2018 Workplace Safety and Joint Commission Regulatory Module-Nursing Support Staff

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AMN Healthcare Education Services

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**Introduction**

This self-study course provides healthcare professionals with vital information regarding workplace safety and patient care standards. It does not address state-specific regulations or replace organization-specific policies and procedures (P&P) or the use of sound clinical judgment. By completing this course and the posttest or attestation, the professional agrees to comply with the guidelines within the course, including the Health Insurance Portability and Accountability Act (HIPAA) and all other regulations and standards that apply.

This manual identifies general guidelines regarding workplace safety, patient care standards, and professional behavior.

Your organization has developed detailed policies and procedures based on these guidelines.

ALWAYS ACCESS AND COMPLY WITH ORGANIZATIONAL POLICIES AND PROCEDURES

**Objectives**

After successful completion of this course, you will be able to:

- Describe professional issues for clinicians including key elements necessary to maintain patient confidentiality and privacy.
- Identify the standards necessary to maintain a safe environment for patients and staff.
- Describe strategies for maintaining personal safety in the workplace.
- Identify critical regulatory standards that impact quality care including National Patient Safety Goals, Core Measures, Sentinel Events, and the implications for healthcare professionals.
- Describe current infection prevention guidelines in healthcare.
- Identify key issues for safe medication administration and safe practices in patients requiring sedation.
- Describe other commonly encountered patient management issues.

**Professional Practice and Accountability**

Understanding and applying professional standards as you work with patients and their health information is a critical part of your practice. Several regulatory agencies require that healthcare professionals receive, and review materials related to patient care standards and safety in the workplace annually. HIPAA guidelines require healthcare professionals to receive appropriate information to safeguard patient privacy. Be aware of how each organization in which you work implements these standards. Refer to this course and your organization P&P to maintain your own personal and professional safety. Always adhere to the most current standards, policies, procedures, and protocols throughout your career.

All healthcare disciplines have a position statement or a code of ethics that sets forth expectations for decision-making and professional conduct. For example, these statements and codes describe professional issues for clinicians including key elements necessary to maintain patient confidentiality and privacy. To view your professional code of ethics and professional standards visit your professional organization’s website.

**Essential Actions**

- Learn and follow your professional organization’s code of ethics.
- Learn and abide by your state board’s laws and rules – remember they differ by state.
- Report any violations of the code of ethics or patient confidentiality to the appropriate representatives.


**HIPAA and HITECH**

HIPAA was developed to protect patient’s health information in all forms which includes written, oral (spoken and heard), and electronic data transmission through the safeguarding of electronic protected healthcare information (ePHI) through encryption and message integrity.

The Health Information Technology for Economic and Clinical Health (HITECH) Act provides incentives for healthcare organizations to implement electronic health records (EHR) and expands upon HIPAA to protect privacy and security in various forms of electronic communication and documentation. HITECH requires HIPAA-covered entities to notify affected individuals, the Secretary of Health and Human Services (HHS), and in some cases, the media, when a breach of unsecured protected healthcare information (PHI) is discovered.

HITECH defines unsecured PHI as PHI that is not secured using technology. Security breaches have resulted in fines more than 1 million dollars.

- The advent of social media, cloud storage, and increasing use of mobile devices present increased risks for HIPAA violations.
- Sharing of patient information, even in a manner meant to be educational, can be a HIPAA violation.
- Unauthorized photography can be in violation of HIPAA and your organization P&P.

HIPAA requires healthcare professionals to maintain the privacy and confidentiality of all medical record information.

- Privacy is the individual’s right to decide who/when/how information about him/herself is disclosed.
- Confidentiality: obligation of another to maintain the person’s privacy.

**Every organization must comply with HIPAA**

HIPAA requires that patients receive and sign a “Notice of Privacy Practice” (NPP) document. This describes to patients how the organization will use and disclose their medical information.

- Patients can decide to be listed in the patient directory or to be excluded.
- Patients with specific diagnoses are prohibited from being listed at all.
- HIPAA outlines what is required for sharing and reviewing medical records.
- Patients have the right to inspect, review, and receive a copy of their PHI.
- Patients may request an amendment or change in the content of the PHI if they believe there is an error. The provider has the right to accept or deny this request.
- Inadvertent disclosure of PHI must be disclosed to the patient.

**Essential Actions**

- Protect the security and privacy of all patients’ health information.
  - Protected health information includes records that contain any combination of the patient’s name and address, birth date, age, medical record number, patient number, phone and fax numbers, e-mail address, medical records, diagnosis, X-rays, photos and images, prescriptions, lab work and test results, billing records, claim data, referral authorizations, explanations of benefits and research records.
- Comply with all applicable confidentiality and security laws and requirements (including but not limited to HIPAA and its regulations) as well as:
  - Use and disclose PHI or ePHI only as required or permitted by law and organization P&P.
  - Use safeguards to prevent the unauthorized use or disclosure of PHI and EPHI.
  - Maintain your patients’ privacy and follow the organization’s guidelines for identifiers in e-mails and faxes.
  - Turn off computers or turn screens away from visitors
  - Learn the organizational standards for release of information
  - Use confidential information only to do your job
NEVER:
- Share your password with anyone else.
- Access patient records if you do not have a “need to know” in order to provide care.
- Share patient information except with those who have a “need to know” in order to provide care.
- Share patient information about patients with anyone outside of your organization.
- Make personal use of the internet while on duty. This includes personal e-mail and social media sites such as Facebook.
- Discuss or disclose any patient information on internet sites, blogs, or chat rooms.
- Put confidential information in the trash.
- Discuss patients in public areas.
- Take photographs of patients/families or in-patient care settings without formal written consent

Immediately report any inappropriate use or disclosure of PHI or ePHI.
Use reasonable efforts to mitigate any harmful effect of disclosure.
Follow standards in situations where no information is released, including substance abuse, HIV diagnosis, pregnancy, sexual abuse or sexual assault.

REMEMBER: A date and time stamp is recorded along with the name of the person accessing the medical record EVERY TIME the medical record is accessed.

EMTALA

EMTALA Facts
- The Emergency Medical Treatment and Labor Act (EMTALA) is a complex law that applies to facilities with a dedicated emergency department and/or labor and delivery department.
- Emergency care is provided to anyone seeking treatment regardless of the ability to pay or any other non-medical factors.
- A medical screening exam is provided to determine if an emergency condition exists and stabilizing treatment or transfer must be performed.
- Transfer of patients includes confirmation of available space and qualified personnel to care for patients.

Essential Actions
- Evaluate all patients appropriately regardless of their financial or personal situations.
- Follow your chain of command whenever you feel that a situation has the potential to be a violation of EMTALA.
- Report immediately any suspected violations of EMTALA to the corporate compliance team or legal department.

Safe Surrender

Essential Actions
- State laws vary, but all states have a version of Safe Surrender or Safe Harbor Law that allows a parent/person to surrender an infant confidentially to a designated Safe Surrender site without fear of arrest or prosecution if the infant has not been abused or neglected.
- In a safe surrender situation, obtain as much medical background and history as possible and per your organization’s guidelines.
Documentation: Your Shield of Armor

Essential Actions

- Document initial assessment, reassessments after interventions and any change in status.
- Address all abnormal findings.
- Date, time, and legibly sign all entries in a patient’s medical record.
- Follow the organization P&P for correcting charting errors or making changes.
- For electronic charting add an addendum per the organization standard.
- Imagine that your records are presented in a courtroom and ask yourself the following:
  - Does the record reflect the standard of care, the organization P&P, and safe patient care?
  - Are all abnormal findings addressed by a notation that states the provider has been notified, an appropriate intervention has been performed, or it is not a new finding?
  - Is the content clear, factual, and free from opinions?
  - Is it dated and timed?
  - Does it reflect an interdisciplinary approach?
  - Are only organization-approved abbreviations used?

Assure that your documentation addresses ALL abnormal findings, provider notified, appropriate intervention performed, or not a new finding

Recognizing and Reporting Abuse:
Child, Elder, Dependent Adult, Spouse, Partner

- Annually, child abuse and neglect results in close to 1 million reports and more than 1,000 deaths.
- Millions of incidents of spouse/partner domestic violence and elder abuse and neglect are reported each year and result in thousands of deaths.
- Dependent adults with a range of psychological, emotional and physical issues may also be abused.
- Types of abuse include physical abuse, emotional abuse, verbal abuse, sexual abuse, exploitation, neglect, and violation of rights.
- In all states, healthcare professionals are required to report child abuse.
- States vary on the requirements for healthcare professionals to report domestic and elder abuse.
- For all mandatory reporting, the healthcare professional must report, even if the patient does not want the report to be filed.

IF reporting abuse is mandatory in your state, YOU MUST report the abuse even if the patient does not want to file a report

Signs of Abuse

- Patient History
- Patient reports injury
- History of repeated injuries
- Inconsistent description of incident
- Abandonment
- Suicide attempt
<table>
<thead>
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<th>Physical Indicators</th>
<th>Behavioral Indicators</th>
<th>Parent/Partner/ Caregiver Indicators</th>
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<td>Bruises, fractures, burns, decubiti</td>
<td>Denial, fear</td>
<td>Contradictory description of injury/incident</td>
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<tr>
<td>Unexplained wounds, punctures, abrasions</td>
<td>Withdrawn, depressed</td>
<td>Delay in bringing patient in for treatment</td>
</tr>
<tr>
<td>Repeated falls</td>
<td>Confusion, disorientation</td>
<td>Speaks on behalf of the patient when the patient can speak for himself</td>
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<tr>
<td>Unexplained malnutrition, dehydration, or poor hygiene</td>
<td>Aggressive, agitated</td>
<td>Projects blame for injury on another person</td>
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<tr>
<td>Genital trauma, bleeding, discharge, STD</td>
<td>Reluctant to speak in front of parent/partner/caregiver</td>
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<td></td>
<td>Developmental delay</td>
<td></td>
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<tr>
<td></td>
<td>Excessive dependence, attention-seeking</td>
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**Essential Actions**
- Learn the signs of abuse/neglect or violence.
- Screen patients for abuse and neglect.
- If you suspect that a patient is suffering from abuse or neglect, follow your organization P&P.
- Report abuse as mandated in your state and per organization P&P by contacting the appropriate agency (e.g. child protective services, adult protective services) immediately by telephone and submitting a written report within a specified time frame.
- In states that mandate reporting, failure to report suspected abuse or neglect could result in civil and criminal penalties.

**Patient Rights and Ethical Care: Your Lawful Duty**
Patient rights are respected and supported including rights related to:
- Informed consent
- Information and involvement in all aspects of treatment and care decisions
- Assessment and management of pain
- Decisions regarding ethical issues including advance directives, withholding or providing life-sustaining treatment, end-of-life care, conflict resolution
- Access to protective services

Patients have the right to be involved in their care, including decisions about ethical issues
The *Speak Up Program*, urges patients to become actively involved in preventing healthcare errors by becoming active, involved, and informed participants in their care. Additional information is available on The Joint Commission (TJC) website (www.jointcommission.org/speakup.aspx)

**Essential Actions**

- Respect patient needs related to:
  - Confidentiality, privacy and security
  - Ethical Issues
  - Spiritual care
  - Communication
  - Patients’ rights during research investigations
- Organizations provide patient rights information to every patient and post it in various locations within the organization.
- Know your role regarding patients’ rights to:
  - Leave against medical advice (AMA)
  - Refuse treatment
  - Receive information about errors made in their care
  - File a grievance with the organization, the Joint Commission, the health department, or other organizations
- Ensure that care provided respects patients’ rights, incorporates the patients’ values and religious and cultural preferences when appropriate.
- Provide patient/family education about their responsibilities in the safe delivery of care. The patient and family’s responsibilities include:
  - Asking questions when they do not understand explanations or expectations
  - Following instructions related to the treatment plan
  - Accepting consequences when they do not follow the treatment plan
  - Following the rules of the organization regarding care and conduct
  - Demonstrating respect for the organization’s personnel, property, and the rights of others

![CARE Image](image-url)
Sample Patient Rights

Patient Rights generally include these or similar statements:

<table>
<thead>
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<th>Patients have the right to:</th>
<th>Healthcare professionals will:</th>
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<tr>
<td>Always receive considerate and respectful care.</td>
<td>Show respect for patient and family preferences, anticipate needs, and respond courteously.</td>
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<tr>
<td>Learn the identity of anyone who encounters them.</td>
<td>Introduce yourself. Assure that the patients know the name of all healthcare professionals involved in the patient's care.</td>
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<tr>
<td>Participate in decisions concerning care and discharge planning.</td>
<td>Assure patients have access to needed information and resource persons. Encourage patients to voice preferences, questions, and concerns.</td>
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<td>Receive complete and current information about diagnosis, treatment, prognosis, risks, and alternative options, including access to the medical records.</td>
<td>Assure that patients receive information in a form meaningful to them. Provide for patient access to medical records according to organization policy as well as access to resource persons and materials.</td>
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<td>Receive information about any experimental research or educational projects affecting their care.</td>
<td>Learn and abide by organization policy concerning research and education projects involving patients.</td>
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<td>Maintain personal privacy.</td>
<td>Create an environment for private conversation. Screen and cover patients to prevent exposure.</td>
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<td>Have their personal information protected, including protection of the medical record and other patient information.</td>
<td>Protect confidentiality by restricting access to medical records and other patient information to only those directly involved in the care of individual patients. Avoid discussions about the patient in inappropriate places.</td>
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<td>Establish advance directives.</td>
<td>Learn patient’s status concerning the creation of advance directives. Abide by organization policy and patients’ desires concerning procedures and resources for advance directives.</td>
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<td>Receive care in a safe, restful, and clean environment.</td>
<td>Provide for a clean and orderly environment, free from safety hazards. Control noise level and other disturbances.</td>
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<td>Receive an explanation of provider and organization bills unless prohibited by law.</td>
<td>Use appropriate resource personnel to answer patient and family concerns and questions.</td>
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Providing a Safe Environment

A safe environment is critical to both staff and patients. The Occupational Safety and Health Administration (OSHA) is the organization charged with monitoring safety in the work environment. A safe environment:

- Provides the best and safest patient care
- Reduces injuries and illnesses to staff, patients and others
- Improves employee moral
- improves productivity
- Reduces workers compensation claims
- Meets regulatory compliance standards

Many issues can lead to errors including time pressures, other distractions in the environment, and overconfidence

Essential Actions

- Take time to do the job right.
- Limit interruptions during critical times, such as giving report, preparing medication.
- Ask questions. Speak up when something does not seem right. Always request guidance before performing any unfamiliar task.
- Avoid errors by asking others to double-check your work during critical activities.
- Communicate critical information clearly and effectively. Use “read-backs” to ensure your information is correct and clear.
• Understand your own stress level. Errors are more likely to occur when an individual is stressed.
• Follow directions for safe and appropriate use of equipment.
• Report unsafe equipment or situations.
• Report safety issues.
• Involve your team members, the patient and family to help create a safe environment.
• Use all safety devices and personal protective equipment

Alcohol and Drugs in the Workplace
Patient safety is dependent on quality care delivered by healthcare professionals who are not working under the influence of any substance.

Essential Actions
• NEVER report to work if you are under the influence drugs or alcohol including illicit drugs, prescribed medications, or medications for which you do not have a prescription.
• If you suspect that a colleague is working while impaired, follow the chain-of-command to report the situation.

