovery

What is remarkable?

This is a great question to consider as an entry point for introducing our brand and experience principles and the other service-related topics in this section. Let's explore the answers to the following questions.

Select each question to view the response:

How do our principles support remarkable?

Our principles:

- **Set the expectation for how we listen to our patients and strive to make a human connection with them.**

- **Are a road-map that is our guide for providing world-class healthcare.**

- **Provide specific behaviors we all must exhibit to become the "first choice" for healthcare through innovative medicine and ease of access to our services.**

What is remarkable service?

Remarkable service is:

- **Provider personalized care that meets the unique needs of each individual patient.**
- **Creating a compassionate environment.**
- **Providing world-class treatment through world-class team members.**

Why is remarkable service important?

Remarkable service is important because:

- **It's the right thing to do.**
- **Patients deserve safe and high quality care.**
- **It creates and enhances loyalty.**

We make remarkable experiences a part of how we serve our patients and coworkers every day.

Our Brand & Experience Principles

Brand and experience principles work in concert to offer specific guidance to enhance our ability to deliver world-class, remarkable healthcare for all customer interactions.

Consider this...

Our **brand principles** set the standard for how we provide **world-class**, remarkable care to our communities.

Click each of the brand/experience principles shown below to view a description and the associated behaviors:

Human-Centered / Make it Human ___

Brand Principle: Human-Centered
We know that in everything we do, the highest quality healthcare begins with listening. We strive to connect with every person and every family we interact with, designing an experience around you—your needs, your family, your journey.

Experience Principle: Make it Human *(How we live it)*
Go above and beyond to care for me as a human-being, not as a patient.

Access For All / Make it Easy ___

Brand Principle: Access For All

We create a community of belonging, ensuring everyone we serve feels important, cared for and heard. You can expect a warm welcome and a convenient, easy experience, whether it's virtual, in our physical locations, or anywhere else you interact with Novant Health. We bring you the care you need, the way you need it—no matter who you are or what you have.

Experience Principle: Make it Easy *(How we live it)*

No matter who I am or how I interact with Novant Health, make it easy for me to access the care I deserve.

World-Class Care / Make it Expert —

Brand Principle: World-Class Care

We are a team of experts, dedicated to continuously providing the highest level of care to our patients. By delivering excellent medical care in the safest environments, investing in our leading institutions, pursuing the latest treatments, and partnering with experienced physicians and team members, we ensure you get the next-level care you need to thrive.

Experience Principle: Make it Expert *(How we live it)*

From the team of experts to the excellent medical care Novant Health provides, help me feel confident that my health is in great hands.

Purposeful Innovation / Make it Next-Level —

Brand Principle: Purposeful Innovation

We continually design and build leading technologies with a purpose—targeting the needs of our patients and populations. From driving advancements in medicine through research to re-imagining the future of care delivery, we strive to bring the latest innovations to you when you need them, so you can enjoy better experiences and better outcomes.

Experience Principle: Make it Next-Level *(How we live it)*

Put me first and always seek new ways to help me live the life I want to live.

Our brand principles set the standard for how we provide world-class, remarkable care to our communities. (click Submit when you're finished)

◯ True

◯ False

SUBMIT

Select each experience principle description in the left column and drag it to its corresponding brand principle in the right column.

SUBMIT

Patient Bill of Rights

There are laws and regulations that require us to treat patients in accordance with the patient bill of rights. The patient bill of rights features specific rights the patient has regarding their care. Our service standards directly support the patient bill of rights and responsibilities. Let's take a closer look..

- Be treated with respect and dignity

- Get information in a manner in which they understand

- Make advance directives and have medical wishes followed

- Be treated without discrimination

- Engage in preferred religious or other spiritual services

N: Health Focus

What are your rights?

You have the following rights. If someone is helping you make healthcare decisions, he or she may exercise these rights for you.

Quality of care – You have the right to:
- Quality care by skilled doctors and staff.
- Be treated for your pain.
- Treatment that is as comfortable as possible.
- Emergency procedures without unnecessary delays.
- Help decide the details of your plan of care.
- Ask for a second opinion, at your expense.

Safety – You have the right to:
- Safe care.
- Know when something goes wrong with your care.
- Have a family member or friend, as well as your doctor, notified promptly of your admission to the hospital.
- Be free from all forms of abuse and neglect.
- Be free from the use of restraints unless needed for safety.

Voice and choice –You have the right to:
- Get information in a manner you understand.
- Make informed decisions about your care.
- Refuse care.
- Make advance directives and have your medical wishes followed.
- Contact a person or agency to protect your rights.
- Have a support person with you for emotional support.
- Agree or refuse to allow pictures for purposes other than your care.
- Religious and other spiritual services that you choose.
- Complain without fear and have your complaints reviewed.

Affordability – You have the right to:
- A detailed bill and an explanation of that bill.
- Information about resources to help pay for your healthcare.

Authentic personalized relationships – You have the right to:
- Know the names and jobs of the people who care for you.
- Privacy and access to medical information as described in Novant Health's Notice of Privacy Practices.

N: NOVANT HEALTH

...may contact this Novant Health
...se leave a message and

...ent of Health
...re and Certification
...rive, Suite 401
...233-1463
...955-1819 or
...d area: (804) 367-2106

The Joint Commission
One Renaissance Blvd.
Oakbrook Terrace, IL 60181
800-994-6610

South Carolina
Department of Health and Environmental Control
2600 Bull Street Columbia, SC 29201
(803) 898-3300

Health Focus 06/12/2014 #700317

N: NOVANT HEALTH

Health Focus: Novant Health's Patient Bill of Rights

Access the Patient Bill of Rights:

You may go to the UVA CH intranet homepage and search for a specific policy.

Patient complaints and grievances

The patient should have reasonable expectations of care and service and we should address those expectations in a timely, reasonable, and consistent manner.

"Complaints" are concerns that can be resolved promptly by team members present or are non-clinical care concerns. Generally, issues related to patient billing and requests for bedding changes, room housekeeping, access, wait times and food/beverage are considered complaints.

"Grievances" are written or verbal concerns about:

- The patient's clinical care that cannot be resolved at the time of the concern by team members present.

- Abuse or neglect.

- Compliance with Medicare Conditions of Participation.

The grievance can be lodged by a patient or a patient's representative.

Grievances require a written response within 7 days of submission.

Multiple complaints within a hospital stay should be treated as a grievance. Billing issues are generally not considered a grievance unless there are care concerns related to the billing issue.

Notice of the right to make a complaint or grievance is provided to patients. Hospitalized patients are provided information in the Patient Handbook.

Contact information provided to patients

The patient handbook includes contact information for the appropriate hospital state licensing agencies and accrediting organizations, in addition to the Office of Civil Rights for grievances related to discrimination. It also informs patients that they may lodge a grievance directly with those agencies without using the internal grievance process first. Medicare beneficiaries who are inpatients also receive "An Important Message from Medicare."

Online resources for complaints & grievances:

The www.novanthealthuva.org website includes a Patient Bill of Rights link under "Patients & visitors" that shares reporting instructions.

Service Recovery

Disappointments and misunderstandings happen. However, when a customer experiences a problem, we need to quickly make things right. In these crucial moments, we can rely on the four A's to offer a path forward.
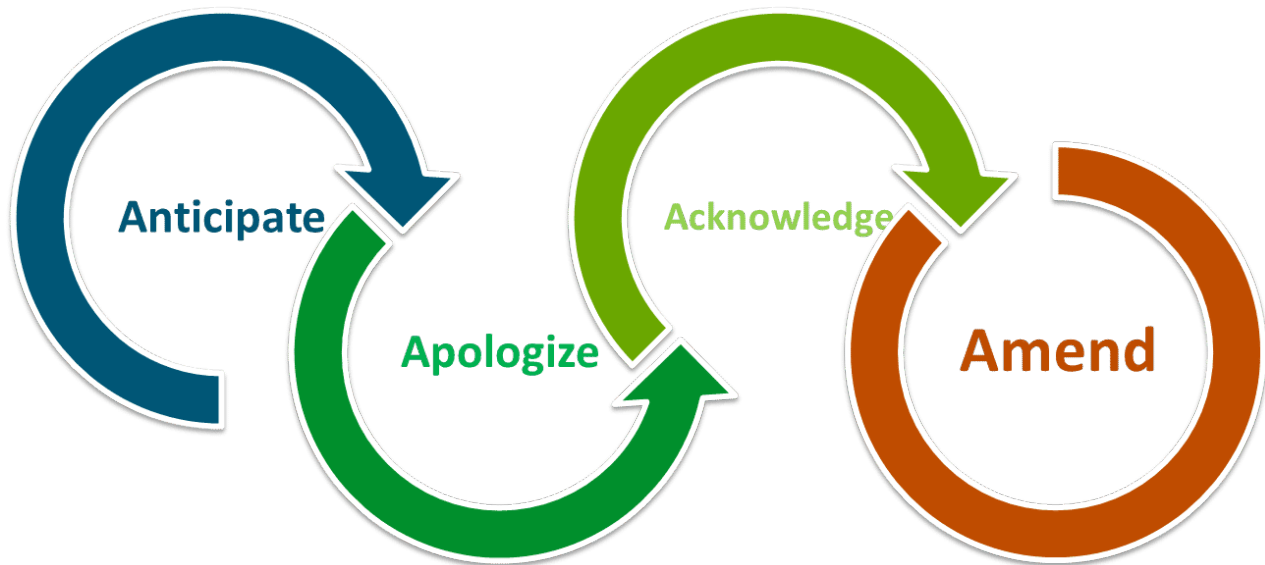
The Four A's of our Service Recovery model.

Let's take a deeper dive in to the recovery model

Select each element listed below of our recovery model to view further details:

Anticipate ___

- **Identify recurring problem situations**
- **Develop plans to respond to specific problem situations**
- **Use what worked before**
- **Develop skills to communicate, manage conflict, apologize, and be empathetic**

Apologize ___

- **Apologize for not meeting the customer's expectations; say something like:**
  - **"I'm sorry for your experience."**
  - **"I'm sorry for what you are going through."**
  - **"I'm sorry this happened; that is not typical of our organization."**
- **Do not blame others or make excuses.**

Acknowledge —

- Recognize the disappointment/misunderstanding of the patient/family

- Listen well, ask questions to clarify, and summarize what you heard

- Communicate care and understanding (heart-head-heart communication)

- Thank the person for being willing to share the information about the problem

Amend —

Offer solutions to make things right - "How can I help make things right?"

You have completed this lesson!

Patient Safety

A closer look at keeping our patients safe.

Overview

Included in this section are key patient safety items such as:

- Commitment from every team member to know and use our 5 Safety Behaviors and error prevention tools.

- Active patient and family involvement.

- Continually improving processes to help reduce and/or eliminate events of harm to our patients and team members.

A closer look at patient safety

First, Do No Harm (FDNH) identifies our 5 safety behaviors which are our guiding principles for creating a culture of safety for our patients and guests. Our team members strive to provide remarkable care in an environment that is safe and free from harm.

First, Do No Harm - our 5 safety behaviors.

Know *and use* our 5 safety behaviors!

First, Do No Harm (FDNH) safety behaviors

To make sure our safety behaviors are always at the forefront of everything we do, our team members not only "Know" 5, but "Use" 5 to save lives. Simply "knowing" our safety behaviors isn't enough. Use the five safety behaviors to save lives.

Error prevention tools

Each of the five safety behaviors have error prevention tools that you can use in your daily routine. When these behaviors and tools are used consistently, they reduce the likelihood of patient harm.

Review each of the FDNH safety behaviors listed below to review the associated error prevention tools:

Practice with a Questioning Attitude ___

Use this safety behavior by applying the error prevention tool: Stop, Reflect, Resolve in the face of uncertainty:

- **Stop: Review the plan**
- **Reflect: Validate information and assumptions**
- **Resolve: Check it out with an independent source**

1

Communicate Clearly —

Use this safety behavior by applying the error prevention tools: SBAR-Q, 3-Way Repeat Back, Read Back, and the Phonetic and Numeric Clarifiers to share information.

The SBAR-Q tool components are:

- Situation: What is happening right now?

- Background: What circumstances led up to this situation?

- Assessment: What do I think the problem is?

- Recommendation: What should we do to correct the situation?

- Questions: Follow-up questions?

2

Know & Comply with Red Rules —

Use this safety behavior by applying the error prevention tool - Always verify patient identity by name and date of birth - the following expectations are in place for our team members:

- **Practice 100% compliance with Red Rules.**

- **Expect Red Rule compliance from all team members.**

- **If compliance with a Red Rule is not possible, stop action until any uncertainty can be resolved.**

Self-Check: Focus on Task ⎯

Use this safety behavior by applying the error prevention technique - STAR.

The STAR components are:

- **Stop: Pause for 1 to 2 seconds to focus on the task at hand.**

- **Think: Consider the action you are about to take.**

- **Act: Concentrate and carry out the task.**

- **Review: Make sure the task was done correctly and you got the correct results.**

Support Each Other

Use this safety behavior by applying the error prevention tools: Cross-check and assist, 5:1 Feedback, and speak up using ARCC.

The ARCC components are:

- **A:** Ask questions and inquire when uncertain.

- **R:** Make requests to ask for a change in practice.

- **C:** Voice concerns, never hesitate to speak up, be alert for safety statements/words such as, *"I have a concern."*.

- **C:** Use chain of command, swiftly escalate unresolved issues to superiors.

Let's review how to use 3-way repeat back to prevent errors...one tool for applying our safety behavior, Communicate Clearly.

3-way repeat back and read back (Communicate Clearly)

Anyone can use this technique. When using 3-way repeat back, use a 3-step process to communicate clearly:

1   Sender states his or her request or provides pertinent information.

2   Receiver repeats request or information received, "Let me repeat that back to you…"

3   Sender confirms that request or information was heard correctly, "That's correct!"

Use read back (write it down and read it back) whenever receiving verbal orders, whether over the phone or in person, or when receiving critical test values.

To prevent a situation that could lead to devastating results for our patients, make sure that you are:

- **Repeating back what you heard as a way to confirm you heard the information correctly.**

- **Reading back what you wrote in order to confirm that the information written down is correct.**

Phonetic/numerical clarification tips

The **phonetic alphabet** uses a word that begins with the particular letter to clarify the intended information, such as:

- Patient name

- Procedure name

- Medication name

Numeric clarifiers can be used whenever you are communicating orally. With this tool, you would say the number and then the digits to avoid confusion.

A poster showing phonetic & numeric clarifiers.

An example of using phonetic and numeric clarifiers

You are scheduling an appointment for a patient named "Pam Wyte." Recognizing that the last name may be troublesome, you use the phonetic alphabet to clarify the patient's name, "That's W- Whiskey, Y- Yankee, T- Tango and E- Echo."

Additionally, when you are verbally communicating numbers, individually say each number, "Ms. Pam Wyte's date of birth is 8-10-1965 (that's eight dash one zero dash one nine six

five)."

SBAR-Q

Novant Health uses SBAR-Q as an outline to provide clear and concise communication, primarily for planning and communicating information about a patient condition or any issue/problem.

SBAR-Q is an acronym for:

- **S**ituation: What is happening right now?

- **B**ackground: What are the circumstances leading up to the situation?

- **A**ssessment: What do I think the problem is?

- **R**ecommendation (or request): What action(s) do I think should be taken?

- **Q**uestions: Follow up questions?

SBAR-Q examples

Take a moment to view the following videos illustrating both ineffective and effective SBAR-Q communication:

INEFFECTIVE SBAR-Q	EFFECTIVE SBAR-Q
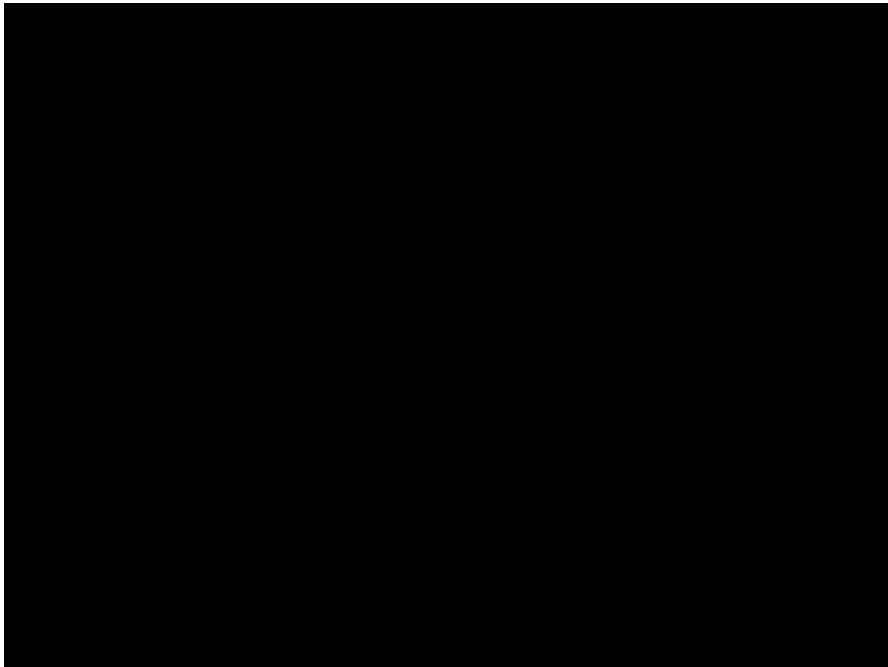
Additional tools we use to Support Each Other...

Support Each Other - additional tools

The safety behavior, Support Each Other, has three error prevention tools that you should apply.

These tools include:

- **Cross-check and assist -** involves ensuring our team members are practicing the 5 safety behaviors to enhance patient safety; additionally, we are willing to be cross-checked by others.

- **5:1 feedback -** involves offering feedback to one another at a ratio of 5 positives to every 1 piece of constructive feedback.

- **Speak up using ARCC -** (see below for more information)

Learn more about using ARCC...

Healthcare team members are encouraged to use their critical thinking skills and judgment, along with all of the elements of the five safety behaviors - while providing remarkable service and care for our patients and families.

The following are key to remember for ARCC:

- Use the ARCC model to escalate a concern when you believe a patient's needs aren't being met, the patient is at risk, or patient safety is compromised.

- If not resolved quickly, use your chain of command (e.g., your one up or your supervisor). The chain of command is our hierarchy of reporting relationships from the bottom to the top of UVA CH (i.e., who must answer to whom), the attending physician (in conjunction with hospital leaders) provide a truthful, compassionate explanation to patients and/or families about unexpected outcomes. This discussion should be documented in the medical record.

- For patient issues, use the following chain of command:
  1) Contact physicians first to clarify orders or treatment guidelines.
  2) If the physician isn't available, a leader needs to be contacted

ARCC steps:

1 — **Ask** a question, "Are you going to wash your hands?" If the team member does not wash, go to step 2.

2 — Make a **Request,** "Please wash your hands since they are soiled." If they still do not do what you are asking, go to step 3.

3 — Voice a **Concern,** "I have a concern if you are not going to wash your hands that you may spread germs to others." If they still do not wash, go to step 4.

4 — Use your **Chain of command** and talk to your leader about the situation and the techniques you used to communicate the issue.

Speak up for safety! Use a safety phrase such as, *"I have a concern."*

Assertively, but respectfully and courageously, speak up for safety in the best interest of the patient. It sometimes takes courage – but our patients deserve it!

"Remember...What you permit, you promote."

- Kathleen M. Vollman, Nurse, scientist, and educator

Our Patient Safety Coaches help foster a work environment focused on effective safety practices...

Patient safety coaches

Patient safety coaches are safety champions for both clinical and non-clinical settings.

The role of the patient safety coach is to facilitate patient safety culture habit formation by:

- Using safety behaviors - leading by example.

- Building habits for safety behaviors and associated error prevention tools.

- Communicating patient safety information to team members.

- Observing practice habits; providing real-time feedback and consistent reinforcement to peers.
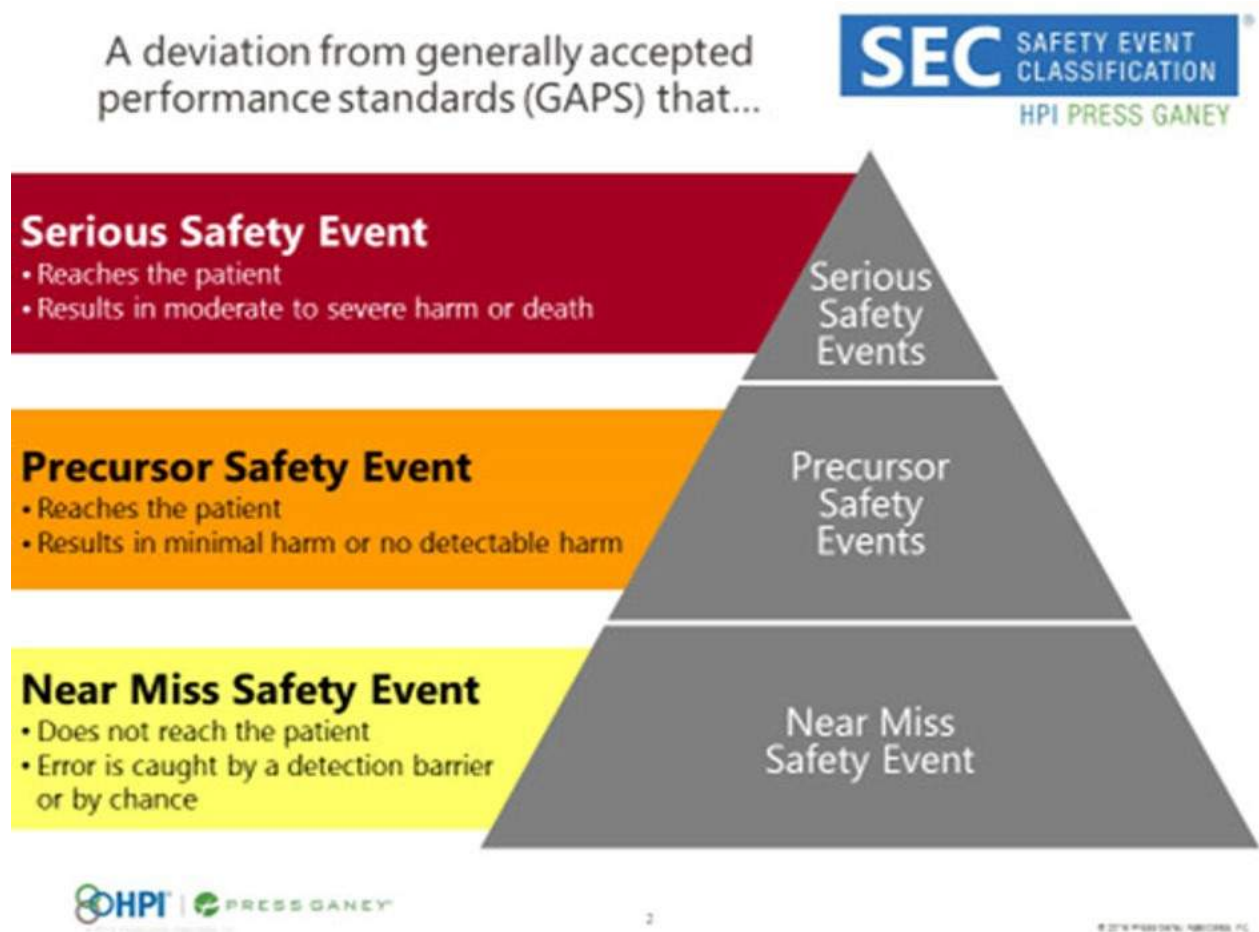
Classifying events

Safety events are caused by a deviation from a generally accepted practice. These events are classified by the Safety Event Classification Team into one of three categories:

- **Serious safety event:** Reaches a patient and causes serious injury or death.

- **Precursor safety event:** Reaches a patient and results in minimal to no detectable harm.

- **Near miss safety event:** A last strong detection barrier prevents error from reaching a patient.

Dedicated teams watch for trends to find and fix problems in the system. They communicate events/trends and action plans to prevent repeated events.

Reporting events

Please note that all three event types of patient incidents are reported in the e-RL system.

A deviation from generally accepted performance standards (GAPS) that…

SEC SAFETY EVENT CLASSIFICATION
HPI PRESS GANEY

Serious Safety Event
• Reaches the patient
• Results in moderate to severe harm or death

Precursor Safety Event
• Reaches the patient
• Results in minimal harm or no detectable harm

Near Miss Safety Event
• Does not reach the patient
• Error is caught by a detection barrier or by chance

Serious Safety Events

Precursor Safety Events

Near Miss Safety Event

HPI | PRESS GANEY

An illustration of the three categories of safety events.

A close look at sentinel events

A sentinel event is a patient safety event (not primarily related to the natural course of the patient's illness or underlying condition) that reaches a patient and results in any of the following:

- Death

- Permanent harm

- Severe temporary harm

- Surgery or other invasive procedure on the wrong body part or patient

Next, let's review specific categories of sentinel events - **select each topic below to learn more:**

General patient care   —

- Unanticipated death or major permanent loss of function not related to the natural course of the patient's condition.

- Abduction of anyone receiving care, treatment or services.

- Surgery on the wrong body part or wrong patient.

- Hemolytic transfusion reaction specific to those with major blood group incompatibilities.

- Fire, flame or unanticipated smoke, heat or flashes occurring during an episode of patient care.

- Patient elopement from a 24-hour facility resulting in death, permanent harm, or severe temporary harm.

- Sexual abuse or assault (including rape) .

- Care that results in severe, temporary harm - defined as "critical, potentially life-threatening harm lasting for a limited time with no permanent residual, but requires transfer to a higher level of care/monitoring for a prolonged period of time, transfer to a higher level of care for a life-threatening condition, or additional major surgery".

- Suicide of a patient in a setting where the patient receives around the clock care or within 72 hours of planned discharge.

- Unintended retention of a foreign object in a patient after surgery/procedure.

- Prolonged fluoroscopy with cumulative dose >1500 rads to a single field, or any delivery of radiotherapy to the wrong body region or >25% above the planned radiotherapy dose.

Infant patients   —

- Unanticipated death of a full-term infant.

- Discharge of an infant to the wrong family.

- Severe neonatal hyperbilirubinemia (bilirubin>30 milligrams/deciliter)Any intrapartum (related to the birth process) maternal death or severe maternal disease risks.

- Severe maternal morbidity (not primarily related to the natural course of the patient's illness or underlying condition) when it reaches a patient and results in permanent harm or severe temporary harm. † (TJC Sentinel Event chapter, 7.1.2020)

Falls   —

Fall resulting in any of the following:

- Any fracture; surgery, casting, or traction.

- Required consult/management or comfort care for a neurological (for example, skull fracture, subdural or intracranial hemorrhage) or internal (for example, rib fracture, small liver laceration) injury.

- A patient with coagulopathy who receives blood products as a result of a fall.

- Death or permanent harm as a result of injuries sustained from a fall (not from physiologic events causing the fall).

MRI events   —

In MRI, a very strong magnet is used to produce images of the patient. Just how strong is the magnet? The strength of one MRI scanner is more than 30,000 times stronger than the Earth's gravity.   Furthermore, the magnet is always on – it NEVER shuts off!
Because the strength of the MRI magnet is extremely large and because it is always on, it is always potentially very dangerous.

To enter the MRI area, you must complete a screening process by MRI team members to determine if you can work safely in the department. Because certain metal objects can potentially turn into projectiles, certain items are strictly prohibited in the MRI area. These include (but are not limited to):

- Cell phones

- Hair pins

- Stethoscopes

- Keys and ID badges

- Oxygen tanks

- Fire extinguishers

- Wheel chairs

- Walkers, canes, and patient beds

The MRI technologist has the duty and authority to stop team members coming into the area to make sure everyone is safe.

Floor Buffer

Office Chair

ICU Bed

Responding to sentinel events

When a sentinel event occurs within UVA CH, the attending physician (in conjunction with hospital leaders) provide a truthful, compassionate explanation to patients and/or families about unexpected outcomes. This discussion should be documented in the medical record.

A CSA, also called a Root Cause Analysis (RCA), is performed to do a deeper dive as to what happened and to implement process improvement.

As a part of the analysis:

- Focus is on systems and processes, not on people or placing blame.

- Analysis work is confidential.

- Recommendations are implemented and improvements measured.

Immediate Jeopardy Triggers

An Immediate Jeopardy Trigger is defined as a situation in which the provider's noncompliance with one or more requirements of participation has caused, or is likely to cause, serious injury, harm, impairment, or death. When such a situation exists, immediate corrective action is required.

Immediate Jeopardy Triggers include the following:

- Protect patients from abuse.

- Prevent patients from neglect.

- Protect patients from psychological harm.

- Protect patients from undue medication consequences.

- Provide patients with adequate nutrition and hydration.

- Protect patients from nosocomial infections, such as: Failure to practice standard precautions, maintain sterile techniques during invasive procedures, and failure to identify and treat nosocomial infections.

- Joint Commission Resources, CMS Consulting Services

Important reminder:

If a patient is injured, you must contact the risk management department before disclosing information to the family to ensure all facts are known. Please refer policy NH-RE-RI-143 "Disclosure of Unexpected Outcomes to Patients/Families/Patient's Surrogate Decision-maker".
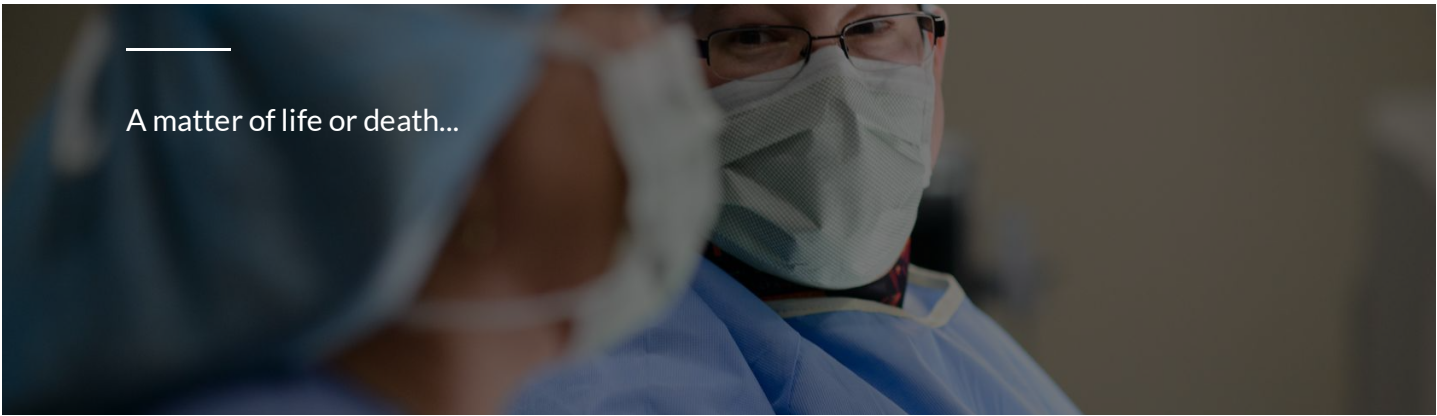
National Quality Forum (NQF)- serious reportable events

When our patients experience unexpected events, we are committed to learn from incidents to prevent future events or harm. UVA CH investigates events classified as sentinel events or serious safety events using a comprehensive systematic analysis (root cause analysis). This same level of investigation is also conducted for events endorsed by the National Quality Forum as serious reportable events, most of which also meet sentinel or serious safety event definitions.

The Leapfrog Group, a nonprofit organization focused on improving healthcare quality and safety, surveys hospitals on numerous performance elements, including their process for addressing serious reportable events.

The **National Quality Forum Serious Reportable Events policy** has been developed to outline the fundamental actions UVA CH will follow to align with the Leapfrog Group's criteria for responding to NQF reportable events.
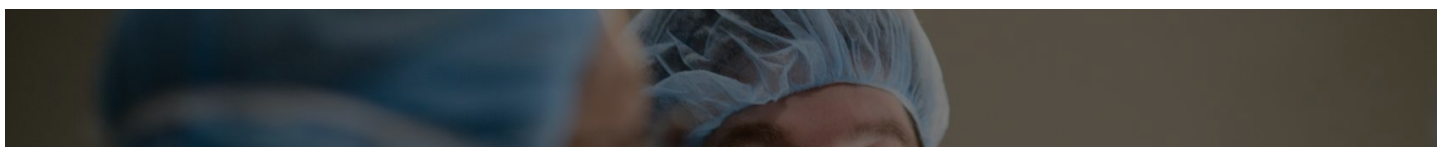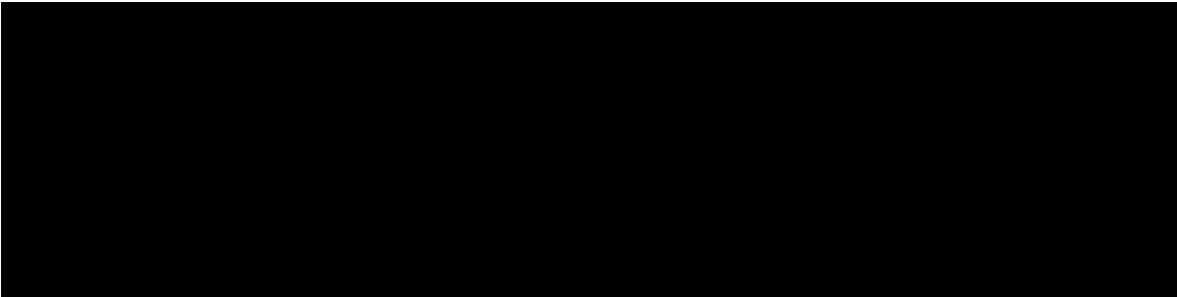
A matter of life or death...

Life-threatening conditions

In order to safeguard the health and safety of our patients and each other, it is important that everyone be able to recognize signs that someone's medical condition is deteriorating and how to respond.

Select each of the following to view supporting details:

HEART ATTACK	HEART ATTACK: DEMOGRAPHIC INFO	STROKE

Changes in condition include:

- **Shortness of breath (with or without chest discomfort)**
- **Chest pressure/pain**
- **Nausea/vomiting**
- **Cold sweat, light-headedness (fainting).**
- **Pressure or discomfort in jaw, neck, upper back, one or both arms or stomach**

Immediate actions to take in an inpatient setting:

1. **Call Rapid Response Team (RRT)**
2. **Call a Code Blue for cardiac/respiratory arrest**
3. **Notify provider as soon as possible**

Immediate actions to take in an outpatient setting:

1. **Call 911**
2. **Provide basic life support (BLS) or hands only chest compressions until help arrives**

Women, persons over 85, and persons with diabetes may have different symptoms.

