

O'Connor Hospital

2012

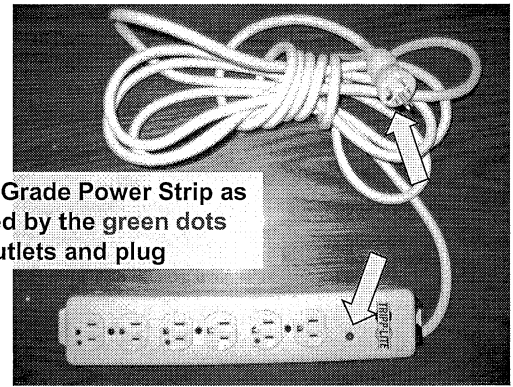
Nursing Student Orientation

- Biomed Module
- Chaplain Services
- Associate Safety
- Back Safety
- Patient Experience
- Road to Ethics
- Corporate Responsibility
- Environment of Care
- Infection Control
- Living Our Values
- Risk Management
- Workman's Comp
- Patient Safety
- Workplace Violence

Electrical & Medical Equipment Safety



Hospital Grade Power Strip as evidenced by the green dots on the outlets and plug



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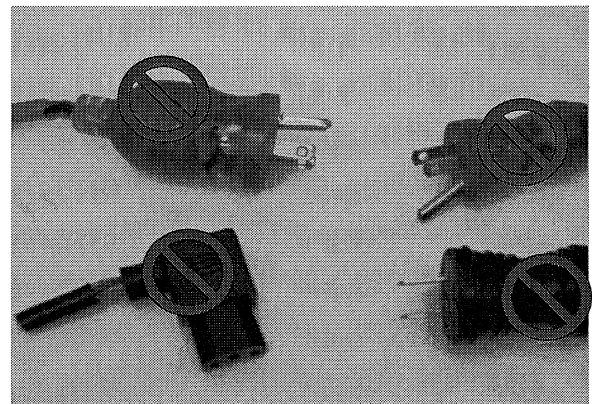
Electrical Device Safety

Power Plugs and Cords On Portable Equipment

- Plug should fit firmly in outlet
- Plugs must be Hospital Grade (three conductors & green dot) or device Double Insulated
- Unplug by grasping the plug, not the cord
- If a plug is warm, disconnect it and notify the Clinical Engineering Department

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Electrical Hazards



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Extension Cord Electrical Safety

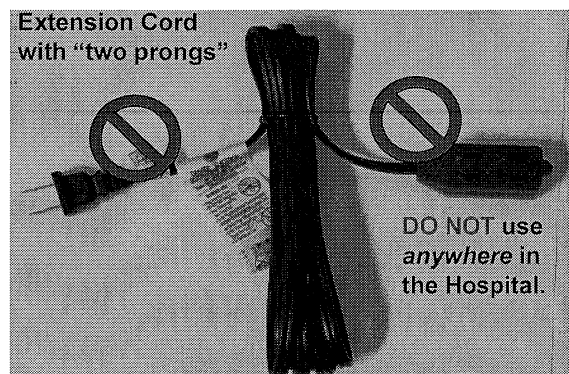
Extension Cords & Outlet Strips in Care Areas

- Avoid if possible by relocating device or having longer power cord or outlet installed
- Hospital Grade (three conductors & green dot)
- Outlets hold plugs firmly
- Never plug one into another (daisy chain)

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Electrical Hazards

Extension Cord with "two prongs"



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Patient Supplied Non-Medical Device Safety

Personal Devices such as DVD Players and Laptop Computers are allowed if:



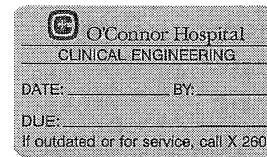
- In good condition
- Testing Lab marked (UL, CSA)
- Operated only on battery
- Used with consideration for others

See the "EOC – Privately Owned Equipment" Policy for further details.

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Electrical & Medical Equipment Safety

Preventive Maintenance Stickers on Medical Equipment



If the date in the due section of the tag is outdated, remove equipment from service and contact Clinical Engineering at ext. 2609.

Patient Supplied Medical Device Safety

Patient Supplied Medical Equipment is discouraged, but if O'Connor has no means of providing the needed medical device function, then it may be allowed if:

- The patient's admitting or attending physician writes an order for it
- It is in good condition
- It is Testing Lab marked (UL, CSA)
- It passes inspection by the Clinical Engineering Dept. except in the case of CPAP/BiPAP's where a CPAP Release Form is filled by patient or designee
- The patient completes and submits the "Patient Supplied Equipment Release of Liability" form which goes into the patient record and a copy goes to the Clinical Engineering Department Chief.

See the "EOC – Patient Supplied Equipment" Policy for further details.

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Cellular Device Safety

Cellular devices including cell phones and cellular enabled PDAs are safe to use in many areas throughout the hospital. Areas in which cellular device use is not allowed are posted with "Please turn off cellular devices" signs.



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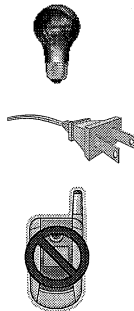
Electrical & Medical Equipment Safety

- Check for damage before use
- Check for a properly dated safety sticker
- Follow the operator instructions
- Disconnect equipment that:
 - Shocks
 - Sparks
 - Blows fuses
 - Has burning smell



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Utility Failure – What Do You Do?