Fire Safety - Be the First Line of Defense
Common fire hazards in healthcare settings include:
• Smoking
• Oxygen and compressed gases
• Electrical wiring or appliances, frayed electrical cords, damaged plugs
• Flammable liquids or gases near heat sources or improper storage of combustible materials
• Trash buildup of papers and boxes

Essential Actions
• During your orientation:
  o Learn how to report a fire in your organization.
  o Locate the fire alarm and learn how to operate it.
  o Locate fire extinguishers in your work area.
  o Identify fire exits and review the evacuation route/plan.
  o Locate fire or smoke doors.
  o Obtain telephone numbers to report hazards.
  o Identify location of the red-colored emergency power outlets.
• Keep corridors clear and assure fire/smoke doors and exits are not blocked, propped, or obstructed.
• Maintain the required clearance below fire sprinklers.
• Never obstruct fire-fighting equipment.
• Take fire drills seriously and stand by for announcements.
• Store oxygen cylinders properly and shut off main valve/regulator when not in use.
• Strictly enforce “no-smoking” requirements.
• Report any smell of smoke or burning materials.
• Do not leave microwave cooking unattended.
• Do not allow patients and visitors to use any unapproved extension cords or appliances.
• Keep stairwells, exits, and corridors clear.

Common fire hazards in healthcare settings include:
• Smoking

R-A-C-E-E Principles for Fires
R - Rescue
  > Move patients, visitors, or impaired co-workers out of danger. Do not use the elevator.
> Put at least one closed door between you and the fire.

**A - Alert others**
> Activate pull station alarm; call in the alarm or emergency code.
> Notify co-workers.

**C - Confine/Contain**
> Close all doors and windows.
> Pack sheets and towels under the doors to contain smoke.

**E - Extinguish (if trained to do so)**
> Select the appropriate fire extinguisher.
> Use the Pull-Aim-Squeeze-Sweep (PASS) technique to extinguish the fire.

**E - Evacuate**
> Follow the organization’s evacuation protocol.
> Familiarize yourself with the evacuation routes for your area.

**The ABCs of Fire Extinguishers**
- All fire extinguishers are labeled using standard symbols that indicate which type or class of fire the extinguisher can put out.
- Red slash through the symbol means that the extinguisher should not be used on that class of fire. A missing symbol means that the extinguisher has not been tested for that class of fire.
- "ABC" Dry Chemical extinguishers are used for most types of fires.
- CO₂ extinguishers are used for large electrical equipment fires.
- Clean agent extinguishers are used for computer and small electrical equipment fires.

**Using a Fire Extinguisher – Remember P-A-S-S**
Only attempt to extinguish the fire if it is small and you can do so without injury. Use a fire extinguisher ONLY if you have been properly trained by your organization and it is acceptable under your organization P&P.
- **Pull** the pin or release the latch to use.
- **Aim** low. Point the extinguisher nozzle at the base of the fire.
- **Squeeze** the handle. Squeezing the handle releases the extinguishing agent. Releasing the handle will stop the flow. Some fire extinguishers have a button instead of a lever.
- **Sweep** from side to side. Aim at the base of the fire and sweep back and forth until fire appears to be out. Watch the fire area carefully as it may re-ignite! If so, repeat the **P-A-S-S** process.

**Electrical Safety**
Electrical shock occurs when electrical current passes through the body after contacting electricity. Electrical shock can cause injury or death and has the potential to be conducted to another person. All electrical equipment used in the hospital must be approved for safety by Underwriters Laboratory (UL) or another OSHA-approved body.
- Ensure all patient equipment is equipped with three-prong (grounded) plugs
- Only use extension cords and outlet strips approved by organization’s engineering department
- All equipment brought in from home by staff or patients/family members must be checked for electrical safety prior to use. Common items brought in from home include:
  - Hair dryers
  - Crock pots or other electrical cooking items
  - Ambulatory care medication pumps
  - Home use ventilators

**Essential Actions**
- Turn equipment off, then unplug. Unplug devices by pulling the plug, not the cord.
- Protect electric cords. Don’t run equipment over them or allow them to become trip hazards, knotted, damaged, or frayed.
• Report, label, and send any home electrical device to the maintenance department whenever safe to do so, e.g. home ventilators
• Report devices with any visible damage. Remove and tag for repair.
• NEVER attempt to turn on any equipment or electrical mechanism with a lockout device on it or that is tagged “Out of Service” or “Do Not Operate.”
• If you receive even a small shock from a device, report it immediately. Take the device out of operation.
• Have Engineering safety-check all personal electrical equipment prior to use in the organization.
• Keep moisture and liquids away from electrical equipment.
• If you see smoke or fire when using any electrical equipment such as computers or monitors, unplug the equipment if possible and activate the Fire Alarm System.
• Do not block or cover electrical distribution panels or vents on equipment.
• NEVER attempt to reset tripped breakers or make electrical repairs.
• If someone suffers an electrical shock:
  o Turn off the power immediately. Unplug the device at the outlet if safe to do so. Trip the circuit breaker if safe and accessible.
  o Separate the victim from power source only if it is safe to do so. The victim’s body can conduct electricity, as can other conductive materials. Be careful what you touch!
  o Establish responsiveness, call for help, start CPR if victim is unresponsive, follow P&P for cardiac arrest.
  o Report the incident.
  o Follow procedures for both the organization’s event reporting and Safe Medical Device Act.

Medical Device Safety
• A medical device is any implement used to assess, treat or rehabilitate patients, excluding medications.
• A medical device reportable incident (MDR) is any event in which a medical device causes serious illness, serious injury, or death.
• The Federal “Safe Medical Devices Act” requires that users report to the manufacturer and/or the Food and Drug Administration (FDA) any incident that reasonably suggests that a medical device has caused or contributed to the death or serious injury of a patient.

Essential Actions When an MDR occurs:
• The care of the patient or injured party comes first. Attend to the physical and emotional needs of the injured person.
• Call for assistance when needed
• Remove and impound the medical device
• Label the device
• Save all materials and packaging related to the device
• Leave device intact, do not disassemble, clean, or otherwise modify it
• Protect yourself and others by using standard precautions and biohazard labeling as appropriate
• Report the incident by completing the appropriate organization form and forward to all appropriate persons, such as your supervisor, the patient’s provider, engineering/maintenance department, and risk management office.
• Ensure that the patient is examined by his provider to evaluate the severity of injury
• Document findings and initiate treatment when necessary

When a Medical Device Reportable (MDR) incident occurs, care for the patient FIRST, then remove, label, and impound the device.
Medical Gases
Medical gases are commonly used daily in every hospital environment. Although these gases can save and sustain life, serious injury and even death can result from a mistake or misuse of gases.

Essential Actions
- Since all medical gases are drugs, use them only with an order.
- Identify medical gases by their medical gas labels NOT by the color of the cylinder. A gas does not always come in the same colored cylinder.
- Always take care when using a regulator with a medical gas cylinder. Don’t force a regulator onto a cylinder. Regulators have specific safety connections, so they can only be used with the correct gas cylinder.
- NEVER take any non–MRI compatible oxygen equipment or gas cylinders into MRI area. SERIOUS INJURY may result. All approved oxygen equipment will be labeled “FOR USE IN MRI.”

Hazardous Materials
- Hazardous materials are substances that are physical hazards (e.g. flammable), health hazards (e.g. carcinogen, toxic), or both.
- Exposure may occur through inhalation, ingestion, absorption, and injection.
- Hazards may be detected through:
  - Odor: Absence of odor does not indicate a substance is harmless.
  - Symptom: red skin, swelling, dizziness, difficulty breathing, coughing, headache, odd taste
- OSHA requires organizations to:
  - Identify chemicals to which employees may be exposed.
  - Make SDS and inventory list available to all staff.
  - Dispose of outdated chemicals or chemicals no longer used.
  - Perform exposure monitoring to keep daily hazardous chemical exposures in a “state of control,” i.e., below the personal exposure limit.
- OSHA requires manufacturers to:
  - Incorporate the Globally Harmonized System of Classification and Labeling of Chemicals (GHS).
  - All chemical manufacturers worldwide must place specific labels on containers and supply Safety Data Sheets (SDS).
- OSHA requires specific items and format be present on the labels and the SDS sheets. Required components of the label include:
  - Product identifier: Including the chemical name, code #, or batch #, and possibly other identifying information.
  - Signal word, DANGER or HAZARD. Indicating the relative level of severity of hazard and alerting of a potential hazard: Danger indicates a more severe hazard; Warning is used for a less severe hazard

Each organization will have a policy which identifies who can shut off medical gases in an emergency. Know and follow your organization’s policy.
Pictogram: Nine pictograms are identified by OSHA, all but Environmental must appear on the SDS.

2018 Globally Harmonized System of Classification and Labeling of Chemicals (GHS) for OSHA.

- **Hazard statement**: Describing the nature of the hazard(s) of a chemical, and if appropriate, the degree of hazard, such as, “Causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin.”
- **Precautionary statement**: Describing recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling.
- **Name, address, & phone #** of the chemical manufacturer, distributor, or importer

The OSHA-required GHS standardized label includes recommended measures in the event of exposure to the chemical.
Required elements of the Safety Data Sheet include:

<table>
<thead>
<tr>
<th>Section</th>
<th>Required Element</th>
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<tbody>
<tr>
<td>1</td>
<td>Identification</td>
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<td>2</td>
<td>Hazard(s) identifications</td>
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<td>3</td>
<td>Composition/information on ingredients</td>
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<td>4</td>
<td>First-aid measures</td>
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<td>5</td>
<td>Fire-fighting measures</td>
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<td>6</td>
<td>Accidental release measures</td>
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<td>7</td>
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<td>Exposure controls/personal protection</td>
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<tr>
<td>9</td>
<td>Physical and chemical properties</td>
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<tr>
<td>10</td>
<td>Stability and reactivity</td>
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<tr>
<td>11</td>
<td>Toxicological information</td>
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<tr>
<td>12</td>
<td>Ecological information</td>
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<tr>
<td>13</td>
<td>Disposal considerations</td>
</tr>
<tr>
<td>14</td>
<td>Transport information</td>
</tr>
<tr>
<td>15</td>
<td>Regulatory information</td>
</tr>
<tr>
<td>16</td>
<td>Other information, including date of preparation or last revision of the SDS</td>
</tr>
</tbody>
</table>

**Essential Actions**

- Use caution when handling chemicals. Before using, read the product label and SDS for safe handling precautions and emergency procedures.
  - Refer to the product label for important information about proper storage, spill clean-up, and first aid measures for exposure.
  - Read the label when you first encounter the chemical so that you are prepared to locate necessary information in an emergency.
  - Note that you will find the critical information about hazard level and precautions on the label in a clear, standardized format. The SDS provides more detailed information.
  - Locate the SDS on your unit.

- Use personal protective equipment specified on product label or SDS.
- Know where the nearest safety equipment (eyewash, spill kit) is located.
- Dispose of hazardous materials per P&P.
- Inform your supervisor of any exposure or potential exposure to hazardous materials/chemicals.
- Store hazardous products only in approved, properly-identified labeled storage areas and containers.
- Follow any caution or warning signs or symbols that mark these areas.
- Inform your manager of any unauthorized products found in your work area.
- If asked, acknowledge that you have received training on the standardized contents of the label and SDS. OSHA requires that all employees receive training about the new label and SDS contents. A representative of a regulatory organization may ask employees whether they have received training.

**NEVER:**

- Eat or smoke while working with or around hazardous materials/chemicals.
- Allow chemicals to come into contact with bare skin or mucous membranes (e.g. wipe skin or eyes with materials that have contacted chemicals).
- Inhale or swallow chemicals.

If exposed to a hazardous material or potentially hazardous material, consult the label or SDS sheet for recommended measures.
ALWAYS:
- General interventions for spills include:
  - Isolate the area.
  - Remove and/or restrict traffic in the immediate area.
  - Notify supervisor immediately of spill and exposures.
  - Notify appropriate personnel for assistance with containment, cleaning, and decontamination.
- Handle the spill ONLY if you know how. If not, do not try!

**Hazardous Pharmaceutical Disposal – RCRA Act**

RCRA (Resource Conservation and Recovery Act) defines certain characteristics of medication that require special handling when being disposed. Pharmaceutical waste is divided into three categories (P, U, and D):

- **P-listed medications** pose an acute threat to the environment by contaminating fresh water. Common P-listed medications are:
  - Epinephrine
  - Nicotine
  - Warfarin
  - Arsenic
- **U-listed medications** are chemotherapeutic agents
- **D-listed medications** are toxic, can react, ignite, or are corrosive. Some common D-listed medications are:
  - Toxicity: lindane, chloroform, selenium, and silver
  - Ignitability: aerosols, such as asthma inhalers
  - Corrosivity: string acids and string bases
  - Reactivity: rarely occurs in dosage forms

**Essential Actions**
- Follow identification of and disposal practices for medications that fall under the RCRA law.
  - Best Practice: Dispose non-RCRA-hazardous pharmaceuticals at a non-RCRA-hazardous facility permitted for incineration. This best practice helps keep pharmaceuticals out of drinking water.
  - Use well-labeled black or dark blue RCRA-hazardous containers
  - Use yellow containers for chemotherapeutic waste
  - Educate your patients on proper disposal of these medications in the home setting

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The RCRA Law does NOT dictate which disposal system to use when handling hazardous pharmaceutical waste.  
A simple, reliable, and convenient system will help keep your organization compliant over time.  
EDUCATION IS KEY!  
Using the correct quantity, size and type of pharmaceutical waste container is an important skill that you must MASTER.
Radiation Safety
Radiation use occurs primarily in the radiology department, but may also be in other patient care areas like the emergency department, pharmacy, or patient care areas (when patients have radiation implants).

The image below indicates a radiation trifoliate. This symbol indicates the room is a “controlled” area and special precautions are in effect.

Essential Actions
- Follow facility guidelines and safe practices to keep radiation exposure As Low As Reasonably Achievable (ALARA)
- Identify radiation warning signs and symbols
- Observe rules of time, distance, and shielding
- Limit your time of exposure in areas where direct exposure to radiation is possible
- Increase your distance from the radiation source. A distance of six to ten feet from the patient receiving treatment will minimize radiation exposure
- Wear protective garments/shields (e.g. leaded aprons) that attenuate/absorb scattered X-rays
- Do not eat, drink, or smoke in areas with radioactive materials
- Do not pipette solutions by mouth
- Wash hands after working around radioactive material
- Wear a film badge or other monitoring device when applicable
- Collect trash and other materials that have encountered a radioactive patient in specially labeled containers in the patient’s room.
- Dispose of waste per organization P&P
- If you suspect a potential radiation leak, do not attempt to clean it up yourself. Follow organization P&P
- Tell your supervisor if you become pregnant so the organization can implement additional monitoring, evaluation of work assignments for radiation exposure, and additional shielding procedures. If you choose not to declare your pregnancy, follow the radiation precautions specified by your organization.