Women may experience:

- **Nausea**

- **Vomiting**

- **Generalized pain**

- **Fatigue**

Persons over 85 may experience:

- **Shortness of breath is the most common symptom**

- **Dizziness**

- **Confusion**

- **Changes in mental status**

Persons with diabetes may experience:

- **Nausea**

- **Weakness**

- **Shortness of breath**

- **Sweating**

- **Some may not have any symptoms**

Changes in condition include:

- **Sudden numbness or weakness of face, arm or leg.**

- **Sudden face drooping or speech difficulty.**

- **Sudden confusion.**

- **Sudden trouble walking, dizziness, loss of balance or coordination.**

- **Sudden trouble seeing in one or both eyes.**

- **Sudden severe headache (with no known cause).**

Immediate actions to take in an inpatient setting:

1. **Call the Rapid Response Team (RRT).**

2. **Initiate Stroke Standing Orders for suspected stroke.**

3. **Notify the provider as soon as possible.**

Immediate actions to take in an outpatient setting:

1. **Call 911.**

2. **Assess and support airway, breathing and circulation as needed.**

Select the video below to view a Stanford Medicine presentation about stroke awareness and to BE FAST:
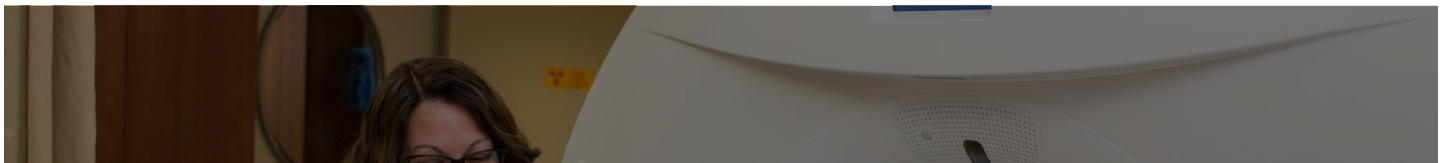
Keeping our equipment safe for treating patients.

The Safe Medical Device Act

The Safe Medical Device Act requires that any person who witnesses, discovers, or otherwise becomes aware of information that a medical device has caused, may cause, or contributes to the injury, illness, or death of a patient (patient event), should:

- Immediately assess the patient.

- Report the incident to risk management.

- Complete an event report in the e-RL system.

- Remove the medical device from service.

Specific actions to take to further comply with the Safe Medical Device Act:

- Tag and remove the medical device from use.

- Maintain all settings on the medical device or document the settings when possible.

- Attach the original packaging and all parts/disposables that belong to the medical device (when available).

Notify your supervisor when you are aware of a recall or alert!

General terms to know in regards to product recall:

- **Product recall:** A request from a manufacturer to return a product after the discovery of a safety issue or defect that might endanger the consumer.

- **Product alert:** A communication by manufacturers and distributors noting changes to a product. Examples include: a change in manufacturing or in the Instructions For Use (IFU).

Reporting product failures

When a product does not perform as intended, team members will report the event to their clinical leadership and into the e-RL Product Report Form.

The following steps are to be performed in the event of product failure:

1   **REMOVE** the failed product.

2   **SAVE** the failed product and the packaging.

3   **REPORT** the product failure to clinical leadership.

4   **SEND** the failed product and packaging to your Supply Chain Manager (for medical group teams, the Administrator will sequester failed products).

Contact the Risk Management team.

Contacting risk management

At times, you may find it necessary to contact the risk management department. Refer to the UVA CH intranet page for contact information.

Some examples include:

- For initial classifications/severity level of category E through I on the event being reported.

- If there are unresolved or repeating situations that are a threat to patient safety.

- If you are contacted by a lawyer, private investigator, police, or subpoenaed.

Also, notify the legal or corporate compliance departments for government subpoenas, summonses or search warrants.

The importance of reporting

Event reporting is a process that helps identify healthcare related and risk issues. It is an important step in improving the quality and safety of care we provide our patients. By reporting actual and near miss events, you play an important role in improving processes, eliminating errors and promoting safety in the workplace - all of which contributes to saving lives.

Report the event to your leader and document the event using the incident reporting system.

Additional reporting options

You may also report patient safety concerns by:

- Calling the risk management department.

- Reporting anonymously through The Hotline.

- UVA CH hopes team members will report concerns to their leaders, another leader or through The Hotline, however when the team member feels that is insufficient, reporting an event to an external accrediting or regulatory agency is an option for the employee without disciplinary action (e.g., TJC, VDH, Office of Civil Rights).

UVA CH supports a transparent and non-punitive approach to reporting and learning from adverse events, close calls and unsafe conditions.

Using the e-RL system

When reporting using the e-RL system, remember to:

- Fill out the report completely (**green asterisks** indicate mandatory fields).

- Be brief, factual, and objective.

Events recorded in the e-RL system are:

- Treated as confidential.

- Not part of the medical record and should not be referenced.

- Never to be copied/printed.

- Not placed in a team member's personnel record.

- Not used to report team member or physician injuries.

- Used to improve our work environment without placing blame.

Knowledge Check

Match the following event classifications in the left hand column with their correct event descriptions in the right hand column. (click "Submit" when you have made your selection)

☰ Serious safety event	Reaches a patient and results in moderate to severe harm or death.
☰ Precursor safety event	Reaches a patient and results in minimal to no detectable harm.
☰ Near miss safety event	Does not reach a patient – event is prevented.

SUBMIT

What options do you have for reporting safety and quality of care concerns?

(click "Submit" when you have made your selection)

○ Report suggestions, concerns or problems to your leader.

○ Use e-RL/The Hotine to report suspected incidents.

○ Use the Quality Incident Report Form on www.jointcommission.org and submit the Online Form.

○ All the above.

SUBMIT

You have completed this lesson!

Ask Me 3 & Teach Back

Clear & effective communication.
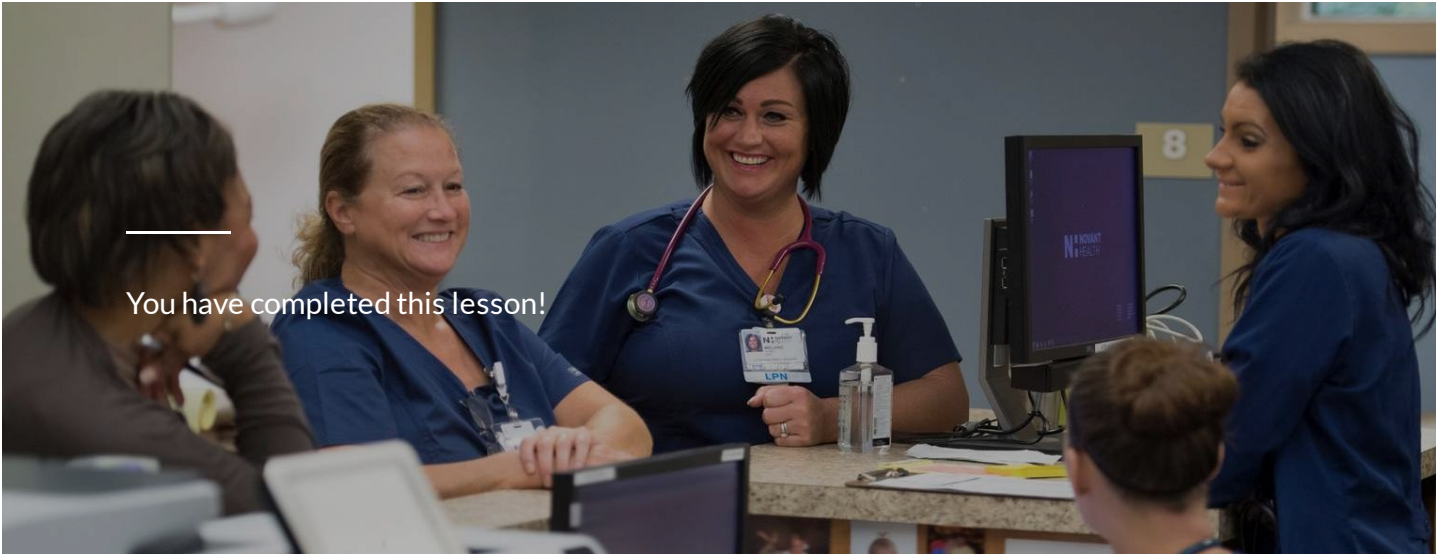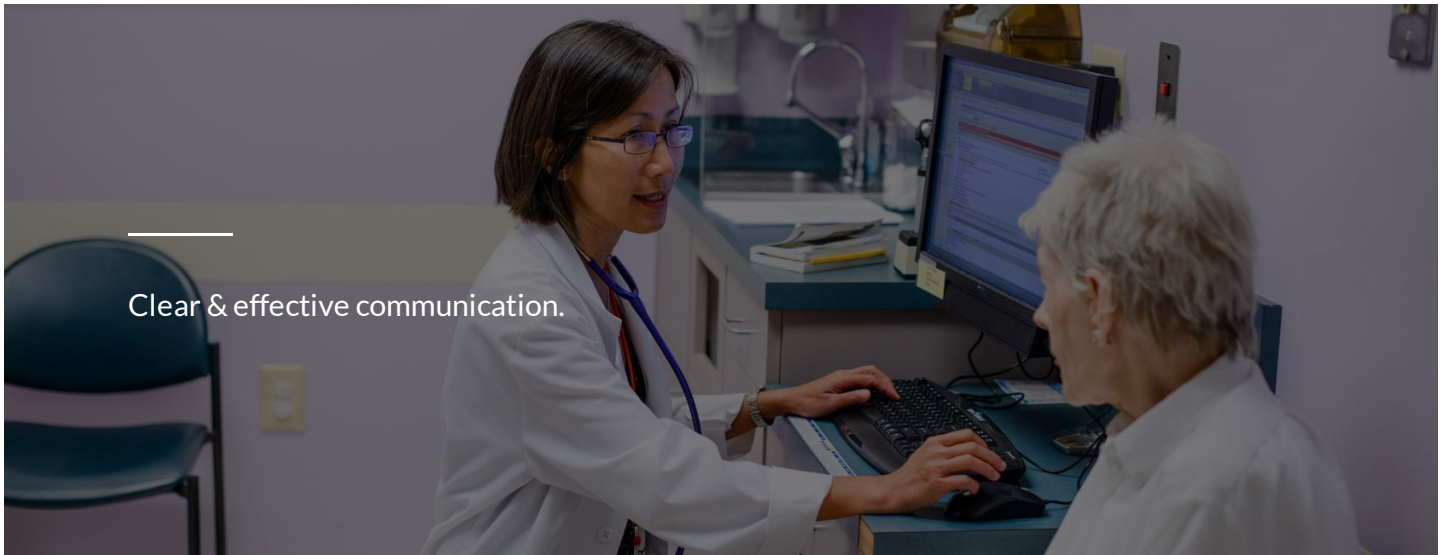
What we'll cover...

After completing this module, you will be able to:

- Define health literacy.

- Describe the Ask Me 3™ questions and how they support health literacy.

- Explain how to use the Teach Back process to know what our patients understand about their medical condition and plan of care.

- Explain how an informed patient (health literacy) can be engaged and active in care.

- List specific times when Ask Me 3 and Teach Back should be used to enhance patients' health literacy.

A definition:

Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

www.health.gov

Knowing the patient's level of health literacy helps to personalize their healthcare journey. This allows the healthcare team to know which components of education are needed and when they are needed. Health literacy and personalization play a vital role in patient safety and quality of care.

(Marshall, L. Mastering Patient & Family Education, 2016.)

Communication Obstacles

- Anxiety
- Culture obstacles
- Failure to ask questions
- Lack of time
- Low health literacy
- Medical jargon
- Not listening

An illustration of communication obstacles in healthcare.

Communication obstacles that can stand between care providers and their patients.

Why do I need to understand health literacy, and how does this impact the care I give to patients?

Nothing affects health status more than health literacy skills. Age, income, employment status, educational level and ethnicity are NOT reliable indicators of a patient's ability to understand and comply with their plan of care.

Avoid using medical jargon with our patients. Language is only one obstacle to effective communication. Other obstacles are identified in the image on the right of this page.

9 out of 10 patients do not receive health information in a way that they can use or understand.

The Department of Health and Human Services

Ask Me 3 and Teach back are two methods used at UVA CH to evaluate comprehension and compliance.

Solutions to improve health literacy

Most people have a primary learning style or use a combination of multiple learning styles to retain knowledge. Printed patient education is written at an 8th grade reading level and is available in multiple languages through Lexicomp.

The Wellness Network video library provides access to thousands of patient education videos in both English and Spanish. Using the resources alone or together reinforces verbal instructions.

In an effort to increase the health literacy skills of our patients, we have adopted two health literacy tools: Ask Me 3™ and Teach Back.

Ask Me 3 - the questions used for enhancing health literacy

Ask Me 3™ features three basic, yet essential, questions that our healthcare providers and team members are encouraged to use when providing patient education:

1   **What is my main problem?**

2   **What do I need to do?**

3   **Why is it important for me to do this?**

Question #3 of Ask Me 3: "Why is it important for me to do this?"

Let's explore this question further...

Explaining the "why" is critical

Providing effective patient and family education and knowing the "why" helps to reduce re-admissions, shorten length of stay, and reduce or optimize service use. Patients are 30% less likely to return to the emergency department or be re-admitted when they understand their:

- Post-discharge instructions

- Medications

- Follow-up appointments

The "why" conversation will help the care team and patient jointly create an acceptable individualized plan of care. Remember, patients who understand the "why" are more likely to understand and follow the plan.

In the patient's own words...teach back.

Connecting the tools

Once you have used Ask Me 3 to educate your patient, it is important to determine the patient understands what they need to do to care for themselves after the visit.

How can Teach Back help?

Teach Back is an educational method based on return demonstration and can be used to assess patient understanding. With this method, the teacher explains a concept and/or demonstrates a task to the learner. The learner is invited to explain (in their own words) the concept or demonstrate the task.

Explain → **Assess** → **Clarify** → **Understanding**
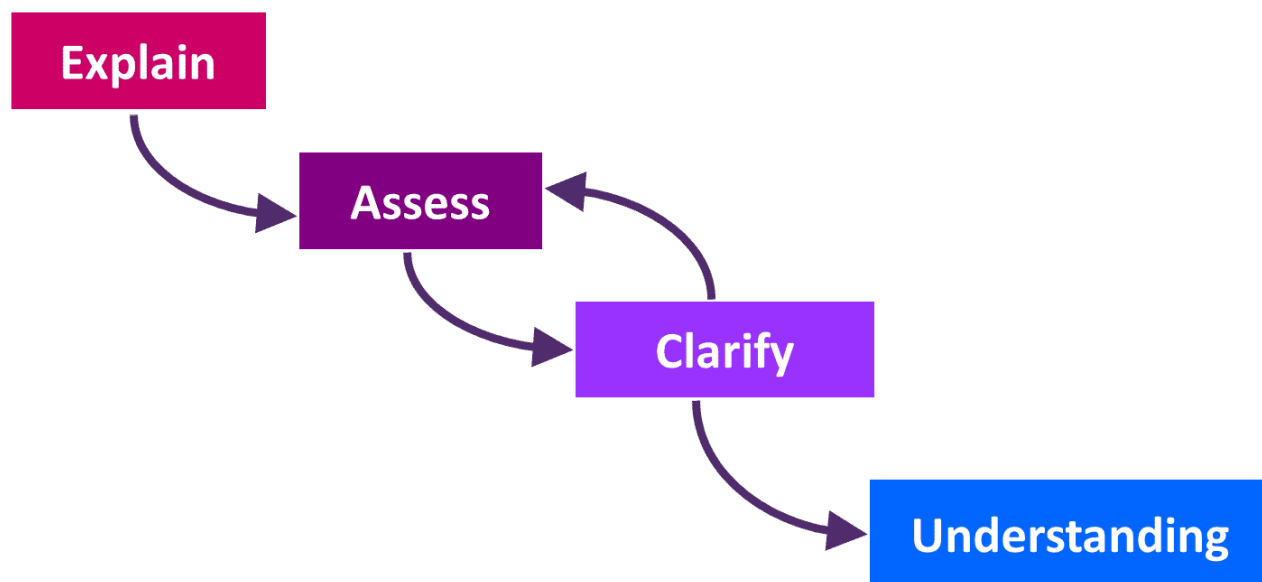
Note: The Teach Back cycle continues until the learner is able to correctly recall and comprehend the health care information.

The shared goal and benefits

Collaboration between many disciplines encourages input from a variety of backgrounds, areas of expertise, and perspectives. This allows the healthcare team to achieve a shared goal.

The healthcare team begins and ends with the patient (and family) as the primary team member. Engaging patients in their own care creates a unique, trusting bond and determines how successfully the patient moves from illness to wellness.

- Marshall, 2016

Significant enhancement in patient satisfaction around communication with healthcare providers and team members.

- Building a Foundation Health Literacy with Ask Me 3, The Journal of Consumer Health

Health literacy should be promoted whenever possible in a healthcare interaction.

Applying Ask Me 3 & Teach Back

When to apply the health literacy tools

Anytime you share health information, it is appropriate to use Ask Me 3 and Teach Back! Below are listed some specific examples:

- Initial contact/arrival

- Admission interview

- Developing/sharing of treatment plan

- Explaining a diagnosis

- Reviewing test results

- Discharge education

- Summarizing a clinical encounter

- Pre/Post procedure, test, or surgery care

- Education about how to take medication(s)

- Explaining billing processes

Knowledge Check

How can you effectively assess comprehension with your patients?

(click Submit when you're finished)

○ Offer the patient a video to watch that corresponds with their Ask Me 3 questions.

○ Provide information in the patient's preferred language.

○ Encourage questions/concerns.

○ Remind patient of the importance of knowing the answers to all three questions related to Ask Me 3.

○ All of the above.

SUBMIT
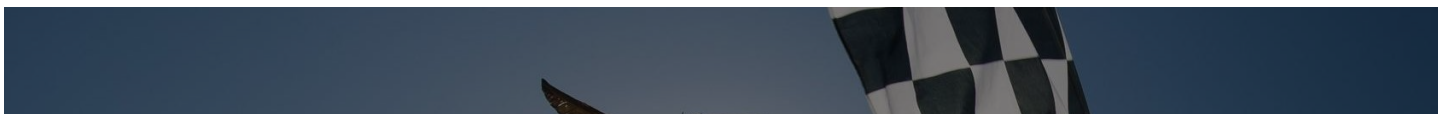
You have completed this lesson!

Language & Cultural Services

> Without geography, you're nowhere.
>
> - Jimmy Buffet
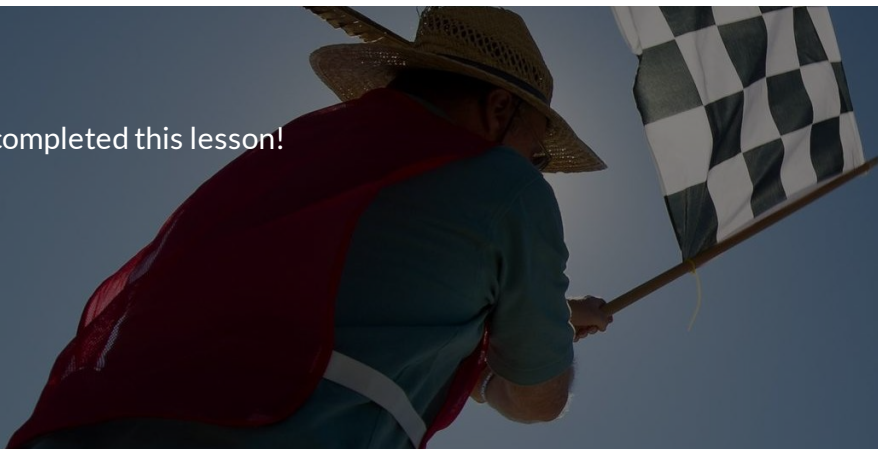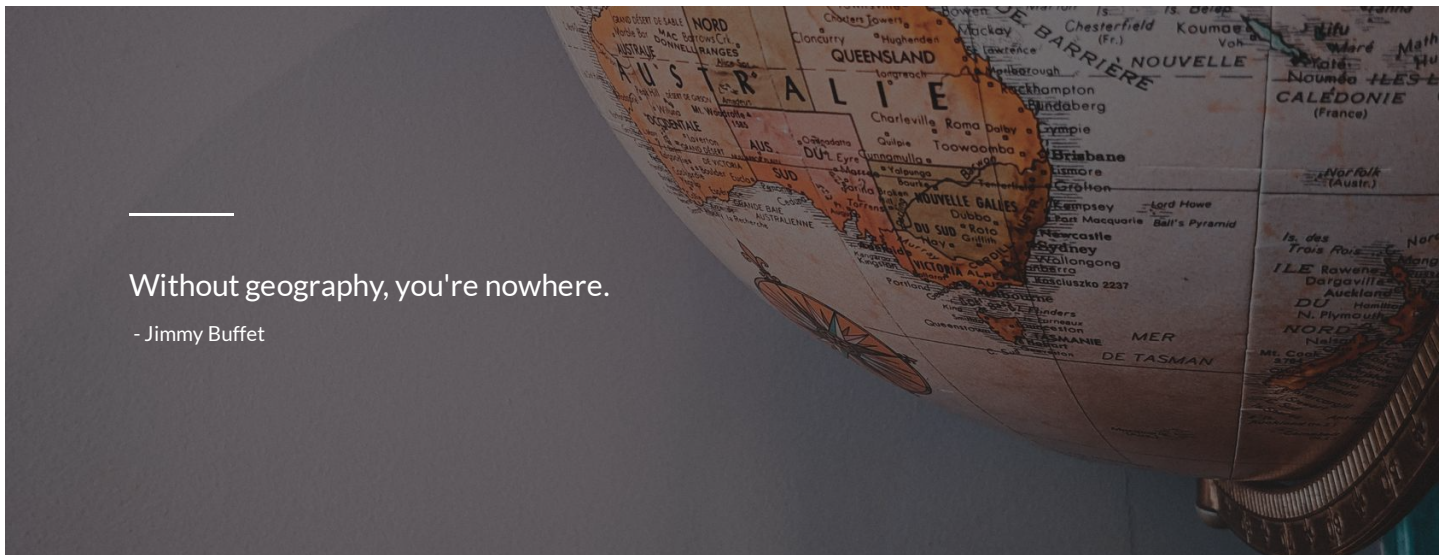
Overview

We are a diverse workforce and patient population...from all points of the globe. It is vital that we exchange information accurately and correctly. Misunderstandings can lead to confusion, patient dissatisfaction and potentially catastrophic events. We provide services to our limited English proficient (LEP) or hard of hearing/deaf patients to ensure we give the same level of care to all patients.

In this section we will:

- Explain how interpreter services facilitates clear communication.

- Explain what to do when a patient refuses interpreter and will only use family.

- Describe services provided to aid in communication.

- Provide instructions on how to access these services.

Something to consider about language services...

The U.S. Census Bureau identified the United States as having the 5th largest Hispanic population in the world with 43 million Spanish speakers.

Image of glasses over a book.


Taglines

We provide interpreter services to our non-English speaking patients in 180 languages.

Taglines (short non-English phrases) are posted in significant public places (i.e. patient entrances, cafeteria, registration site, gift shop, etc.) to provide guidance for our customers in our facilities.

The importance of clear communication

It is important for team members/patients/families to communicate clearly because it directly impacts patient safety. When patients and families are unable to communicate their healthcare needs to us, it can be frustrating and frightening.

Next, let's watch a video which highlights language barriers...
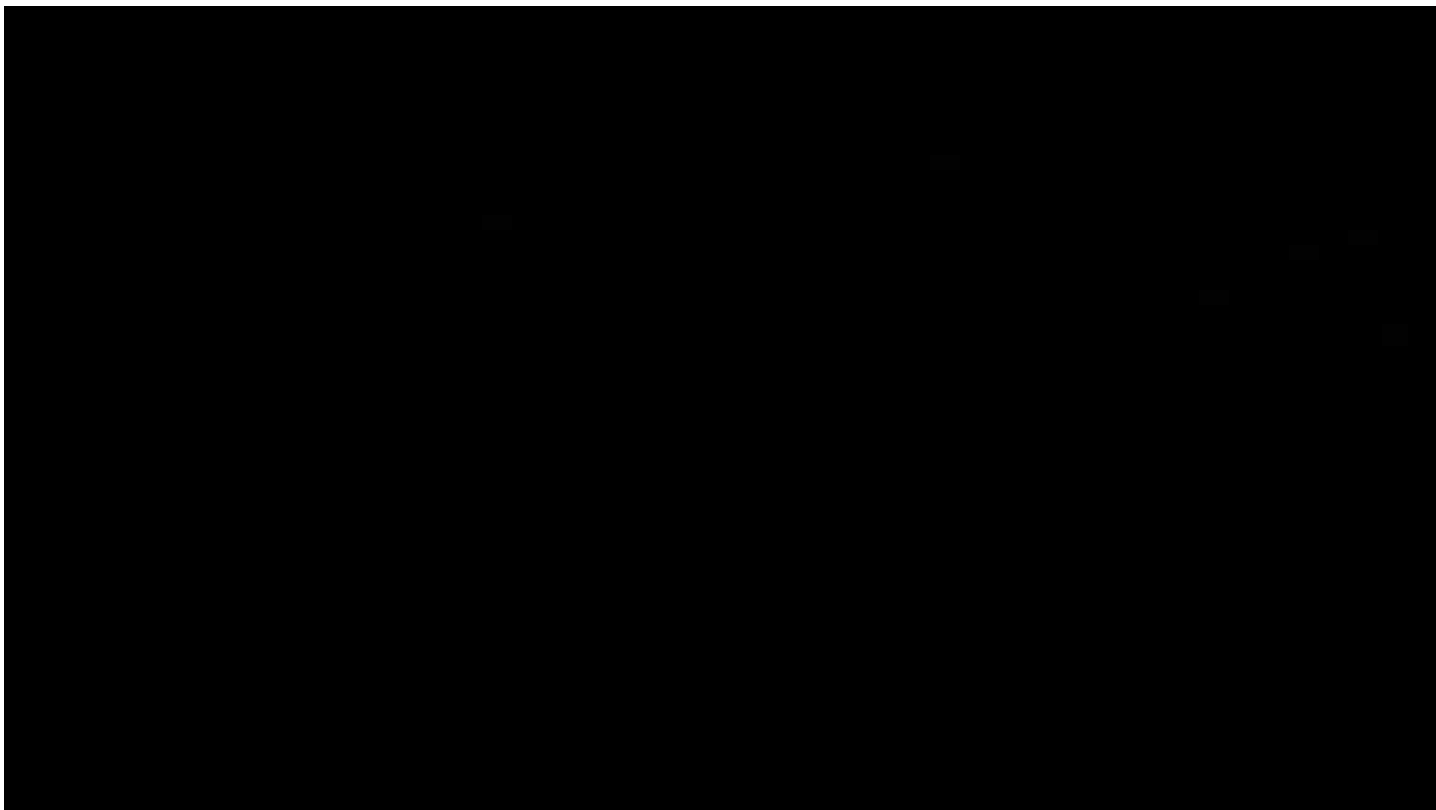
Clear communication

It is not only a wise practice but it is also mandated by various laws and regulations:

- The Joint Commission's patient rights standards.

- Title VI of the Civil Rights Act of 1964.

- Title III of the Americans with Disabilities Act of 1990 (click link to learn more).

- Section 504 of the Rehabilitation Act of 1973.
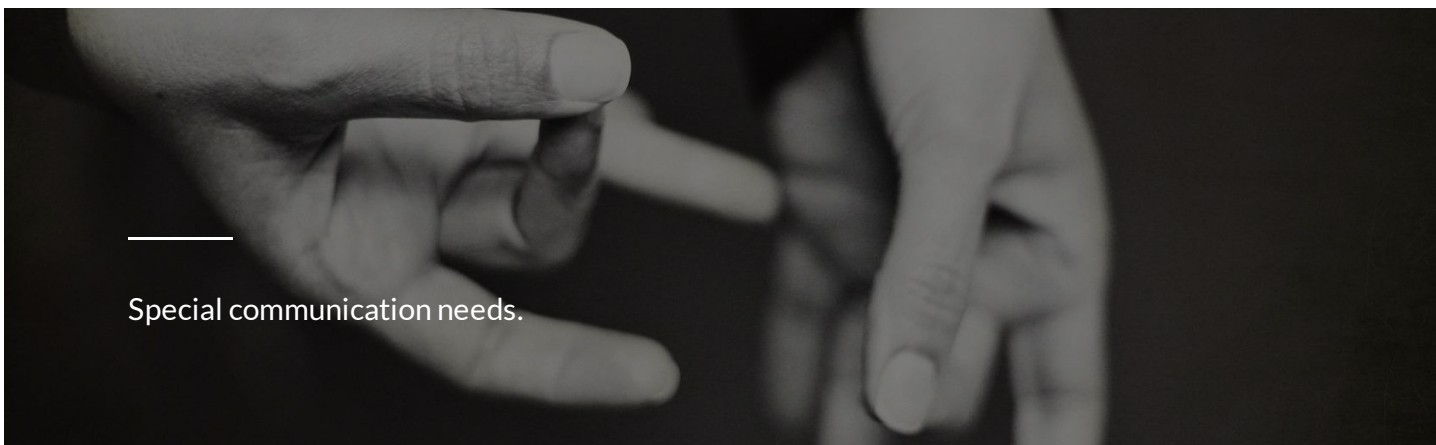
Special communication needs.

Reminders about patients with special communication needs

Please carefully review the following items:

- All team members should be encouraged to make reasonable efforts to identify and assess communication needs as early as possible.

- When scheduling an appointment or upon admission/registration, team members should identify and assess if a patient has any communication needs or disabilities.

- Team members should allow the patient to determine what accommodations are necessary to provide effective communication and should document these accommodations in the patient's medical record.

- Team members should use their best efforts to provide the most effective communication possible including video interpreting services and/or Remarkable On-demand Language Liaison (ROLL) until an interpreter arrives.

- Facilities should have designated team members as a point of contact for all patients with special communication needs. These team members should be available 24 hours a day, seven days a week.

- Team members should provide the appropriate accommodation in a timely manner. For example, a request for an onsite interpreter should be provided within two hours, and for an auxiliary aid within 30 minutes.

- Facilities may use a Telecommunication Device for the Deaf (TDD) and/or teletypewriter (TTY) and/or ROLL devices as methods of communicating over the telephone.

- During any interaction with a patient with special communication and accommodation needs, team members should document within the patient's medical record the method/mode of communication, the accommodation utilized, and the date/time.

Who?

UVA CH provides services to patients who are faced with communication barriers including:

- Patients with limited English.

- Patients who are hard of hearing.

- Patients with loss of sight.

State and federal law compliance

The following definitions will help you better understand specific compliance items. We strive to demonstrate compliance with all applicable federal and state laws and regulations concerning the needs of individuals who are blind, deaf, hard of hearing, limited English and/or functionally illiterate. Let's take a closer look at these definitions:

- **LEP (limited English proficient) patients –** patients who do not speak English as their primary language and/or who have a limited ability to read, write, speak, hear or understand English.

- **Patients with disabilities -** patients who have (or have a history of) a physical or mental impairment that substantially limits one or more major life activities - these conditions include, but are not limited to, blindness, deafness or difficulty hearing.

- **Interpret –** the practice of vocally expressing or translating oral communication from one language to another.

- **Translate –** to convey one language into another in the written format.

Guidelines for using interpreter services.
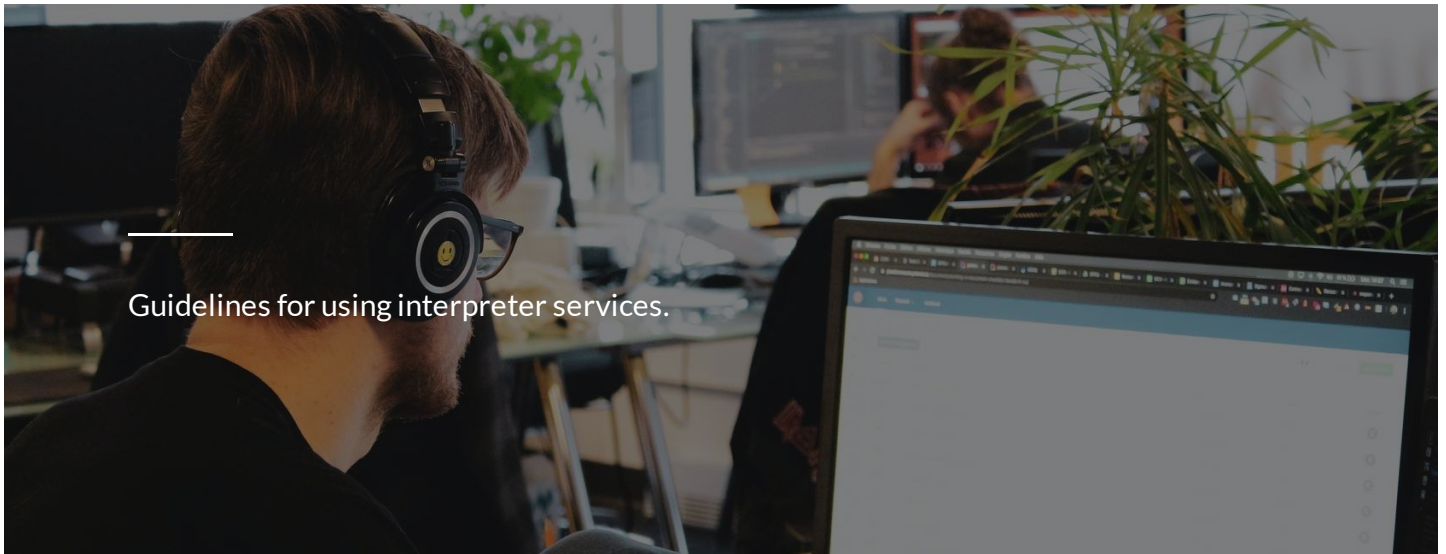
When interpreter services must be used

The following situations require interpreter services:

- Admissions and discharge (for providing instructions)

- Bedside reports and practitioner rounds

- Emergencies/ED triage

- Medication administration and education

- New therapies, care plans, treatments, and procedures

- Laboratory draws and radiology appointments

- Signatures and consents

- Practitioner appointments

- End-of-life discussions

- Billing

- Any area where LEP communication occurs

Potential situations

May be used in the following situations:

-       Cafeterias

-       Gift shops

Key points

Here are some key points to remember:

- Family/support person should never be used to interpret medical or financial information due to:
  - Untrained interpreters may not accurately communicate important information to the patient increasing risk for adverse outcomes.
  - Issues of confidentiality and cultural respect may prevent patients from disclosing critical health information

- Document the use of interpreter services in the patient's medical record.