Disaster Preparedness
- The purpose of disaster preparedness is to maintain a safe environment for patients and staff as well as to be prepared to care for a large influx of patients. Disasters can be internal (e.g., a bomb threat or a fire) or external (e.g., a hurricane, earthquake, biological weapon attack, or other disaster).
- Organizations’ policies generally address four phases to manage a disaster:
  - Mitigation
  - Preparedness
  - Response
  - Recovery
Disaster preparedness includes, but is not limited to:

- Backup generators in case of an electrical failure. All critical equipment is plugged into a specific outlet (generally red) that indicates it is connected to a backup generator system.
- A backup system for air, water, and suction
- A term that is used on the overhead paging system to alert employees of a disaster (e.g. Code Orange)
- A triage system for patients and staff
- Evacuation procedures
- Integration with community disaster-response and relief services
- Management of patient and staff activities
- Identification and assessment of critical supplies
- Security
- Interface with the media

**Essential Actions**

- Learn the emergency codes and alerts for your facility.
- Ensure that all critical equipment is plugged into the appropriate (red) outlet.
- In case of disaster, follow your organization’s plan and seek out your manager to determine your exact role.

**Avoid Injuries on the Job**

Did you know?

- Nurses and nursing assistants have the highest work-related injury rates of all occupations, double the rate for private industry as a whole
- These data include only injuries from patient handling; slips, trips, and falls; and workplace violence. Excluded are injuries from sharps, and blood and body fluid exposures.
- **Eighty percent (80%) of workers’ risk of injury is associated with poor work habits.**
- Eight out of ten workers will suffer some form of back injury during their lifetime.
  - Ninety-five percent (95%) of all back injuries are the result of multiple minor injuries over several years.
  - Back-related complaints are second only to the common cold as a reason for lost workdays.
- Musculoskeletal Disorders (MSDs) are a collection of disorders affecting muscles, nerves, tendons, ligaments, joints, cartilage and spinal discs. MSDs usually manifest as low back pain, sciatica, rotator cuff injury and carpal tunnel syndrome.
- Cumulative trauma disorders (CTDs) and repetitive strain injuries (RSIs) are other terms used to describe similar injuries.
- When there is a mismatch between the physical requirements of the job and the physical capacity of the worker, work-related MSDs can result.

**PREPARE FOR DISASTER**

Locate **RED** outlets
Ensure all critical equipment is plugged into **RED** outlets

**To REDUCE risk of injury on and off the job:**
- Maintain Flexibility
- Practice Good Posture
- Use Proper Body Mechanics
**Essential Actions**

- **Maintain good health.**
  Maintain a healthy weight. Exercise to reduce stress, build muscle strength, endurance, and to maintain flexibility. Be aware of your body's need for nutrition and rest. Stress, fatigue, and overexertion can increase your chance of injury.
- **Practice good posture.** Keep your body in a neutral position whenever possible. This maintains the three natural curves of the spine (cervical, thoracic, and lumbar curves). When standing, change positions frequently and support one foot on a stool or other supportive raised surface. Wear supportive, comfortable low-heeled shoes. Maintain good posture when seated. Support your lower back.
- **Stretch and maintain flexibility.** For your muscles to function optimally, they need to be warmed up before use and stretched periodically throughout the day. Stretching improves muscle endurance and delays the onset of fatigue. Stretching will help you to refocus on your body and it only takes a few minutes to stretch all major muscle groups. Learn simple stretching exercises that can be performed anytime, anywhere.
- **Learn and use proper body mechanics.** Body mechanics are our body movements as we perform a task. Good posture and the use of appropriate body mechanics can be utilized when standing, sitting, lifting, pushing, pulling, carrying, and reaching. Follow guidelines for accomplishing these tasks to avoid injury. Be 100% consistent in observing the rules for lifting patients. Keep your work at a comfortable level to prevent reaching or bending.
- **Rotate tasks.** Avoid overusing specific muscle groups by rotating tasks or alternating job functions.
- **Get help.** Do not risk long-term injury through short-term heroics. Take care of yourself first so you will be able to offer help to others. Know your capabilities. Ask for assistance and use proper equipment to assist with heavy loads.
- **Avoid situations or activities that may increase your risk of injury.** There is an increased risk of injury if you do not know how to perform a task. In addition, stress, fatigue, overexertion, poor work habits, distractions, and substance abuse may also increase your risk of injury. If you are faced with any of these situations, seek help from your supervisor or other resources.

**Avoid High Risk Behaviors for Sprains and Strains:**

- Twisting while lifting or carrying
- Stooping down low to lift or reaching above your shoulder
- Lifting patients or objects far from your body
- Frequent lifting without adequate rest between lifts
- Pulling and dragging equipment, such as linen bags
- Sitting or standing in one position for a long time
- Performing a task while stooping over or hyper-extending the body to reach the patient
- Lifting bulky or awkward objects; lifting heavy patients or objects
- Repetition (e.g. typing) or contact stress (e.g. using hand as a hammer)

"Back Talk" for Lifting and Transferring

**Essential Actions for Transfers and Repositioning**

- **Plan the move.** Check the path of travel and make sure it is clear.
- **Never transfer alone.** Use team lifts or mechanical assistance. If a patient has fallen, get help to assist or move the patient.
- **Communicate.** When moving a patient with the assistance of another caregiver, the most important step of all is to communicate and coordinate effort with the person assisting you. For example, "Move together on my count of three... One, two, move."
- **Use a wide, balanced stance** with one foot ahead of the other. A wide base of support will stabilize you and prevent slipping and jerking.
• Push whenever possible. It is easier and safer than pulling. Ensure that your line of sight is clear.

**Essential Actions for Transfers and Repositioning**

- **Test the load.** Test the weight of the load prior to lifting to be sure it can be moved safely. Ask for help or use a mechanical lifting device.
- **Back belts are not a substitute for proper lifting habits.** Most studies show that they do not prevent back injuries and may give false confidence.
- **Bend at the knees, NOT at the waist!**
- **Grip the object with elbows bent.** Use grips or handles if available.
- **Keep the lower back in its normal arched position** while lifting. A normally arched back distributes forces more evenly on support structures.
- **Bring the load as close to the body as possible** to reduce stress on your back. Use both arms. Bend the elbows.
- **Keep the head and shoulders up and tighten the abdominal muscles** as the lifting motion begins. This causes the abdominal cavity to become a weight bearing structure and decreases the load on the spine.
- **Lift with the legs** and stand up in a smooth, even motion. Decrease lower back stress by using the strength of the legs to straighten the knees and hips.
- **Pivot** on your feet if a change in direction is necessary.
- **To set a load down,** squarely face the spot where the load is to rest and bend your knees, feet apart.
- **Avoid reaching** above shoulder height. Use a stool or ladder instead.
- **Limit** the number of lifts in one day.

**Essential Actions for Safe Patient Handling and Mobility**

Locate P&P and equipment for safe patient handling and mobility. Use appropriate equipment and devices to take reduce the load. These include:

- Gait belts
- Lifting device/hoist
- Slide board/draw sheet/transfer mat
- Low friction mattress cover
- Shower or toilet chair

Locate your unit’s safe patient handling equipment, know and use it when indicated.

**Listen to your body for signs of musculoskeletal Injury.**

- Aching back or neck
- Unusual tightness or stiffness
- Sharp or dull pain in any joint
- Hot, inflamed feeling in a specific area of the body
- Pain, tingling or numbness in hands or feet
- Shooting or stabbing pain in arms or legs
- Pain associated with specific activities
- Unusual muscle weakness and fatigue

**If You are Injured on the Job**

**Essential Actions**

- Stop what you are doing.
- Report any injury to your supervisor immediately regardless of how minor it may seem.
- Complete the proper report including a description of the injury and the related event(s).
Contact your company’s worker’s compensation carrier as soon as possible to receive information about submitting a claim.

If you are injured on the job, report the injury to your immediate supervisor to preserve your right to submit an injury claim

**Latex Sensitivity**

Many organizations have removed latex products from the environment.

Latex sensitivity is an allergic reaction to natural rubber products including airborne particles.

*Did you know that many chewing gums and colored inks contain latex?*

Reactions to latex include: hives, itching, swelling of eyes or face, runny nose, shortness of breath, nausea/vomiting, diarrhea, and anaphylaxis.

Increased risk for latex sensitivity:

- Patients with spina bifida, spinal cord trauma, conditions requiring frequent urinary catheterization
- Persons who have food allergies to avocados, bananas, chestnuts, or tropical fruit
- Healthcare workers who have repeated exposure to latex or powder in gloves, tourniquets, and other latex products

**Essential Actions**

- Document latex allergies in your patients
- Keep your hands in good condition. Dryness and skin irritation can promote skin sensitivities
- Wash your hands after removing gloves to prevent irritation
- Avoid “snapping” gloves which can release allergens into the air and areas where you might inhale powder from latex gloves
- Avoid contact with commonly used latex products and equipment
- Use powder-free vinyl or nitrile gloves if you or your patient is sensitive to latex
- If you have latex sensitivity:
  - Wear a medical alert bracelet and alert others to your allergy
  - If severe, consult with your provider to determine whether you should carry an emergency epinephrine pen in case of accidental exposure to latex and/or in the event of anaphylactic shock

**General Safety Precautions**

- Always be aware of your surroundings. Use safe paths of travel between the parking area and the entrance to the facility.
- Know the location of safe areas and emergency phones. Request that the organization’s security personnel escort you to your vehicle. Avoid walking in dark areas and near heavy shrubbery.
- Avoid walking alone. If you feel you’re in danger, make as much noise as possible and run to a safe area.
- If you are alone at work before or after normal business hours, keep doors locked whenever possible.
- Be alert for individuals without proper identification in the facility. Always enforce visitor guidelines.
- Direct visitors to designated waiting areas in the facility.
- Report all suspicious individuals to security.
- Keep personal valuables out of sight, preferably locked in a desk or locker
- Know how to reach facility security in case of an emergency
Workplace Violence: Be Aware

Healthcare professionals are at a higher risk for workplace violence due to their frequent and close physical proximity to fellow workers, patients, family members, and visitors. Violence may occur anywhere in the healthcare facility, but it is most frequently seen in psychiatric units, emergency departments, waiting rooms, and geriatric units.

**Common Risk Factors for Violence in Healthcare Facilities**

- Direct work with aggressive patients, families, or visitors, especially, if they are under the influence of drugs/alcohol or have a history of violence or certain psychiatric diagnoses
- Under staffing, especially during meal times and visiting hours
- Transporting a patient
- Delays in service or care when wait times are lengthy
- Overcrowded, uncomfortable waiting rooms
- Working alone
- Lack of security
- Lack of staff training and policies for preventing and managing crises with potentially aggressive patients
- Unrestricted movement of the public
- Poorly lit corridors, rooms, parking lots, and other areas
- Facilities are encouraged to have a workplace violence prevention program and P&P that include zero-tolerance for violence, verbal and nonverbal threats, and related actions.

**Essential Actions**

Familiarize yourself with your organization’s violence prevention program and follow safety and security measures such as:

- Use restraints appropriately
- Follow the procedures for restricted areas (e.g. protecting entry codes)
- Use security escorts to the parking lot
- Use a buddy system in situations of potential threat
- Use extra caution in elevators, stairwells, and unfamiliar places
- Carry only required identification badges
- Carry minimal amounts of money
- Be alert and report any safety and security concerns or violent events
- Be suspicious of anyone who is loitering, running, offering items for sale or asking for money, wandering or sleeping in wait areas or appears intoxicated
- Participate in training that teaches techniques to recognize and prevent escalating agitation, assultive behavior, or criminal intent
- If your organization uses a code, such as “Code Gray” to indicate a need for emergency response to violence or other emergencies, know how to call the code and what your responsibilities are if the code is called in your area.
- If you observe someone exhibiting the potential for violent behavior or you have been threatened with violence in the workplace, report the event to the security officer and your immediate supervisor immediately. Threats of violence include:
  - Verbal derogatory comments and/or slurs
  - Written threats, letters, or notes
  - Computer/phone threats
  - Physical blocking or impeding of movement

If you encounter a violent individual, avoid confrontation, get help, stay calm, and isolate patients.
What to Do if You Encounter a Violent Individual

Essential Actions

- **Avoid Confrontation:**
  - Retreat to a safe place if possible
  - Never approach or attempt to disarm an individual with a weapon

- **Get Help:**
  - Get appropriate assistance
  - Use the appropriate emergency code to summon the behavioral response team or security personnel
  - Dial 911 for offsite police assistance if needed

- **Stay Calm:** Do not threaten or agitate the violent person

- **Isolate:** Protect patients, lock doors, direct traffic away from the area, and evacuate if possible

**Active Shooter**

An active shooter is an individual actively engaged in killing or attempting to kill people in a confined and other populated area. In most cases, active shooters use firearms and there is no pattern or method to their selection of victims. Active shooter situations are unpredictable and evolve quickly. Try to be aware of your environment and have an exit plan.

Essential Actions

- **RUN**
  - If there is an escape path, attempt to evacuate
  - Evacuate whether others agree to or not
  - Leave your belongings behind
  - Help others escape if possible
  - Prevent others from entering the area
  - Call 9-1-1 when you are safe

- **HIDE**
  - If there is no escape path, find a place to hide
  - Act quickly and quietly
  - Secure your hiding place as best you can
    - Turn off lights
    - Lock door
    - Move equipment in front of door
    - Turn ringer volume on cell phones to silent
    - Remain very quiet

- **FIGHT**
  - **THE LAST RESORT**
  - Attempt to incapacitate the shooter
  - Act with physical aggression
  - Improvise weapons
  - Commit to your actions

- **Law Enforcement Arrives**
  - Remain calm and follow instructions
  - Keep your hands visible at all times
  - Avoid pointing or yelling
  - Know that help for the injured is on its way

It takes TIME for LAW ENFORCEMENT to respond!
Your actions can make a difference to your safety and survival
Be aware and be prepared

RUN. HIDE. FIGHT.®
Harassment and Discrimination

Harassment, including sexual harassment, is a violation of Title VII of the Federal Civil Rights Act of 1964, the California Fair Employment and Housing Act and various other state laws. Sexual harassment includes unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature that constitute sexual harassment when:

- Submission to such conduct is made, either explicitly or implicitly, a term or condition of an individual’s employment
- Submission to, or rejection of, such conduct by an individual is used as the basis for employment decisions affecting such individual
- Such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile, or offensive working environment
- Sexual harassment does not refer to an occasional compliment of a socially acceptable nature or to normal, courteous, and mutually respectful interactions between persons. Rather, it refers to behavior that is not welcome: personally, offensive or coercive, weakens morale, and therefore interferes with the effectiveness of the work environment
- Verbal harassment refers to epithets, derogatory comments, or slurs based on sex, race, national origin, or other personal characteristics. Harassment based on sex includes any statement that is sexually-oriented and considered unacceptable by a reasonable person in a workplace setting.
- Visual forms of harassment include objects, pictures, posters, cartoons, or drawings which are derogatory as to sex, race, national origin, or other personal characteristics
- Visual materials, including personal photos that may be sexually suggestive and offensive to others
- Physical harassment refers to assault, impeding or blocking movement, or any physical interference with the normal work or movement of another person based on sex, race, national origin, or other personal characteristics. It includes patting, pinching, brushing up against, cornering, hugging, kissing, or any similar physical contact considered inappropriate or unacceptable by another person

Essential Actions

- Report any discrimination or harassment to your immediate supervisor, manager, your company, and the appropriate Human Resources representative.
- Individuals may be insensitive to the offensiveness of their words or behaviors, but will cease the offensive behavior when its impact is brought to their attention. Try this approach, bearing in mind that what is acceptable in one environment may not be acceptable in another.
- Make your discomfort known through the appropriate chain-of-command at the healthcare organization. You may find environments that are less tolerant of “kidding around” and “teasing” than previous employment settings. Alternatively, you may find yourself uncomfortable in an environment that is far more tolerant of “kidding around” or “teasing.”