- Language services are provided free of charge

Can you understand me?

It happened within our walls...

An elderly Vietnamese patient was scheduled for surgery in a Novant Health facility. He was accompanied by his two daughters, both of whom were bilingual in English and Vietnamese. The patient had mild dementia. We allowed the daughters to do most of the interpreting between the care team and the patient. The patient was scheduled for a leg amputation.

When the patient was taken to the OR and the team members conducted a procedural pause, the patient expressed that he thought he was there for an x-ray. The surgeon called an immediate halt to investigate whether interpreter services had been used to explain the procedure to the patient.

The surgery was not performed at that time. Interpreter services was contacted so that a face-to-face interpreter could help explain what procedure was needed and why.

Let's review the available tools

Select each tab to explored associated details:

Telephonic, face-to-face, video remote, translations　—

These services are available 24/7 for 180 different languages:

- Use the LanguageLine Badge Buddy for your facility.

- Interpreter Services on I-Connect (I-Connect>Clinical Resources>more>Language and Cultural Services)

Tips for a successful interpretation via video remote interpreter call:

- Speak directly to the patient and not the interpreter.

- The interpreter will interpret everything that is said or signed.

- Use the self-view screen to ensure the interpreter can see you and the patient clearly. The interpreter may ask you to adjust your screen.

- To ensure accuracy, make sure you and the patient are not backlit by a window or another light source.

- If appropriate, ask the interpreter to verify medication information on the digital white board.

Patient education materials　—

- Many patient education materials are available in languages other than English. Go to I-Connect>Patient Education>Patient Education Library.

- Let patients know that educational and informative materials are available to them in their preferred language.

.

Resources for the hard-of-hearing　—

- American Sign Language interpreters

- TTY/TDD devices

- Pocket talker – a device that amplifies sound

- Amplifiers

Resources for the visually impaired　—

- Enlarged printed materials

- Writing large on a dry-erase board

- **Reading aloud**

Let's summarize...

Important reminders about your role

Three key recommendations to prevent high-risk scenarios:

- Utilize qualified/professional interpreters.

- Provide translated materials in the preferred language of the patient/caregiver.

Now, let's summarize key learnings

Some facts to be aware of:

- Team member and satisfaction scores are impacted positively by improved understanding.

- The total cost of care can be reduced by increased patient understanding.

- Interpreters will be an advocate for LEP patients' understanding and safety.

- Interpreters can assist you with patient education resources available in the patient's preferred language.

Knowledge Check

Possible barriers to effective communication could be? (click the Submit button after you make your selection)

○ Inability to understand English

○ Partial deafness

○ Limited vision

○ All of the above

SUBMIT

Taglines are clever slogans used to advertise interpreter services. (click the Submit button after you make your selection)
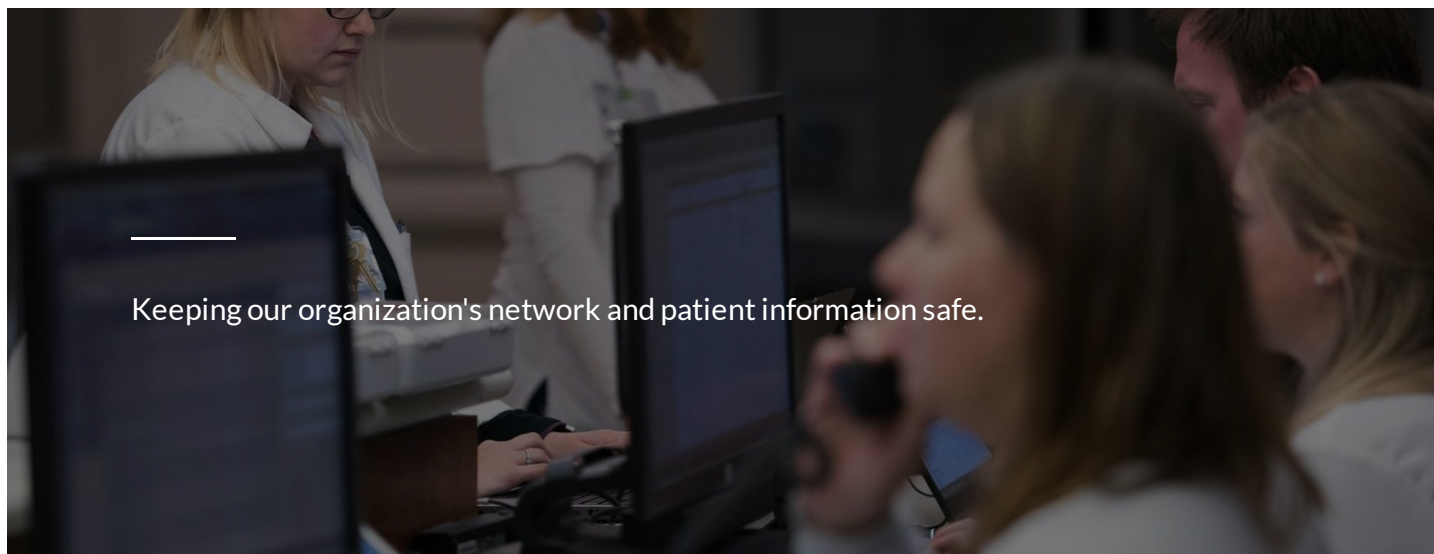
○ TRUE

○ FALSE

SUBMIT

You have completed this lesson!
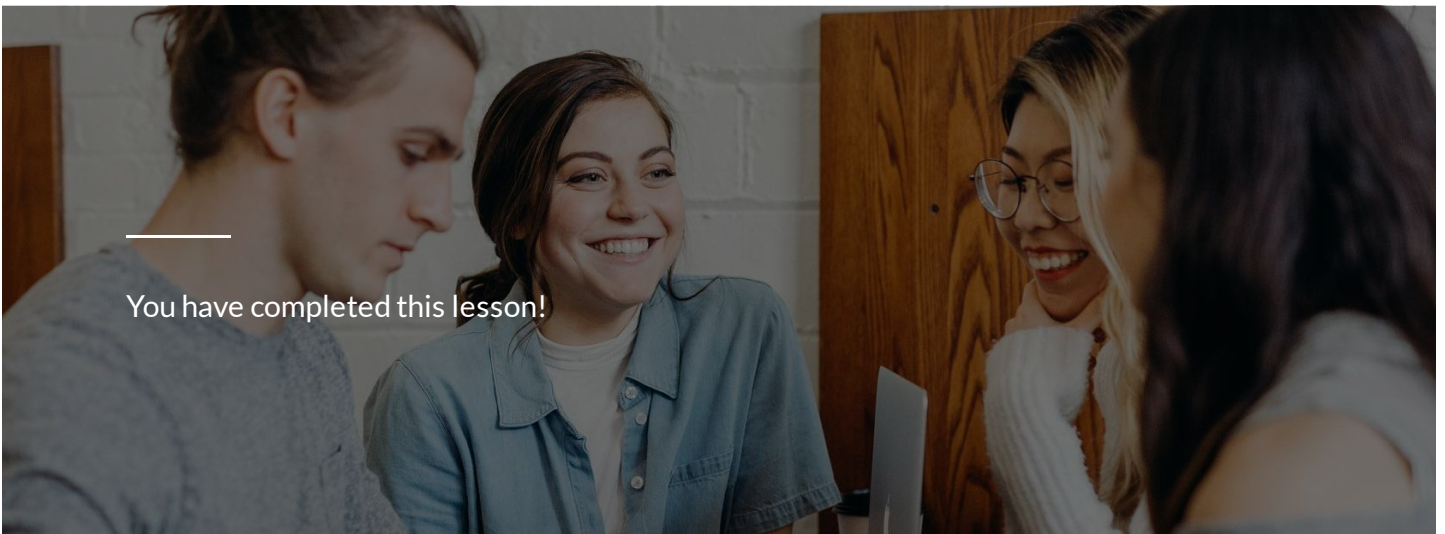
Cybersecurity

Keeping our organization's network and patient information safe.

Overview

Cybersecurity is critical to delivering the best possible safety and quality care for our patients. Many team members don't realize the impact their actions have on the security of our organization and our patients. From using long, strong passwords to reporting suspicious emails, these seemingly minor decisions have a huge impact on information security.

Cybersecurity is the practice of protecting devices, networks, computer systems, applications, and data from unauthorized access or attack. The goal of cybersecurity is to ensure the confidentiality, integrity, and availability (CIA) of information.

Key points for this lesson are:

- Understand data classifications.

- Identify specific actions to take to safeguard data.

- Understand how to secure payment card data.

- Learn how to recognize phishing attacks.

- Understand how to report suspected/potential cybersecurity issues.

Classify your data

Let's begin by introducing the underlying federal law that directs how we protect, disclose and limit access to our patients' confidential information - this law is called HIPAA (Health Insurance Portability and Accountability Act).

The law safeguards *protected health information (PHI)* and *personal identifying information (PII)* in all forms which includes written, verbal (what is spoken and heard) and electronic. Our cybersecurity practices are directly tied to protecting PHI/PII by safeguarding access to our network and data by strictly enforcing access to only appropriate parties.

Data classifications

Knowing the classification of the data you work with enables you to determine how that data should be handled. All UVA CH information is classified as Public or Sensitive; Sensitive Information is further classified as Confidential or Internal:

1   **Public -** applies to information that can be made available to the general public.

2   **Sensitive:**
- *Confidential* applies to information that is intended for use within Novant Health and should not be released without proper consent or authorization. (i.e., PHI, PII, credit card data).
- *Internal* applies to information that is not confidential but should be kept within Novant Health.

Refer to NH-IM-6010 Data Classification Standard for more information.

Let's look at different types of confidential data

You should be aware of two highly sensitive cybersecurity concerns: Confidential and Confidential-Restricted data:

Confidential/Confidential-Restricted data   —

Confidential data:
Applies to information requiring strong controls to ensure it's confidentiality, integrity, and availability.

Confidential information includes the protected health information (PHI) of patients and the personally identifiable information (PII) of team members, medical staff, advanced practice providers, and patients that is subject to enterprise-wide privacy requirements (such as HIPAA), and payment cardholder data (CHD) which includes primary account numbers (PANs), expiration dates, card security codes and PINs.

The unauthorized disclosure, modification, or destruction of Confidential Information could result in significant risk to UVA CH and its workforce, patients, customers, or business partners.

Confidential – Restricted data:
Restricted information is subject to enhanced limitations on disclosure (such as certain treatment information subject to more restrictive regulations than HIPAA), and the unauthorized access, disclosure, modification, or destruction of restricted information could result in significant or permanent harm, injury, damage or financial loss to UVA CH and its patients.

Secure payment card information

UVA CH must comply with the Payment Card Industry Data Security Standards (PCI DSS).

Review the *Novant Health Payment Card Data Security Standard* in the Novant Health Document Manager on I-Connect.

Best practices to comply with this standard include:

- Only store payment card information in approved systems.

- Never record payment card information in the patient's medical record.

- Black out payment card numbers prior to storing papers.

- Discard papers that contain a payment card number and/or CVV code (card verification value) in confidential/shred bins.

- Report inappropriate payment card storage, usage, or disposal to Cybersecurity Products and Services (CPS).

Failure to comply with PCI DSS can result in:

- Inability to accept major credit cards.

- Damage to our reputation.

What can we do to safeguard confidential data?
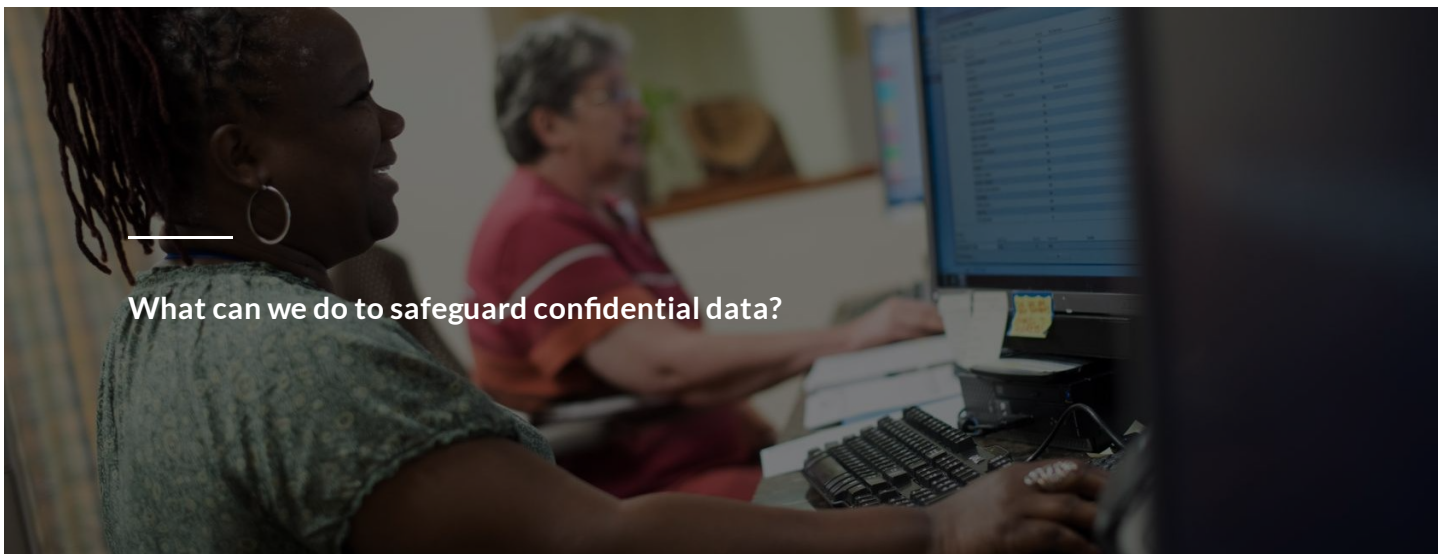
Use the following actions to safeguard data

Manage your password - *it is your FIRST line of defense*:

- Keep your password confidential; never share it with anyone, even the service desk.

- Use different passwords for each account.

Secure your workstation:

- Make sure to secure UVA CH data by locking or logging off your workstation.

- Ensure confidential information on your computer screen is not visible to others.

Store information securely:

- Save your information to network locations instead of your local hard drive in order to store it securely and protect it from loss.

Phishing...don't take the bait.
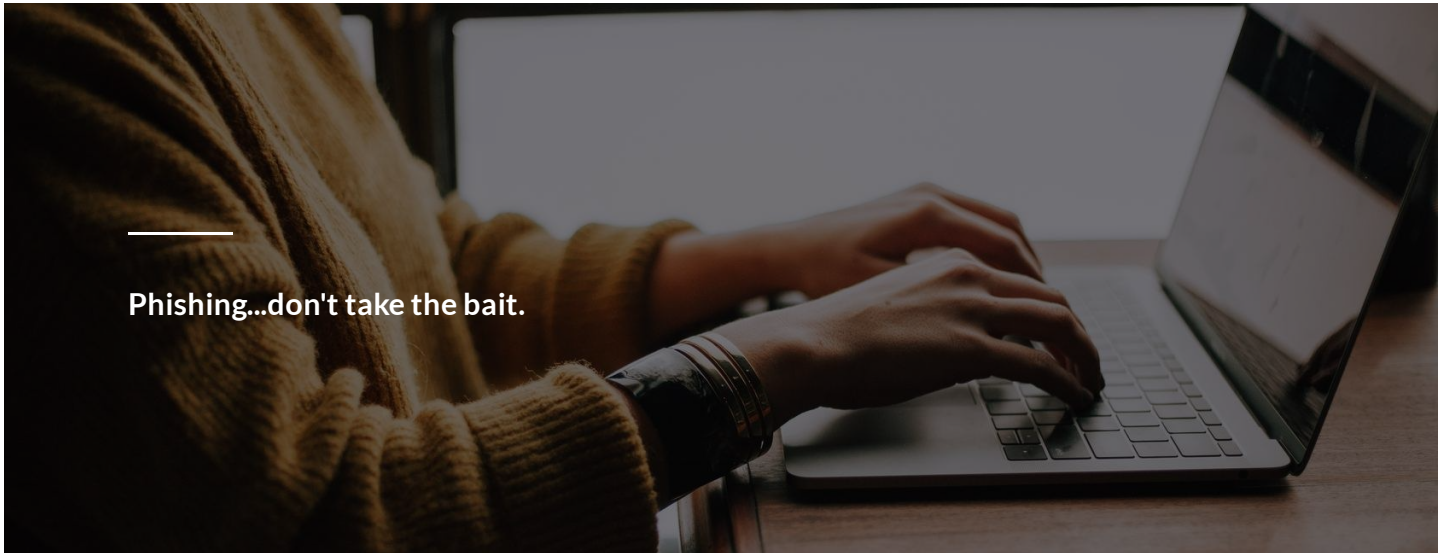
Protect yourself and UVA CH against phishing

Phishing is the use of fraudulent messages by cyber-criminals to steal your sensitive information or to install malicious software on your computer.

Ransomware is a type of malicious software in which the attacker holds an organization's data hostage. Files are encrypted or destroyed unless the victim pays a ransom to the hackers. Ransomware typically comes in through a phishing email containing a malicious link or attachment (e.g., a Word document asking you to enable macros).

Expand each of the topics shown below to learn more specifics about how to spot and avoid phishing attacks:

Look for this BEFORE you open an email. ▬

- The email is unexpected.
- The subject line contains suspicious or urgent wording (For example, "Account suspended", or "Best Deal Ever").
- The sender address looks unfamiliar or incorrect (For example, jdoe@novant.com instead of jdoe@novanthealth.org).
- There are multiple addresses in the "To" line, especially if the subject appears personal (For example, "Your account status").

What to look for AFTER opening an email. ▬

- Email originating from outside of UVA CH has a warning message appended to the top of the message. You should take extra care with these messages.

- The email uses a generic greeting like "Dear Customer" - most companies contacting you know your name.

- The message contains misspelled words or grammatical errors.

- The email says it comes from an official organization but the sender uses a personal email address like @gmail.com, @yahoo.com, or @hotmail.com.

- The email contains urgent wording that tries to get you to respond or to click without thinking.

- The message tries to entice you to take action with offers of money, discounts, or deals that seem too good to be true.

- The sender requests personal information like your credit card number or password.

- The link looks odd or unofficial. Hover over the web link within the email by using your mouse pointer, it will show where the link is really taking you The email has an unexpected attachment - many phishing schemes ask you to open attachments, which can then infect your computer with a virus or spyware.

- If you suspect the message might not be authentic or you don't know the sender, don't use the link. Instead, contact the organization through normal channels

If phishing is suspected... —

What should I do if a phishing attack is suspected?

- If you suspect a message sent to your UVA CH email is a phishing attack, forward the message to phish@novanthealth.org or use the "Report Message" button in Outlook.

Help! I've been phished, what do I do?

- If you believe that you have fallen victim to a phishing scam by clicking a link, providing personal information or opening an attachment, you should contact the DPS Service Desk immediately and they will assist you in taking the appropriate steps.

Reporting violations - *see something, say something*

If you notice something doesn't seem right — or may indicate that systems or confidential information is at risk — say something. You may be the first to notice.

Rapid response is our best opportunity to prevent or contain a cybersecurity incident.

To make a report:

- Call the DPS service desk at 1-866-966-8268.

- Use the service portal and search for "report a cybersecurity issue" in the service catalog.

Examples of cybersecurity issues:

- Account misuse or abuse (e.g., Password sharing or storing passwords in plain sight).

- Lost or stolen devices.

- Virus or malware infection concerns (e.g., Multiple pop-up windows or other odd software behavior).

- Improper data handling (e.g., PHI/PII documents faxed incorrectly or a USB/Portal media device found with PHI/PII).

- Team member acting on a phishing email such as opening an attachment or providing personal information.

Additional information

Refer to these policies for further information regarding cybersecurity:

- **I-Learn courses:** z3015 Prevent Phishing & z3016 Information Security

- NH-IM-6004 Acceptable Use of Information Resources

- NH-IM-6010 Data Classification Standard

As a wrap-up to this lesson, please respond to the following knowledge check:

Knowledge Check

Which of the following actions should you take if you fall victim to a phishing attack while on your email? (Select the best response and click Submit when finished)

○ Forward the email to your leader

○ Delete the email

○ Call the DPS service desk and report the incident

SUBMIT

You have completed this lesson!

Privacy

Keeping our patient's information safe.
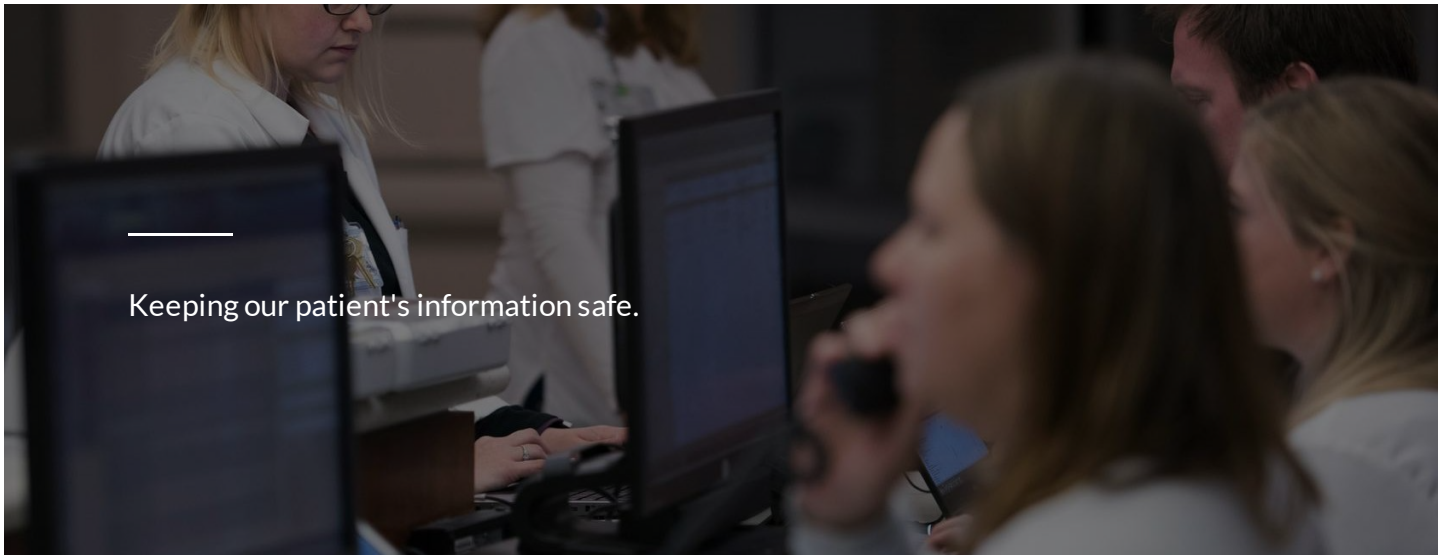
Overview

Complying with privacy laws and regulations is critical to delivering the best possible safety and quality care for our patients. Many team members don't realize the impact their actions have on the security of our organization and our patients. Protecting the privacy of our patients' information is essential.

Remember...your actions directly affect the safety of sensitive, personal patient information.

Key points for this section include:

- Define Health Insurance Portability and Accountability Act (HIPAA) and how to adhere to associated regulations.

- Identify how to appropriately access confidential information.

- Identify guidelines to protect confidential information.

- Explain how to report privacy incidents.

Let's begin by identifying our guidelines for protecting all data

The following are actions you should take to protect all data including team members' and patients' information:

- Do not access patient information without a job purpose.

- Report all incidents, even suspected ones.

- Log off or lock your computer/workstation whenever you step away.

- Know the safeguards for protecting confidential information whether on UVA CH premises or working remotely.

- Never share your login credentials.

HIPAA privacy basics

The Health Insurance Portability and Accountability Act (HIPAA) is a privacy regulation that addresses the use and disclosure of protected health information (PHI) as well as individuals' privacy rights concerning their health information.

Protected Health Information (PHI) is any individually identifiable information about a patient. Even if some patient information does not have a patient name on it, it can still be identifiable or linked to the patient.

Examples of PHI include:

- **Demographic information:** Name, address, date of birth, phone numbers.

- **Billing information:** insurance, statements, financial such as credit card and other payment methods, account numbers.

- **Health Information:** Diagnosis, lab results, radiology reports, anything contained within a patient medical record.

- **Other types of identifiable information:** non-medical documents, IP address, tattoo, DNA or anything that could identify an individual patient.

Other essential PHI concepts

All team members must comply with the following:

- Only access a patient's record when it is necessary for your job.

- Access only the minimum necessary information when using/disclosing PHI.

- Before giving out patient information, check to ensure the patient is not listed as "confidential or private".

- Patients cannot give family or friends who are UVA CH team members permission to access their records via the UVA CH system. *The following exception applies:*

  A physician or Advanced Practice Provider (APP) may directly access the medical record of a patient outside of normal job purpose, if the following is completed before access occurs:

  - The patient or patient representative has signed an authorization form giving the physician or APP access to their medical record; *AND*
  - The Authorization has been placed in the patient's medical record.

Only then can a physician or APP directly access the patient's medical information. Access to the medical record must be limited to only the information permitted according to Authorization.

Notice of Privacy Practices (NPP)

Novant Health UVA Health's guidelines for protecting patient information are summarized in the joint Notice of Privacy Practices (NPP). It is available to all patients in print or on the Novant Health public-facing web site.

Accessing PHI appropriately

Patients' trust in their healthcare providers has a direct impact on the quality of care provided. When this trust is lost, it is difficult to deliver the best care. Protecting privacy gives patients the confidence to share their most sensitive information and seek care early, leading to faster outcomes.

Accessing medical records electronically is the same as going to the medical records department and looking at a paper record. Electronic medical records demand the same expectation of privacy.

For example:

- You cannot access a record to check on the status of a neighbor or friend, even if you will not share the information with anyone.

- You cannot access a record to check on the status of the victims of a local accident that you have heard about.

- You cannot access your co-workers' records in order to obtain their address to send flowers or a card.

Next, please watch the following, brief video about accessing PHI appropriately:

Select the video playback window to view the video.

A special note for leaders!

Individual team member records in Dimensions may not be accessed for human resources administration purposes. For example, a leader may not access a team member's record to determine vaccination status, COVID testing status, or to confirm a medical appointment during scheduled work hours.

Failure to respect the privacy of a team member's medical history and medical records by accessing or using a team member's PHI for human resources administrative purposes is not permitted by HIPAA regulations or UVA CH policy without appropriate patient authorization. In addition, it would violate EEOC rules intended to prevent workplace discrimination and unfair labor practices.

Don't miss this...

Access to patient medical records is monitored to ensure we are protecting our patients' information!

Monitoring of access to medical records

The HIPAA privacy regulations requires UVA CH to monitor our system for proper access to patient information. The Privacy Office monitors, reviews and investigates appropriate access, use and disclosure of protected health information.

Following are some brief videos that highlight some everyday ways to help safeguard confidential information...

Be careful not to give out the wrong PHI:
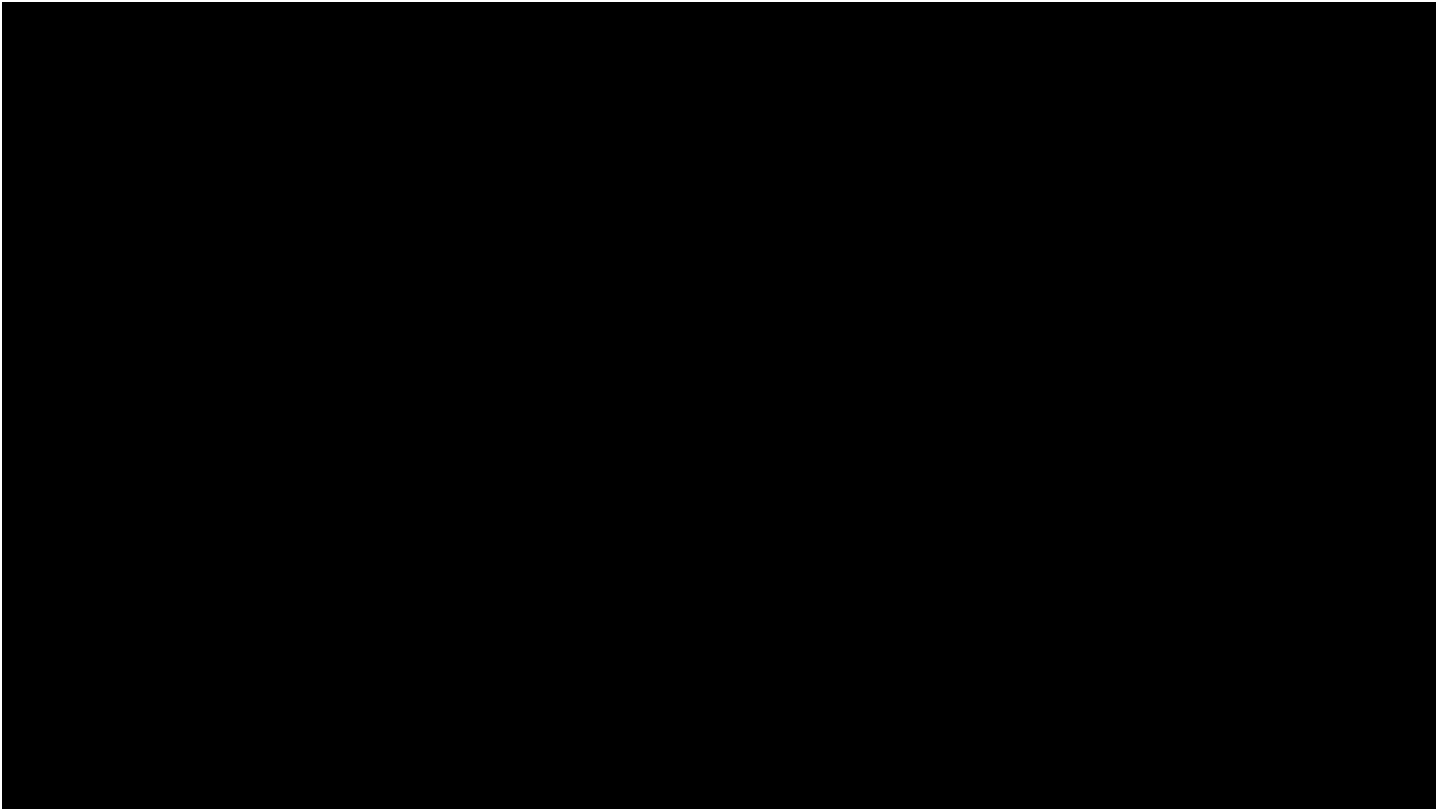
Select the video playback window to view the video.

Protecting confidential information in electronic form:

Select the video playback window to view the video.

Safeguarding confidential information:

Select the video playback window to view the video.

What are some additional safeguarding actions we can take?

Consider how you can apply the following actions to your daily routine:

- **Faxing –** Always double-check the number is correct before hitting send. Use an approved fax cover sheet. Do not use PHI on the coversheet.

- **Mailing –** Always take the time to ensure the address label on the envelope and the recipient name on the papers being sent match.

- **Disposal –** Always dispose of PHI in a vendor shred bin such as Iron Mountain, never in regular trash.

- **Voice –** Be aware of your voice level or location when discussing PHI is necessary.

- **Sharing –** Do not verbally share information about a patient to anyone unless they have a need to know – whether at UVA CH or outside our walls.

Safeguarding information extends to working remotely.

What are some best practices if I work remotely?

Working remotely

When working remotely, we must not forget that safeguarding confidential information, including protected health information (PHI), is still required.

Watch the following video that explains best practices for safeguarding information when working remotely:

Select the video playback window to view the video.