Fundamentals of Infection Prevention

Infection prevention measures are used in healthcare settings to decrease the risk of transmission of infections to patients, employees and visitors. An infection may develop whenever these three conditions exist:

- A source of infecting microorganisms, including patients, employees, visitors, equipment or medication
- A means of transmission for the microorganism to spread. Microorganisms are transmitted by many routes. The same microorganism may be transmitted by more than one route. To prevent
transmission and risk of exposure to infection, the CDC has developed precautions to protect patients and healthcare workers.

- A susceptible host. Factors such as age, underlying diseases, and certain treatments may cause patients to be more susceptible to infection. Additionally, patients may enter the healthcare setting with an infectious disease.

**Immunizations for healthcare professionals as potential hosts**

- Healthcare professionals are at risk for exposure to and possible transmission of vaccine-preventable diseases to patients, co-workers, and others. Maintaining immunity is an essential part of infection prevention. The CDC recommends that healthcare professionals receive scheduled immunizations. Your organization P&P may require additional vaccines.

- OSHA also requires healthcare professionals to participate in vaccination programs unless they sign a declination, have documented immunity, or have documentation of medical reasons why the vaccine is contraindicated.

- TJC has mandated that healthcare organizations should provide education about influenza vaccination to their staff members, AND provide influenza vaccinations while enacting a method to measure their compliance rates. To comply, healthcare workers should receive an annual influenza vaccine. CDC recommends that everyone 6 months and older get the influenza vaccine for the upcoming season as it is available.

- Your facility will provide specific guidance for planning and responding to influenza outbreaks. Follow all recommendations to assure your continued health and the health of your patients. For ongoing updates on the influenza, you may also check the following website: https://www.cdc.gov/flu/index.htm

**Essential Actions**

- Obtain vaccinations per organization standards, including annual influenza vaccination.

- Maintain vaccination records.

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**INFLUENZA (FLU) Facts**

- **You cannot contract the flu from the vaccine**
  - Reports of a sore arms, muscle aches, and fatigue are related to the vaccination process not the development of influenza

- **The influenza vaccine is not 100% effective; however, if you do develop influenza, you may have fewer symptoms**

- Healthcare workers who receive an annual vaccine, experience fewer sick days and lower healthcare costs when compared to non-vaccinated colleagues

- **Influenza vaccination is currently the most effective method to prevent people from getting infected**
Hand Hygiene: Saves Lives

Did you know that people typically carry between 10,000 and 10,000,000 bacteria on each hand? Effective hand hygiene is the most important primary preventive measure that can be implemented to decrease the spread of infections within healthcare organizations.

In healthcare settings, gloves are worn for three important reasons:

- To protect the healthcare worker from contamination from the patient.
- To protect the patient from contamination from the healthcare worker.
- To protect patients from contamination from the surrounding environment (other patients or objects).

Wearing gloves DOES NOT REPLACE hand hygiene! Gloves may have microscopic openings or may be torn during use, resulting in contamination of hands.

- Alcohol-based hand rubs significantly reduce the number of microorganisms on the skin, act quickly, and cause less skin irritation than soap and water.
- Alcohol-based hand rubs take less time to use than traditional hand washing. If possible, carry one with you for quick cleaning between patients.
- Alcohol-based hand rubs are not effective against all infections.

Clostridium difficile (C. diff) Alcohol-based hand rubs are NOT EFFECTIVE against the spores of C. Diff

SOAP AND WATER must be used

Essential Actions

Wash Hands

- Before and after each patient contact
- After removing gloves
- After contact with body fluids

Soap and Water

Scrub your hands for at least 20 seconds

Soap and Water Method

- Use friction to lather and scrub hands for 20 seconds (try timing yourself by singing the Happy Birthday song)
- Rinse well under a stream of water and dry hands thoroughly
- Turn off the faucet with a paper towel

Alcohol-Based Hand Rub Method

- Apply the product to palm of one hand
- Rub your hands together (covering all surfaces of hands and fingers) until hands are dry
- Note that the volume needed to reduce the number of bacteria on your hands varies by product
- Do not touch equipment until hands are dry to prevent shock or burn
Types of Transmission-Based Precautions

The following table summarizes the different types of transmission-based (isolation) precautions. Depending on your role, these precautions may be a part of your daily work routine.

**Use Standard Precautions for ALL patients.** Patients with known or suspected infectious diseases may require Contact, Droplet or Airborne Precautions.

<table>
<thead>
<tr>
<th>Type of Precautions</th>
<th>Mask/Eye Protection</th>
<th>Gown</th>
<th>Gloves</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Standard (all patients)</strong></td>
<td>To protect Mucus membranes of the eyes, nose, mouth during procedures that might generate splash or spray</td>
<td>To protect skin and soiling of clothing during activities or procedures that could generate splash or spray</td>
<td>When touching blood, secretions, body fluids and contaminated items Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene</td>
</tr>
<tr>
<td><strong>Contact</strong> Diseases or organisms easily transferred by direct or indirect contact (multidrug-resistant organisms like MRSA, or diarrheal-like illnesses like Clostridium difficile (C. diff)) Private room if possible</td>
<td>To protect mucus membranes of the eyes, nose, mouth during procedures that might generate splash or spray</td>
<td>Wear a gown if you anticipate your clothing will have substantial contact with the patient or infected material</td>
<td>Wear gloves when entering the room. Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene</td>
</tr>
<tr>
<td><strong>Droplet</strong> Risk of transmission due to droplets from sneezing, coughing, talking, but are not aerosolized. Risk exists within 6-10 feet of the patient, e.g. meningitis, influenza, certain pneumonias</td>
<td>Per standard precautions and when working within 6-10 feet of the patient</td>
<td>To protect skin and soiling of clothing during activities or procedures that could generate splash or spray</td>
<td>When touching blood, secretions, body fluids and contaminated items Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene</td>
</tr>
<tr>
<td><strong>Airborne</strong> Dissemination of airborne small particles or dust that may be infective, e.g. TB, measles, chickenpox Private room, keep the door closed and the patient in the room. The room should Have negative air pressure With 6-12 air changes per hour and monitored high efficiency filtration.</td>
<td>Wear respiratory protection (N95 respirator) when entering the room</td>
<td>To protect skin and soiling of clothing during activities or procedures that could generate splash or spray</td>
<td>When touching blood, secretions, body fluids and contaminated items Change gloves after contact with infected material. Remove gloves before leaving the room. Immediately perform hand hygiene</td>
</tr>
</tbody>
</table>
Tuberculosis (TB) and Aerosol Transmissible Diseases (ATD)

- Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis. Symptoms include a cough lasting for more than 2 weeks, lack of appetite, weight loss, night sweats, hemoptysis, and fever.
- TB is spread through the air when a person with TB coughs, sneezes, or talks, causing the bacteria to become airborne where others can inhale it. Open draining wounds infected with TB may also be a source of transmission. TB can be airborne for up to 8 hours.
- Healthcare professionals are probably most familiar with TB as an ATD, but ATD precautions and procedures apply to other diseases and pathogens, such as Anthrax/Bacillus anthraci, avian influenza, chickenpox, shingles, Varicella zoster and Herpes zoster, measles, monkey pox, severe acute respiratory syndrome (SARS), small pox, Ebola, Zika virus, and other novel or unknown pathogens.

Essential Actions

- Place any patient with positive acid-fast bacillus (AFB) culture and/or positive AFB smears OR any patient exhibiting symptoms consistent with TB or other ATD in a special isolation room.
- Follow your organization’s precautions/isolation P&P regarding isolation rooms; required alerts; special masks for staff, patient and visitors; when to end isolation precautions; discharge, and readmission procedures
- Review and provide input into your organizational plan for caring for patients with TB or other ATD.
- If you have questions about tuberculosis or other ATD, reach out to your supervisor for further information or support.

Personal Protective Equipment (PPE) Guidelines for Patients Who have TB or other ATD

- Wear protective equipment such as an N95 face mask when entering the room of a patient with active TB or other ATD.
- OSHA requires “fit testing” for all persons who may encounter infectious airborne pathogens, including active TB. Fit testing includes a questionnaire and correct placement of the N95 mask while performing different functions.
- When you have a fit test, keep a copy of the test results for your records. It may be needed at another organization.
- The fit testing also includes training on when and how to use respirators, limitations, use during emergencies, and medical signs and symptoms that limit or prevent use.
- If you have not been fit tested and need to care for a patient with TB or other ATD, you may receive “just in time” fit testing or use a Powered Air Purifying Respirator (PAPR) that does not require fit testing.
- Some ATD require the use of specialized PPE and rooms with entry and decontamination areas. Know what these diseases are and what your facilities policies are for caring for these types of patients.
- Remove PPE carefully to avoid contaminating yourself.
- Dispose of PPE in designated containers before leaving area.

Exposure/Follow-up

- If you know or suspect that you have been exposed to TB or other ATD, follow the organization P&P and notify the organization’s employee health department immediately so that you can receive appropriate care.
- If it is determined that you were exposed to TB or other ATD in the organization, you will receive a confidential follow-up to determine if you were infected. You may continue to work if you are not considered to be contagious.
Occupational Health and Bloodborne Pathogens

**Handling Sharps**
Special caution must be practiced preventing injuries when using needles, scalpels, and other sharp instruments or devices. This includes when you:

- Handle sharp instruments after procedures
- Clean used instruments
- Dispose of used needles

**Essential Actions**

**NEVER:**

- Recap used needles or use any other technique that involves directing the point of a needle toward any part of the body
- Remove used needles from disposable syringes by hand
- Bend, break, or otherwise manipulate used needles by hand
- Reach into a container with bare hands
- Fill the container more than $\frac{3}{4}$ full

**ALWAYS:**

- Use a one-handed "scoop" technique or a mechanical device designed for holding a needle sheath
- Place used disposable syringes and needles, scalpel blades, and other sharp items in appropriate puncture-resistant containers
- Place reusable syringes/needles in a puncture-resistant container for transport to reprocessing area
- Minimize splashing or spraying of blood or body substances when performing procedures
- Use needle-free and safety equipment whenever possible
- Limit the number of non-safety equipment available to staff

**Exposure to Bloodborne Pathogens**

Bloodborne pathogens are disease-causing germs carried by blood and other bodily fluids. Examples include HIV, hepatitis B, and hepatitis C. Use standard precautions to reduce the spread of bloodborne pathogens. You have been exposed to blood or body fluids if you:

- Sustain a needle stick or sharps injury.
- Receive a splash to your mucous membranes (eyes, mouth).
- Have broken skin (cuts, nicks) which have been exposed to blood or body fluids.

**Essential Actions**

Immediately:

- **WASH** the exposed area immediately with soap and water. Rinse eyes or mucous membrane with normal saline if available, or with water
- **REPORT** the incident to your immediate supervisor and company
- **GO** to Employee Health or Emergency Department ASAP

If you are exposed to blood or infectious body fluids:

- Wash area with soap and water
- Report incident to supervisor and infection control
- Go to employee health or the emergency department
- Follow organizational policy for follow-up

When entering the room of a patient SUSPECTED of having TB or ATD

ALWAYS WEAR A N95 FACE MASK
Post-Exposure Evaluation and Follow-up

- A confidential medical evaluation documenting the exposure
- Identifying and testing the source individual if appropriate
- Post-exposure prophylaxis, depending on how the exposure occurred, the CDC usually recommends up to three medications for HIV prophylaxis. Treatment should begin as soon as possible, ideally within one to two hours and no more than 72 hours post exposure.
- Counseling and evaluation of reported illness
- **Follow organizational policy to process a claim**

National Patient Safety Goals (NPSG)
The Joint Commission (TJC) initiated NPSG more than 10 years ago. Over the years, TJC has retired some goals and transitioned some into TJC accreditation standards. NPSG target specific patient safety concerns. The goals are changed somewhat each year, but have remained stable in recent years. TJC measures organizations’ compliance with the NPSG, so you will find that your facility strongly emphasizes the goals and how they are implemented.

You can access full information on the NPSG at the TJC website: [http://www.JointCommission.org/standards information/npsgs.aspx](http://www.JointCommission.org/standards information/npsgs.aspx)

2017 National Patient Safety Goals

- **Identify patients correctly**
  - Use at least two ways to identify patients.
    - For example, use the patient’s name and date of birth.
    - This is done to make sure that each patient gets the correct medicine and treatment and to make sure that the correct patient gets the correct blood when they get a blood transfusion

Acceptable identifiers are:

- Patient’s name
- Assigned identification number
- Date of birth
- Telephone number

- **Improve staff communication**
  - Get important test results to the right staff person on time

- **Use medicines safely**
  - Before a procedure, label medicines that are not labeled. For example, medications in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
  - Take extra care with patients who take medications to thin their blood
  - Record and pass along correct information about a patient’s medications. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medications to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

- **Improve alarm safety**
  - Make improvements to ensure that alarms on medical equipment are heard and responded to on time

- **Prevent infection**
  - Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning. Use proven guidelines to prevent infections that are difficult to treat
  - Use proven guidelines to prevent infection of the blood from central lines
  - Use proven guidelines to prevent infection after surgery
- Use proven guidelines to prevent infections of the urinary tract that are caused by catheters

**Identify patient safety risks**
- Find out which patients are most likely to try to commit suicide

**Prevent mistakes in surgery**
- Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body
- Mark the correct place on the patient's body where the surgery is to be done
- Pause before the surgery to make sure that a mistake is not being made

**Suicide Precautions**

Despite increasing awareness and interventions, the rate of suicide continues to increase. Nearly 43,000 people die from suicide annually, this is an increase of 24% from 2014. According to the CDC, in 2016 suicide was the 10th leading cause of death for all age groups and the 2nd leading cause of death for age groups 10-34.

Healthcare facilities are encouraged to have a **Zero Suicide Approach** as an organizational goal and a set of specific practices to help ensure a successful suicide prevention program. There are three essential factors which are key to the success of every healthcare suicide prevention program. The key factors are:

- **Core Values:** the belief and commitment that suicide can be eliminated in a population under care by improving service access and quality and through continuous improvement.
- **Systems Management:** taking systematic steps to create a culture that no longer finds suicide acceptable and setting aggressive but achievable goals to eliminate suicide attempts and deaths among members.
- **Evidence-based Practice:** implemented using standardized risk stratification, targeted evidence-based clinical interventions, accessibility, follow-up and engagement and education of patients, families and health care professionals.

---

**ZERO TOLERANCE FOR SUICIDE**

1. **Leadership:** Should commit to reducing suicide by setting goals and emphasizing suicide prevention as a CRITICAL PATIENT SAFETY ISSUE
2. **Training:** Healthcare organizations should assess employee beliefs and skills prior to providing appropriate training which includes signs of suicidality and the steps that must be taken
3. **Screening and Assessment:** Healthcare organizations should systematically screen, identify, and assess suicide risk
4. **Systematic Suicide Care Protocol:** A protocol should systematically encourage the use of treatments based on evidence-based practice; which, address the specific conditions
5. **Evidence-Based Treatment of Suicidality:** Treatment for suicidal patients should directly target and treat suicidal thoughts and behaviors
6. **Provision of Excellent Support During Care Transitions:** Follow-up care completed by the ED, inpatient staff, crisis call center, or an outpatient program should include:
   a. In-person visits
   b. Phone calls
   c. Letters or postcards offering support
7. **Measuring Outcomes and Conducting Quality Improvement:** Healthcare organizations should measure both process measures and outcomes
The Zero Suicide Approach program has been tested and revealed that this approach could be built into the routine clinical workflow, carried out successfully by current staff, provided without additional funding, and measured successfully. The known risk factors that should trigger screening for suicide include:

- Mental illness
- Substance use diagnoses
- Psychosocial trauma or conflict, recent loss (for example, a job or the death of a family member)
- Family history of suicide
- Personal history of suicide attempts

**Essential Actions**

- Screen all patients using a standardized, valid, and reliable tool for suicide risk or ideation
- Refer patients as necessary based on the results of the screening (social workers, in-patient or outpatient facility)
- Treat each patient using evidence-based practices for each condition
- Participate in your organization’s education and training program

**Sentinel Events**

Another TJC safety initiative requires healthcare organizations to report and investigate Sentinel Events. A Sentinel Event is an unexpected occurrence or risk involving death or serious physical or psychological injury, or risk thereof. It is called "sentinel" because it signals a need for immediate investigation and response. In a sentinel event, the unanticipated death or major permanent loss of function is NOT associated with the natural course of the patient’s illness or underlying condition, or lack of treatment of that condition. "Major permanent loss of function" means sensory, motor, physiologic, or intellectual impairment not present on admission, requiring continued treatment or life-style changes. Sentinel Events include:

- Unintended retention of a foreign object in a patient after surgery or other procedure
- Severe neonatal hyperbilirubinemia (bilirubin >30 mg/dL)
- Hemolytic transfusion reaction involving administration of blood/blood products having major blood group Incompatibilities
- Elopement of a patient from a setting which is staffed around-the-clock
- 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
- Patient suicide
- Unanticipated death of a full-term infant
- Abduction of any patient receiving care/services
- Discharge of infant to the wrong family
- Rape, assault, or homicide of a patient, staff member, vendor, or visitor.
- Surgery or invasive procedure involving the wrong patient, wrong site, or the wrong procedure

TJC encourages organizations to set their own guidelines for internal investigation for reportable sentinel events. Other frequently reported Sentinel Events resulting in death or injury include medication errors, delays in treatment, patient falls, death while restrained, infection-related events, medical equipment-related events, and fire.

**Essential Actions**

- Report if you witness or discover a possible sentinel event
- Follow organization P&P regarding disclosing the sentinel event, or any error, to patients and their families
- Participate in the root cause analysis (when asked) to determine circumstances surrounding the event, possible causal factors, and/or to identify strategies to prevent a similar event from occurring in the future
**CMS Hospital Acquired Conditions and Never Events**

Hospitals must report, and CMS will not pay for treating specific hospital-acquired conditions (HAC).

**Medicare and Medicaid will NOT reimburse organizations for PREVENTABLE HOSPITAL ACQUIRED CONDITIONS**

Take care to document ANY condition that is present on admission; failure to do so will cause the organization to categorize this pre-existing condition as a preventable hospital-acquired condition.

The National Quality Forum (NQF) identified Serious Reportable Events (SRE), which are also known as Never Events, because they are events which are viewed as preventable and therefore should never occur. View the complete list of 29 SREs at [http://www.qualityforum.org/Topics/SREs/List of SREs.aspx](http://www.qualityforum.org/Topics/SREs/List of SREs.aspx).

SREs are grouped into 7 categories:
- Surgical or Invasive Procedure Events
- Product or Device Events
- Patient Protection Events
- Care Management Events
- Environmental Events
- Radiologic Events
- Potential Criminal Events

**Institute for Health Improvement Bundles of Care**

A bundle is a structured way of improving the processes of care and patient outcomes: a small, straightforward set of evidence-based practices, generally three to five, that when performed collectively and reliably, have been proven to improve patient outcomes.

**Sepsis Bundle Project (SBP)**

This bundle is divided into two parts. **To be completed within 3 hours:**
1. Measure lactate level
2. Obtain blood cultures prior to administration of antibiotics
3. Administer broad spectrum antibiotics
4. Administer 30 ml/kg crystalloid fluid for hypotension or lactate ≥4 mmol/L

**To be completed within 6 hours:**
5. Apply vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP) ≥65 mm Hg
6. In the event of persistent hypotension after initial fluid administration (MAP < 65 mm Hg) or if initial lactate was ≥4 mmol/L, re-assess volume status and tissue perfusion and document findings according to Table 1
7. Re-measure lactate if initial lactate elevated
Document reassessment of volume status and tissue perfusion with:
- Repeat focused exam (after initial fluid resuscitation) including vital signs, cardiopulmonary, capillary refill, pulse, and skin findings

Or two of the following:
- Measure CVP
- Measure SVO$_2$
- Bedside cardiovascular ultrasound
- Dynamic assessment of fluid responsiveness with passive leg raise or fluid challenge

**Ventilator Bundle to prevent Ventilator-Associated Pneumonia (VAP)**
- Elevation of the head of the bed
- Daily "Sedation Holidays" and assessment of readiness to extubate
- Peptic ulcer disease prophylaxis
- Deep venous thrombosis prophylaxis
- Daily oral care with chlorhexidine

**Central Line Associated Bloodstream Infections (CLABSI)**
- Hand hygiene
- Use of full barrier precautions/personal protective equipment
- Chlorhexidine skin antisepsis
- Optimal catheter type selection
- Optimal catheter site selection
- Dressing
- Daily review of line necessity, with prompt removal of unnecessary CVC

**Catheter Associated Urinary Tract Infections (CAUTI)**
- Avoid unnecessary urinary catheters
- Insert urinary catheters using aseptic technique
- Maintain urinary catheters based on recommended guidelines
- Review urinary catheter necessity, with prompt removal of unnecessary catheters

**Surgical Site Infections (SSI)**
- Appropriate use of antibiotics
- Appropriate hair removal
- Post-operative glucose control (major cardiac surgery patients)
- Post-operative normothermia (colorectal surgery patients)

**Hospital Acquired Pressure Ulcers (HAPU)**
- Daily skin assessment
- Regular repositioning
- Nutrition assessment
- Calorie intake
- Glucose control
- Redistribution surfaces

**Patient Satisfaction**
Patient satisfaction is another critical indicator related to quality of care. A national, standardized survey, The Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS), has been implemented across the country.

Learn your organizational patient satisfaction program
Get involved
Follow guidelines
This standardized survey compares hospitals across the country. The public can compare hospitals’ performance at the hospital compare website http://www.medicare.gov/hospitalcompare/search.html

HCAHPS scores are used to calculate value-based incentive payments for healthcare facilities in the form of Medicare reimbursement. The survey includes items about communication with nurses and physicians, the responsiveness of hospital staff, the cleanliness and quietness of the hospital environment, pain management, and communication about medicines, discharge information, overall rating of hospital, and whether the patient would recommend the hospital.

**Essential Actions**
- Learn about the measures on the HCAHPS tool and how you can impact the scores your organization receives.
- Verbally check with patients on pain management goals and your efforts to meet those goals.
- Follow your organization procedures for improving patient satisfaction including hourly rounding, use of patient representatives, and other approaches.
- When teaching patient about medications or providing discharge instructions, use language that informs the patient about your activities.
- Maintain a quiet and clean hospital environment.
- Remember: How patients perceive their treatment can be as important as the treatment itself.
- Hourly rounding has been shown to be an effective method for increasing patient satisfaction.
- Sitting when talking to patients and families has a positive impact on patients of their caregivers.

**TJC Safety Concerns**
TJC has a reporting mechanism in place for any person who wants to file a concern about the quality of patient care. Accredited organizations and certified staffing agencies commit to refrain from taking any disciplinary action toward a person who files a complaint.

<table>
<thead>
<tr>
<th>How to contact the Joint Commission about a safety concern</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Via the website</strong></td>
</tr>
<tr>
<td><strong>Email</strong></td>
</tr>
<tr>
<td><strong>Fax</strong></td>
</tr>
</tbody>
</table>
| **Mail**                                                   | Office of Quality and Patient Safety  
The Joint Commission  
One Renaissance Boulevard  
Oakbrook Terrace, IL 60181 |
| **Toll free U.S. Number**                                  | Monday - Friday 8:30am - 5pm Central: 1-800-994-6610 |

**Alternate Accreditations for Healthcare Organizations**
To become a provider for CMS, a healthcare organization must be accredited. Up until 2008, TJC was the only option for healthcare facilities. However, there is now a second option. DNV-GL Healthcare Inc. (DNVGLHC) has been given accrediting status by CMS - in other words another accrediting body for hospitals and healthcare agencies. The accreditation is called the National Integrated Accreditation for Healthcare Organizations (NIAHO). Both TJC and NIAHO accreditation are based on Conditions of Participation set forth by CMS; however, the tactics to achieve the requirements of these two organizations differ.

Want to learn more about DNVHC? Check out their website at [https://www.dnvglhealthcare.com](https://www.dnvglhealthcare.com).
Care of Diverse Patient Populations

Healthcare professionals must be competent to meet the needs of patients served by the organization including specific needs of diverse patient populations. All patients have the right to receive care that is sensitive to, respectful of, and responsive to their cultural and religious or spiritual beliefs and values. It is essential that the educational needs of patients and families are identified and prioritized.

Essential Actions

- Assess the patient: Cultural/religious practices and degree of compliance with these practices.
- Be self-aware; try to remain neutral, know your views and behavior are affected by culture.
- Assure that education/discharge plans consider the patient’s abilities, preferences, readiness to learn, physical and cognitive limitation, communication and language barriers. Use appropriate educational resources and include the patient and support person and/or family.
- Provide ongoing education during the healthcare process which includes the safe and effective use of medications, equipment, supplies, nutrition interventions, rehabilitation, pain control, self-care, and healthcare resources.
- Evaluate learning and reinforce teaching.
- Meet patient's needs by responding to:
  - Language or sensory communication needs.
  - Rituals and prayer practices.
  - Eye contact and communication style.
  - Gender roles including authority/decision making.
  - Identification/inclusion of a support person and/or family members.
  - Education of patient/support person on this or her role in the healthcare process.
  - Food preferences, dietary restrictions, and alternative therapies.
  - Medical care preferences including gender of healthcare workers.
  - Use of appropriate educational resources: written, video, audio, interpreters, and other resources.
  - Beliefs about organ/tissue donation.
  - Discharge education that includes self-care, discharge treatments, life-style changes, and management of continuing care.

Diverse Patient Populations

Healthcare professionals should consider patient’s with language or communication barriers, cultural differences, health literacy limitations, mobility needs, and the concerns of the lesbian, and gay, and bisexual, and transgender patients.
Population-Specific Care

Healthcare professionals must be competent to meet the needs of patients served by the organization including specific needs of special patient populations based on age. Care plans must reflect age-specific care.

Essential Actions

- Know the age groups of the patient populations served by the organization.
- Identify special needs and behaviors pertaining to each age group.
- Fulfill the competency expectations defined by the organization.
- Identify and individualize interventions for your patients based on their special needs.
- Remember that the patient’s developmental level may differ from his age in years.
- Incorporate family and/or significant others is appropriate.
- Interventions that require age-specific considerations are:
  - Physical assessment and interpretations of findings
  - Medication and nutrition administration
  - Response to question/involvement in care
  - Explanation of interventions and procedures
  - Selection and use of medical equipment and supplies
  - Manner and method of communication
  - Strategies and methods for coping with hospitalization
  - Methods and tools for instruction
  - Injury risk assessment (falls, skin breakdown)

CLEAR COMMUNICATION IS ESSENTIAL FOR PATIENT SATISFACTION
The following table shows recommended practices and safety measures for each age group.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recommended Practices</th>
<th>Safety Measures</th>
</tr>
</thead>
</table>
| Neonates  | Cuddle and hug the newborn to facilitate the development of trust and promote neural development | • Position newborn on its back for sleep.  
• Educate caregiver about proper use of car seats.  
• Use extreme caution when administering medications  
• Assess potential influences of maternal medications  
• Position the infant upright after feedings to reduce aspiration risk  
• Protect “soft spots” anterior and posterior fontanels until they close  
• Maintain temperature  
• Maintain fluid balance  
• Facilitate bonding with parents |
| Infants   | To facilitate the development of trust and the ability to rely on others:  
• Keep parents in infant’s line of vision.  
• Give familiar objects for comfort.  
• Limit the number strangers present  
• Protect from infection | • Always keep crib side rails up, assuring that infant doesn’t sink into mattress surface.  
• Educate caregiver about injury prevention, specifically aspiration, suffocation, falls and  
• Assess respiratory status, these patients die from respiratory failure not cardiac failure  
• Provide developmentally appropriate stimulation to encourage cognitive and motor development |
| Toddlers  | To facilitate the development of autonomy:  
• Use a firm, direct approach giving one direction at a time.  
• Prepare child immediately before procedures.  
• Use play as means of preparation and explanation of procedures. | • Always supervise; toddlers should never be left unattended.  
• Be aware of choking hazards such as hotdogs, popcorn, grapes, and hard candy.  
• Expect “No” an expression of autonomy  
• Potty training  
• Provide 10-12 hours of sleep  
• Provide support, comfort, and solitary play time |
| Pre-School| To facilitate initiative:  
• Allow child to explore and seek answers  
• Set limits  
• Allow time to interact with other children | • Allow the development of sexual identity  
• Limit procedures involving genitalia to reduce anxiety  
• Respect food preferences  
• Explain that parents will return  
• Offer simple instructions  
• Preserve home rituals |
| School-Age Patients | To facilitate industry and reduce inferiority:  
• Allow child to make things, solve problems and master tasks  
• Allow participation in care  
• Support attainment of expectations of others  
• Allow child to display fear or pain | Educate toddlers on personal safety: strangers, use of bike helmets, knowledge of home address/phone numbers.  
• Educate using play, games, rewards, and praise  
• Educate caregiver about keeping medications and potential poisoning substances secure.  
• May question authority  
• Respect their need for privacy |
<table>
<thead>
<tr>
<th>Age Group</th>
<th>Recommended Practices</th>
<th>Safety Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adolescents</td>
<td>To facilitate identity formation:</td>
<td>• Educate on medication use and the prevention of illness.</td>
</tr>
<tr>
<td></td>
<td>- Support separating from parents and authority figures</td>
<td>• Assess for illicit substance abuse and sexual activity (contraceptive use, pregnancy) in a sensitive fashion.</td>
</tr>
<tr>
<td></td>
<td>- Assess and meet menarche needs in females (onset begins 11-13 yrs old).</td>
<td>• In some states, adolescents can make some decisions for themselves and the results of testing for pregnancy and contraceptive use may not be shared with parents without the patient's permission.</td>
</tr>
<tr>
<td></td>
<td>- Encourage peer visitation if applicable.</td>
<td>In some states, adolescents can be emancipated, that is free to make all decisions without parental input.</td>
</tr>
<tr>
<td></td>
<td>- Assess coping mechanisms</td>
<td></td>
</tr>
<tr>
<td>Adults</td>
<td>• Provide options for communication with family and work when appropriate.</td>
<td>• Educate on health and wellness including physical and emotional health.</td>
</tr>
<tr>
<td></td>
<td>- Assess impact of hospitalization /illness (family, work, body image).</td>
<td>• Support childrearing responsibilities and decision making</td>
</tr>
<tr>
<td></td>
<td>- Assess developmental age</td>
<td>Assess developmental age</td>
</tr>
<tr>
<td>Elderly Patients</td>
<td>• Face patient and speak slowly and distinctly, do not shout.</td>
<td>• Validate that the patient receives (that is, sees and/or hears) and understands your communication.</td>
</tr>
<tr>
<td></td>
<td>- Preserve dignity and autonomy as much as possible, even in patients with dementia.</td>
<td>• Ensure the availability of communication aids when applicable (hearing aid, eyeglasses).</td>
</tr>
<tr>
<td></td>
<td>- Assess need for sleep medication.</td>
<td>• Change patient positions slowly due to decreased circulatory force.</td>
</tr>
<tr>
<td></td>
<td>- Assess need for sleep medication.</td>
<td>• Institute injury prevention precautions (fall prevention, skin integrity maintenance).</td>
</tr>
<tr>
<td></td>
<td>- Assess need for sleep medication.</td>
<td>• Assess for swallowing difficulties.</td>
</tr>
</tbody>
</table>