Keeping safe on social media.
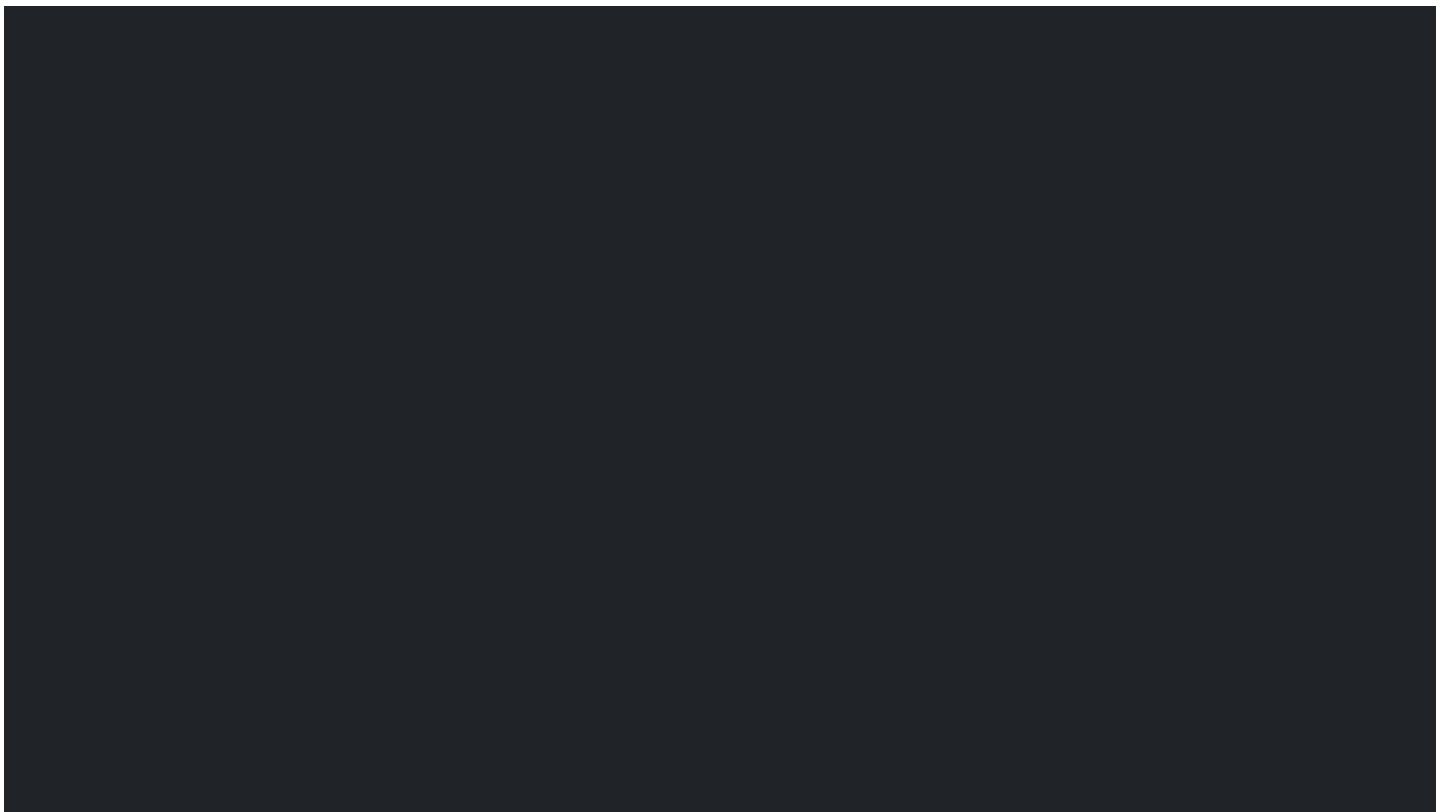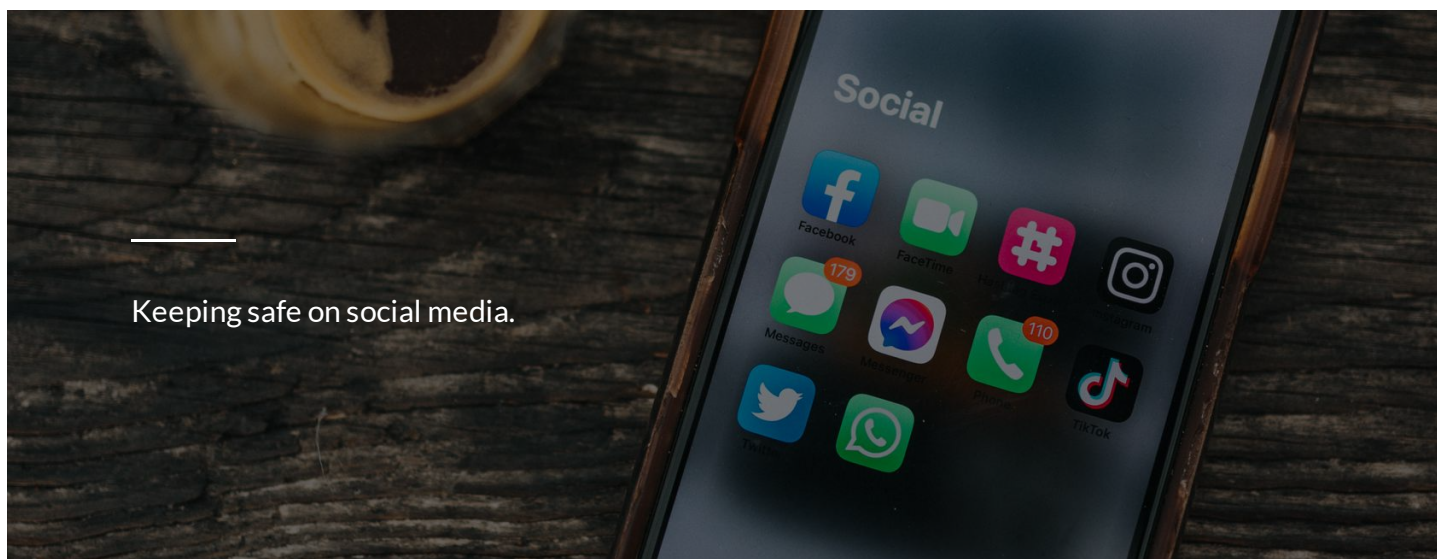
Social media and photography

Posting protected health information on social media sites for any reason is prohibited. Anything that could identify a patient to someone can be a privacy violation even if a name is not used.

If you are in doubt as to whether something is protected health information, don't post it.

Please watch the following, brief video about social media and photography:

Select the video playback window to view the video.

Posting on social media sites

If you represent yourself as being a UVA CH team member on your personal social media accounts or comment on any internet site concerning UVA CH.

On your personal pages, if you identify yourself as a team member at UVA CH (at any of our facilities/practices), you should have a disclaimer on your page that says something like: "The views and opinions expressed here are solely my own, not necessarily those of UVA CH."

On any internet site you should disclose your connection with UVA CH, if you are making a statement or comment about UVA CH, our facilities, services or employees.

If your statement could be seen as an endorsement it is required by federal law that you disclose your connection. For example: "As an employee/physician at (insert hospital/practice), I know…"

Reporting violations

The UVA CH Information Confidentiality Agreement that all team members affirm yearly requires Team Members to report any unauthorized access or disclosure to PHI or other confidential information to UVA CH Privacy Office as soon as possible.

Examples of incidents that must be reported:

- AVS going to the wrong patient.

- Misrouted fax.

- Known or suspected inappropriate access into medical records.

- PHI left unattended and unsecured in paper or electronic form.

Privacy reporting icon in e-RL.

Look for the icon!

The privacy icon (shown here) can be found in the e-RL reporting system for easy reference.

The Privacy Office is available as a resource for you to ask HIPAA privacy questions anytime at Compliance@culpeperhospital.com.

How to report

To report a privacy complaint or suspected violation:

- Use the e-RL event reporting system

- Hotline: 1-877-888-4806

- Anonymous Online Reporting: **www.UVACommunityHealth.ethicspoint.com**

- Anonymous Mobile Reporting: **www.UVACommunityHealthMobile.ethicspoint.com**

- Compliance & Privacy Office: 1-877-266-7632 or **Compliance@culpeperhospital.com**

Additional information

Refer to these online courses and policies for further information:

- NH-IM-7060 Information Confidentiality Policy

- NH-IM-RI-7042 HIPAA - Access to Protected Health Information Policy and CBL z2179 Accessing PHI Appropriately

- NH-IM-RI-7048 HIPAA - Disclosure of Protected Health Information Policy and CBL z3657 Privacy and Disclosures to Family and Friends

- NH-IM-8030 Physically Securing and Safeguarding Confidential Patient Information Policy and CBL z1552 Safeguarding PHI

- NH-HR-7095 Social Media Policy and CBL z2435 Social Media and Photography

---

Can't remember it all?

Then just remember to visit the UVA Community Health intranet home page: https://communityhealth.uvahealth.org/complianceprivacy/ .

To wrap-up this lesson, please respond to the following review question...

Knowledge Check

Which of the following are practices you can apply in your daily work to protect all UVA CH data including team members' and patients' information?

(Select the best response and click Submit when finished)

○   Ensure confidential information on your computer screen is not visible to others.

○ Logoff or lock your computer/workstation whenever you step away.

○ Double-check all paperwork before giving it to a patient.

○ Save confidential data in appropriate places on the Novant Health network, never on the desktop or a local hard drive.

○ Carefully review email messages originating from outside Novant Health.

○ All the above.

SUBMIT

You have completed this lesson!

Abuse & Neglect

Preventing abuse & neglect.

Overview

Patients in our care have the right to be free from all forms of abuse, harassment, exploitation and neglect. Patients are screened at point of entry into the healthcare system for risks and signs and symptoms of abuse. Our team members should know how to identify and report abuse and neglect as it is our responsibility to ensure that our patients who are victims of abuse or neglect are protected.

All allegations of abuse and neglect are investigated and reported to state agencies as required by law.

Abuse and neglect education begins with new hire orientation and is reviewed annually and reviews:

- Prevention

- Detection

- Reporting

Topics covered in this lesson:

- Prevention of abuse & neglect

- Screening for abuse & neglect

- Identification of abuse & neglect

- Training for prevention

- Protecting victims

- Investigating potential abuse or neglect

- Reporting/responding allegations of abuse & neglect

The first step is training.

The first step is training

The hospital must have processes in place to ensure the patients are free from abuse, neglect or harassment. Our patients expect compassionate care focused on clinical quality and patient safety.

Knowing how to identify that a patient may have been abused or neglected and how to appropriately respond makes a difference in the care you can provide to our patients.

Both Starting Line - Novant Health Orientation (NHO) and Annual Mandatory Education (AME) provide you with information on abuse and neglect, including prevention, detection, intervention, and reporting.

Patient safety is our obligation.

Our obligation

Patients in our care have the right to be free from all forms of abuse, neglect, or harassment.

Definitions

Abuse:

- Intentional mistreatment such as willful infliction of injury, unreasonable confinement, intimidation, or punishment, with resulting physical harm, pain, or mental anguish.

- Includes team member neglect or indifference to infliction of injury or intimidation of one patient by another patient.

Neglect:

- A form of abuse.

- The absence of minimal services or resources required to meet basic needs. It includes withholding or inadequately providing medical care and consistent usual care, treatment, and services.

- Placing an individual in an unsafe or unsupervised condition.

At-risk persons:

- Children

- Persons with disabilities

- The elderly

Preventing & screening

How we can prevent & screen

UVA CH considers staffing numbers, skill, and experience mix to meet patient needs. As part of the recruiting process, team members are screened.

Patients are screened at point-of-entry into the healthcare system for risks and signs and symptoms of abuse. Select the team member and patient tabs to view details:

TEAM MEMBERS	PATIENTS

When considering applicants, human resources not only looks towards skill and experience, but also conducts a criminal background check.

TEAM MEMBERS	PATIENTS

More in-depth assessments may include:

- Initial patient admission history and assessment.
- Psychosocial assessment.

- **History and physical.**

- **Reassessing patients each shift or each visit.**

- **Behavioral health clinical assessment (when indicated).**

Note: Focus on each patient, and listen carefully and look closely as you assess and provide care. Develop an authentic, personalized relationship with patients and their family members.

Alerts for hospitalized patients

A positive screening for abuse or signs/symptoms of elder abuse requires a safety and security alert in Dimensions. Some further details include:

- The order does not require a co-signer and places a banner in the header of the patient's chart alerting clinicians and public safety.

- The Safety and Security Plan of Care should also be completed.

Safety and security alerts in patient records

A **"safety and security alert"** may be added to the record of patients screened positive for a risk or history of abuse, violence, harm or infant/child abduction.

It's important to be able to identify the different types of abuse. Let's examine what to look for...

Child abuse & neglect

When treating children, you should be alert for any of the following indicators of possible abuse:

- Overly quiet or passive behavior.

- Bruise pattern on arms, back.

- Frequent visits to ED for trauma.

- Multiple dislocations/broken bones.

- Lack of supervision.

- Inappropriate clothing.

- Poor hygiene.

- Failure to thrive.

UVA CH policy:

Refer to the **Reportable Situations (exceptions to confidentiality) policy** for the specific reporting requirements and processes in your state.

Elderly and persons with disabilities abuse & neglect

When treating the elderly or someone with a disability, be alert for any of the following indicators of possible abuse or neglect:

- Pressure ulcers

- Medication misuse

- Hunger, soiled clothing, malnutrition

- Fear and withdrawal

- Inconsistent lab values

UVA CH policy:

Refer to the **Reportable Situations (exceptions to confidentiality) policy** for the specific reporting requirements and processes in your state.

Sexual assault & abuse

This type of abuse can involve any of the following:

- Sexual activity that a person does not give consent.

- Verbal, visual or touch perceived as inappropriate.

- Unwanted sexual contact or attention.

Assault/abuse can happen in different situations.

Important tip:

Assault/abuse can happen in different situations:

- By a stranger.

- By a known person.

- Can occur for any gender.

Men are less likely to report abuse.

Domestic/intimate partner violence

This type of abuse is a criminal offense which unfortunately occurs in our communities all too frequently.

Some key points you need to know about this type of abuse are that it is:

- Prevalent nationwide

- Steadily growing annually

- Often coupled with sexual assault

Indicators of domestic violence include:

- Choke marks on throat

- Defensiveness, anger

- Lack of (or fearful) eye contact

- Overly attentive, aggressive or defensive partner

- Minimizes seriousness of injuries

- Suicide attempt

- Partner who refuses to allow patient to make a decision for themselves or leave patient alone with care staff
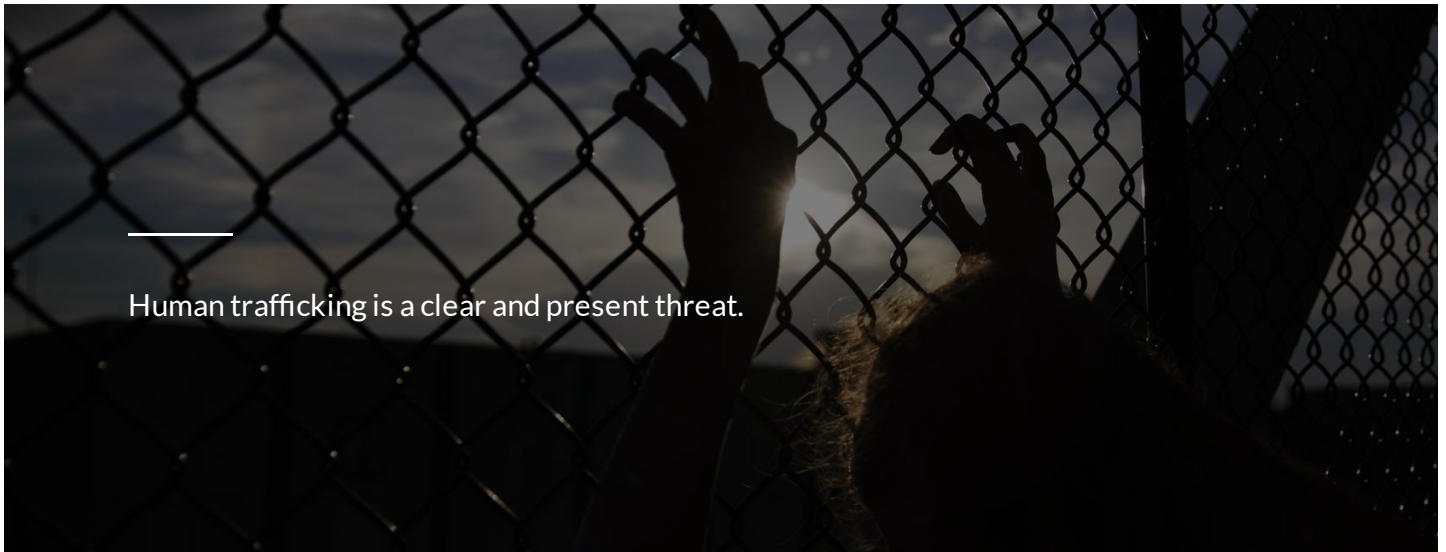
Human trafficking is a clear and present threat.

Some essential information about human trafficking

Human trafficking is modern-day slavery, a public health issue and a criminal act. Victims often present in poor mental and physical health. The victim may appear fearful, submissive, nervous, avoid eye contact or downplay the injury/complaint.

There are federal laws that help protect the victims of human trafficking, but the victim must take the first step.

Victims only occasionally seek healthcare and often remain silent about their circumstances out of fear. Healthcare workers can have an important role in helping victims because they are often one of the few people the victim can speak to alone.

Education resources

In-depth information on recognizing victims of human trafficking, the laws that protect the victims and the role of healthcare providers can be found in I-Learn

courses **z3914 Human Trafficking** and **L00443 Human Trafficking**.

Team member abuse of patients

Team member alleged abuse or neglect of patients may include behaviors observed, heard or reported.

Examples include:

- Rough handling of a patient.

- Hitting or slapping a patient.

- Covering the patient's mouth.

- Sexual advances toward a patient.

- Starving the patient (including failure to help feed a patient who cannot feed self).

- Isolating the patient.

- Failure to provide required care (e.g., failure to clean an incontinent patient and bed).

- The presence of bruising or an injury.

- Harassing or threatening conversation.

UVA CH policy:

Refer to the **Reportable Situations (exceptions to confidentiality) policy** for the specific reporting requirements and processes in your state.
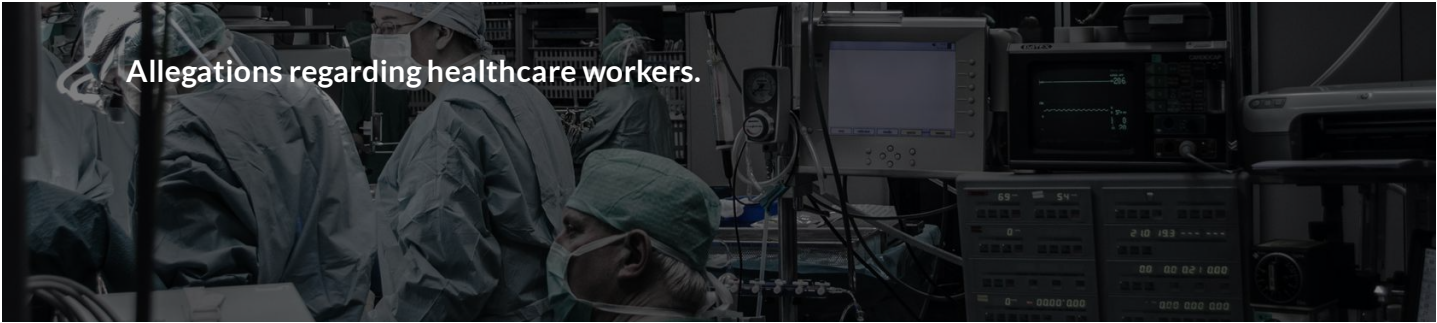
All team members are expected to report suspected abuse & neglect.

"How should I protect my patients?"

Every team member is expected to report any witnessed, suspected or reported occurrence or allegation of patient abuse, neglect or harassment immediately to the department leader and through the appropriate chain of command.

Team members reporting in good faith suspected abuse are protected from retaliatory workplace actions.

Allegations regarding healthcare workers.

Alleged abuse and neglect by healthcare workers

UVA CH objectively responds to allegations of abuse, neglect, or mistreatment.

The following are guidelines:

- If a team member is suspected in the alleged abuse/neglect, that person will be suspended pending completion of the investigation.

- If a team member is proven to be involved in abuse/neglect, applicable HR policies will be enforced.

- If a suspended team member is found not to be involved in an alleged situation of abuse/neglect, that person may be reinstated and paid for time lost.

- The Reportable Situations (exceptions to confidentiality) - NH-LD-LG-112 policy should be followed for reporting actions and allegations involving team members.

- Reporting requirements and timeliness differ by location of care (e.g., acute hospital, skilled nursing unit, assisted living, and out-patient).

- Reporting requirements are defined by state and federal regulations for both licensed and unlicensed personnel.

- Legal action may be taken, as appropriate.

Reporting abuse and neglect

If you suspect abuse or neglect of patient, follow these steps:

1   Assure the patient is in a safe location.

2   Assess the patient.

3   Provide immediate needed medical attention and emotional support.

4   Provide ongoing protection to the patient (Public Safety may need to assist).

5   Enter the patient incident into the e-RL system using these guidelines (only the facts, no speculation).

6   Document pertinent findings in the medical record using these guidelines (only the facts, no speculation).

UVA CH policy:

Refer to the **Reportable Situations (exceptions to confidentiality) policy** for instructions on reporting to the proper authorities.

Leadership actions

Leadership should take the following actions in regards to reporting:

- Unit and or site leader notifies the senior leaders, risk management, and public safety to notify law enforcement of allegations in compliance with the law.

- Leaders will notify any required licensure agents and registries as required by law.

Knowledge Check

Read each of the statements below and select all of the **TRUE** statements:

(click Submit when you have finished your selections)

☐ A safety and security alert may be activated for a positive domestic violence/child abuse screen or signs and symptoms of elder abuse.

☐ Children who are victims of abuse and neglect are generally very talkative.

☐ Immediately report to your leader (or follow chain of command) any abuse, neglect or harassment that is witnessed, suspected, or reported to you.

☐ Only clinical team members need to be aware of signs and symptoms of abuse and neglect.

☐ Team members accused of abuse or neglect are automatically terminated.

☐ Pressure ulcers and malnutrition may be signs of elder abuse.

SUBMIT

You have completed this lesson!

Team Member Safety
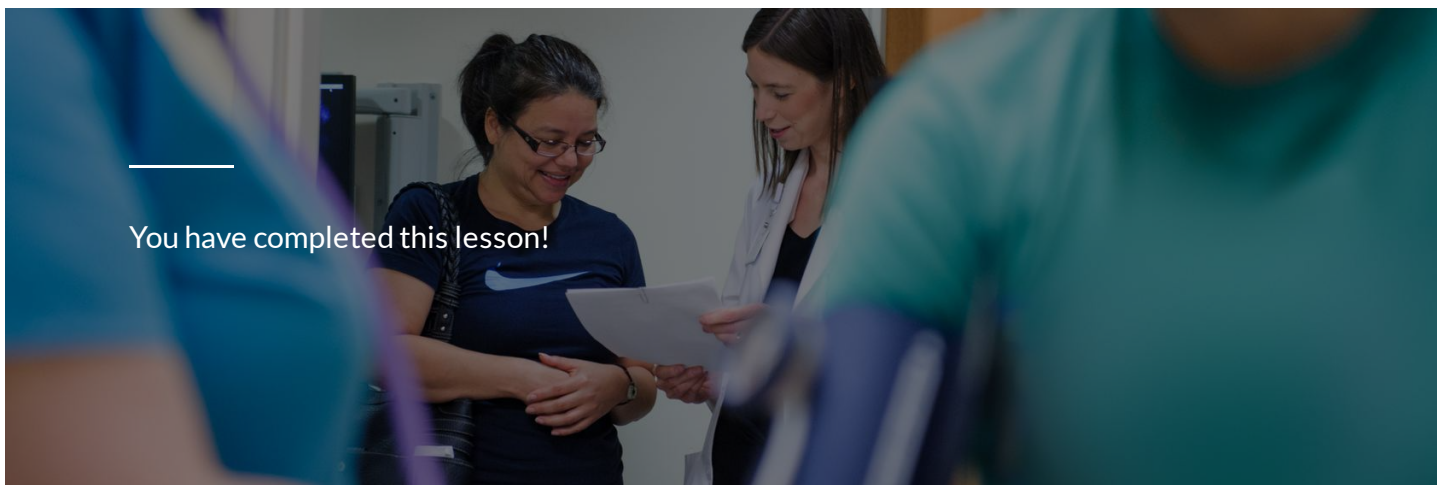
We are responsible for each other's safety.

Overview

In this section we will:

- Explain the benefits of a safety culture for both our patients and team members.

- Define the expectations of team members to foster a safety culture.

- Explain how team members must follow the UVA CH Ergonomics program to minimize the risk of developing musculoskeletal disorders.
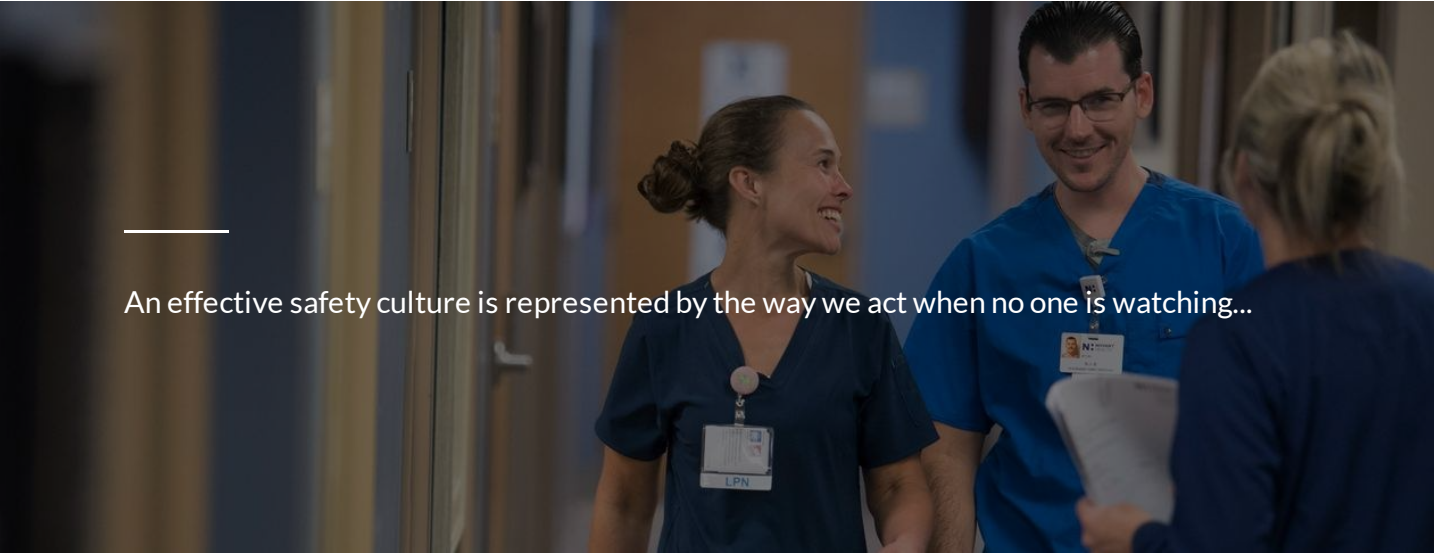
- Define the expectations of leaders to create a safety culture.

It's important we all engage with promoting the attributes of a safety culture and recognize how each and every member of the UVA CH team has a hand in making it a reality.

Building a safety culture at UVA CH

UVA CH strives to provide an environment free from recognized hazards, which may cause physical harm to our team members, patients and visitors. Our safety culture is the foundation for improving the health of our community one person at a time.

A safety culture consists of shared:

- Beliefs

- Practices

- Attitudes

> An effective safety culture is represented by the way we act when no one is watching…

The benefits of a safety culture

Building and maintaining a safety culture within UVA CH not only benefits our patients, but also benefits you as a team member.

Below are the key benefits:

- Provides safe, high quality patient care.

- Reduces injuries and illnesses to patients, families and team members (i.e. fall prevention - more information about this is provided later in this section).

- Provides a safe work environment.

- Maintains team member morale and retention.

- Increases productivity.

- Reduces workers' compensation cost.

- Supports regulatory compliance.

Fall reduction: Exploring a snapshot

Patient falls within our system cause harm to our patients and add to the cost of care. Let's review some specific actions to reduce patient falls. Take a moment to explore fall reduction activities in the image image below.

Select each of the three "plus sign" markers to view details:

- Observe the patient frequently and assist as needed (e.g., patients on medications that cause dizziness or drowsiness).

- Educate patient/support person.

- Utilize non-skid footwear.

- Improve mobility by exercise/physical therapy.

- Apply breaks to equipment/furniture.

- Remain within visual, auditory or at arms-length during toileting.

- **Remove trip hazards.**

- **Keep walking areas well lit.**

- **Place needed items within reach.**

Understanding what is expected

In order to maintain a culture of safety, we must collectively meet certain expectations. They include:

- Working safely is a condition of employment.

- Being responsible and accountable for your safety and the safety of others.

- Delivering care/service in a safe manner.

- Putting safety first in all decisions.

- Addressing all safety issues.

- Reporting team member incidents/injuries (as they occur) in the appropriate system.

Our safety performance is a measure of our effectiveness as an organization and is key to helping us stay competitive over other healthcare providers.

A strong safety culture exists when…

- Each person feels empowered to support the organization's safety and health programs.

Expectations of team members

All team members are expected to:

- Learn and observe all safety policies and procedures (use Novant Health Document Manager on I-Connect as a resource).

- Be alert and take action for the safety of themselves and others.

- Develop, maintain, and demonstrate good safety habits in performing all job duties.

- Use all safety devices and personal protective equipment (as trained).

- Use proper body mechanics to perform tasks (see "Ergonomics" on next page).

- Report to work well-rested and mentally alert to avoid mistakes caused by worker fatigue (see below for more info).

Explanation of "worker fatigue" —

An explanation of "worker fatigue"

The link between healthcare worker fatigue and adverse events is well documented. Studies show that fatigue increases the risk of adverse events, compromises patient safety and increases risk to personal safety and well-being.

Follow these guiding principles for getting proper rest:

- Keep a regular sleep cycle - make a habit of going to bed and waking up at the same time (even when not working).
- L-tryptophan in milk has been shown to aid sleep.
- Decrease your caffeine consumption - avoid caffeine that is found in coffee, tea, soda, even chocolate, 4-6 hours before bedtime.
- Don't eat a heavy meal close to bedtime.

Responsibilities of team members for safety:

Some specifics include:

- Seek information or advice regarding hazards and procedures before carrying out new or unfamiliar work.

- Report unsafe conditions, practices, or processes to your leader; alternative reporting methods include contacting the corporate environmental health and safety department or any member of your facility's safety committee.

- Contact risk management for patient safety issues.

Ergonomics...are you sitting up straight?
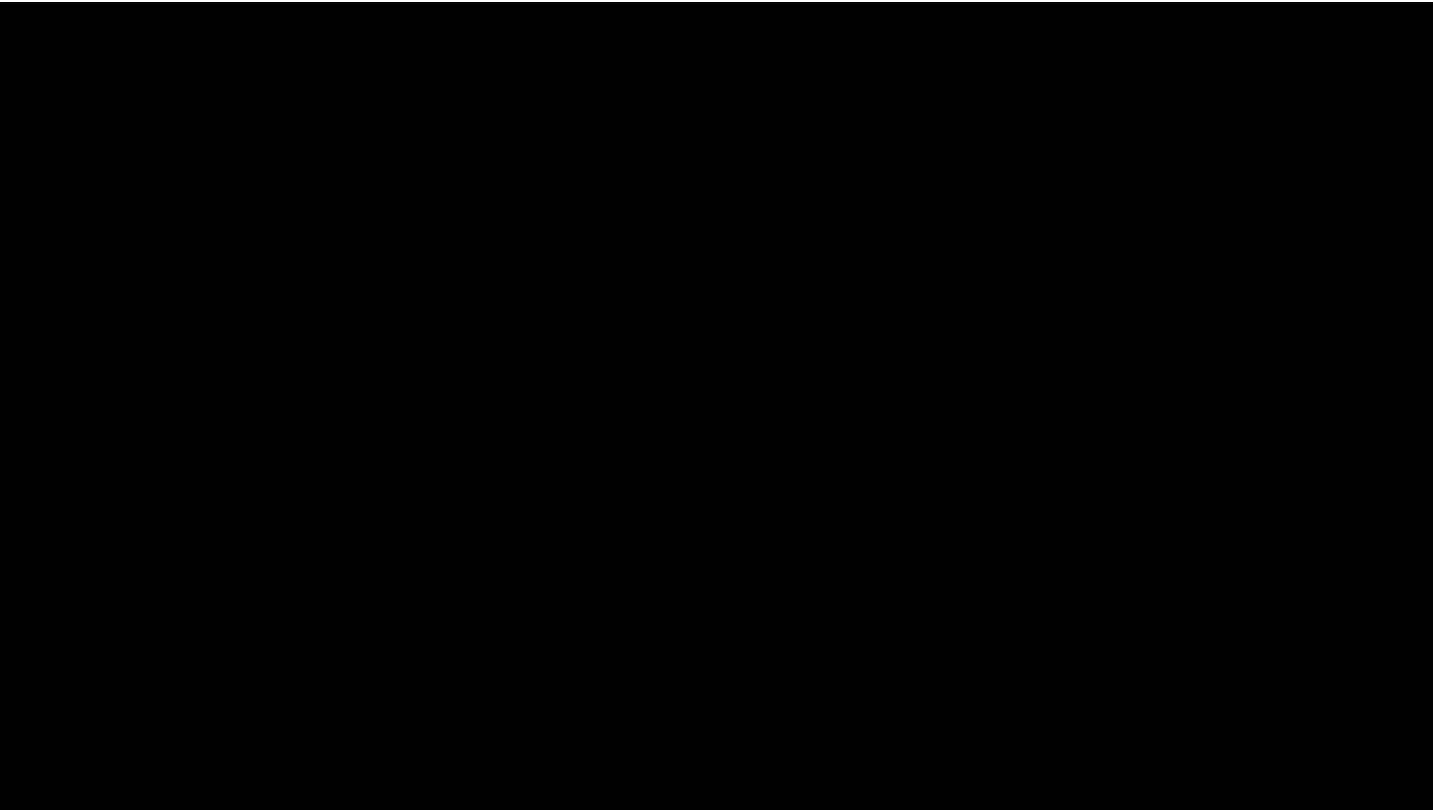
Ergonomics management

Our ergonomic management program helps you minimize the extent and severity of musculoskeletal disorders (MSD) arising from ergonomic hazards in the workplace. It is a proactive approach incorporating multiple elements. Some of the elements include:

- Leadership and team member participation

- Training and education

- Job hazard analysis

The science of ergonomics

Ergonomics is the science of fitting jobs to the people who work in them. An ergonomic job analysis for individuals or departments can be completed for recommendations to reduce risk of injury. To conduct a self-evaluation of your workspace, complete the "Computer Workstation Self-Evaluation.

Here is a brief video about setting up your home office:

Select the play button in the video window for playback.

Working safely

There are specific actions that you can take to implement safe ergonomics in your workplace. The program includes a number of strategies to utilize. The project folders below contain some of the strategies.

Select each work safety topic to view details:

Protect your body —

- Use good posture/body mechanics.
- Exercise regularly.
- Avoid sustained postures:
    - Vary position and activities frequently.
    - Take stretch/movement breaks every 30 to 60 minutes.
    - Avoid long reach or elevated shoulder for prolonged periods.
    - Put one foot on a low stool if standing for prolonged periods.
    - Maintain upright posture (i.e. don't slouch while sitting).

Proper lifting technique —

- Plan the move.

- Hold object close to your body.

- Spread your feet shoulder's width apart.

- Tighten stomach muscles.

- Maintain curve in neck and lower back.

- Bend knees and lift with legs.

- Avoid twisting or jerking.

- Get help when needed.

- Use assistive devices when lifting patients such as mechanical patient lifts, transfer sheets, and roller boards.

Workstation setup —

- Place monitor directly in front of keyboard/chair with top of screen at eye level or slightly lower.

- Do not cradle phone between shoulder and ear - use a speaker phone or a headset.

- Sit back in chair to get low back support.

- Keep wrists straight and elbows close to your side while typing.

Lifting heavy objects —

When lifting heavy or awkward objects:
Use dolly or cart when possible.
Push carts instead of pulling them.
If a dolly or cart is not available, use the buddy system.

A video about proper lifting technique

To further illustrate proper lifting technique, watch the following video:

Watch a brief video about nine safe manual handling techniques.

Workplace violence:

Prevention, recognition, responding, and reporting workplace violence...

Workplace violence

Everyone deserves to be treated with respect and dignity. That includes all members of the care team. They should be able to do their jobs without being physically or verbally abused. No violent act will be tolerated.