**Patient and Family Education: Knowledge is Power**

**Essential Actions**

- Continually assess and prioritize the educational needs of patients and families.
- Involve patients, families, and other healthcare professionals in the education plan.
- Evaluate learning and reinforce instruction as necessary.
- Use all available appropriate educational resources including:
  - Healthcare team members
  - Written instructions, video and audio tapes
  - Community resources
  - Internet resources
  - Other aids to address special needs (Braille materials, large print tools, special devices, interpreters, other aids)

- Discharge education includes but is not limited to instructing the patient and family or individual/organizations responsible for care about:
  - Self-care
  - Safe and effective use of medications, medical equipment, and supplies
  - Nutrition interventions
  - Rehabilitation or rehabilitation techniques
  - Pain management
  - Specific care/treatment after discharge
When and how to obtain further care and resources
- How to make life-style changes
- How to manage continuing care
- Educate patients and families about their responsibilities in the healthcare process and specifically about their roles in helping to facilitate safe delivery of care
- Facilitate arrangements for schooling of children and adolescents during long-term hospitalization

Consider the patient’s abilities, preferences, and readiness to learn when developing a patient/family education plan

Nutritional Care: Food for Thought
TJC requires that:
- Preparation, storage, distribution, and administration of food and nutrients are performed accurately and safely.
- Patients’ response to nutrition is monitored.

Essential Actions
- Perform a thorough assessment to identify patients with special nutritional needs. This includes those who are malnourished, on an altered diet, pregnant/lactating, elderly, or who have cultural or spiritual needs related to nutrition.
- Make a referral to a nutritionist when patients meet defined nutritional risk criteria. Participate in the interdisciplinary plan of care to address nutritional needs.
- Check that an order for food or nutrients (including NPO) is present.
- Follow general food safety procedures in patient care areas.
- Monitor carefully the timing of food delivery in patients taking insulin.
- Avoid harmful food-drug interactions. Examples of common medications that cause food-drug interactions include:
  - Monoamine oxidase inhibitors (MAO inhibitors)
  - Quinolone antibiotics, such as ciprofloxacin (Cipro®)
  - Tetracycline antibiotics
  - Warfarin (Coumadin®)
- Over-the-counter (OTC) and herbal remedies may also cause food-drug interactions.
- Document patients OTC and herbal remedies that are regularly taken.

Assessment of Patients: The Plan Starts Here

Thoroughly assess your patients to identify and prioritize needs
Reassess to identify response to care, especially after interventions

Essential Actions
- Complete assessment within 24 hours of admission.
- Assess and reassess at regular intervals and when there is a significant change in condition or diagnosis, at change of shift, transfer or discharge. Different healthcare specialties have different specialty requirements for assessment.
- Depending upon your specialty, the initial assessment may include:
  - Physical condition
  - Psychosocial status
  - Nutritional and functional status
  - Presence of pain
- Necessary diagnostic testing
- Discharge planning needs
- Specific Needs:
  - Age-specific, cultural, and religious needs
  - Treatment for emotional/behavioral disorders and/or alcohol/drug dependencies
  - Suspicion of abuse/neglect
  - Use assessment to identify and prioritize patient needs and guide decisions.
  - Avoid leaving assessment items blank.

**For optimal outcomes:**
Identify, plan, and provide interventions using an interdisciplinary approach

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**Planning of Care: More Than a Care Plan**

**Essential Actions**
- Use a collaborative, interprofessional approach to planning care.
- Go beyond physical assessment and identifying needs and problems. Integrate information from various sources to develop a comprehensive picture of the patient’s condition and identify/prioritize care needs.
- Include patient and family goals.
- Implement care that is individualized to the patient and aimed at meeting established goals.
- Evaluate interventions and goals to determine if they are appropriate in meeting the needs of the patient. Then modify the plan of care as necessary.
- Evaluate progress toward goals.

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**Point of Care Testing: Get to the Point**

Point of care (POC) testing is defined as any clinical laboratory testing performed outside of the organization’s central laboratory. Examples of commonly performed POC tests may include finger stick glucose, fecal occult blood, activated clotting time, urine dipstick testing, and arterial blood gases (ABGs).

**Training and competency validations are required prior to performing POC testing**
Quality control checks are done as indicated by manufacturer

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**Essential Behaviors**
- Demonstrate competency validation when new test systems are introduced and according to the organization’s ongoing competency requirements.
- Ensure that appropriate quality control checks have been performed on the instrument as indicated by the manufacturer

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**Restraints: The Last Resort**

Restraint requirements differ depending on the area or facility they are employed in:
- In-patient
- Out-patient
- Psychiatric facilities

TJC and CMS have very strict regulations for the use of restraints. The basic restraint regulations are:
- The hospital uses restraint or seclusion only to protect the immediate physical safety of the patient, staff, or others.
• The hospital does not use restraints or seclusion as a means of coercion, discipline, convenience, or staff retaliation.
• The hospital uses restraints or seclusion only when less restrictive interventions are ineffective.
• The hospital uses the least restrictive form of restraint or seclusion that protects the physical safety of the patient, staff, or others.
• The hospital discontinues restraints or seclusion at the earliest possible time, regardless of the scheduled expiration of the order.
• The hospital implements restraints or seclusion using safe techniques identified by the hospital’s policies and procedures in accordance with law and regulation.
• The use of restraints and seclusion is in accordance with a written modification to the patient’s plan of care.
• Restraint orders are not PRN orders
• Restraints are discontinued at the earliest opportunity
• A restraint order is required for each episode of restraint

A restraint is:
• Any manual method, physical or mechanical device, material, medication, or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body, or head freely
• A medication is considered a chemical restraint when it is used as a restriction to manage the patient's behavior or restrict the patient's freedom of movement and is not a standard treatment or dosage for the patient's condition.

A restraint is not:
• An orthopedically prescribed device (wheelchairs, braces, splints, casts, heel/elbow protectors, etc.)
• Surgical dressings or bandages
• Protective helmets
• Protective devices used to protect the patient who is actively seizing
• Safety devices used to protect the patient from falling, e.g. side rails
• Other methods that involve the physical holding of a patient for conducting routine physical examinations or tests

There are two types of restraints used in healthcare facilities
• Non-violent/non-self-destructive
• Violent/self-destructive or harm to others/seclusion

The type of restraint device used DOES NOT DETERMINE the category of restraint!

Neoprene restraints may be used in a non-violent situation
For example:
A developmentally delayed patient who is breaking the soft restraints used to keep his CPAP mask in place

DOCUMENTATION IS KEY
When you document correctly, there is no confusion as to whether the device is a restraint.
• Documentation: Patient is in bed with all four side-rails up to keep the patient from getting out of bed
  o This documentation shows that the four side-rails are a restraint
  o An order for restraints is required
• Documentation: Patient is a high falls risk, four side-rails are up to keep the patient from falling
  o This documentation shows that side-rails are being used as a safety measure not restraint
  o No restraint order required
• Documentation: The patient has been determined by the psychiatrist to be at-risk for suicide. The patient agrees to stay in his/her room.
This documentation shows that the confinement is voluntary
- No restraint order required
- Documentation: The patient has been determined by the psychiatrist to be at-risk for suicide. The patient will not stay in his/her room despite warnings from the sitter.
  - This documentation shows that the confinement will be involuntary
  - An order for seclusion is required

**Non-violent restraint**
Non-violent non-self-destructive restraints are used to promote medical healing and/or diminish patient risk of suffering physical harm
- The physician or other trained provider must assess the patient being put in restraints as soon as possible
- Arm-boards are a restraint when the opposite arm is unusable, e.g. paralyzed, casted, or in any other way unusable
  - Arm-boards are not a restraint when used to protect an IV and the other arm is free for the patient to use
- Elbow immobilizers are restraints when:
  - Used to immobilize both elbows
  - Used to immobilize one elbow and the other arm is unusable, e.g. arm board in use, casted, paralyzed
- Mittens are restraints when they are secured to the bed
  - Mittens are not restraints when they are not secured to the bed

Patients in non-violent restraints must be:
- Visualized, assessed, released from restraints, and documented on every 2 hours
- Orders for restraints are reordered every 24 hours or calendar day (depends on facility policy)

Patients in non-violent restraints may be released from restraints and placed back in restraints without an additional order when the caregiver (NOT a family member) is giving care.
Patients who are released from restraints when family members are present, must have an order to be placed back into restraints after the family members leave.

**Violent restraint**
Violent restraints are utilized to protect the patient from self-harm or to protect the staff from harm. Seclusion is a form of violent restraint.
Seclusion is the involuntary confinement of a patient in an area where he/she is not allowed to leave.
- The provider must perform a face to face assessment of the patient within one hour of the restraint being placed
- The patient in violent restraints must be assessed every 15 minutes
- The patient in seclusion must be continuously monitored
- The patient in violent restraints and seclusion must be continuously monitored and assessed every 15 minutes
- Orders for restraints are rewritten according to age-based requirements
- Orders should not be rewritten for more than 24 hours

A patient, who is restrained AND in seclusion
MUST BE CONTINUOUSLY MONITORED
either in person or via video and audio

**Essential Actions**
- Respect a patient’s right to be free from restraint to protect the patient’s dignity and well-being.
  - Consider all patient-appropriate alternatives prior to initiating restraints.
- When restraints are indicated, select the least restrictive method based on the patient’s assessed need.
- Consider use of restraints based on:
The assessed need of the patient
- When preventive, alternative and/or less restrictive interventions are ineffective

Ensure that the provider’s order includes the justification for, type of restraint, behaviors that indicate the restraints may be removed, and when the order expires.

Your organization has specific P&P regarding restraint use based on TJC and CMS regulations. Compliance with organization P&P affords you legal protection and protects your organization’s accreditation status.

Training and on-going education should include:
- Type of restraints
- Provider orders for restraint use
- Expectations of restraint use
- How to apply restraints. Restraints must be appropriately applied, removed, or reapplied according to meet the patient’s needs for comfort, movement/positioning, nourishment, and elimination.
- Your role and responsibilities in ongoing assessment and reassessment.
- Assessment includes attention to the patient’s physical and emotional well-being, rights, dignity, and safety.
- How to determine if continued restraint use is necessary or if less restrictive or alternative interventions are possible.
- Your responsibilities for documentation, which generally include the reasons for restraint use, physician orders, results of patient monitoring and assessment, and any significant changes in the patient’s condition.

- Educate patients and families (when appropriate) regarding restraint use.
- Discontinue restraint when justification or criteria for use is no longer met.

If restraints are necessary
USE THE LEAST RESTRICTIVE METHOD
Always follow the organizational policy for restraint use, provider notification, and documentation

Resuscitation: Prepare for the “Worst Case Scenario”
- Resuscitation services and appropriate equipment must be available throughout the organization.
- Rapid response assessment teams provide a mechanism to improve early recognition and response to deterioration of a patient’s condition.
- Rapid response teams empower staff, patients, and families to obtain support and additional resources when there is a concern for the patient that needs an immediate response.
- Healthcare professionals must be competent in the need for and use of resuscitation equipment.

Rapid Response Teams
Empower staff, patients, and families to obtain additional resources when the patient requires immediate attention
Essential Actions

- Maintain your required certifications without allowing them to lapse.
- Know the location of crash carts on your unit.
- Know the criteria for activating a rapid response such as decreased/increased heart rate, respirations or blood pressure; however, your CONCERN for the patient will always override any other criteria.
- Learn your organization's process for use of rapid response teams and how to activate the team.
- Know the resuscitation equipment on crash carts. Crash carts are checked at a defined frequency, by designated staff, during normal hours of operation, according to each department P&P or guidelines.
- Know your responsibilities as a caregiver when a rapid response team is activated.
- Always be prepared and know your role in an emergency.

Medicare Parts C and D General Compliance

Why Do I Need Training?
Every year, billions of dollars are improperly spent because of Fraud, Waste, and Abuse (FWA). It affects everyone - including you. Compliance is everyone's responsibility. As an individual who provides health or administrative services for Medicare enrollees, your every action potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

Training Requirements
Certain training requirements apply to people involved in performing or delivering the Medicare Parts C and D benefits.
All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in the WBT course as "Sponsors") and the entities with which they contract to provide administrative or health care services for enrollees on behalf of the sponsor (referred to as "FDRs") must receive training about compliance with CMS program rules.
You may also be required to complete FWA training within 90 days of your initial hire. Please contact your management team for more information.

Learn More About Medicare Part C
Medicare Part C, or Medicare Advantage (MA), is a health plan choice available to Medicare beneficiaries. MA is a program run by Medicare-approved private insurance companies. These companies arrange for, or directly provide, health care services to the beneficiaries who elect to enroll in an MA plan. MA plans must cover all services that Medicare covers except for hospice care. MA plans provide Part A and Part B benefits and may also include prescription drug coverage and other supplemental benefits.

Learn More About Medicare Part D
Medicare Part D, the Prescription Drug Benefit, provides prescription drug coverage to all beneficiaries enrolled in Part A and/or Part B who elect to enroll in a Medicare Prescription Drug Plan (PDP) or an MA Prescription Drug (MA-PD) plan.
Insurance companies or other companies approved by Medicare provide prescription drug coverage to individuals who live in a plan's service area.

Course Content and Objectives
This WBT course consists of general compliance program training, a post-assessment, and a course evaluation. Anyone who provides health or administrative services to Medicare enrollees must satisfy general compliance and FWA training requirements. You must use this WBT course to satisfy general compliance training requirements. You do not have to complete the course in one session.
It should take you approximately 20 minutes to complete this course. Successfully completing the course require completing the entire lesson and scoring 70 percent or higher on the Post-Assessment. After successfully completing the Post-Assessment, you'll get instructions to print your certificate.
When you complete this course, you should be able to correctly:
- Recognize how a compliance program operates; and
- Recognize how compliance program violations should be reported.
Compliance Training

Compliance Program Requirements
The Centers for Medicare & Medicaid Services (CMS) requires Sponsors to implement and maintain an effective compliance program for its Medicare Parts C and D plans.