We strive to maintain a work environment free from intimidation, threats, or violent acts. Disciplinary measures and/or legal action may be taken against the offender, when appropriate.

Definition of workplace violence

National Institute for Occupational Safety and Health (NIOSH), Occupational Safety and Health Administration (OSHA) defines workplace violence as any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs while at work.

Workplace violence can occur in many forms. NIOSH categorizes workplace violence into the following four categories:

- Criminal intent

- Customer/Client (Client-on-Worker) *Most common in healthcare setting*

- Worker-on-Worker

- Personal relationship

Prevention

To prevent violent events from occurring, team members should practice universal safety interventions with all patients.

Selection each prevention topic below to learn more:

Personal safety awareness   —

Examples:

- **Remove stethoscope around neck,**

- **Secure any scissors or sharp object that may be in pockets**

Environmental awareness   —

Example:

- **Remove objects within reach of patient that can be used as a weapon**

Assess and provide basic needs   —

Examples:

- **Food**

- **Water**

- **Bathroom needs**

- **Warm blankets, extra pillows, etc.**

Verbal de-escalation   —

Examples:

- **Don't respond to anger with anger**

- Offer things that are perceived as acts of kindness i.e. blanket

- Use positive reinforcement "Thank you for being so patient"

- Establish rapport with patient

- Be an empathic listener

- Respect personal space

- Ask patient what he/she would like to be called (gives impression that they have some control)

- Ask permission when approaching patient (demonstrates empathy and respect)

Recognition

Recognizing persons who are behaving in a threatening/increasingly threatening manner is key to prevention, and engaging onsite resources to address the potentially abusive behavior is critical.

Select each recognition topic below to learn more:

What are violent acts?   —

Any of the following behaviors are considered violent acts:

- Intimidating behavior (verbal or physical)

- Threatening behavior (verbal or physical)

- Hostile behavior (verbal or physical)

- Physical abuse

- Vandalism

- Arson

- Sabotage

- Use of weapons

- Coercion

- Harassment

What are common factors that lead to violence?   —

There are many reasons violence may occur. The following are some common initiators:

- Basic needs not met (i. e. hunger, thirst, elimination)

- Pain

- Rude staff

- Fear of the unknown

- Long wait times

- **Social economic factors (i.e. finances, home environment, personal responsibilities)**
- **Substance use disorder**

What are warning signs?   —

Be alert to changes in behavior of individuals you come in contact with, risk factors, and and warning signs:

- **Change in health and hygiene**
- **Change in work habits**
- **Crime victims or domestic violence victims**
- **Excessive tardiness and absences**
- **Extended wait times**
- **Inability to concentrate**
- **Inconsistency**
- **Loss of personal power**
- **Obsession**
- **Patients in law enforcement custody**
- **Strained workplace relationships**
- **Stress/distress/depression**
- **Sudden illness/death of a loved one**
- **Threatening actions**
- **Unreasonable demands**
- **Unusual behavior**
- **Verbal threats**

DO NOT ignore personal or work-related threats. They may be the first warning before violence occurs.

Response

When universal safety precautions are in place, a patient continues to escalate, and violence seems to be a threat, respond by calling your local public safety officer. Activating a panic alarm is an additional response option.

If you see something, say something!

Please use the The HotLine for reporting observed or suspected incidents of workplace violence.

Next, let's take a look at a patient interaction scenario and how our responses can guide that interaction to different outcomes...

Patient interaction scenario

What is happening:

Mr. Jones, our patient, is upset that it is too early to receive his pain medication. He appears anxious, and his blood pressure and heart rate are elevated. He becomes increasingly upset and agitated and verbalizes that if he doesn't get his pain medication now he is going to "hurt someone".

You will play the role of the nurse and choose how to respond…

Choose a reaction:

Select each of the flashcards below to view a possible outcome to this scenario, based upon very different reactions to the patient's emotional and physical states:

"Mr. Jones, you need to calm down. I have already told you that your medication is not due yet."

This type of response can escalate the patient's behavior and lead to acts of violence.

What could the nurse have done differently in this situation?

Answer:
Express concern for the patient and offer alternatives.

"I know you are in a lot of pain. Can I get you another pillow or ice pack until your medication is due?"

This type of response can help to de-escalate the patient's behavior. Of course, not all violence can be avoided.

If a patient escalates and exhibits violent behavior, the event should be reported. Novant Health supports victims of workplace violence.

Important reminders:
- Respect personal space.
- Call for assistance when patient first

Remember… when universal safety precautions are in place, a patient continues to escalate, and violence seems to be a threat, respond by calling your local public safety officer. Activating a panic alarm is an additional response option.

Reporting

Any team member who is subjected to, witnesses or has knowledge of threatening or violent behavior or has reason to believe that violent behavior may occur (regardless of source), should immediately report it to a leader or to the public safety department.

If the facility does not have onsite security and there is imminent harm/risk, call 911.

UVA CH will support victims of workplace violence.

Victims of workplace violence should report the event in the e-RL event reporting system.

For additional information read the following policy: "Workplace Violence Prevention" policy.

Leadership's responsibilities

In support of their team members, our leaders have specific steps to take to influence a culture of safety.

Some of the key steps include:

- Be a good role model for safety.

- Provide the necessary resources to ensure safe working conditions.

- Ensure team members receive the appropriate safety information and training.+

- Investigate incidents/injuries to determine the cause.

- Take action to prevent a re-occurrence of incidents/injuries.

- Ensure team members are held responsible/accountable for safety performance.

Further support with workplace violence issues

In addition to leadership support, UVA CH also offers the following resources to provide further support for any of your workplace violence issues:

- Public Safety

- Psychiatric-Rapid Response Team

- Employee Assistance Program (EAP)

We will conclude this section with a knowledge check.

Knowledge Check

Your safety responsibilities as a team member include:

(click Submit when you're finished)

○ Reporting unsafe conditions, practices or processes to your leader

○ Using the safety information covered in mandatory education, department training sessions and policies/procedures

○ All the above.

SUBMIT

You have completed this lesson!

Diversity, Inclusion & Equity

A diverse team working together....
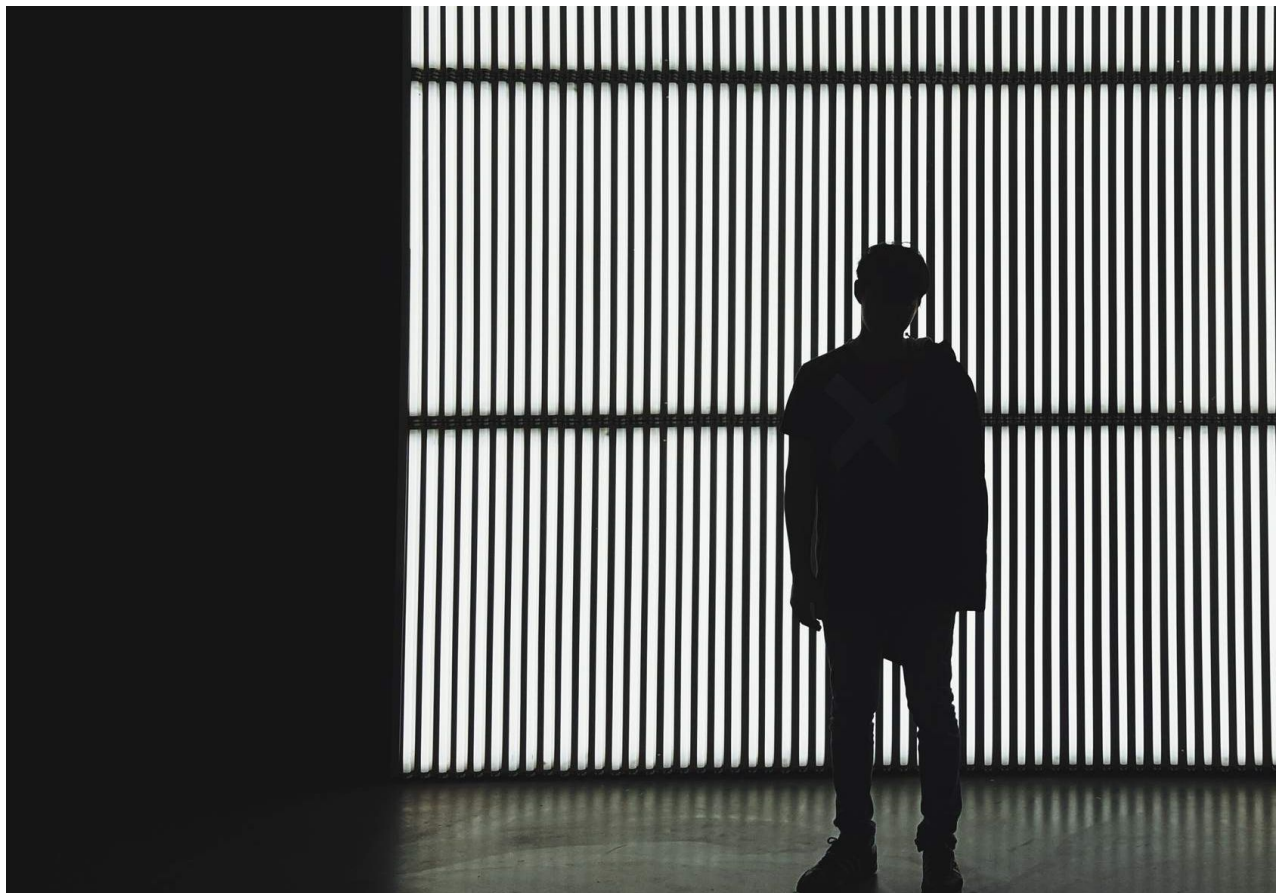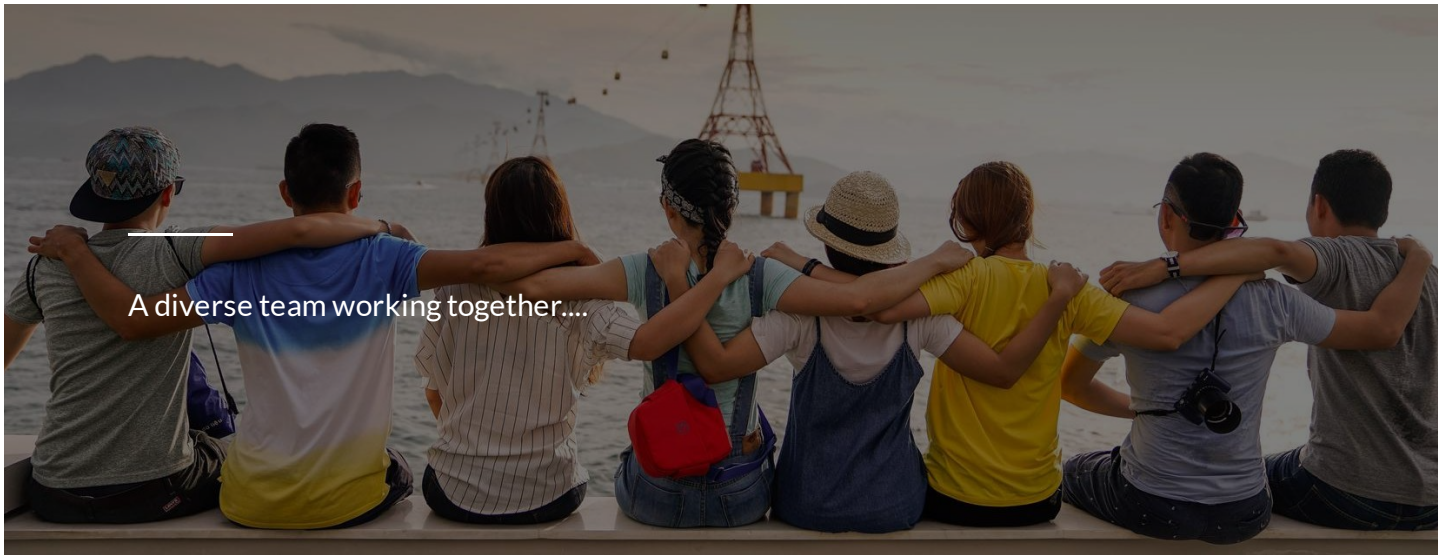
What if we all looked the same?

Thought the same?

Sounded the same?

Well...it might sound a little like the piano in the following video...

Select the play button in the video window for playback.

Overview

In this lesson, the following information will be shared regarding diversity, inclusion, and equity:

- Define "Diversity"

- Define "Inclusion"

- Define "Equity"

- Define "Supplier Diversity"

- Explain how diversity, inclusion, and equity support the Remarkable Patient Experience

- Identify tools for incorporating diversity and inclusion to promote a welcoming, productive workplace

Definitions

Let's begin by defining the terms shown below as they apply to UVA CH's culture. Each of these terms captures a key message that we promote throughout our enterprise...in every dimension, every time!

Select each term below to view their definitions:

DIVERSITY	INCLUSION	EQUITY	HEALTH EQUITY	SUP

The similarities and differences of people found in our workforce and communities. Diversity includes many visible characteristics such as race, age, gender and appearance, and it also includes less visible characteristics such as personality, ethnicity, religion, disability, military status, job function, life experience, sexual orientation, gender identity, geography, regional differences, work experience and family situation – all of which make us similar to and different from one another.

DIVERSITY	INCLUSION	EQUITY	HEALTH EQUITY	SUP

Intentionally engaging human differences and viewing such differences as strengths. We create inclusion by actively seeking and valuing the voices and life experiences of each person. These actions build an environment that fosters respect, belonging and trust. Our commitment is to each other and the communities we serve.

DIVERSITY	INCLUSION	EQUITY	HEALTH EQUITY	SUPP

Exists when each person has the appropriate access to opportunities and resources to attain their highest quality of life. We must recognize and address systemic disparities and how those disparities have impacted groups and individuals.

DIVERSITY	INCLUSION	EQUITY	HEALTH EQUITY	SUPP

The attainment of the highest level of health for all people."*
Achieving health equity requires that we:

- Embed our core value of diversity, inclusion and equity in all that we do.

- Honor each person as a human being with the right to healthcare and wellness.

- Build community partnerships and presence to understand and address unique needs of all communities.

- Commit to provide access to care, demonstrate compassion and promote well-being.

Source: Health People 2020

EQUALITY

EQUITY

DIVERSITY	INCLUSION	EQUITY	HEALTH EQUITY	SUPP

Proactive development of mutually beneficial and successful partnerships with diverse suppliers that are 51% owned, operated and controlled by one of the following groups:

- **MBE: Ethnic minority-owned (Black/African American, Hispanic, Asian, Native American, Alaskan Native or Pacific Islander)**

- **WBE: woman-owned**

- **VBE: veteran-owned**

- **SDVBE: service-disabled veteran-owned**

- **DOBE: disabled-owned**

- **LGBTBE: LGBT-owned businesses**

- **SDBE: small disadvantaged-owned and/or HUBZone**

The supplier diversity initiatives aim to enhance the procurement process by developing strong business relationships with a talented group of suppliers that offer quality products and services, excellent customer service and competitive costs.

The supplier diversity team works to make diverse businesses a natural part of Novant's business environment by strengthening diverse suppliers through advocacy, education and development opportunities while also encouraging and advocating for the access and utilization of diverse suppliers and service providers within Novant Health.
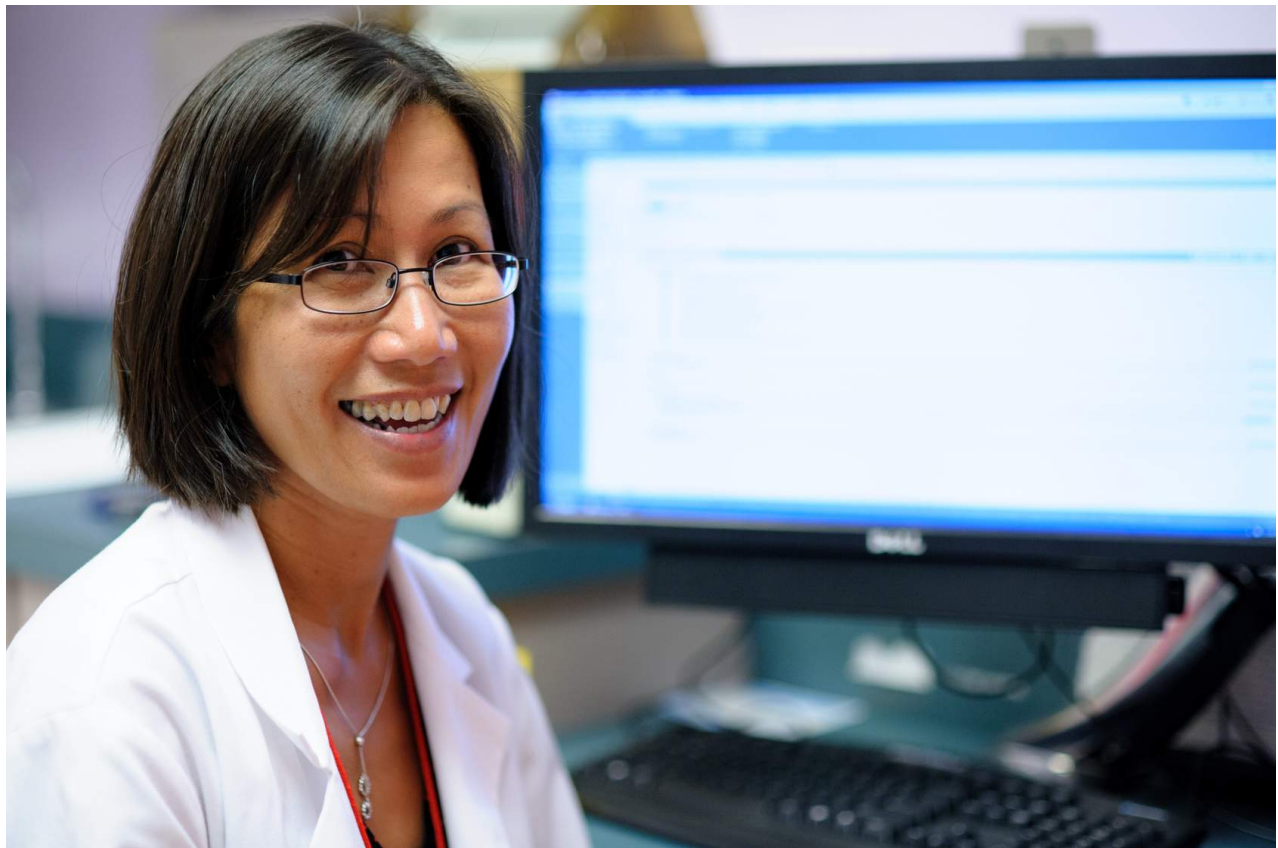
In my role, I have found many ways to exhibit diversity and inclusion in my daily workflow.

As I work with diverse patients, it is also important to utilize the service standards (Know me, Care about me, Delight me, and Respect me) so that I can develop authentic personalized relationships and deliver on the remarkable patient experience. Treating my patients with dignity and respect builds trust and loyalty to UVA CH.

As I work with my team members, I practice inclusion and the service standards as ways to help my team be engaged and committed to each other.

Additional learning experiences for diversity, inclusion, and equity

To learn more about ways in which you can exhibit diversity, inclusion, and equity where you work, we encourage you to visit the **diversity, inclusion, and equity resource center**.

Tools for further learning

We have adapted tools for you to use for exploring how diversity, inclusion, equity, and supplier diversity interact with providing the Remarkable Patient Experience and a welcoming, productive workplace. Here are some available resources:

- **Lippincott Resource Library** to learn more about other cultures

- **Multi-culture Calendar and Events** to learn more about holidays and observances in other cultures

An exploration of a diversity, inclusion, and equity scene

Locate the "plus sign" icons in the following image to explore key concepts:
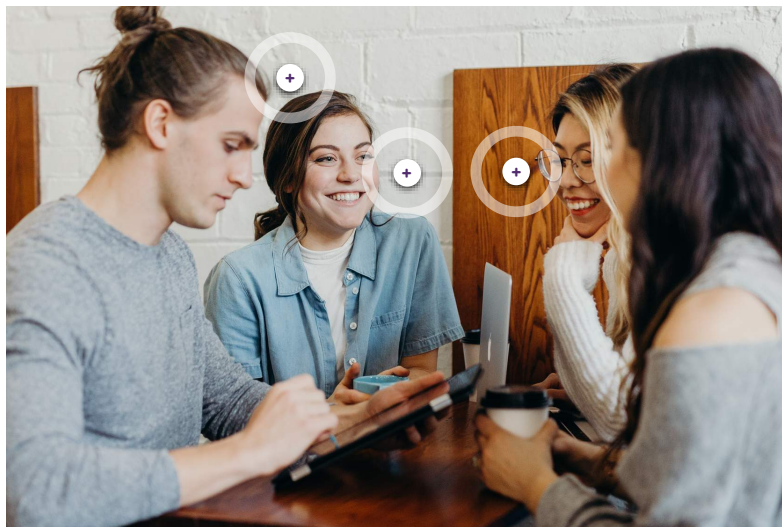
Be open

We need every team member's commitment to create a culture of diversity and inclusion. This includes how you interact with patients, team members and visitors. Here's how you can help...

Be open. Don't assume you understand people just because of their birthplace, sexual orientation, skin color, religious beliefs or other aspects of diversity. Share your own story and invite those of others.

Be inclusive. Think of all the ways you can include your team members. Ask for input and different ideas. Get to know your team members' backgrounds and expertise, ask at the end of meetings if everyone had a chance to voice their point of view.

Talk about diversity and inclusion. Discuss relevant topics such as gender bias or cultural differences without getting upset. If views differ, agree to disagree and continue to hear each other's perspectives.
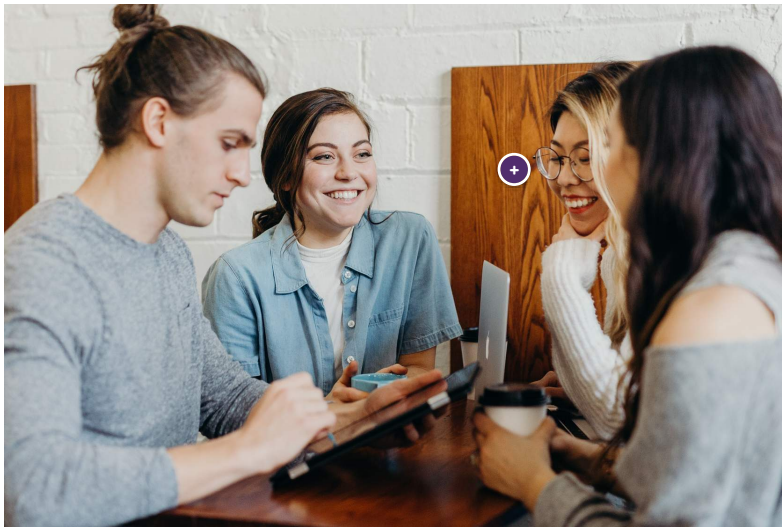
Get to know someone

Get to know someone who is different from you.

Share a cup of coffee. Learn about your differences and similarities by sharing your stories.

Seek to understand

Seek first to understand. Assume nothing. Don't jump to conclusions based on what you think you know about someone. Don't assume how others may be thinking without talking to them.

Speak about concerns. Don't tolerate offensive comments or behaviors that are counter to inclusion. Let the commenter know that such comments are not appropriate and, if necessary, walk away. In alignment with our safety behaviors, voice your concerns and never hesitate to speak up. Be alert for safety words, "I have a concern".

Engage your leaders. Ask to have a one-on-one or team discussion related to diversity and inclusion topics. Also, ask your leader to use the D&I toolkit to facilitate team dialogue.

Applying what we've learned...

Applying your knowledge about diversity, inclusion, and equity

Carefully review the list below for guidance on how to use the tools and further experience diversity, inclusion, and equity. To help create a culture of diversity, inclusion, and equity you can:

- Practice the 8 ways of creating a culture of inclusion (see below for a link to this document).

8 ways of creating a culture of inclusion - reference

Select the PDF linked below to access a document providing eight action steps we can take create a culture of inclusion. Please note the document opens in a new window external to this course. If you access the document, please return to this page to continue AME.

PDF **8_Ways_For_Changing_Culture.pdf**
282.2 KB

Knowledge Check

Drag and drop each definition on the left to their corresponding term on the right. *(Select Submit after completing your matches.)*

We value the perspectives and life experiences of each person.	Inclusion
We recognize that every person is shaped by unique life experiences.	Diversity
The initiative for how we seek to enhance our procurement process.	Supplier diversity
The attainment of the highest level of health for all people.	Health equity
Recognizing and addressing systemic disparities.	Equity

SUBMIT

You have completed this lesson!

Public Safety

Keeping us safe.
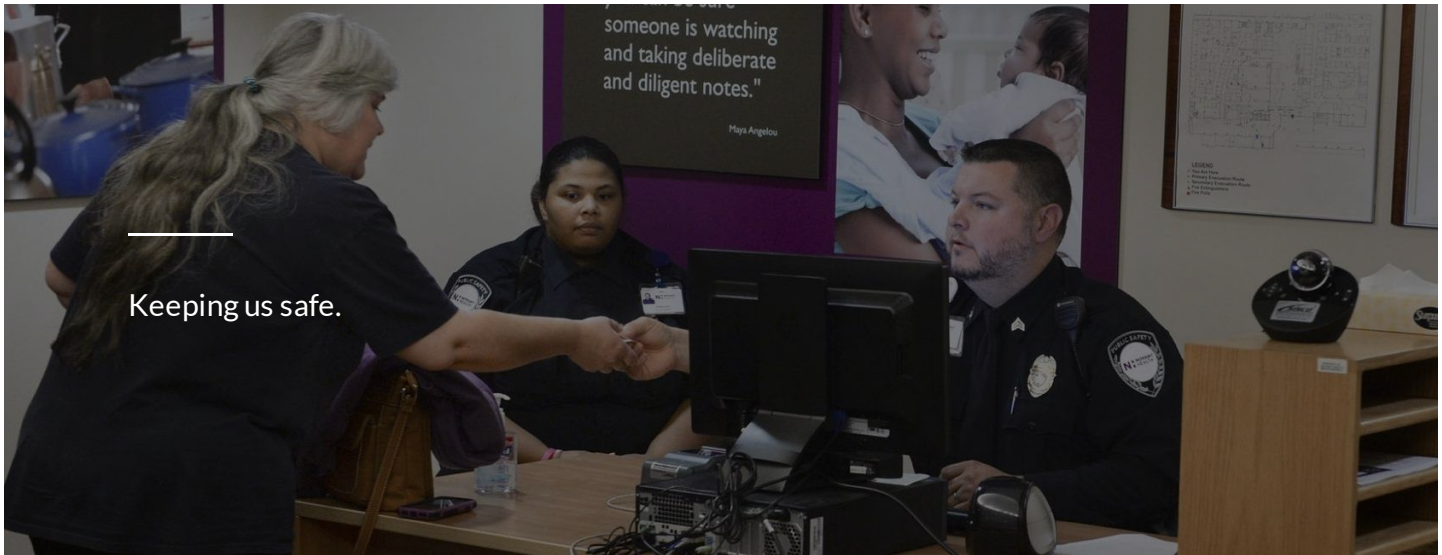
Overview

Basic guidelines for what to do during various security violation scenarios will be shared along with key points regarding our workplace violence, bomb threat and hostage policies.

Security is everyone's responsibility!

UVA CH strives to provide a safe and secure environment. Team members take an active role in the security program to ensure its success.

Security begins with the simple act of wearing your identification badge at all times when working in a facility (with badge worn above the waist).

Weapons policy

Weapons of any type are prohibited on our properties. It is your responsibility to notify public safety if you suspect anyone is carrying a weapon.

Key points you should know about this policy include:

- Signs are posted for visitors and team members.

- A team member who violates this policy will be terminated.

Active shooter protocol

An "active shooter" is a person attempting to take the lives of as many people as possible in a populated area. If you suspect an active shooter event, you should:

1 Leave the area quickly (if safe to do so) and help patients/guests do the same.

2 If unable to leave the area, take cover immediately behind a locked door; if door can't be locked, barricade the door with any available items (remain quiet).

3 Call Public Safety or 911 when safe to do so.

Active shooter- special notes:

- Remain calm, low to the ground and away from any windows.

- Protect patients who cannot take shelter (where and when possible).

- Wait until you are rescued by law enforcement or a public safety officer.

Remember, active shooter incidents are unpredictable, happen quickly and require prompt response. Be prepared, both physically and mentally, to deal with an active shooter incident.

For further information, please visit I-Learn and enroll in the "z2202 Active Shooter" online module.

Reporting security concerns

You should contact the public safety department or local law enforcement anytime you perceive a security threat in your area.

Some specific events that should be reported include:

- Violence

- Assault

- Armed robbery

- Theft

- Person with weapon

- Hostage situation

- Suspicious or unusual item

- Abduction

Also, be alert for the items listed below and immediately report them to Public Safety:

- Suspicious persons, vehicles and activities (more information follows later in this section)

- Theft

- Lost or stolen keys or ID badges

- Visitor problems

Reporting suspicious activities

Report any of these suspicious activities:

- Loitering or going from area to area

- Running

- Offering items for sale

- Forcing entry into an area

- Asking for money

- Dressed inappropriately for the weather

- Asking questions about infants

- Appearing to be intoxicated or drugged

Hostage situations & bomb threats

Hostage situation: Actions to take

During a hostage situation:

- Go to a safe place

- Lock self in an office

- Avoid challenging suspects

- Remain calm

- Be patient

- Do not speak unless spoken to

- Do not volunteer information

- Do not attempt to negotiate

- Treat suspects with respect

- Prepare to tell authorities full story after rescue

Bomb threat: Actions to take

During a bomb threat:

- Listen carefully

- Remain calm

- Notify public safety/law enforcement

- Do not touch suspicious items

- Complete the bomb threat checklist found in the Emergency Operations Plan (see Novant Health Document Manager for facility-specific plans)

Knowledge Check

Security is everyone's responsibility. Team members should:

(click the Submit button when you're finished):

_____

○   A)   Report thefts

○   B)   Wear ID badges clipped to your belt

○   C)   Report visitor problems

○   D)   "A" and "C" only

○   E)   All the above

SUBMIT

UVA CH strives to provide a safe environment and we all have to do our part. Ways for you to stay safe include: (click the Submit button when you're finished):

_____

○   Remain calm in a hostage/active shooter situations

○   Do not touch suspicious items

○   Recognize and report suspicious activity

○   All the above

SUBMIT

You have completed this lesson!

Emergency Preparedness

Be prepared.

Overview

The following topics about emergency preparedness are shared in this section:

- Emergency notification

- How to report an emergency

- Hospital incident command system (HICS)

- Home emergency preparedness

UVA CH is a vital member of the community emergency management system. We maintain readiness for responding to various emergencies such as utility outages, a hurricane or a pandemic of influenza that may affect our organization and the communities it serves.

COVID-19 emergency reponse.

Knowing there is an emergency is the first step in response.

Emergency notification

Our facilities have site-specific phone numbers, and notification methods such as panic buttons and fire alarm pull stations for contacting our communications centers such as switchboards, the security operations center, and the local 911 center.

We use plain language *(details provided later in this section)* to widely communicate information about emergencies which affect the community or all occupants of the facility.

Select the topic below to explore details about "plain language":

What is "plain language"?   —
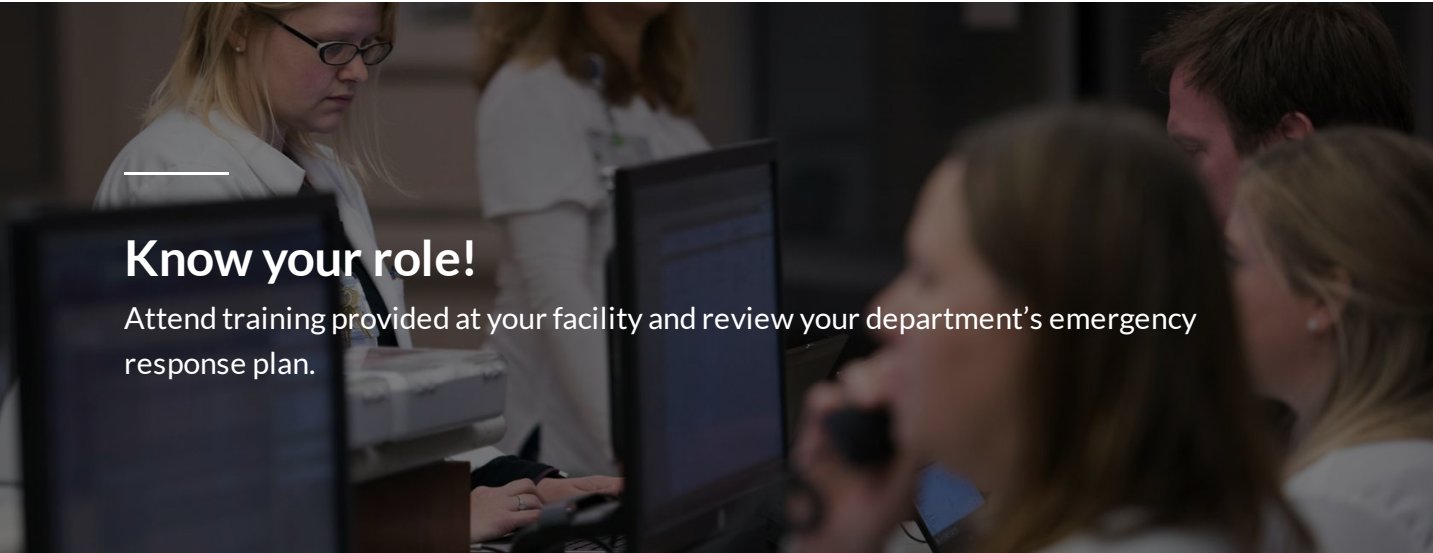
Clear communication during emergencies

Coded language is not used during incidents which affect everyone's safety or where all team members need to act. These incidents include emergencies such as tornado warnings, active shooters and missing infants.

Team members working in multiple facilities do not need to learn multiple sets of emergency codes. All who hear these messages will know that an incident is occurring so they can take protective personal actions.

When is plain language NOT used?

Emergency codes are used for patient-specific clinical emergencies such as cardiac arrest, brain attack or trauma response as these affect one patient in a specifically identified location.

Know your role!

Attend training provided at your facility and review your department's emergency response plan.

Emergency links on I-Connect homepage

It's vital for everyone's safety in our facilities for you to know who to contact in the event of an emergency. Notification methods for each state in which UVA CH is located are published on I-Connect for easy access.

For more information about emergency codes, you can look at the folding insert in your identification badge holder, visit the Emergency Links page on I-Connect or contact your leader.
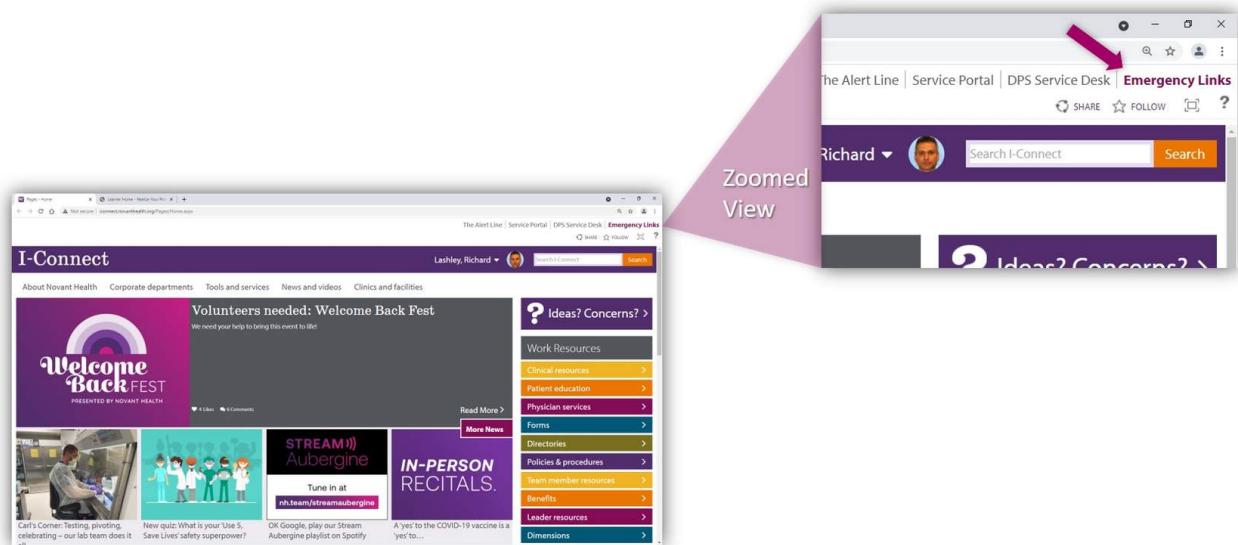
The Emergency Links page can be accessed from the I-Connect homepage - as shown in this image.

How to report emergencies

Follow these steps:

1 Call the appropriate emergency number for your facility - see your badge insert for more information.

2 State your name, title and location (if this is a 911 call, provide your street address).

3 Give the nature of the emergency situation and stay on the line until you are advised otherwise.

A system-wide concerted effort to manage emergencies.

Hospital Incident Command System (HICS)

When emergency events occur, normal decision making and communication methods may not be effective.

Across the nation, community responders including EMS, fire, law enforcement and healthcare providers utilize similar incident command systems to share information and overcome these issues.
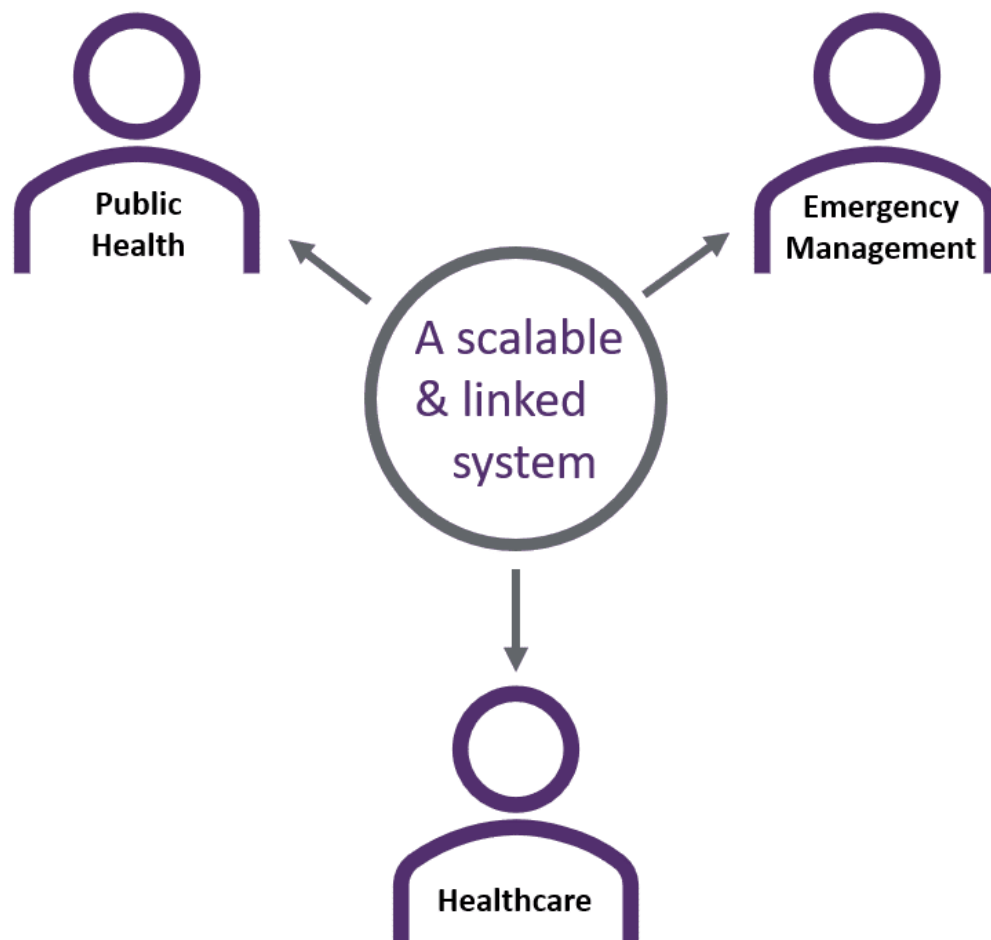
HICS is scalable, flexible and works for all Novant Health acute care facilities.
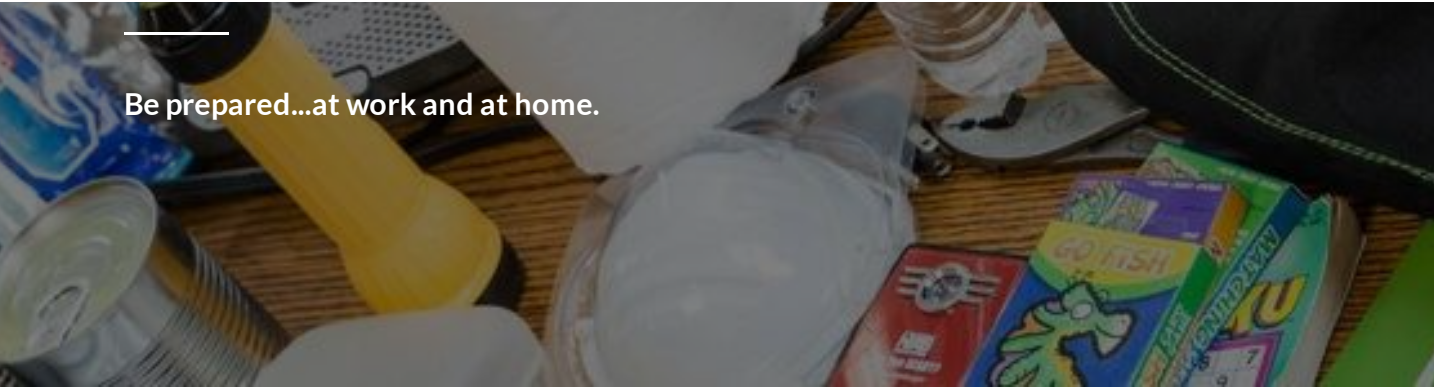
Home emergency preparedness

Healthcare workers are critical to emergency response - everyone has a role.

During a disaster, healthcare workers also need to be assured that family members, pets and others we care for are safe. Planning for your loved ones' needs before an emergency allows you to respond to work needs in an emergency event.

Visit **www.ready.gov** for a list of items you should have on hand and example communications lists for your family and friends. Each state and many counties or municipalities have readiness websites which provide locally relevant information.

Be prepared...at work and at home.

Steps for home preparedness

FEMA (Federal Emergency Management Agency) recommends you take the following actions in preparing your home and your family for an emergency:

1 **Be informed:** Stay up-to-date on the different types of emergencies that could occur and their appropriate responses .

2 **Make a plan:** Create a family emergency plan.

3 **Build a kit:** Assemble an emergency supply kit .

4 **Get involved:** Find opportunities to support your community by taking action to prepare for emergencies .

___

For additional guidance, visit your community, county or state emergency readiness website or go to www.ready.gov.

Knowledge Check

The best way to ensure that you are ready for an emergency is to:

(click Submit when you're finished)

○ Assemble a kit of disaster supplies for your home.

○ Know the appropriate emergency number to call for your facility.

○   Review your department's emergency response plan.

○   All the above.

SUBMIT

During a large scale disaster, how will decisions at UVA CH be made?

(click Submit when you're finished)

○   Decisions will be made same as usual - nothing changes.

○   Local government will run Novant Health and make all the decisions.

○   Hospital Incident Command System (HICS) will be utilized to implement the emergency operations plan.

○   The military will run UVA CH and make all the decisions.

SUBMIT

Which one of the following situations is an example of when plain language is NOT used?

(click Submit when you're finished)

○   Tornado warnings

○   Cardiac arrest

○   Missing infant

○ Active shooter

SUBMIT

You have completed this lesson!

Electrical Safety

Electrical safety...it's electrifying.
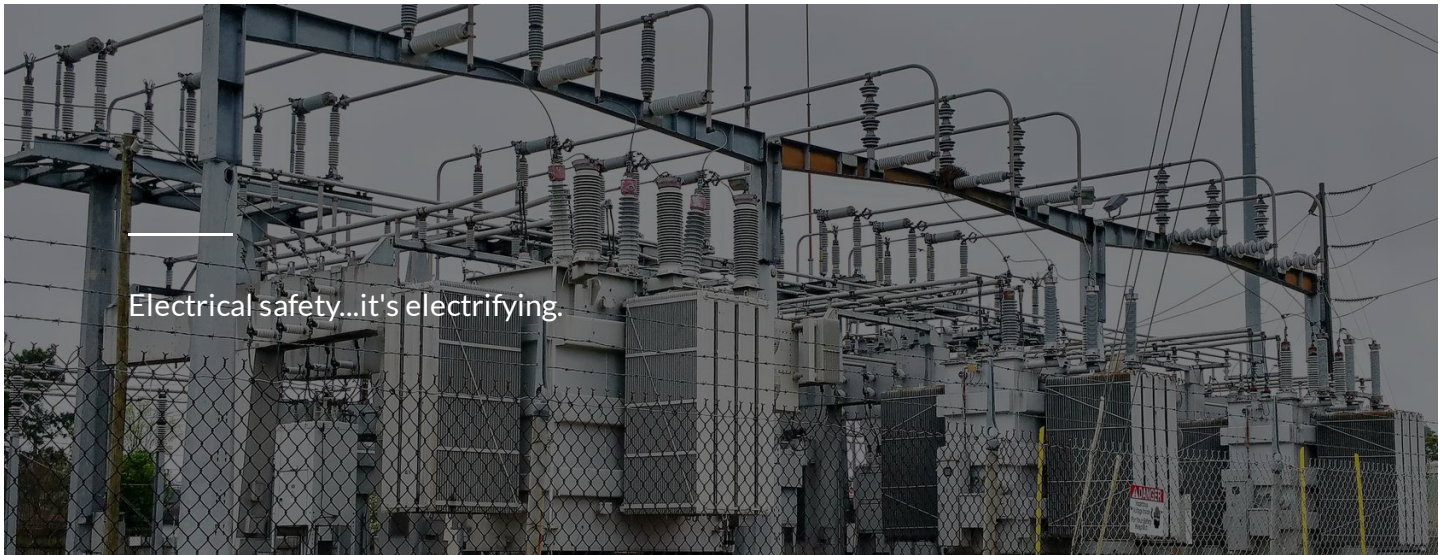
Overview

Safety is a big part of the UVA CH culture. Sometimes electrical safety is one of those afterthoughts - until something happens. As team members, we must share the responsibility of practicing electrical safety to reduce shocks, burns, fires, and outages.

Easily summarized as...

Electrical safety is everyone's responsibility!

Topics covered

After completing this module, you will be able to:

- Describe basic electrical safety principles.

- Explain how to practice electrical safety when working with biomedical equipment.

- Recall how to respond to electrical problems.

- Describe how to prevent an electrical emergency.

The basics: Follow these basic electrical principles

Here are some basic and fundamental electrical safety practices:

- Disconnect cord from outlet by grasping and pulling the plug.

- Maintain 36 inches of clearance around electrical panels.

- Extension cords are to be used for emergency situations only.

- All team members must be inserviced prior to using any electrical/clinical/utility equipment. Document this education in the team member's department file.

- Instructions for using (IFU) equipment manuals are available as references in the department or located via I-Connect>Clinical resources>Clinical equipment end user manuals.

There are often warning signs for electrical problems - being aware of these early warning signs can prevent accidents.

Warning signs include:

- Cut or frayed wires or plugs.

- Electrical equipment that feels or smells like it is overheating.

- Electrical equipment with black marks indicating charring/arcing.

- A shock felt while using equipment.

- Electrical equipment that has been dropped or is physically damaged.

- Liquid spilled on electrical components.

- Any other equipment problems or failures.

Biomedical equipment safety

When working with equipment in patient care areas, remember to:

- Keep unnecessary electrical equipment away from patients.

- Keep the area around the patient's bed dry.

- Do not lean or place electrical equipment on a patient's bed where it could short or ground out.

- Equipment in patient care areas should be grounded (i.e. a plug with three prongs) and UL (Underwriters Laboratory) listed.

- If the power goes out, ensure that all essential equipment is plugged into the emergency outlets.

- Clinical equipment brought into a facility by patients or vendors must be checked for safety prior to use.

How to safely disconnect equipment from patients
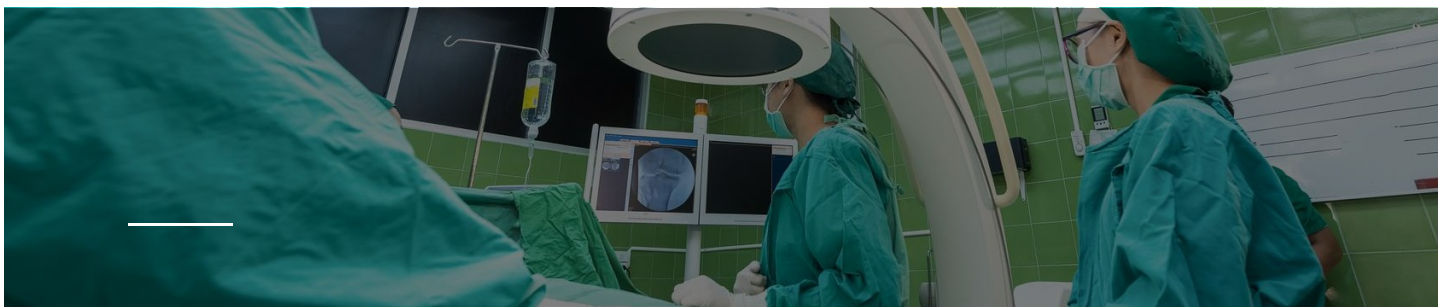
When disconnecting equipment from a patient:

1   Turn off the equipment.

2   Remove the equipment from the patient.

3   Unplug the equipment.

If the equipment is a potential hazard or problem

The disconnect procedure is:

1   Mark or label as out of service.

2   Report it to Biomed and your leader (for Biomed, enter "Biomed" in search window in I-Connect to access Biomed homepage).

Why is this order important?

It prevents the patient from being shocked. Here's a tip...use this acronym to remember the order to remove equipment from a patient.

O, R U safe - here's what the acronym stands for:

1   **O =** turn "off" the equipment.

2   **R =** remove the equipment from the patient.

3   **U =** unplug the equipment.

4   **Safe =** keeping the patient safe

Admitting and room orientation process:

Carefully study the following steps for admitting and room orientation:

- Team members are to discourage use of personal non-patient care electrical equipment in the patient room.

- If the patient insists on using the equipment, it should be visually checked for damage prior to use within the patient room – it's everyone's responsibility.

- Damaged personal electrical equipment shall be prohibited from use - the patient shall be asked to have defective equipment removed from the facility,

Using cell phones and walkie talkies

While technology makes communication easy, the use of cellular devices can interfere with patient safety. Medical equipment such as ventilators, infusion pumps and cardiac monitors may pick up radio wave interference causing false readings or equipment failure.

UVA CH has established some safety practices for using cell phones and other cellular devices which include:

- Use only approved communication devices (most are wireless devices, not cellular).

- Limit the use of cellular devices in patient care areas to only those essential to patient care.

- Maintain a ten foot distance between medical equipment and cellular devices.

Knowledge Check

If the power goes out, you should ensure all essential equipment is...(click the Submit button when you're finished)

○ Unplugged

○ Plugged into the emergency outlets

○ Turned off

SUBMIT

The list below shows the correct order in which you should disconnect faulty equipment from a patient (Click the Submit button after you make your selection):

1. Turn off the equipment

2. Remove the equipment from the patient

3. Unplug the equipment

4. Mark or label as out of service

5. Report it to Biomed and your leader

○ TRUE

○ FALSE

SUBMIT

You have completed this lesson!

Fire Prevention
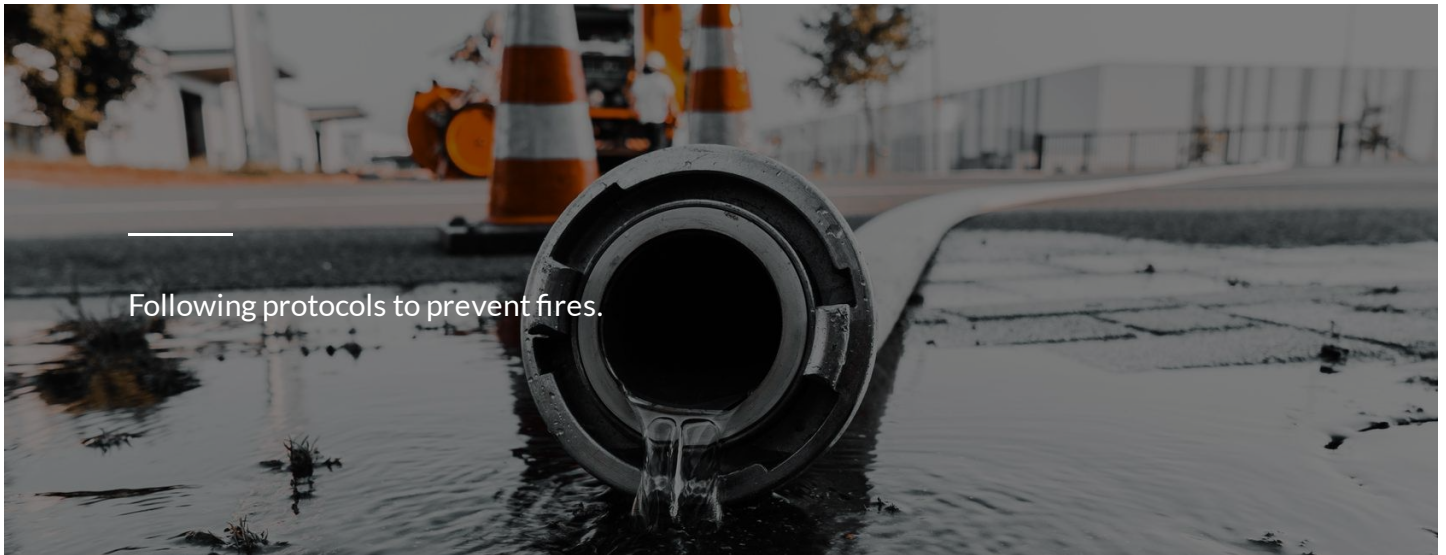
Following protocols to prevent fires.

Overview

In this module, we'll review fire prevention and response topics including:

- Essential prevention and response strategies

- Common fire hazards

- General fire prevention practices

- General fire and fire alarm response procedures

- Types of fire extinguishers

- Evacuation procedures

All team members play an important role in fire prevention.

Where we start...

It's important to know:

- The location of fire pull stations, fire extinguishers and emergency exits.

- How to report smoke or fire.

- The emergency number to call in case of fire.

- How to respond to a fire alarm.

- The policies and procedures for fire safety.

A match burning.

Let's examine some common fire hazards...

Common fire hazards

The list below highlights some common fire hazards you should be aware of:

- Smoking
- Oxygen and other compressed gases
- Flammables (e.g., hand sanitizers, acetone, alcohol)
- Combustibles (e.g., paper, cardboard, trash, wood, rags)
- Faulty electrical equipment or wiring
- Improper use of extension cords
- Unapproved patient and/or team member appliances
- Unattended cooking

Fire prevention practices

Some general fire prevention practices to include in your daily work routine include the following:

- Adhere to and enforce the Tobacco Free Environment policy.
- Keep combustibles and flammables away from heat and other ignition sources.
- Store bulk flammables (greater than 10 gallons) in a fire rated cabinet or storage area.
- Store, handle and use compressed gas cylinders according to policy.
- Ensure safe use of electrical equipment.
- Prohibit the use of unapproved electrical devices (portable electric heaters, toasters and toaster ovens, grease producing devices, etc.).
- Observe the Decoration guidelines policy.
- Practice good housekeeping.
- Monitor cooking appliances (including Sterno).
- Keep fire/smoke doors free from obstructions.
- Place all "in use" items in the hallways on the same side of the hall.

- Follow proper storage clearances - do not stack items closer than 24 inches from the ceiling in a non-sprinklered area or 18 inches from the bottom of a sprinkler head.

- Inspect your work area for fire hazards regularly.

- Report fire hazards immediately to your supervisor, facility plant engineering (or property management group) or the corporate environmental health and safety department.

An example of a sealed vs. unsealed door during a fire threat.

Fire-rated doors

Our first defense in fire prevention.

Fire-rated doors

Fire-rated doors provide the first and most critical fire protection. Fire-rated cross corridor and suite barrier doors should latch securely in the event of a fire alarm. This is to be sure that in case of a fire, the doors would mitigate the spread of fire, give team members time to evacuate patients if necessary.

Here are some specifics you should know about fire-rated doors:

- Even small gaps can provide enough of a path for fire to move from one building compartment to another very rapidly.

- Fully functional and latching doors are critical.

Important note:

Fire-rated cross corridor and suite barrier doors should latch securely in the event of a fire alarm. This is to be sure that in case of a fire, the doors would mitigate the spread of fire, give team members time to evacuate patients if necessary.

Your role with fire door safety

Be observant that fire-rated doors are not damaged!

Fire-rated doors must have functioning hardware, including positive latching devices and self-closing or automatic closing devices. Gaps between meeting edges of door pairs are no more than 1/8 inch wide, and undercuts are no larger than 3/4 inch.

Fire doors can be damaged and rendered inoperable from:

- Items hitting the door.

- Items blocking the door from closing.

- Items shoved in the hinge edge of the door.

- Items put into the latch to prevent the intended function of the latch.

- Air pressure issues preventing the door from fully closing.

Signage on fire-rated doors

Fire-rated doors should only have approved permanent informational signs. Team members should not apply coverings, decorations, or other objects to fire-rated doors. These items can lead to the doors not functioning as intended in the event of a fire.

How to report issues

If fire-rated doors do not latch, you should report that to plant engineering services or use the plant engineering work order system found on I-Connect - see below for the URL path.

The plant engineering work order system URL *(for reference only - not clickable here)*:

https://novanthealth.sharepoint.com/sites/plantengservnt/default.aspx

Response to fires.

Fire and fire alarm response

Follow the guidelines listed below for general fire and fire alarm response:

- Treat all fire drills and alarms as an emergency.

- Do not use elevators during fire alarms.

- Remove all items from the hallways (including door mounted Personal Protective Equipment (PPE)/isolation holders).

- Fire doors automatically release upon fire alarm activation (never prop open fire doors - even if it is convenient for team members or visitors so the doors release appropriately).

- Use the back of your hand to feel for heat before opening doors - do not open if hot or you see smoke.

- Follow your department specific protocol for appropriate fire response.
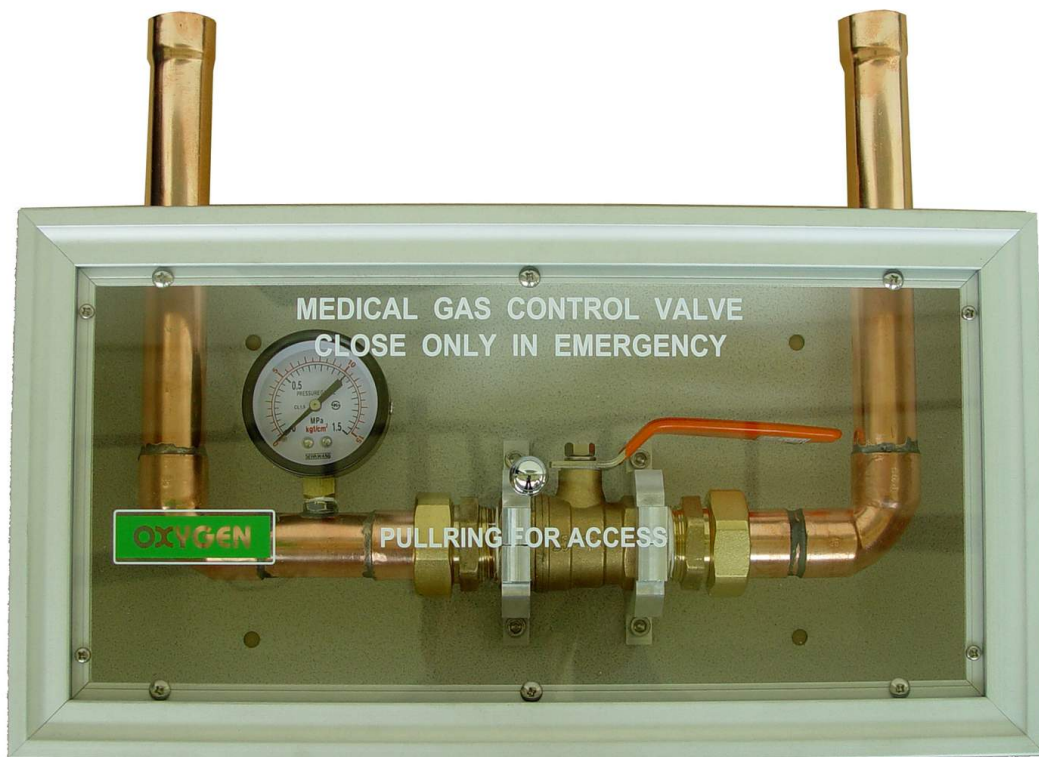
Medical gas valve control panel.

Important note: Medical gas zone valves may be turned off by the authority of the clinician-in-charge on the unit in an emergency.

If you observe smoke or fire...

Our team members are the first line of defense when smoke and fire are noticed. Perform R.A.C.E. in the following order of priority:

1 **Rescue:** Remove anyone in danger.

2 **Activate alarm:** Pull the red fire alarm pull box, call the emergency number and, give the exact location of smoke/fire.

3 **Contain the smoke/fire:** Close doors/windows, clear corridors of equipment and other items.

4 **Extinguish and/or evacuate:** Obtain the closest fire extinguisher near the fire, determine if the fire is small enough to extinguish safely, and if the fire cannot be safely extinguished evacuate the area.

Appropriate deployment of a fire extinguisher.
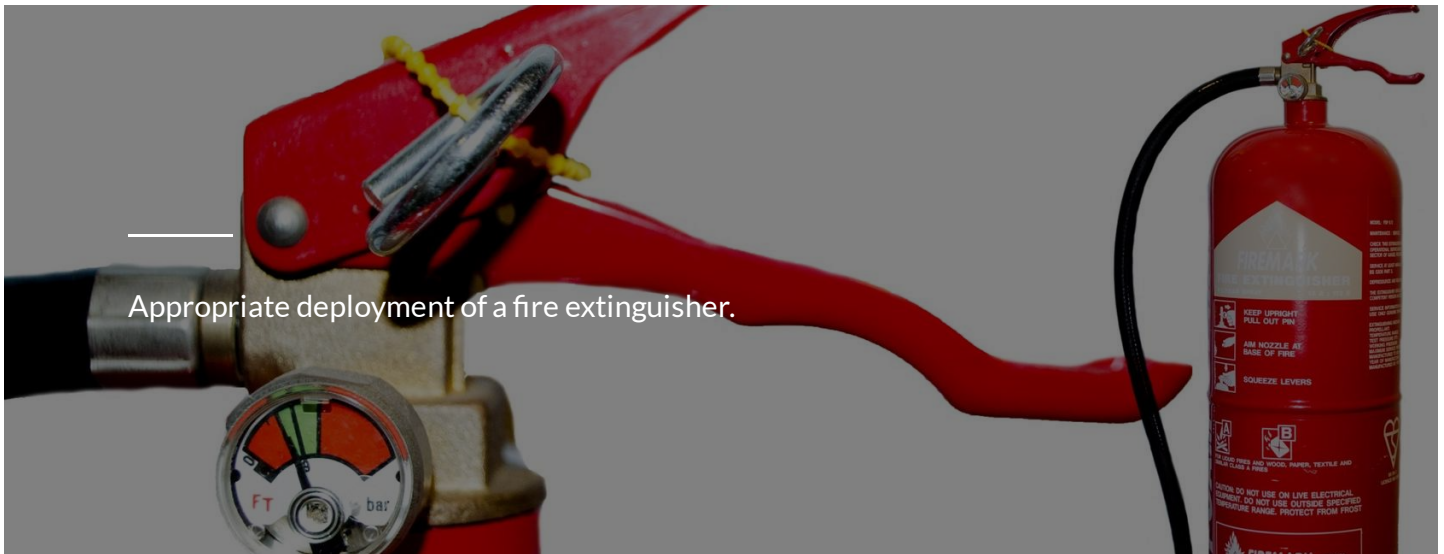
How to perform P.A.S.S. with fire extinguishers

Pull, Aim, Squeeze, and Sweep (P.A.S.S.) is a description of how to appropriately use a fire extinguisher. Next, let's watch a brief video of how to use P.A.S.S. to extinguish a fire:
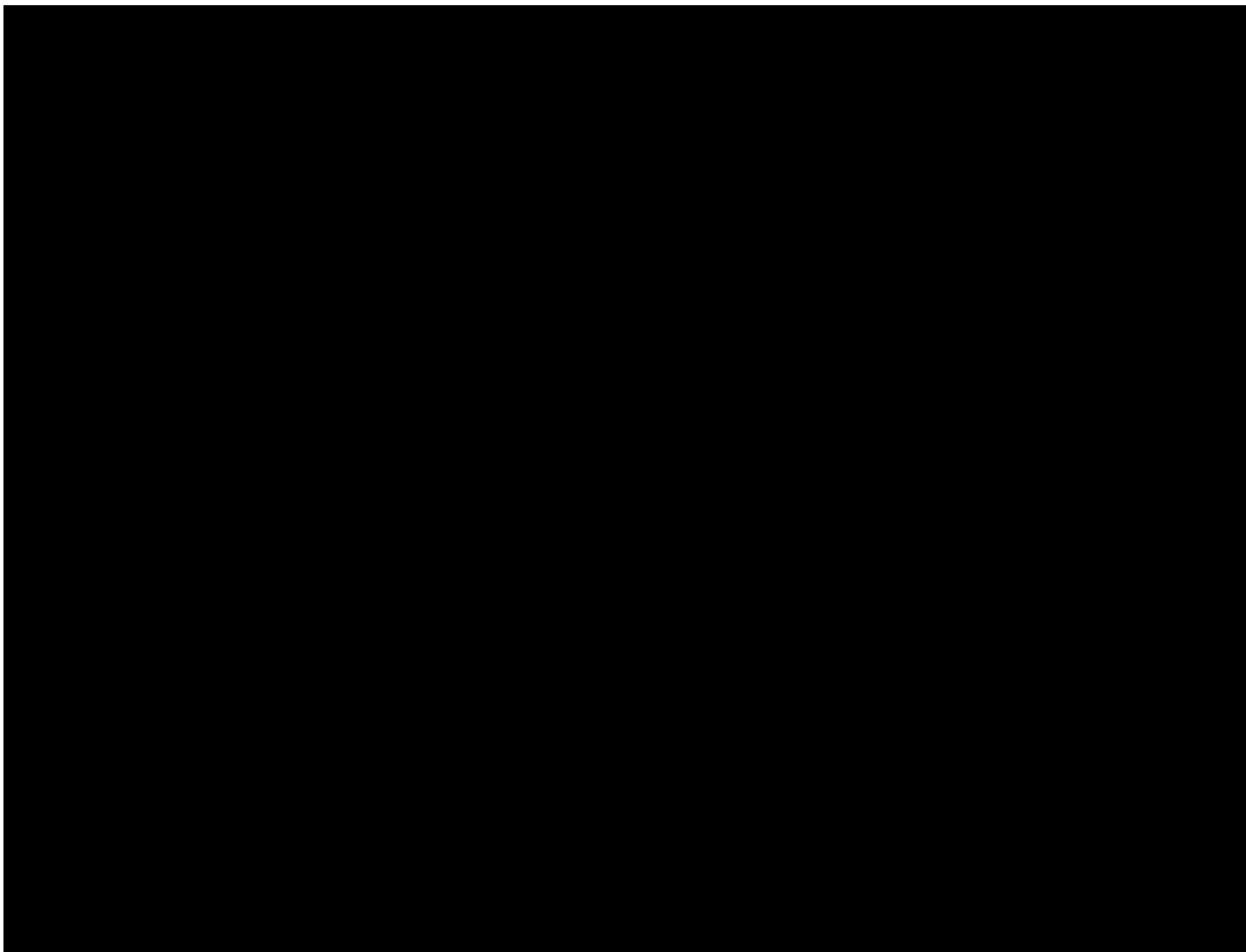
Fire extinguisher types

Fire extinguishers will have coded labels that define the type of fire they can be used to fight. Codes will be in the form of letters such as 'A, B, C', or graphic images.

Use the appropriate fire extinguisher for the type of fire present:

- **ABC dry chemical –** all-purpose extinguisher for most fires (i.e. paper, grease, electrical).

- **CO2 -** used for surgical fires and large electrical equipment.

- **Clean agent -** used for computer equipment and other sensitive equipment.