- An effective compliance program should:
- Articulate and demonstrate an organization's commitment to legal and ethical conduct;
- Provide guidance on how to handle compliance questions and concerns, and
- Provide guidance on how to identify and report compliance violations
Effective Compliance Program
What is an Effective Compliance Program?
An effective compliance program fosters a culture of compliance within an organization and, at a minimum:
- Prevents, detects, and corrects non-compliance;
- Is fully implemented and is tailored to an organization's unique operations and circumstances;
- Has adequate resources;
- Promotes the organization's Standards of Conduct; and
- Establishes clear lines of communication for reporting non-compliance.

An effective compliance program is essential to prevent, detect, and correct Medicare non-compliance as well as Fraud, Waste, and Abuse (FWA). It must, at a minimum, include the seven core compliance program requirements.

For more information, refer to:
- 42 Code of Federal Regulations (CFR) Section 422.503(b)(4)(vi) on the internet
- 42 CFR Section 423.504(b)(4)(vi) on the internet
- "Medicare Managed Care Manual" Chapter 21 on the CMS website; and
- "Medicare Prescription Drug Benefit Manual" Chapter 9 on the CMS website

Seven Core Compliance Program Requirements
Written Policies, Procedures, and Standards of Conduct
These articulate the Sponsor's commitment to comply with all applicable Federal and State standards and describe compliance expectations according to the Standards of Conduct.

Compliance Officer, Compliance Committee, and High-Level Oversight
The Sponsor must designate a compliance officer and a compliance committee that will be accountable and responsible for the activities and status of the compliance program, including issues identified, investigated, and resolved by the compliance program.

The Sponsor's senior management and governing body must be engaged and exercise reasonable oversight of the Sponsor's compliance program.

Effective Training and Education
This covers the elements of the compliance plan as well as prevention, detection, and reporting of FWA. This training and education should be tailored to the different responsibilities and job functions of employees.

Effective Lines of Communication
Effective lines of communication must be accessible to all, ensure confidentiality, and provide methods for anonymous and good-faith reporting of compliance issues at Sponsor and First-Tier, Downstream, or Related Entity (FDR) levels.

Well-Publicized Disciplinary Standards
Sponsors must enforce standards through well-publicized disciplinary guidelines.

Effective System for Routine Monitoring, Auditing, and Identifying Compliance Risks
Conduct routine monitoring and auditing of Sponsor's and FDR's operations to evaluate compliance with CMS requirements as well as the overall effectiveness of the compliance program.

Note: Sponsors must ensure that FDRs performing delegated administrative or health care service function concerning the Sponsor's Medicare Parts C and D program comply with Medicare Program requirements.

Procedures and System for Prompt Response to Compliance Issues
The Sponsor must use effective measures to respond promptly to non-compliance and undertake appropriate corrective action.
Compliance Training-Sponsors and Their FDRs
CMS expects that all Sponsors will apply their training requirements and “effective lines of communication” to their FDRs. Having “effective lines of communication” means that employees of the Sponsor and the Sponsor’s FDRs have several avenues to report compliance concerns.

Ethics-Do the Right Thing!
As part of the Medicare Program, you must conduct yourself in an ethical and legal manner. It's about doing the right thing!
- Act fairly and honestly;
- Adhere to high ethical standards in all you do;
- Comply with all applicable laws, regulations, and CMS requirements; and
- Report suspected violations

How Do You Know What is Expected of You?
Beyond following the general ethical guidelines on the previous page, how do you know what is expected of you in a specific situation? Standards of Conduct (or Code of Conduct) state compliance expectations and the principles and values by which an organization operates. Contents will vary as Standards of Conduct should be tailored to each individual organization's culture and business operations.
If you are not aware of your organization’s standards of conduct, ask you management where they can be located. Everyone has the responsibility to report violations of Standards of Conduct and suspected non-compliance. An organization’s Standards of Conduct and Policies and Procedures should identify this obligation and tell you how to report suspected non-compliance.

What is Non-Compliance
Non-compliance is conduct that does not conform to the law, Federal health care program requirements, or an organization's ethical and business policies.
CMS has identified the following Medicare Parts C and D high risk areas:
- Agent/broker misrepresentation;
- Appeals and grievance review (for example, coverage and organization determinations);
- Beneficiary notices;
- Conflicts of interest;
- Claims processing;
- Credentialing and provider networks;
- Documentation and Timeliness requirements;
- Ethics;
- FDR oversight and monitoring;
- Health Insurance Portability and Accountability Act (HIPAA);
- Marketing and enrollment;
- Pharmacy, formulary, and benefit administration; and
- Quality of care


Non-Compliance Affects Everybody
Without programs to prevent, detect, and correct non-compliance, we all risk: Harm to beneficiaries, such as:
- Delayed services
- Denial of benefits
- Difficulty in using providers of choice
Other hurdles to care: Less money for everyone, due to:
o High insurance co-payments
o Higher premiums
o Lower benefits for individuals and employers
o Lower Star ratings
o Lower profits

How to Report Potential Non-Compliance

Employees of a Sponsor
- Call the Medicare Compliance Officer;
- Make a report through your organization’s website; or
- Call the Compliance Hotline

First-Tier, Downstream, or Related Entity (FDR) Employees
- Talk to a Manager or Supervisor
- Call you Ethics/Compliance Help Line; or
- Report to the Sponsor

Beneficiaries
- Call the Sponsor’s Compliance Hotline or Customer Service;
- Make a report through the Sponsor’s website; or
- Call 1-800-Medicare

Don't Hesitate to Report Non-Compliance
There can be no retaliation against you for reporting suspected non-compliance in good faith. Each Sponsor must offer reporting methods that are:
- Anonymous;
- Confidential; and
- Non-retaliatory

What Happens After Non-Compliance is Detected?
After non-compliance is detected, it must be investigated immediately and promptly corrected. However, internal monitoring should continue to ensure:
- There is no recurrence of the same non-compliance;
- Ongoing compliance with CMS requirements;
- Efficient and effective internal controls; and
- Enrollees are protected

What are Internal Monitoring and Audits?
Internal monitoring activities are regular reviews that confirm ongoing compliance and ensure that corrective actions are undertaken and effective.
Internal auditing is a formal review of compliance with a particular set of standards (for example, policies and procedures, laws, and regulations) used as base measures.

Lesson Summary
Organizations must create and maintain compliance programs that, at a minimum, meet the seven core requirements. An effective compliance program fosters a culture of compliance. To help ensure compliance, behave ethically and follow your organization’s Standards of Conduct. Watch for common instances of non-compliance, and report suspected non-compliance. Know the consequences of non-compliance, and help correct any non-compliance with a corrective action plan that includes ongoing monitoring and auditing.

Compliance is Everyone’s Responsibility!
Prevent: Operate within your organization’s ethical expectations to prevent non-compliance!
Detect & Report: If you detect potential non-compliance, report it!
Correct: Correct non-compliance to protect beneficiaries and save money!

**Combating Medicare Parts C and D Fraud, Waste, and Abuse**

*Why Do I Need Training?*
Every year, billions of dollars are improperly spent because of FWA. It affects everyone - including you. This training will help you detect, correct, and prevent FWA. You are part of the solution. Combating FWA is everyone’s responsibility. As an individual who provides health or administrative services for Medicare enrollees, your every action potentially affects Medicare enrollees, the Medicare Program, or the Medicare Trust Fund.

**Training Requirements**
Certain training requirements apply to people involved in performing or delivering the Medicare Parts C and D benefits.
All employees of Medicare Advantage Organizations (MAOs) and Prescription Drug Plans (PDPs) (collectively referred to in the WBT course as “Sponsors”) must receive training for preventing, detecting, and correcting FWA.
FWA training must occur within 90 days of your initial hire and at least annually thereafter.

**FWA Training Requirements Exception**
There is one exception to the FWA training and education requirement. FDRs will have met the FWA training and education requirements if they have met the FWA certification requirement through:
- Accreditation as a supplier of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS); or
- Enrollment in Medicare Part A (hospital) or B (medical) Program

If you are unsure of this exception applies to you, please contact your management team for more information.

**Course Content and Objectives**
When you complete this course, you should be able to correctly:
- Recognize FWA in the Medicare Program;
- Identify the major laws and regulations pertaining to FWA;
- Recognize potential consequences and penalties associated with violations;
- Identify methods of preventing FWA;
- Identify how to report FWA; and
- Recognize how to correct FWA

**Lesson 1: What is FWA?**

*Introduction and Objectives*
This lesson describes Fraud, Waste, and Abuse (FWA) and the laws that prohibit it.
It should take **about 10 minutes** to complete.
Upon completing the lesson, you should be able to correctly:
- Recognize FWA in the Medicare Program;
- Identify the major laws and regulations pertaining to FWA; and
- Recognize potential consequences and penalties associated with violations
Fraud, Waste, and Abuse

Fraud
Fraud is knowingly and willfully executing, or attempting to execute, a scheme or artifice to defraud any health care benefit program, or to obtain by means of false or fraudulent pretenses, representations, or promises, any of the money or property owned by, or under the custody or control of, any health care benefit program. The Health Care Fraud Statute makes it a criminal offense to knowingly and willfully execute a scheme to defraud a health care benefit program. Health care fraud is punishable by imprisonment for up to 10 years. It is also subject to criminal fines of up to $250,000.

Waste
Waste includes overusing services, or other practices that, directly or indirectly, result in unnecessary costs to the Medicare Program. Waste is generally not considered to be caused by criminally negligent actions but rather by the misuse of resources.

Abuse
Abuse includes actions that may, directly or indirectly, result in unnecessary costs to the Medicare Program. Abuse involves payment for items or services when there is not legal entitlement to that payment and the provider has not knowingly and/or intentionally misrepresented facts to obtain payment.

For the definitions of fraud, waste, and abuse, refer to:

+ Chapter 21, Section 20 of the Medicare Managed Care Manual; and
+ Chapter 9 of the Prescription Drug Benefit Manual

on the Centers for Medicare & Medicaid Services (CMS) website.

Examples and Differences of FWA

Examples of FWA
Examples of actions that may constitute Medicare fraud include:

- Knowingly billing for services not furnished or supplies not provided, including billing Medicare for appointments that the patient failed to keep;
- Billing for non-existent prescriptions; and
- Knowingly altering claim forms, medical records, or receipts to receive a higher payment

Examples of actions that may constitute Medicare waste include:

- Conducting excessive office visits or writing excessive prescriptions;
- Prescribing more medications than necessary for the treatment of a specific condition; and
- Ordering excessive laboratory tests

Examples of actions that may constitute Medicare abuse include:

- Billing for unnecessary medical services;
- Billing for brand name drugs when generics are dispensed;
- Charging excessively for services or supplies; and
- Misusing codes on a claim, such as upcoding or unbundling codes

Differences Among Fraud, Waste, and Abuse
There are differences among fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires intent to obtain payment and the knowledge that the actions are wrong. Waste and abuse may involve obtaining an improper payment or creating an unnecessary cost to the Medicare Program, but does not require the same intent and knowledge.

Understanding FWA
To detect FWA, you need to know the law.

The following screens provide high-level information about the following laws:

- Civil False Claims Act, Health Care Fraud Statue, and Criminal Fraud;
- Anti-Kickback Statute;
- Stark Statue (Physician Self-Referral Law);
- Exclusion; and
• Health Insurance Portability and Accountability Act (HIPAA)
For details about the specific laws, such as safe harbor provisions, consult the applicable statute and regulations.

Civil False Claims Act (FCA)
The civil provisions of the FCA make a person liable to pay damages to the Government if he or she knowingly:
• Conspires to violate the FCA;
• Carries out other acts to obtain property from the Government by misrepresentation;
• Knowingly conceals or knowingly and improperly avoids or decreases an obligation to pay the Government;
• Makes or uses a false record or statement supporting a false claim; or
• Presents a false claim for payment or approval
For more information, refer to 31 United States Code (U.S.C.) Sections 3729-3733 on the Internet.

Example
A Medicare Part C plan in Florida:
• Hired an outside company to review medical records to find additional diagnosis codes that could be submitted to increase risk capitation payments from the Centers for Medicare & Medicaid Services (CMS);
• Was informed by the outside company that certain diagnosis codes previously submitted to Medicare were undocumented or unsupported;
• Failed to report the unsupported diagnosis codes to Medicare

Damages and Penalties
Any person who knowingly submits false claims to the Government is liable for three times the Government’s damages caused by the violator plus penalty.

Whistleblowers
A whistleblower is a person who exposes information or activity that is deemed illegal, dishonest, or violates professional or clinical standards.
• Protected: Persons who repost false claims or bring legal action to recover money paid on false claims are protected from retaliation.
• Rewarded: Persons who bring a successful whistleblower lawsuit receive at least 15 percent but not more that 30 percent of the money collected.

Health Care Fraud

Health Care Fraud Statute
The Health Care Fraud Statute states that "Whoever knowingly and willfully executes, or attempts to execute a scheme to ...defraud any health care benefit program...shall be fined...or imprisoned not more than 10 years, or both."
Conviction under the statute does not require proof that the violator had knowledge of the law or specific intent to violate the law.
For more information, refer to 18 U.S.C. Section 1346 on the Internet.

Example
A Pennsylvania pharmacist:
• Submitted claims to a Medicare Part D plan for non-existent prescriptions and for drugs not dispensed:
• Plead guilty to health care fraud: and
• Received a 15-month prison sentence and was ordered to pay more than $166,000 in restitution to the plan

The owners of two Florida Durable Medical Equipment (DME) companies:
• Submitted false claims of approximately $4 million to Medicare for products that were not authorized and not provided;
• Were convicted of making false claims, conspiracy, health care fraud, and wire fraud;
• Were sentenced to 54 months in prison; and
• Were ordered to pay more than 1.9 million in restitution
Criminal Health Care Fraud
Persons who knowingly make a false claim may be subject to:
- Criminal fines up to $250,000;
- Imprisonment for up to 20 years; or
- Both
If violations resulted in death, the individual may be imprisoned for any term of years or for life. For more information refer to 18 U.S.C. Section 1347 on the Internet.

Anti-Kickback Statute
The Anti-Kickback Statute prohibits knowingly and willfully soliciting, receiving, offering, or paying remuneration (including any kickback, bribe, or rebate) for referrals for services that are paid, in whole or in part, under a Federal health care program (including the Medicare Program). For more information, refer to 42 U.S.C. Section 1320a-7b(b) on the internet.

Damages and Penalties
Violations are punishable by:
- A fine of up to $5,000;
- Imprisonment for up to 5 years; or
- Both
For more information, refer to Social Security Act (the Act), Section 1128B(b) on the internet.

Example
A radiologist who owned and served as medical director of a diagnostic testing center in New Jersey:
- Obtained nearly $2 million in payments from Medicare and Medicaid for MRIs, CAT scans, ultrasounds, and other resulting tests;
- Paid doctors for referring patients;
- Plead guilty to violating the Anti-Kickback Statue; and
- Was sentenced to 46 months in prison
The radiologist was among 17 people, including 15 physicians, who have been convicted regarding this scheme.