- **K -** used for commercial kitchen grease fires.

- **Non-ferrous (non-magnetic) -** used in MRI rooms.

Evacuating a facility.

Evacuation guidelines

The list below highlights key guidelines for safely evacuating a facility:

- Prepare to receive patients being evacuated from another area.

- Familiarize yourself with the evacuation routes of your unit.

- Assist others in evacuations.

- Evacuate horizontally through smoke or fire doors (evacuate vertically if further evacuation is necessary).

- Close the door after evacuating room and mark it (i.e. tape, magnet, pillow case, or linen) to show room has been checked; include restrooms and other rooms.

- Evacuate non-patient care areas if fire, smoke or the alarm is in your area or zone.

Important note: Ambulatory and business occupancies may have a different evacuation plan than the one listed above.

See **Fire Response in the Novant Health Document Manager** for more details on the specific response plans for your facility.

Knowledge Check

The first line of defense against a fire at UVA CH is:

(click Submit when you're finished)

○ Your local fire department

○ Public safety

○ Your manager

○ You

SUBMIT

Fire safety in your work area is critical. Your responsibilities as a UVA CH team member are: (click Submit when you're finished)

○ Take all fire alarms seriously

○ Dispose of trash properly

○ Report any hazards to your leader

○ Know RACE and PASS procedures

○ All the above

SUBMIT

To operate a fire extinguisher (PASS), you should:

(click Submit when you're finished)

○ Pull the pin on the fire extinguisher

○ Aim the hose at the base of the fire

○ Squeeze the handle and sweep from side to side

○ All the above

SUBMIT

You have completed this lesson!

Hazard Communication

See and understand hazard signs.

Overview

Every team member has the need and the "right to understand" the hazards of the chemicals they are potentially exposed to while working.

This information is important because it enables you to:

- To reduce risks when working with hazardous chemicals or hazardous drugs.

- To gain vital information about real and potential hazards of chemicals.

- To read and understand chemical labels and Safety Data Sheets (SDS).

Now, let's explore some vital information about hazardous material awareness and how you can help make our facilities safer.
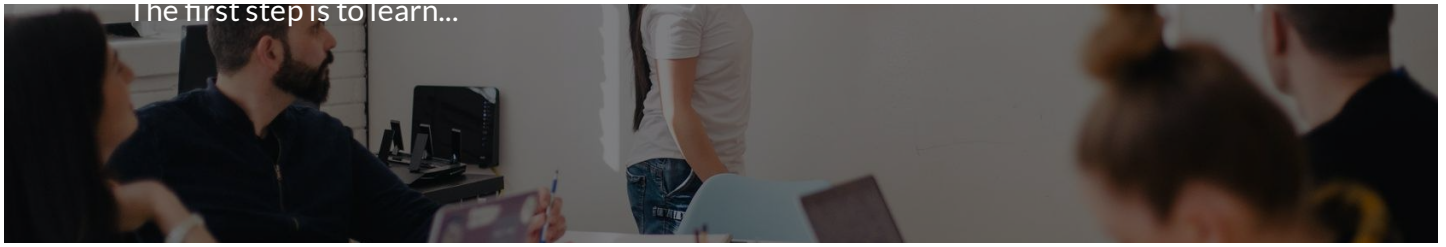
Education is essential

Education must be provided to each team member who may be exposed to hazardous chemicals prior to initial assignment and whenever the hazard changes. This education can help make our facilities a safer place for you, your teammates and our patients.

Hazard communication is provided to you in:

- **Orientation:** provides an overview of how to identify hazardous chemicals, read chemical labels and access Safety Data Sheets (SDS).

- **Annual Mandatory Education:** required for all workers - reinforces information on your right to understand the hazardous chemicals in your work area.

- **Department training:** provides specific information on safe handling of chemicals you work with, specific personal protective equipment and spill clean-up procedures.

Next, let's review an online resource for accessing safety data sheets which contain information about hazardous chemicals.
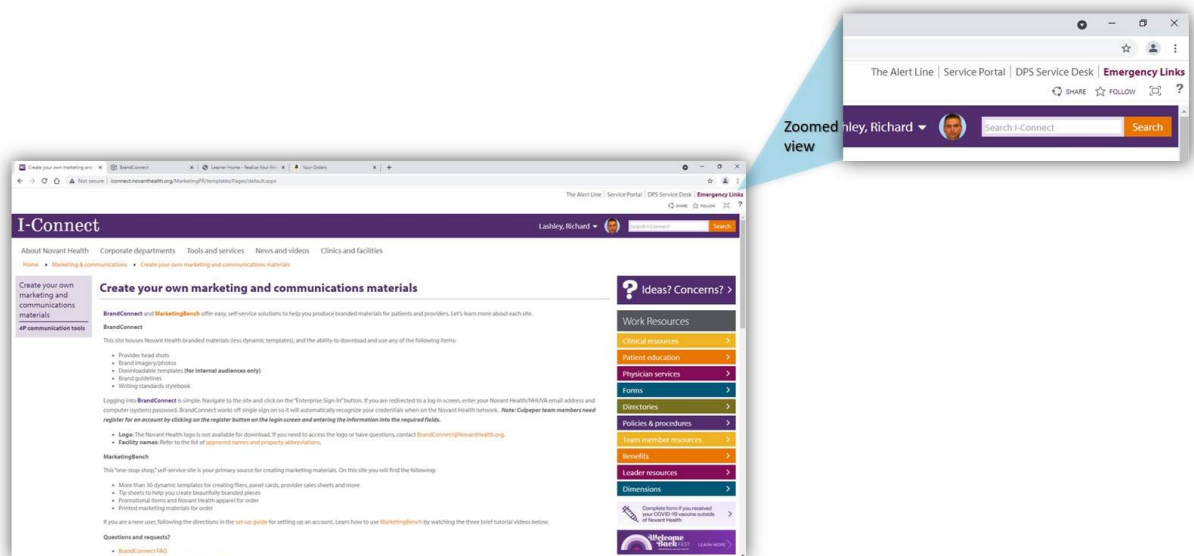
A zoomed view of the location of "Emergency Links" on the I-Connect homepage.

Learning resource

MSDSonline is the resource for you to access safety data sheets (SDS) to learn about specific information and/or precautions about chemicals you might encounter in your job. This online resource and emergency numbers are located on the I-Connect homepage under "Emergency Links" (as shown in the image above).

Please access this information to appropriately respond to incidents in your area. If I-Connect is not accessible, a phone number is provided later in this section to have the information either read or faxed to you.

Safety data sheets

You can readily access the SDS information (especially if needed in an emergency) to learn about a product's ingredients, potential health and physical hazards, symptoms of overexposure, first aid procedures and other important information.

If I-Connect is not accessible or in an emergency, you can contact MSDSonline directly by calling:
888-362-7416

Click the SDS document for a zoomed view.

An example of an SDS document.

How to access safety data sheets

Follow these steps:

1   Go to I-Connect and click Emergency Links (upper right corner).

2   Click the Safety Data Sheet link.

3   Under Simple Search type the product name and manufacturer.

4   Click the Search button.

5   Scroll down to locate the desired safety data sheet (SDS).

6   Click the PDF icon to the left of the product to view the SDS.

Section	Description	Section	Description
Section 1	Identification – includes product identifier; manufacturer or distributor name, address, phone number; emergency phone number; recommended use; restrictions on use.	Section 9	Physical and chemical properties – lists the chemical's characteristics.
Section 2	Hazard(s) identification – includes all hazards regarding the chemical; required label elements.	Section 10	Stability and reactivity – lists chemical stability and possibility of hazardous reactions.
Section 3	Composition/information on ingredients – includes information on chemical ingredients; trade secret claims.	Section 11	Toxicological information – includes routes of exposure; related symptoms, acute and chronic effects; numerical measures of toxicity.
Section 4	First-aid measures – includes important symptoms/ effects, acute, delayed; required treatment.	Section 12	Ecological information
Section 5	Fire-fighting measures – lists suitable extinguishing techniques, equipment; chemical hazards from fire.	Section 13	Disposal considerations
Section 6	Accidental release measures – lists emergency procedures; protective equipment; proper methods of containment and cleanup.	Section 14	Transport information
Section 7	Handling and storage – lists precautions for safe handling and storage, including incompatibilities.	Section 15	Regulatory information
Section 8	Exposure controls/personal protection – lists OSHA's Permissible Exposure Limits (PELs); Threshold Limit Values (TLVs); appropriate engineering controls; personal protective equipment (PPE).	Section 16	Other information – includes the date of preparation or last revision.

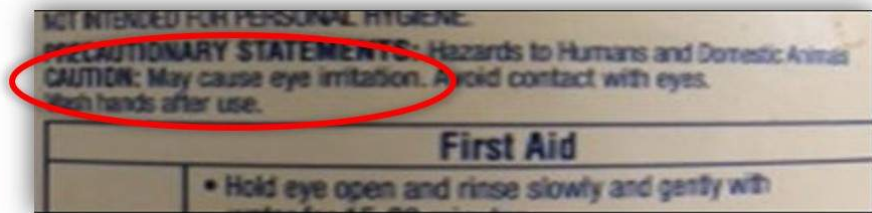Select the image of the table for a zoomed view of the information.

Labeling of hazardous chemicals

When transferring a chemical from its original container to another container, you must label the new container.

Label the new container with the following:

- Name of the product as it appears on the original container.

- Any potential hazards.

An example of labeling a new container is illustrated below:

Sani-Cloth® AF3

...NOT INTENDED FOR PERSONAL HYGIENE.

PRECAUTIONARY STATEMENTS: Hazards to Humans and Domestic Animals
CAUTION: May cause eye irritation. Avoid contact with eyes.
Wash hands after use.

First Aid

- Hold eye open and rinse slowly and gently with...

Product:
Disinfecting
wipes 4 in 1

Hazard:
Eye irritant

An example of labeling a new container.

A water bottle.

Do we label non-hazardous items?

That's a good question! To ensure proper identification and safety, ALL containers (even ones holding non-hazardous chemicals) must be labeled.

It is required (in all cases) that containers be labeled to identify the contents and any potential hazards.

Hazardous chemical pictograms

Pictograms (or symbols) are a labeling method for identifying hazardous chemicals. These pictograms are displayed on this page.

Review each symbol to view associated details about the specified hazard:

Flammables are capable of being readily or easily ignited.

Explosives are materials which are capable of producing an explosion.

Acutely Toxic chemicals can cause severe injury or death even with short term exposure.

Carcinogens are a substance that is directly linked to cancer:

- **Mutagens** can cause permanent genetic changes that could lead to cancer.

- **Reproductive toxins** are chemicals that interfere with normal reproduction.

- **Target organ toxicity** is the response to chemical exposure that affects a particular organ or system of the body.

- **Aspiration toxicity** can occur when the chemical enters the body through the oral or nasal cavity resulting in pulmonary injury or death.

Oxidizers can supply oxygen and readily support combustion.

Gas under pressure (compressed gas) is dangerous because of the high pressure inside the cylinder.
Never leave a gas cylinder unsecured!

**Corrosives** can cause permanent destruction to human tissue.

Irritants are compounds that cause non-permanent tissue irritation at the point of contact:

- **Skin sensitizers** can cause an allergic reaction such as hives.

- **Acute toxins** can cause harmful effects in a short period of time.

- **Respiratory tract irritants** can cause inflammation or other adverse reactions in the respiratory system (lungs, nose, mouth, larynx and trachea). Examples include tobacco smoke, ozone, sulphur dioxide, or nitrogen oxides.

Environmental toxins are on the increase and pose a problem in the form of serious health risks.

Watch the following video for further information about the hazard symbols:
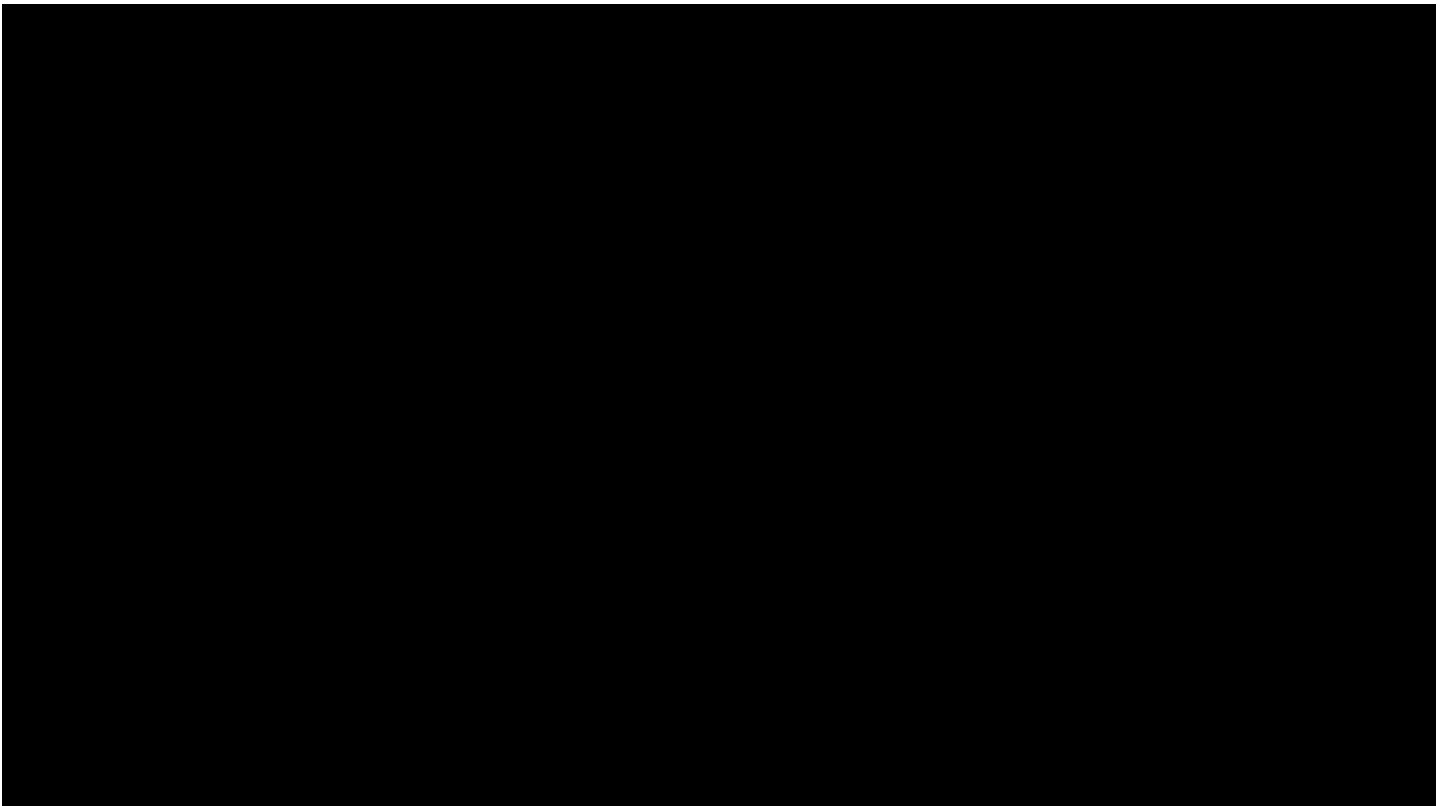
Select the play button in the video window for playback.

Hazard warning...know the signs.

Hazardous material diamond

Bulk storage areas of hazardous materials are identified by using the Hazardous Materials Diamond. The type of hazard is identified by the color (blue, red, yellow and white).

The degree of hazard is identified by the numbers (0-4) in each colored section of the diamond.
The higher the number – the greater the hazard!

Next, there's a brief video that offers an introduction to the hazard diamond:
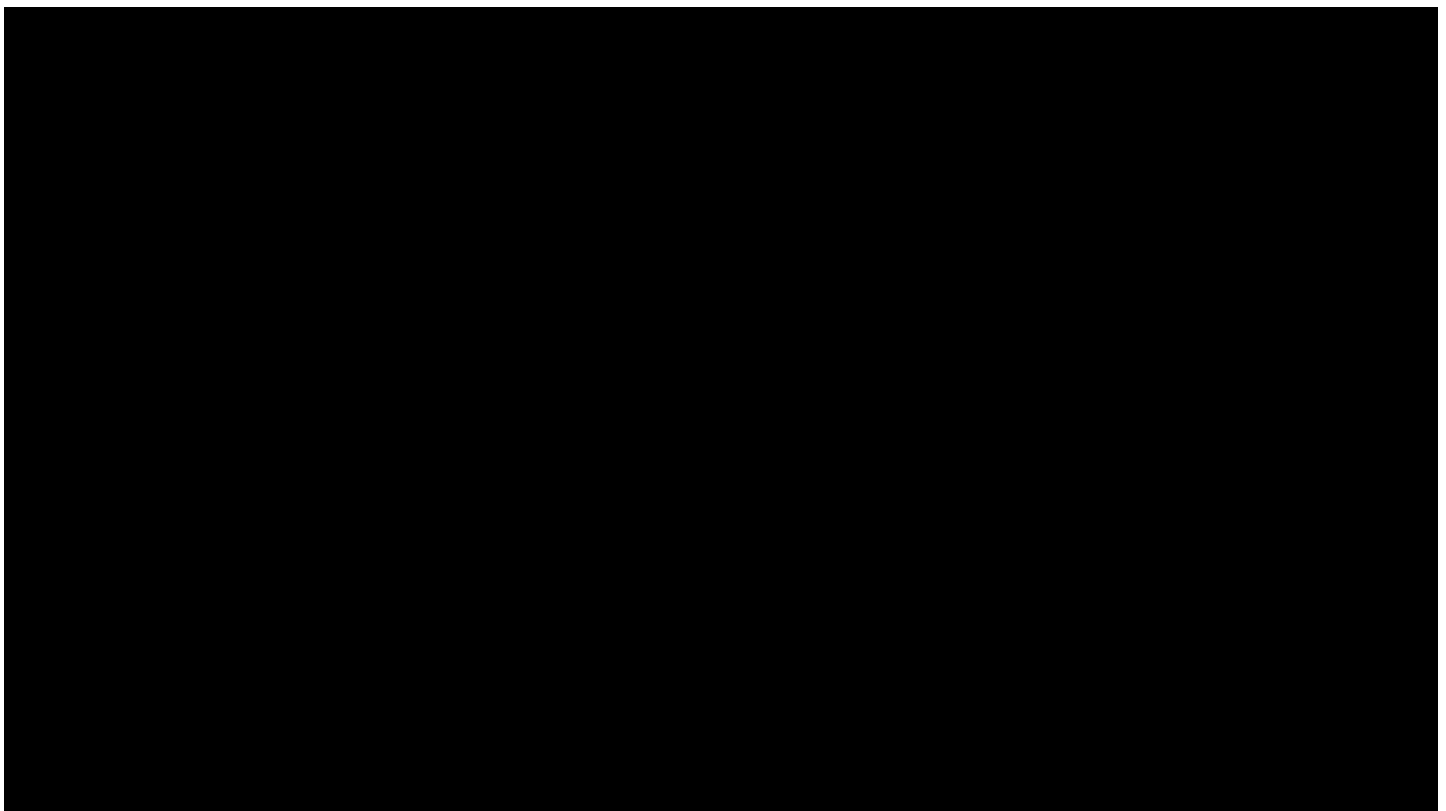
Select the play button in the video window for playback.

The health section (blue)

The health risks associated with a chemical are identified in the blue section. A chemical with a high ranking in this section may produce health problems now or in the future.

Routes of entry

The four routes of entry of a chemical into your body include:

- **Inhalation –** breathing in a gas, vapor, mist or dust.

- **Injection –** from a syringe or through a cut in the body.

- **Absorption –** through the skin.

- **Ingestion –** through contaminated food or drink.

The flammable section (red)

The fire hazards associated with a chemical are identified in the red section. A chemical that has a high ranking in this section will ignite and burn easily.

The list below offers some basic explanations of varying degrees of the potential for a substance to ignite:

- **Flammables -** ignite easily and burn (gases, liquids, solids).

- **Combustibles -** do not ignite as easily as flammables.

- **Absorption –** through the skin.

- **Pyrophoric -** (spontaneous combustion materials) burst into flames "on their own".

The reactivity section (yellow)

Instability or reactivity is also a physical hazard, identified by the yellow diamond.
Instability is the tendency of a chemical to undergo violent or explosive decomposition under appropriate conditions.

The special precautions section (white)
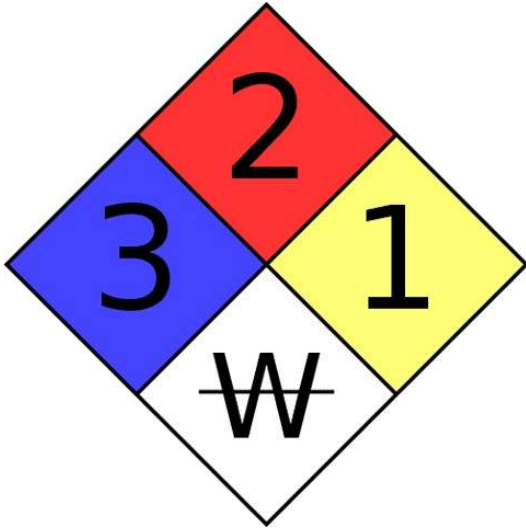
The white field of the hazard signal is used to alert for special precautions for the following items:

Water Reactive: Denotes materials that are water-reactive - these materials might burn or explode upon contact with water (e.g., magnesium metal).

Oxidizing Agent: Denotes materials that are oxidizing agents - these materials burn or explode when mixed with other compounds.

Other hazardous material indicators

Besides the Hazardous Material Diamond, there are other commonly used signs for alerting to hazardous materials. The signs you see displayed on the right are for biohazard materials, radioactive materials and hazardous drugs.

Select each indicator type listed below to view the associated warning symbol and learn more about each of these hazardous materials:

BIOHAZARD MATERIALS	HAZARDOUS DRUGS	RADIOACTIVE MATERIALS

- **Biohazards consist of microorganisms, viruses and/or toxins that can harm you.**

- **Exposure risks in our facilities to these materials include needle sticks and splatter of bodily fluids.**

- **Follow all safety procedures (i.e. disposing of needles in Sharps Container, wearing appropriate protective gear during medical procedures, etc.) to minimize exposure risk.**

BIOHAZARD MATERIALS	HAZARDOUS DRUGS	RADIOACTIVE MATERIALS

- **Hazardous drugs (HDs) may be used to treat a variety of medical conditions not necessarily related with oncologic indications.**

- **UVA CH maintains a list of HDs based on the current National Institute for Occupational Safety and Health (NIOSH) List of Antineoplastic and Other Hazardous Drugs in Healthcare Settings.**

- **Team members handling hazardous drugs (directly or indirectly) receive education about safe handling of HDs according to their scope of responsibilities initially and on an annual basis. By completing training, team member confirm understanding of risks when handling hazardous drugs.**

- **Failure to follow established policies and procedures may put team member at risk of unintended exposure to HDs which can lead to acute effects such as skin rashes or chronic effects, including adverse reproductive events such as infertility, miscarriage, or birth defects; and possibly the development of cancer.**

Documents to review:

- **USP <800> Hazardous Drugs-Handling in HealthCare Setting**

- **Safe Handling of Chemotherapy and Hazardous Drugs for Adults and Pediatrics (NH-MM-1600)**

The safety of our team members is a top priority.

A diagram illustrating activities where exposure to hazardous drugs can occur.

BIOHAZARD MATERIALS	HAZARDOUS DRUGS	RADIOACTIVE MATERIALS

- Radioactive materials (composed of radioactive atoms) are used commonly in Nuclear Medicine and Radiation Oncology. As the radioactive atoms decay, they emit radiation. In Nuclear Medicine, the radiation is used to create images that help diagnose disease. In Radiation Oncology, the radiation is used to treat diseases such as cancer.

- Because high doses of radiation can cause biological effects such as cataracts or cancer, controls are in place to keep radiation exposure as low as reasonably achievable (ALARA).

- To minimize your risk of exposure to radiation, access to the areas where these materials are used or stored is restricted to authorized personnel only. Furthermore, the specially trained personnel who handle these materials ensure that the materials are well contained, shielded and secured.

Commonly utilized chemicals…

Commonly used chemicals and their precautions

Select each area in the table below to learn more about chemicals commonly found in these areas:

Central supply —

- **Ethylene oxide**
- **Alcohol**
- **Chemosterilants**
- **Disinfectants**
- **Bleach**

Clinical areas —

- **Disinfectant wipes**
- **Bleach wipes**
- **Alcohol**
- **Hazardous drugs (includes chemotherapy/cytotoxic/antineoplastic or other drugs labeled as hazardous)**
- **Medical gases**
- **Hand sanitizers**

Engineering —

- HVAC chemicals
- Degreasers
- Paint
- Mercury from broken bulbs
- Boiler chemicals
- Gasoline

Environmental Services —

- Cleaners
- Disinfectants
- Deodorizers
- Bleach
- Laundry detergents

Laboratory —

- Acids
- Bases
- Corrosives
- Flammables
- Oxidizers
- Specimen fixatives (formalin)

Nursing —

- Hazardous drugs (includes chemotherapy/cytotoxic/antineoplastic or other drugs labeled as hazardous)
- Alcohol

- **Hand sanitizers**
- **Medical gases**
- **Disinfectants wipes**
- **Bleach wipes**

Office —

- Copier toners
- Cleaners
- Air fresheners
- Hand sanitizers

Pharmacy —

- **Hazardous drugs (includes chemotherapy/cytotoxic/antineoplastic or other drugs labeled as hazardous)**
- **Alcohol**
- **Corrosives**
- **Cleaners (disinfectant and sporicidal agents)**
- **Bleach wipes**
- **Hand sanitizers**

Radiology —

- **Radioactive isotopes**
- **High level disinfectants**
- **Contrast media**

Surgery & procedural areas —

- **Anesthetic agents**

- **Specimen fixatives (Formalin)**

- **Collodion**

- **High level disinfectants**

- **Hazardous drugs (includes chemotherapy/cytotoxic/antineoplastic or other drugs labeled as hazardous)**

- **Alcohol**

- **Disinfectant wipes**

- **Bleach wipes**
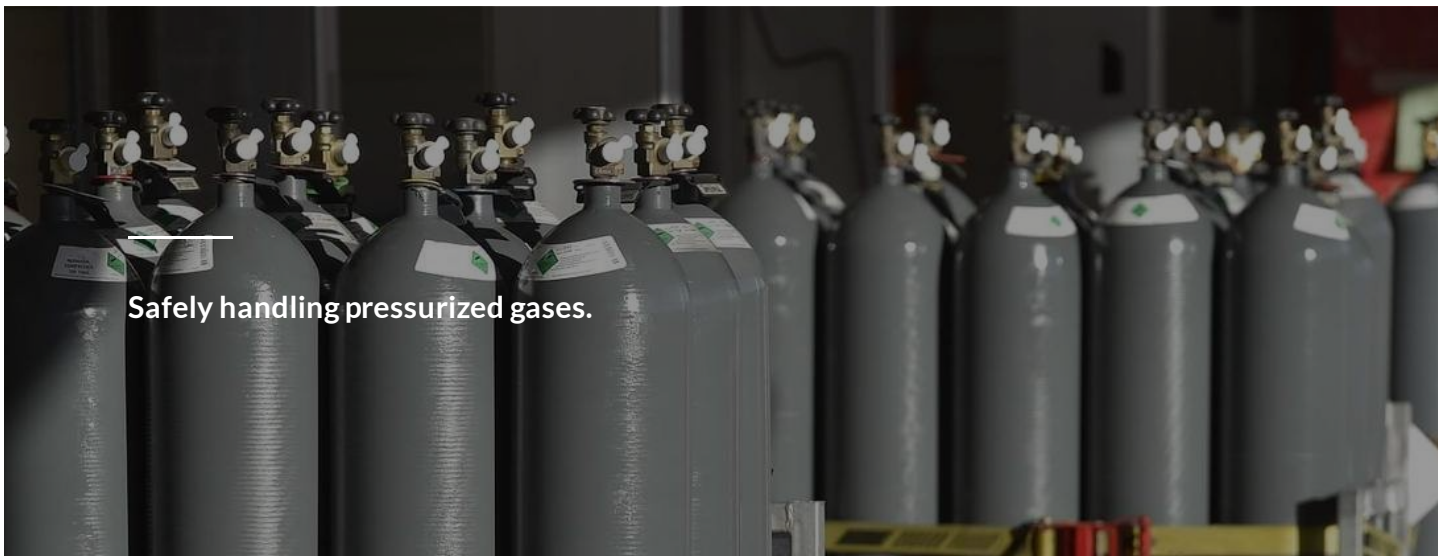
Safely handling pressurized gases.

Gas cylinders

Many gases, such as nitrogen and oxygen, are used in our facilities. In order to transport, store and use these gases, they are bottled under great pressure in tanks called gas cylinders. Improper handling can be a dangerous safety risk.

Below are some guidelines that should be followed when working with gas cylinders:

- Store only in approved racks, carts or green medical gas cabinets at all times.

- If stored outside the medical gas cabinet, keep at least five feet from combustibles such as supplies.

- Ensure that plastic mesh is not on the cylinders.

- Store full and partially used gas cylinders separately from EMPTY gas cylinders *(at 500 psi or less)* - each must be appropriately labeled.

- Transport gas cylinders in appropriate transport devices.

- Handle carefully when moving or using to prevent damage.

- Read the warning label and the SDS for safe handling.

Refer to the policy, Compressed Gas Cylinders, Storage, and Handling.

Hazardous spills

If you don't know how to handle the spill, DON'T TRY!

Report it to your supervisor. In addition, all chemical spills must be reported to the environmental health and safety department using the Chemical Spill Report Form located on I-Connect under "Forms" and then "Safety Forms".

Below are some guidelines that should be followed when working with hazardous spills:

- Contain the spill if it can be done safely.

- Check the SDS before taking additional steps; secure and maintain a perimeter in the area of the spill to prevent team member exposure.

- **Refer to the Hazardous Chemical Spill Procedure for more information.**
- **Refer to the Chemotherapy and Hazardous Drug Spill Management for more information.**

How to control hazards

UVA CH has a number of strategies in place to control and/or minimize on-the-job hazards. Let's take a look at what these are.

Select each item below to learn more about how you can be part of making our facilities safer:

Engineering controls —

Well-designed work areas minimize exposure to materials that are hazardous. Examples are exhaust systems, negative pressure rooms, biological safety cabinets, containment ventilated enclosures, fume hoods, emergency flushing and eye wash stations (weekly inspection and testing is required).

Note: flush exposed areas for 15 minutes.

Environmental monitoring —

Some departments perform environmental monitoring to ensure hazardous chemicals or hazardous drugs do not exceed established acceptable exposure limits.

Medical screening   —

Some departments perform medical screening. You can also screen yourself by watching for physical symptoms such as skin rashes, dizziness, eye or throat irritations, and strong odors. Symptoms should be reported to your supervisor.

Personal awareness   —

Know the chemicals and medications that you work with and how to locate an SDS using MSDSonline.

Personal protective equipment (PPE)   —

Masks, goggles, safety glasses, gowns, gloves, aprons and other protective equipment or clothing are designed to protect you while you work.

Product substitution   —

Less toxic chemicals can be substituted to do similar jobs. For example, the replacement of mercury containing products.

Safe work practices   —

Use safe work practices to ensure that chemicals and hazardous drugs are used correctly and safely.

Knowledge Check

If the Special Notice Keys indicator has a **W** listed in that white field of the hazard diamond, that indicates water should not be used around the stored materials.

○   TRUE

○   FALSE

SUBMIT

Click each hazard indicators in the left column and drag it to the correct description in the right hand column: (click the Submit button when you're finished)

Health hazard indicator		Blue section
Flammability hazard indicator		Red section
Reactivity hazard indicator		Yellow section
Special Notice Keys indicator		White section

SUBMIT

In the list below, select the correct action that should be taken to safely handle gas cylinders: (click the Submit button when you're finished)

○ Store them in an approved rack/cart or medical gas cabinet at all times.

○ Prop them in a corner.

○ Roll them on their sides to move them to another location.

○ All the above.

SUBMIT

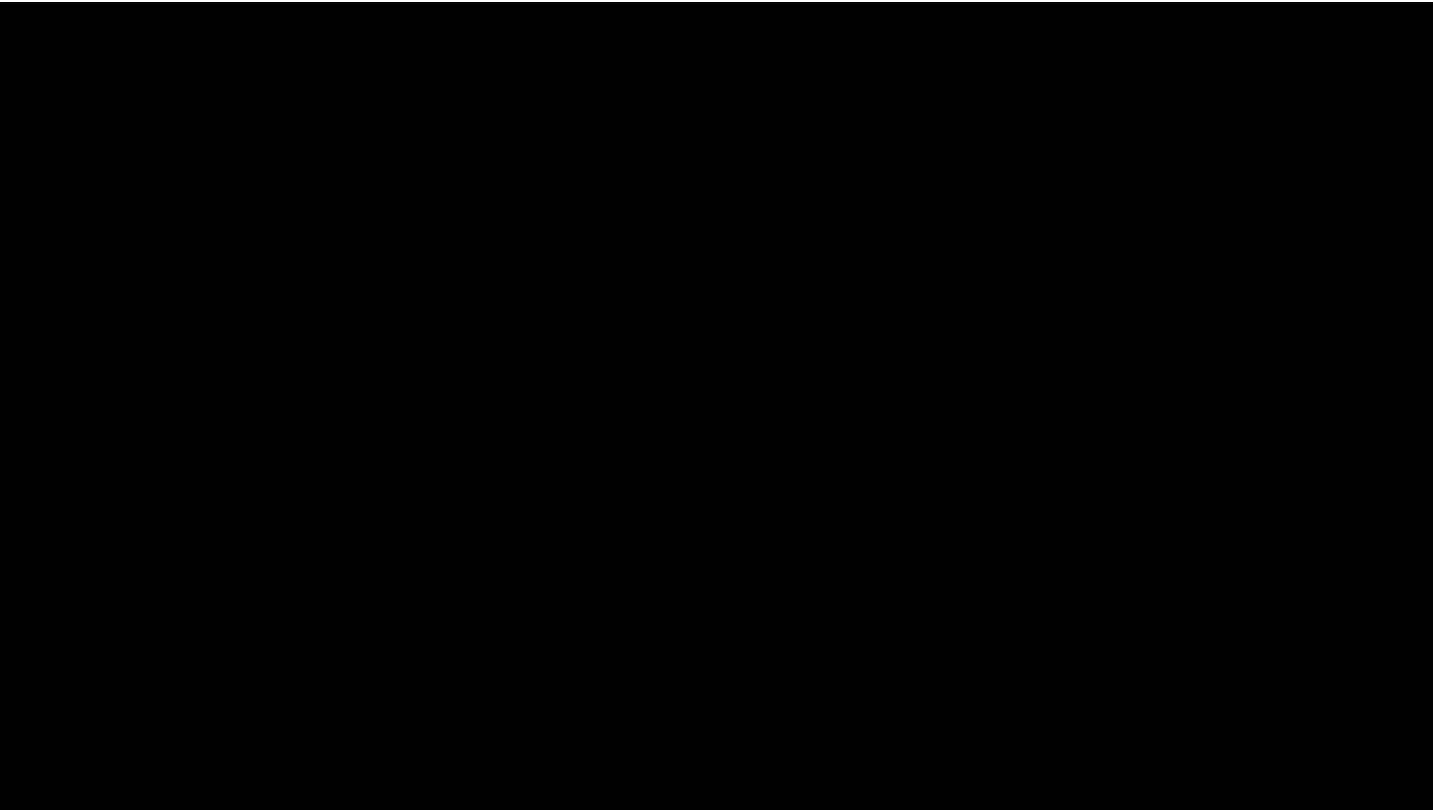You have completed this lesson!

Infection Prevention Basics

Fundamental practices to prevent infections.

To get us started...

The following video provides a brief introduction to infection prevention basics:

Select the play button in the video window for playback.

Overview

In the healthcare setting, patients, team members and visitors may be at risk for coming in contact with infectious germs.

This section provides the standard practices that decrease the risk of transmitting infections. After reviewing this education, the team members should be able to:

- Describe hand hygiene basics.

- Describe basic concepts regarding the environment of care.

- Explain team member health precautions (e.g. symptoms to report, employee health basics, etc.)

- Identify respiratory hygiene/cough etiquette.

It takes all of us working together to reduce the risks of transmitting infections!

Hand hygiene is the #1 prevention for HAI.

Hand hygiene is the *number one way* to prevent healthcare acquired infections (HAI) and transmission of infectious pathogens.

The preferred method for hand hygiene

In the healthcare environment, the preferred method for hand hygiene is alcohol-based hand sanitizer as long as hands are not visibly soiled.

Guidelines for performing hand hygiene:

- Wash hands with soap and water when hands are visibly soiled.

- Wash hands after performing personal hygiene activities (e.g., toileting, sneezing and coughing).

- Use alcohol-based hand sanitizers when hands are not visibly soiled.

Important reminder!

Perform hand hygiene prior to donning/doffing gloves, eating, drinking, or handling food.

How and when to perform hand hygiene

The single best way to prevent the spread of germs/infection is to perform hand hygiene!

When to perform hand hygiene

The World Health Organization (WHO) five moments of hand hygiene are:.

1   Before touching a patient (including entering a room).

2   Before clean/aseptic procedures (donning/doffing gloves).

3   After body fluid exposure/risk.

4   After touching a patient (including exiting a room).

5   After touching patient's surroundings.

How to perform hand hygiene

Alcohol versus Soap & Water - select each item listed below to view more details about when to use a particular method of hand hygiene:

Alcohol sanitizer   —

Follow these guidelines when using hand sanitizers:

- **Apply the sanitizer to the palm of your hand.**

- **Rub hands together, covering all surfaces of hands and fingers until hands are dry after about 30 seconds.**

Reminder!

THE PREFERRED METHOD FOR HAND HYGIENE IN THE HEALTH CARE ENVIRONMENT IS ALCOHOL-BASED HAND SANITIZER AS LONG AS HANDS ARE NOT VISIBLY SOILED.

Soap and water —

Follow these steps when washing your hands:

1. Turn on water to comfortable temperature.
2. Wet hands.
3. Apply soap.
4. Use friction; rubbing all surfaces for at least 20 seconds.
5. Rinse hands well under running water.
6. Dry hands thoroughly with paper towel.
7. Use paper towel to turn off faucet and open door (if needed) and then discard.

Using soap & water is required when hands are visibly soiled and if caring for a patient on contact enteric precautions.

Hand lotion —

Use only the approved/provided hand lotion in clinical areas because other products:

- May chap or dry hands.
- May contain petroleum products which break down latex in gloves.

The Contact Precautions poster.

A warning about pathogens not killed with hand sanitizers...

Contact Enteric - when hand sanitizers won't work

Alcohol-based hand sanitizers do not kill spores (i.e. Clostridioides Difficile [C-diff]).

If someone is in **"Contact Enteric"** precautions for known (or suspected) C-diff or other infectious diarrhea-like illnesses, soap and water must be used to remove spores after exiting room instead of alcohol-based sanitizer.

For more information, please refer to the standard precautions outlined in the UVA CH Isolation Precautions policy.

Hand hygiene observations: How to make monthly entries

Using the "Enter hand hygiene observations" link on the I-Connect homepage (see below image for reference), team members are expected to:

- Enter 5 hand hygiene observations per month.

- Use the orange "Enter hand hygiene observations" button on the I-Connect home page.

- Provide real-time feedback for any misses to team members.

- Focus entered observations on in and out of the patient room.

I-Connect homepage

Zoom view
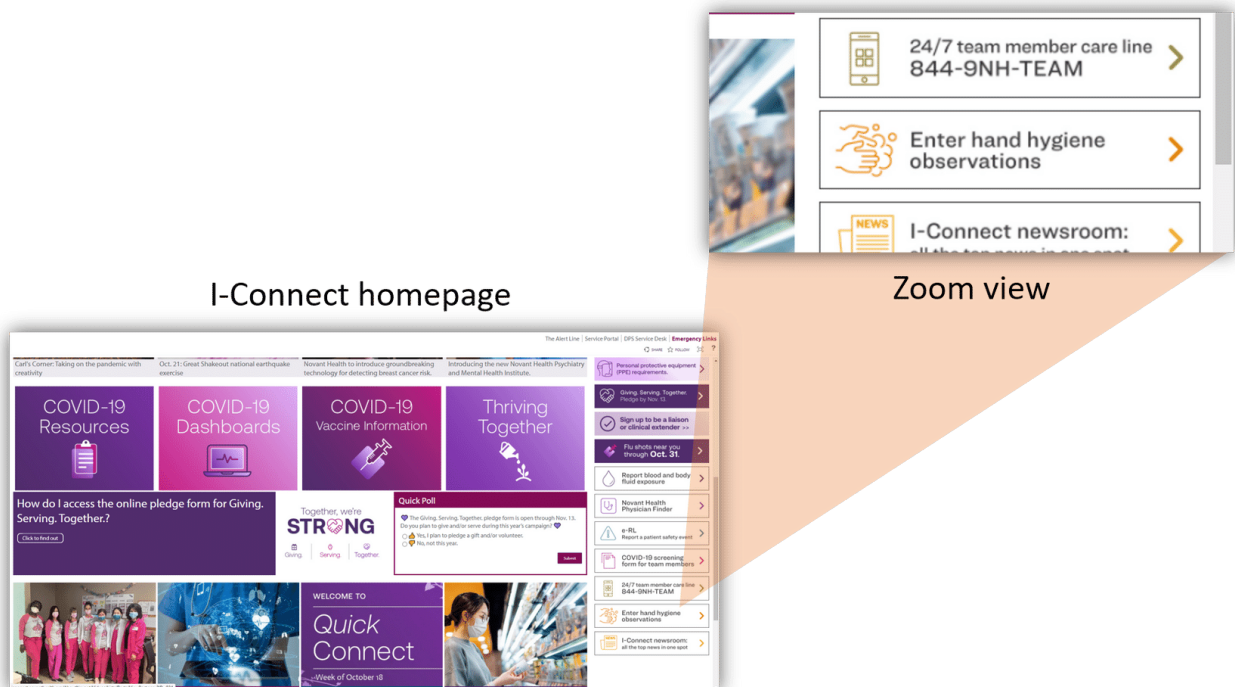
A zoomed view of the location for the "Enter hand hygiene observations" link on the I-Connect homepage.

Environmental basics

Environmental contamination in the healthcare setting can play a role in the transmission of healthcare acquired infections. *Environmental cleaning* is a fundamental intervention for infection prevention and control and involves cleaning and disinfection of the environment.

Select the topics listed below to learn more about cleaning and storage at UVA CH:

CLEANING & DISINFECTING	STORAGE	POINT-OF-USE HANDLING

Important reminders for cleaning non-critical equipment:

- **Minimize handling of soiled/contaminated equipment.**

- **Clean and disinfect surfaces/equipment between each patient following the manufacturer's recommendations/instructions for use (IFU):Kill/wet/contact time (amount of time the surface must remain wet for the germs to be killed).**

- **For specifics regarding approved products, see the Novant Health Cleaning and Disinfectant Grid located on I-Connect > Clinical resources (on right) > click "More" > click Infection Prevention.**

- **Clean dirty items immediately after use or store in designated "dirty area".**

- **Comply with "Green is Clean" - items are considered:**

    - **In use - remove green tag when in use.**

    - **Clean - stored in a designated clean area and tagged with green ribbon.**

    - **Dirty - store in soiled utility area until equipment is cleaned.**

    - **Do not mix clean and dirty equipment.**

    - **Consider non-tagged items as dirty.**

Important reminders for disposables (for single use only):

- **DO NOT clean or reuse single-use disposable items (i.e. disposable BP cuffs).**

- **When using disposable items, be sure to discard appropriately.**

CLEANING & DISINFECTING	STORAGE	POINT-OF-USE HANDLING

For storage/environmental items, ensure overall cleanliness of environment (e.g., nourishment rooms, supply rooms, soiled utility rooms, linen rooms, etc.):

- **Clutter is eliminated.**

- **No storage under sinks (do not store items within 18 inches - splash zone of sink).**

- **Keep sterile equipment a minimum of 3 feet from sinks.**

- **Supplies are removed from corrugated cardboard boxes and external shipping boxes.**

- **Maintain cleanliness of refrigerators, microwaves and ice machines.**

- **Clean linen must be covered unless stored in room/closet with only linen present.**

- **Bottom shelf is protected from dust and water by a plastic covering.**

- Store liquid items on bottom shelf (always store liquids below paper/solid items).

- Remove tape/residue from equipment.

Report to facility maintenance (or leader) any area or items not kept in proper working order including:

- Ripped mattresses/torn furniture.

- Stained ceiling tiles.

- Cracks or holes in walls.

- Dripping faucets or slow draining sinks.

CLEANING & DISINFECTING	STORAGE	POINT-OF-USE HANDLING

It is essential to properly care for instruments at point-of-use. Below are some guidelines to follow:

- Disassemble instruments, containing sharps and needles for safety and remove gross bioburden (i.e., bacteria living on an unsterilized surface).

- Place instruments in an approved biohazard container.

- Don personal protective equipment (PPE) which may include gloves, gown, eye and face protection.

- To maintain moisture prior to and during transport, place all instruments in their open position in the biohazard labeled container and spray instruments with approved product for pre-treatment and/or water moistened towel per department protocol (or place in package designed to maintain humid conditions).

- Close and latch/lock lid and remove PPE.

- Transport used instruments in the latched/locked container to a designated decontamination room, or soiled utility area.

This is intended to apply to all reusable instruments. If you have questions, please contact your Sterile Processing Department.
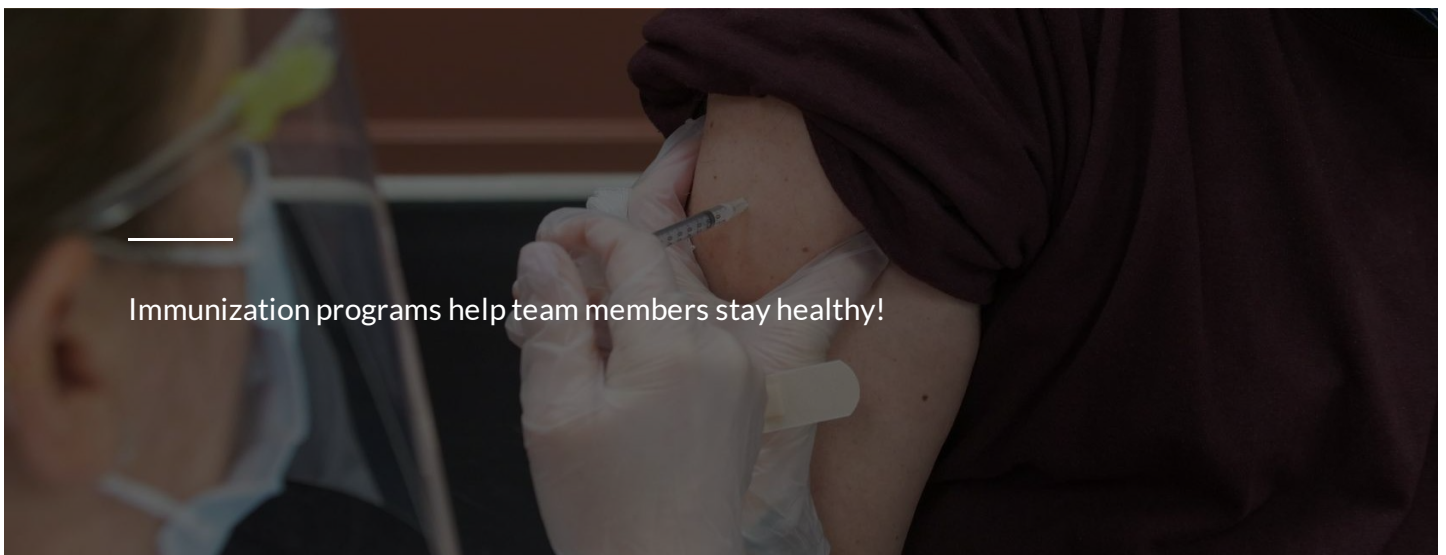
Immunization programs help team members stay healthy!

Immunization programs

UVA CH is a strong advocate of its team members' well-being and health. After all, if you are not feeling your best, it is difficult to provide remarkable care for your patients!

You may participate (at no cost) in the immunization programs that are available to help keep you healthy. These immunization programs include:

- COVID-19 vaccine

- Hepatitis B vaccine

- Tdap vaccine for protection against tetanus, diphtheria and pertussis

- Influenza vaccine (required annually for all team members)

Important reminders !

- **COVID-19 vaccination is required for all team members.**

- **Influenza vaccine (required annually for all team members).**

- **Tuberculosis (TB) screening may be required by your facility annually.**

Additional information about influenza & COVID-19

The mandatory annual flu vaccination has important benefits. It can reduce flu illnesses, doctor visits, and missed work/school due to flu, as well as prevent flu-related hospitalizations and deaths. Also, COVID-19 vaccinations became mandatory in 2021.

Select the topics below for specifics about influenza and COVID-19:

What is flu? —

The flu is a contagious respiratory illness caused by influenza viruses that infect the nose, throat, and sometimes the lungs. It can cause mild to severe illness, and at times can lead to death. The best way to prevent flu is by getting a flu vaccine each year.

Flu is different from a cold. Flu usually comes on suddenly. People who have flu often feel some or all of these symptoms:

- **Fever* or feeling feverish/chills**
- **Cough/Sore throat**
- **Runny or stuffy nose**
- **Muscle or body aches**
- **Headaches**
- **Fatigue (tiredness)**

- **Some people may have vomiting and diarrhea, though this is more common in children than adults.**

*It's important to note that not everyone with flu will have a fever.

What is COVID-19?   __

COVID-19 most often causes respiratory symptoms that can feel much like a cold, a flu, or pneumonia, but COVID-19 can also harm other parts of the body.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- **Fever or chills**

- **Cough**

- **Shortness of breath or difficulty breathing**

- **Fatigue**

- **Muscle or body aches**

- **Headache**

- **New loss of taste or smell**

- **Sore throat**

- **Congestion or runny nose**

- **Nausea or vomiting**

- **Diarrhea**

This list does not include all possible symptoms. Older adults and people who have severe underlying medical conditions like heart or lung disease or diabetes seem to be at higher risk for developing more serious complications from COVID-19 illness.

Team member illness

You should PROMPTLY notify your leader if you have any of the following conditions/diseases:

- Vomiting and diarrhea

- Cough, congestion, shortness of breath

- Open lesions, draining wounds

- Fever >100 degrees Fahrenheit

- Conjunctivitis (or red draining eyes)

- Rash

- Hepatitis or HIV

- Measles, Mumps, or Rubella

- Chickenpox or Shingles

- Tuberculosis (TB)

- COVID-19 exposure or signs and symptoms

- You do not pass the COVID-19 pre-shift screening

- And other potentially contagious conditions or symptoms

Please stay home if you are sick!

Employee occupational health (EOH)

For specific illness or injury, EOH will be required to assess your condition and determine fitness for duty upon return to work if out of work for 5 days or greater. The following are key points about their role in infection prevention in our facilities:

- EOH has established guidelines for these illnesses that must be followed.

- Team members must be cleared by EOH before returning to work from infectious disease conditions.

- Refer to policy for Employee Illness.

For further information, please reference - WORK RESTRICTIONS FOR PERSONNEL WITH INFECTIOUS DISEASE POLICY.

Any team member experiencing an infectious and/or communicable disease, as described on page 7 of this module, will be relieved from duty until cleared by Employee Occupational Health (EOH).

Remember, please stay home if you are sick!

Keep it clean!

Respiratory hygiene and cough etiquette

If you have any signs and/or symptoms of a respiratory illness, please follow these precautions listed below:

- Cover the nose/mouth with a tissue when coughing or sneezing or use the crook of the elbow to contain respiratory droplets.

- Use tissues to contain respiratory secretions and dispose of them in the nearest waste receptacle after each use.

- Perform hand hygiene after contact with respiratory secretions and contaminated objects/materials.

What about patients?

Patients with signs and symptoms of respiratory illness should be asked to wear a surgical mask while waiting in common areas or place them immediately in examination rooms or areas away from others.
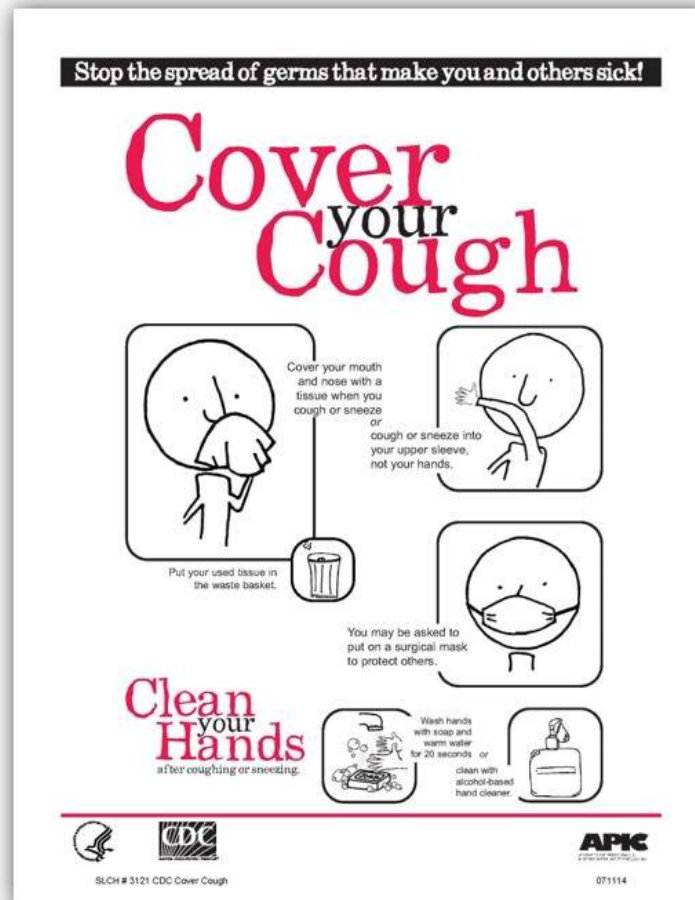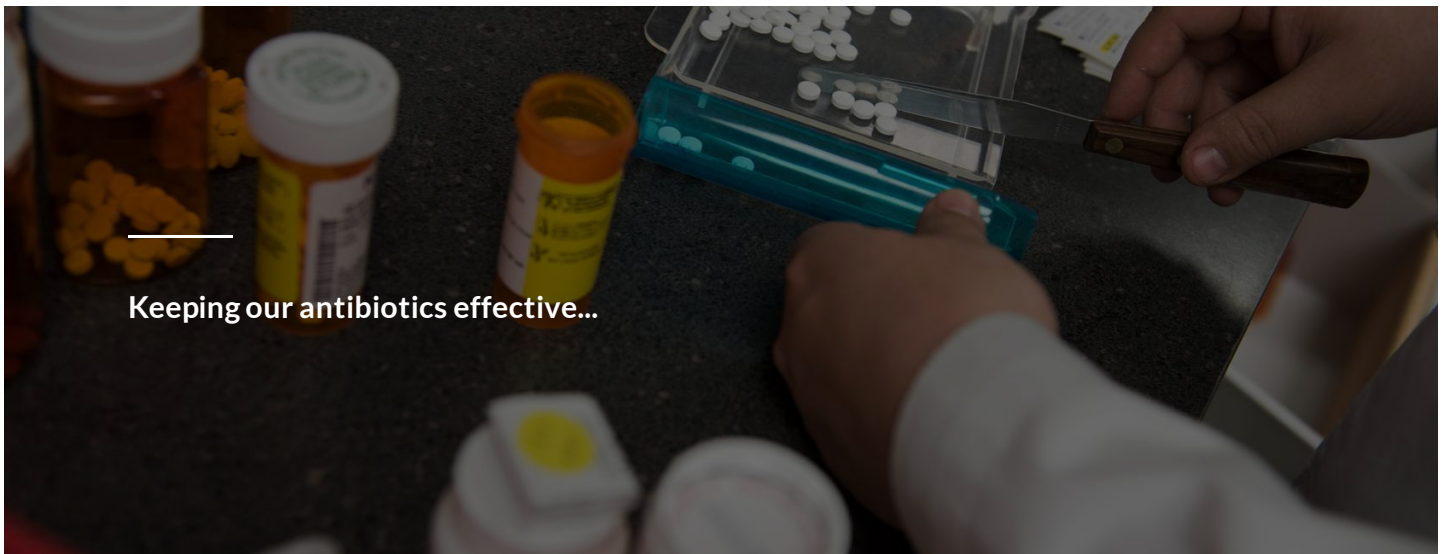

Cover your Cough poster from the CDC.

You may access an English/Spanish version of the poster shown here by selecting the linked document below.

Note: The poster opens in new window external to this course. Please be sure to return to this page to continue the course.

PDF   **CDC_flyer.pdf**
1.1 MB

Keeping our antibiotics effective...

Antibiotic safety

Overuse of antibiotics has contributed to the growing problem of antibiotic resistance, which has become one of the most serious and growing threats to public health. Antibiotics should only be taken when necessary to treat or prevent a bacterial infection.

Remember to **NEVER**:

- Take an antibiotic for a viral infection like a cold or the flu.

- Pressure your healthcare professional to prescribe an antibiotic.

- Skip doses (take the dose as soon as you remember).

- Stop taking an antibiotic early, even if you no longer feel sick, unless your healthcare professional tells you to do so.

- Save antibiotics for the next time you become sick.

- Take antibiotics prescribed for someone else.

Select the topics below for additional information regarding antibiotic safety:

Do NOT use antibiotics (unless prescribed)   —

The following illnesses account for most of the antibiotic prescriptions written when rest, over-the-counter medicines* and other self-care methods may help you feel better:

- **Bronchitis (chest cold)**

- **Common cold and runny nose**

- **Most ear infections**

- **Influenza (flu)**

- **Most sinus infections (sinusitis)**

- **Sore throat (if not caused by Group A Strep)**

*Remember to always use as directed.

Do use antibiotics —

Antibiotics are needed to treat:

- Strep throat to prevent rheumatic fever
- Urinary tract infection (UTI)
- Bacterial pneumonia
- Other bacterial infections

Seek a healthcare professional if you have any of the following:

- Temperature higher than 100.4° F
- Fever of unknown cause
- Fever and cough with thick or bloody mucus
- Symptoms that are getting worse or lasting more than 10 days
- Symptoms that are severe or unusual
- Shortness of breath or trouble breathing
- Discharge of blood or pus from the ears
- Difficulty swallowing
- Pus on the back of the throat
- Joint pain
- Hoarseness lasting longer than 2 weeks

Knowledge Check

Alcohol-based hand sanitizer is the preferred method of hand hygiene unless hands are visibly soiled. (click the Submit button when you're finished):

○ TRUE

○ FALSE

SUBMIT

Which one of the following tasks is NOT true regarding appropriate storage and cleaning of non-critical equipment? (click the Submit button when you're finished)

○   Clean equipment after use to ensure it is ready.

○   Follow guidelines for wet/kill contact time.

○   A green tag on equipment (properly stored) indicates ready to use.

○   Consider non-labeled items as ready to use.

SUBMIT

Team members who have a fever, diarrhea, respiratory illness, rash, open lesions, draining wounds, or other potentially contagious conditions or symptoms should not report to work. (click the Submit button when you're finished)

○   TRUE

○   FALSE

SUBMIT

You have completed this lesson!

Post-Test

You must pass the 10-question post-test with a minimum score of 80% or higher. You may retake the post-test as many times as necessary to achieve a passing score. Good luck!

Reporting both actual patient incidents and near miss events play an important role in improving processes, eliminating errors, and promoting safety in the workplace. Reporting options include all of the following *EXCEPT*: (click Submit after responding)

○ Reporting anonymously through the HotLine.

○ Notifying the health information management department.

○ Calling the risk management department.

○ Entering the event into the e-RL system.

Which of the following is a valid reason for a team member to access information through one of the Novant Health internal computer systems? (click Submit after responding)

1. To view patient information when there is a job purpose to access.
2. To view a coworker's birthday to create a department birthday celebration list.
3. To view a family member's medical record (with their permission) to verify date of vaccinations.

○   1 and 2

○   1 only

○   2 and 3 only

A patient complaint of being handled roughly by a team member will:

(click Submit after responding)

1. Be disregarded if not witnessed
2. Result in termination
3. Be investigated as an allegation of patient abuse
4. Automatically be reported to local law enforcement

○   1 only

○   3 only

○   2 and 3 only

○   2 and 4 only

You are responsible for knowing how to prevent fires, alert others to a fire, respond to a fire, and evacuate patients from a fire. In order to do this, you know to do all of the following **EXCEPT**: (click Submit after responding)

○   Store supplies no closer than 10 inches from the ceiling.

○   Call the appropriate emergency number to alert others of the fire.

○   Know the location of fire extinguishers, pull stations and emergency exits.

○   Evacuate patients horizontally to a safe area and then vertically as necessary.

When transferring chemicals from their original containers to another container, you must make a new label and write which of the following information on the new container: (click Submit after responding)

1. Name of the product
2. Manufacturer of the product
3. Pictograms/symbols related to the product
4. Any potential hazards of the product

○   1 and 2

○   1 and 4

○   1, 3, and 4

○   All the above

Which of the choices below indicate the correct order for removal of faulty equipment from a patient: (click Submit after responding)

○ Unplug the equipment, turn the equipment off, remove the equipment from the patient, mark or label as out of service, report it to biomed and your leader.

○ Turn the equipment off, unplug the equipment, remove the equipment from the patient, mark or label as out of service, report it to biomed and your leader.

○ Turn the equipment off, remove the equipment from the patient, unplug the equipment, mark or label as out of service, report it to biomed and your leader.

○ Remove the equipment from the patient, turn the equipment off, unplug the equipment, mark or label as out of service, report it to biomed and your leader.

The number one way to prevent transmission of infection is hand hygiene. (click Submit after responding)

○　　　TRUE

○　　　FALSE

Novant Health has placed short statements in non-English languages on signage in significant public places in order to offer guidance to our non-English speaking visitors. These short statements are known as: (click Submit after responding)

○ Taglines

○ Language lines

○ Sign lines

○ All the above

First, Do No Harm is our guiding principle for creating a culture of safety for our patients and guests. Which of the following supports a culture of safety? (click Submit after responding)

○ Novant Health's 5 safety behaviors.

○ The use of error prevention tools.

○ Transparent, non-punitive event reporting.

○ All the above.

An "active shooter" is a person attempting to take the lives of as many people as possible in a populated area. If you suspect an active shooter, you should take which of the following actions: (click Submit after responding)

1. If unable to leave the area, take cover behind a locked door. If the door can't be locked, barricade the door.
2. At some point, unlock the door or remove the barricade and carefully and discreetly peer into the hallway. If you do not see the shooter, exit the building.
3. Wait until you are rescued by law enforcement or a public safety officer.

○   2 only

○   1 and 2

○   1 and 3

○   All the above

Department Questionnaire & Course Completion
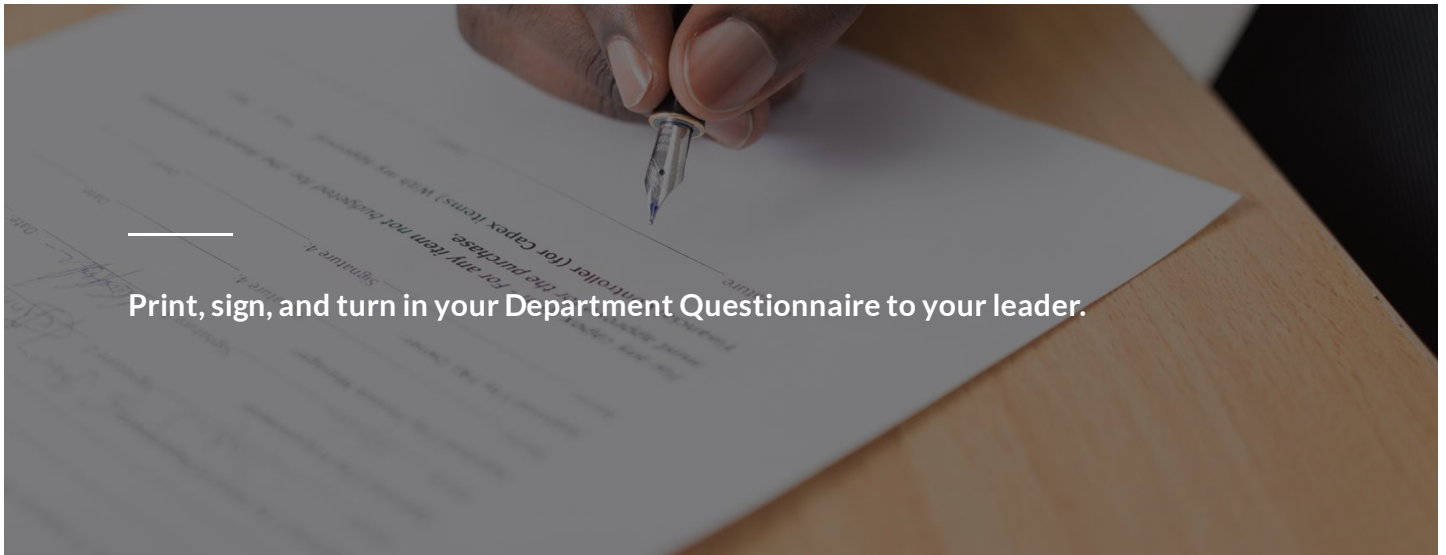
Print, sign, and turn in your Department Questionnaire to your leader.

Access to the Department Questionnaire

You must print, complete, sign, and return the Department Questionnaire to your leader. Select the linked document below to open and print it.

Link to the Department Questionnaire

Please note that the document opens in a outside window to this course. After printing the document, return to this course and follow the instructions provided below to move this course to your completed transcript.
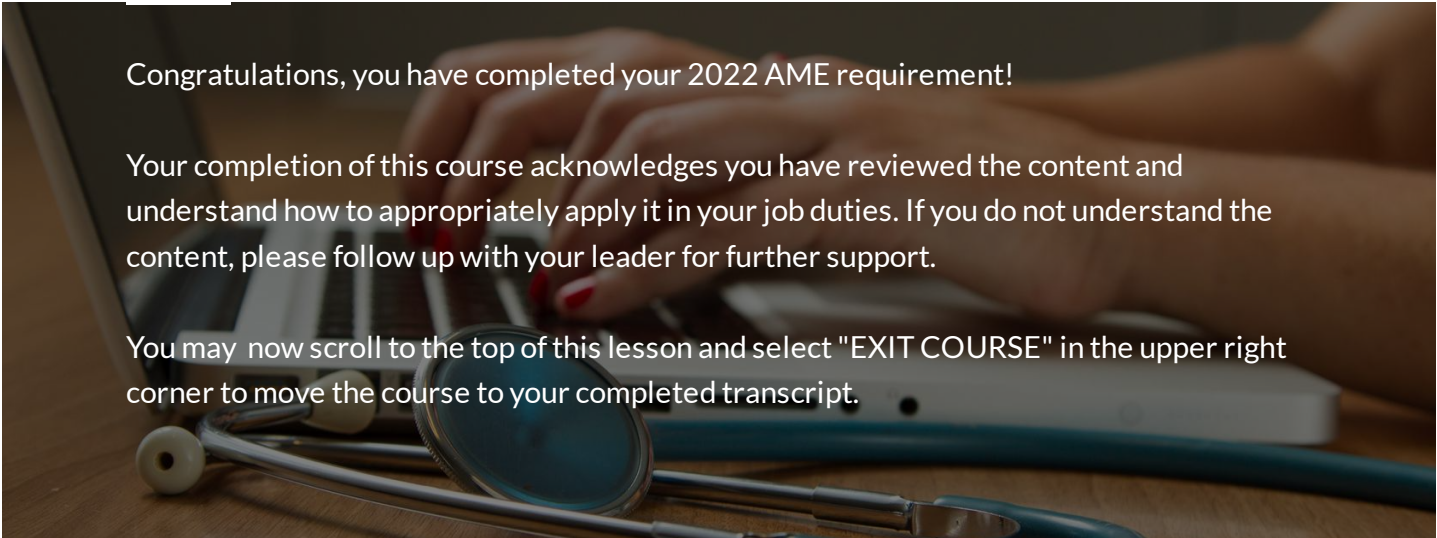
PDF	VA_AME_Annual_Dept_Specific_Questionnaire.pdf 254 KB	↓

IMPORTANT REMINDER!

You must provide your leader with a copy of the completed Department Questionnaire to comply with your annual mandatory education requirement!

Congratulations, you have completed your 2022 AME requirement!

Your completion of this course acknowledges you have reviewed the content and understand how to appropriately apply it in your job duties. If you do not understand the content, please follow up with your leader for further support.

You may now scroll to the top of this lesson and select "EXIT COURSE" in the upper right corner to move the course to your completed transcript.