Stark Statute (Physician Self-Referral Law)
The Stark Statute prohibits a physician from making referrals for certain designated health services to an entity when the physician (or a member of his or her family) has:
- An ownership/investment interest; or
- A compensation arrangement (exceptions apply) For more information, refer to 42 U.S.C. Section 1395nn on the internet.

Damages and Penalties
Medicare claims tainted by an arrangement that does not comply with the Stark Statute are not payable. A penalty of around $23,800 may be imposed for each service provided. There may also be around a $159,000 fine for entering into an unlawful arrangement or scheme.
For more information, refer to Physician Self-Referral on the CMS website and refer to the Act, Section 1877 on the internet.

Example
A physician paid the Government $203,000 to settle allegations that he violated the physician self-referral prohibition in the Stark Statute for routinely referring Medicare patients to an oxygen supply company he owned.
Civil Monetary Penalties (CMP) Law
The Office of Inspector General (OIG) may impose civil penalties for many reasons, including:
- Arranging for services or items from an excluded individual or entity;
- Providing services or items while excluded;
- Failing to grant OIG timely access to records;
- Knowing of an overpayment and failing to report and return it;
- Making false claims; or
- Paying to influence referrals
For more information, refer to 42 U.S.C. 1320a-7a and the Act, Section 1128A(a) on the internet.

Example
A California pharmacy and its owner agreed to pay over $1.3 million to settle allegations they submitted claims to Medicare Part D for brand name prescription drugs that the pharmacy could not have dispensed base on inventory records.

Exclusion
No Federal health care program payment may be made for any item or service furnished, ordered, or prescribed by an individual or entity excluded by the OIG.
The OIG has authority to exclude individuals and entities from federally funded health care programs and maintains the List of Excluded Individuals and Entities (LEIE). You can access the LEIE on the Internet. The United States General Services Administration (GSA) administers the Excluded Parties List System (EPLS), which contains debarment actions taken by various Federal agencies, including the OIG. You may access the EPLS on the System for Award Management website.
If looking for excluded individuals or entities, make sure to check both the LEIE and the EPLS since the lists are not the same.
For more information, refer to 42 U.S.C. Section 1320a-7 on the CMS website and refer to 42 Code of Federal Regulations Section 1001.1901 on the internet.

Example
A pharmaceutical company pleaded guilty to two felony counts of criminal fraud related to failure to file required reports with the Food and Drug Administration concerning oversized morphine sulfate tablets. The executive of the pharmaceutical firm was excluded based on the company’s guilty plea. At the time the executive was excluded, he had not been convicted himself, but there was evidence he was involved in misconduct leading to the company’s conviction.

Health Insurance Portability and Accountability Act (HIPAA)
HIPAA created greater access to health care insurance, protection of privacy of health care data, and promoted standardization and efficiency in the health care industry.
HIPAA safeguards help prevent unauthorized access to protected health care information. As an individual with access to protected health care information, you must comply with HIPAA.
For more information, visit the HIPAA webpage on the internet.

Damages and Penalties
Violations may result in Civil Monetary Penalties. In some cases, criminal penalties may apply.

Example
A former hospital employee pleaded guilty to criminal HIPAA charges after obtaining protected health information with the intent to use it for personal gain. He was sentenced to 12 months and 1 day in prison.

Lesson 1 Summary
There are differences among FWA. One of the primary is intent and knowledge.
Fraud requires that the person have intent to obtain payment and the knowledge that their actions are wrong.
Waste and abuse may involve obtaining an improper payment but do not require the same intent and knowledge.
Law and regulations exist that prohibit FWA. Penalties for violating these laws may include:
- Civil Monetary Penalties;
- Civil Prosecution;
- Criminal conviction/fines;
- Exclusion from participation in all Federal health care programs;
- Imprisonment; or
- Loss of provider license

Lesson 2: Your Role in the Fight Against FWA

Now that you have learned about FWA and the laws and regulations prohibiting it, let’s look closer at your role in the fight against FWA.

Introduction and Objectives

This lesson explains the role you can play in fighting against Fraud, Waste, and Abuse (FWA), including your responsibilities for preventing, reporting, and correcting FWA.

It should take about 10 minutes to complete.

Upon completing the lesson, you should be able to correctly:

- Identify methods or preventing FWA;
- Identify how to report FWA; and
- Recognize how to correct FWA

Where Do I Fit In?

As a person who provides health or administrative services to a Medicare Part C or Part D enrollee, you are either an employee of a:

- Sponsor (Medicare Advantage Organizations [MAOs] and Prescription Drug Plans [PDPs]);
- First-tier entity (Examples: Pharmacy Benefit Management (PBM), hospital or health care facility, provider group, doctor office, clinical laboratory, customer service provider, claims processing and adjudication company, a company that handles enrollment, disenrollment, and membership functions, and contracted sales agent);
- Downstream entity (Examples: pharmacies, doctor office, firms providing agent/broker services, marketing firms, and call centers); or
- Related entity (Examples: Entity with common ownership or control of a Sponsor, health promotion provider, or SilverSneakers

Part C Example

I am an employee of a Part C Plan Sponsor or an employee of Part C Plan Sponsor's first-tier or downstream entity.

The Part C Plan Sponsor is a CMS Contractor. Part C Plan Sponsors may enter into contracts with FDRs. This stakeholder relationship flow chart shows examples of functions that relate to the Sponsor’s Medicare Part C contracts.

First Tier and related entities of the Medicare part C Plan Sponsor may contract with downstream entities to fulfill their contractual obligations to the Sponsor.

Examples of first tier entities may be independent practices, call centers, health services/hospital groups, fulfillment vendors, field marketing organizations, and credentialing organizations.

If the first-tier entity is a health service/hospital group, then radiology, hospital, or mental health facilities may be the downstream entity. Downstream entities may contract with other downstream entities. Hospitals and mental health facilities may contract with providers.

Part D Example

I am an employee of a Part D Plan Sponsor or an employee of Part D Plan Sponsor's first-tier or downstream entity.

The Part D Plan Sponsor is a CMS Contractor. Part D Plan Sponsors may enter into contracts with FDRs. This stakeholder relationship flow chart shows examples of functions that relate to the Sponsor’s Medicare Part D contracts.

First Tier and related entities of the Medicare part D Plan Sponsor may contract with downstream entities to fulfill their contractual obligations to the Sponsor.

Examples of first tier entities include call centers, PBMs and field marketing organizations. If the first-tier entity
is a PBM, then the pharmacy, marketing firm, quality assurance firm, and claims processing firm could be downstream entities. If the first-tier entity is a field marketing organization, then agents could be a downstream entity.

**Responsibilities, Prevention, and Reporting**

**What Are Your Responsibilities**

You play a vital part in preventing, detecting, and reporting potential FWA, as well as Medicare non-compliance.

- **First**, you must comply with all applicable statutory, regulatory, and other Medicare Part C or Part D requirements, including adopting and using an effective compliance program.
- **Second**, you have a duty to the Medicare Program to report any compliance concerns, and suspected or actual violations that you may be aware of.
- **Third**, you have a duty to follow your organization’s Code of Conduct that articulates your and your organization’s commitment to standards of conduct and ethical rules of behavior.

**How Do You Prevent FWA?**

- Look for suspicious activity;
- Conduct yourself in an ethical manner;
- Ensure accurate and timely data/billing;
- Ensure you coordinate with other payers;
- Keep up to date with FWA policies and procedures, standards of conduct, laws, regulations, and the CMS guidance; and
- Verify all information provided to you

**Stay Informed About Policies and Procedures**

Familiarize yourself with your entity’s policies and procedures. Every Sponsor and First-Tier, Downstream, and Related Entity (FDR) must have policies and procedures that address FWA. These procedures should help you detect, prevent, report, and correct FWA.

- Standards of Conduct should describe the Sponsor’s expectations that:
  - All employees conduct themselves in an ethical manner;
  - Appropriate mechanisms are in place for anyone to report non-compliance and potential FWA; and
  - Reported issues will be addressed and corrected

Standards of Conduct communicate to employees and FDRs that compliance is everyone’s responsibility, from the top of the organization to the bottom.

**Report FWA**

Everyone must report suspected instances of FWA. Your Sponsor’s Code of Conduct should clearly state this obligation. Sponsor’s may not retaliate against you for making a good faith effort in reporting.

Do not be concerned about whether it is fraud, waste, or abuse. Just report any concerns to your compliance department or your Sponsor’s compliance department.

Your Sponsor’s compliance department area will investigate and make the proper determination. Often, Sponsors have a Special Investigations Unit (SIU) dedicated to investigating FWA. They may also maintain an FWA Hotline.

Every Sponsor must have a mechanism for reporting potential FWA by employees and FDRs. Each Sponsor must accept anonymous report and cannot retaliate against you for reporting. Review your organization’s materials for the ways to report FWA. When in doubt, call your Compliance Department or FWA Hotline.

**Reporting FWA Outside Your Organization**

If warranted, Sponsors and FDRs must report potentially fraudulent conduct to Government authorities, such as the Office of Inspector General (OIG), the Department of Justice (DOJ), or CMS.

Individuals or entities who wish to voluntarily disclose self-discovered potential fraud to OIG may do so under the Self- Disclosure Protocol (SDP). Self-disclosure gives providers the opportunity to avoid the costs and disruptions associated with a Government-directed investigation and civil or administrative litigation.
Details to Include When Reporting FWA
When reporting suspected FWA, you should include:
- Contact information for the source of the information, suspects, and witnesses;
- Details of the alleged FWA;
- Identification of the specific Medicare rules allegedly violated; and
- The suspect's history of compliance, education, training, and communication with your organization or other entities

Where to Report FWA
HHS Office or Inspector General:
- **Phone:** 1-800-HHS-TIPS (1-800-447-8477) or TTY 1-800-377-4950
- **Fax:** 1-800-223-8164
- **Email:** HHSTips@oig.hhs.gov
- **Online:** [https://forms.oig.hhs.gov/hotlineoperations/index.aspx](https://forms.oig.hhs.gov/hotlineoperations/index.aspx)

For Medicare Parts C and D:
- National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) at 1-877-7SafeRx (1-877-7723379)

For all other Federal health care programs:
CMS Hotline at 1-800-MEDICARE (1-800-633-4227) or TTY 1-877-486-2048

Correction
Correcting the Problem
Once fraud, waste, or abuse has been detected, it must be promptly corrected. Correcting the problem saves the Government money and ensures you are in compliance with CMS requirements. Develop a plan to correct the issue. Consult your organization's compliance officer to find out the process for the corrective action plan development. The actual plan is going to vary, depending on the specific circumstances.

Action Plan
In general:
- Design the corrective action to correct the underlying problem that results in FWA program violations and to prevent future non-compliance;
- Tailor the corrective action to address the particular FWA, problem, or deficiency identified. Include time-frames for specific actions;
- Document corrective actions addressing non-compliance or FWA committed by a Sponsor's employee or FDR's employee and include consequences for failure to satisfactorily complete the corrective action; and
- Once started, continuously monitor correct actions to ensure they are effective

Corrective Action Examples
Corrective actions may include:
- Adopting new prepayments edits or document review requirements;
- Conducting mandated training;
- Providing educational materials;
- Revising policies or procedures;
- Sending warning letters;
- Taking disciplinary action, such as suspension of marketing, enrollment, or payment; or
- Terminating an employee or provider

Indicators of Potential FWA
Now that you know about your role in preventing, reporting, and correcting FWA, let's review some key indicators to help you recognize the signs of someone committing FWA.
The following pages present issues that may be potential FWA. Each page provides questions to ask yourself about different areas, depending on your role as an employee of a Sponsor, pharmacy, or other entity involved in the delivery of Medicare Parts C and D benefits to enrollees.

**Key Indicators: Potential Beneficiary Issues**
- Does the prescription, medical record, or laboratory test look altered or possibly forged?
- Does the beneficiary's medical history support the services requested?
- Have you filled numerous identical prescriptions for this beneficiary, possibly from different doctors?
- Is the person receiving the medical service the actual beneficiary (identity theft)?
- Is the prescription appropriate based on the beneficiary's other prescriptions?

**Key Indicators: Potential Provider Issues**
- Are the provider's prescriptions appropriate for the member's health condition (medically necessary)?
- Does the provider bill the Sponsor for services not provided?
- Does the provider write prescriptions for diverse drugs or primarily for controlled substances?
- Is the provider performing medically unnecessary services for the member?
- Is the provider prescribing a higher quantity than medically necessary for the condition?
- Is the provider's diagnosis for the member supported in the medical record?

**Key Indicators: Potential Pharmacy Issues**
- Are drugs being diverted (drugs meant for nursing homes, hospice and other entities being sent elsewhere)?
- Are the dispensed drugs expired, fake, diluted, or illegal?
- Are generic drugs provided when the prescription requires that brand drugs be dispensed?
- Are PBMs being billed for prescriptions that are not filled or picked up?
- Are proper provisions made if the entire prescription cannot be filled (no additional dispensing fees for split prescriptions)?
- Do you see prescriptions being altered (changing quantities or Dispense as Written)?

**Key Indicators: Potential Wholesaler Issues**
- Is the wholesaler distributing fake, diluted, expired, or illegally imported drugs?
- Is the wholesaler diverting drugs meant for nursing homes, hospices, and Acquired Immune Deficiency Syndrome (AIDS) clinics and then marking up the prices and sending to other smaller wholesalers or pharmacies?

**Key Indicators: Potential Manufacturer Issues**
- Does the manufacturer promote off-label drug usage?
- Does the manufacturer provide samples, knowing that the samples will be billed to a Federal health care program?

**Key Indicators: Potential Sponsor Issues**
- Does the Sponsor encourage/support inappropriate risk adjustment submissions?
- Does the Sponsor lead the beneficiary to believe that the cost of benefits is one price, only for the beneficiary to find out that the actual cost is higher?
- Does the Sponsor offer cash inducements for beneficiaries to join the plan?
- Does the Sponsor use unlicensed agents?
Lesson 2 Summary

- As a person who provides health or administrative services to a Medicare Parts C and D enrollee, you play a vital role in preventing FWA. Conduct yourself ethically, stay informed of your organizations' policies and procedures, and keep an eye out for key indicators of potential FWA.
- Report potential FWA. Every Sponsor must have a mechanism for reporting potential FWA. Each Sponsor must be able to accept anonymous reports and cannot retaliate against you for reporting.
- Promptly correct identified FWA with an effective corrective action plan.

Conclusion

As a healthcare professional, you are responsible to comply with your professions’ position statement or code of ethics to ensure safe practices and the delivery of the highest quality care available. In relatively short periods of time you are responsible to learn and apply a significant amount of important information that can affect the safety and well-being of your patients. Having current resources readily available and the ability to prioritize and organize essential information will help you stay informed and respond effectively.

This course is designed to provide reference information and practical tips to incorporate into everyday practice. Although the course delivers information about a variety of healthcare-related standards and resources, the responsibility to learn each organization’s specific policies and procedures remains with the individual. The orientation checklist that follows will assist you to seek out resources within each organization to help you maintain your ability to comply with all regulatory requirements and ensure the safety of not just yourself, but also your patients.

This manual identifies general guidelines regarding workplace safety, patient care standards, and professional behavior.

Your organization has developed detailed policies and procedures based on these guidelines.

ALWAYS ACCESS AND COMPLY WITH ORGANIZATIONAL POLICIES AND PROCEDURES
Resources
Click here to view Resources

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