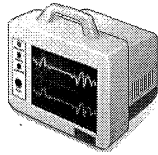


- In the event of utility failure refer to your Emergency Preparedness Manual
- Access emergency power with RED power outlets
- Code Silence is the procedure for handling total or partial loss of the telephone system
- Cell phones are located with the operators and will be distributed
- Cell phone usage/restriction (CCU, PCU, Emergency Services (patient care areas))

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Bio-Medical Equipment

- When a piece of medical equipment malfunctions, tell your supervisor, take the equipment out of service and tag the equipment for repair
- Enter a work order through Bio-Med Service Request located on the Intranet
- If the equipment's inspection sticker is out of date, take the piece of equipment out of service and enter a work order
- If you need to contact Bio-Med dial 2609
- Any emergent issue - page the emergency pager 347



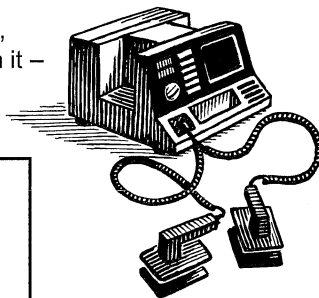
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Electrical Safety is Everyone's Business

- If you notice an electrical hazard, disconnect power upstream from it – *if you can do so safely*
- In any case, notify Engineering

0 0 3 3 - 4 0 8 4 5 0 0

ENGINEERING
Available M-F
9:00 a.m. – 5:00 p.m.
x 2548
SECURITY
Available 24/7
x 4402
After hours dial x 3888/6210



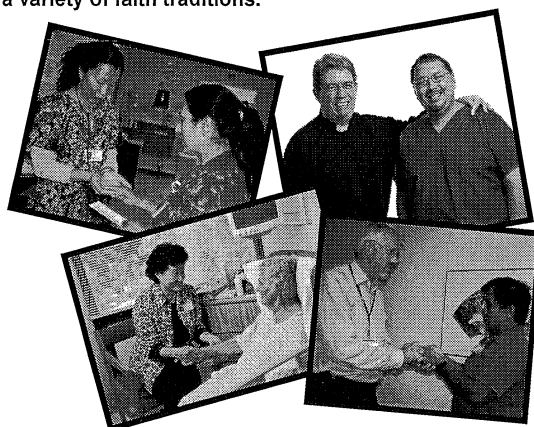
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Our Mission and Chaplain Services



Who is Chaplain Services?

Our team consists of professionally trained Chaplains, as well as Eucharistic Ministers, and Pastoral Visitors from all walks of life and a variety of faith traditions.



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Our Mission

In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor. With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind, and spirit. We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.



Vincentian Values

The Charity of Christ urges us to:

Respect: Recognizing our own value and the value of others.

Compassionate Service: Providing excellent care with gentleness and kindness.

Simplicity: Acting with integrity, clarity and honesty.

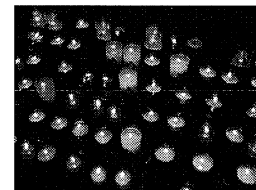
Advocacy for the Poor: Supporting those who lack resources for a healthy life and full human development.

Inventiveness to Infinity: Being continuously resourceful and creative.

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How Chaplain Services Helps Our Patients

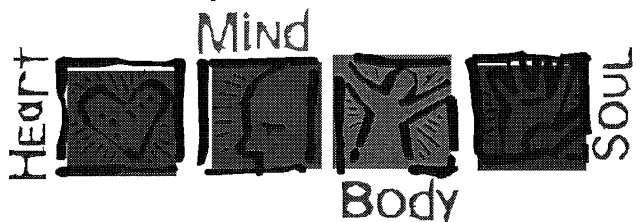
- Give general spiritual and emotional support that arise during times of stress such as anger, sadness, fear and grief
- Talk to someone who is a good listener
- Pray with someone



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What is Chaplain Services?

O'Connor Hospital is committed to caring for the whole person – body, mind and spirit – and Chaplain Services is here to provide spiritual and emotional support to patients, their family and friends.



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How Chaplain Services Helps Our Patients



- Give a blessing, provide sacraments, or other special rituals
- Contact Patient's local faith community
- Discuss ethical issues and advance directives
- Arrange a family conference

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How to Request a Chaplain for Patients or Families

- **Contact the on call Chaplain from 8 a.m. to 4:30 p.m. by dialing “0”**
- **After hours, all requests need to be evaluated by the house supervisor because the night call Chaplains are only available for emergencies:**



1. When a patient is dying or
2. A patient has died, and the family request the services of the Chaplain



2012 ASSOCIATE SAFETY



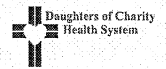
ASSOCIATE SAFETY

ASAP

Associate Safety Assurance Program: *DCHS Program designed to assist LHM in fulfilling their Mission*

ASAP Task Force: goals include:

- *To continuously maintain a safe work environment,*
- *To promote safety awareness and education*
- *To treat injured associates just as we would our patients*
- *To return them to work in a timely manner*



ASSOCIATE SAFETY

At the end of this presentation you will be asked the following questions:

- Who is responsible for Safety?
- After a needlestick, what do you do?
- What is TWP?
- If you have a rash, what should you do?



ASSOCIATE SAFETY

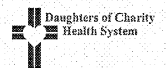
For injured associates:

MPN: Medical Provider Network –

network of providers that will direct medical care you receive if you are injured on-the-job

TWP: Transitional Work Program–

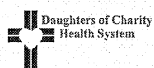
temporary jobs designed for injured workers to work from "injury" until return to usual job



ASSOCIATE SAFETY

Everyone is responsible for Safety:

- Work safely
- Be responsible for spills
- Prevent and report hazards
- Report incidents immediately
- Observe wet floor signs
- Do not walk on wet floors

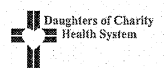


COMMUNICABLE DISEASE

If you have rash – do not report to work until you have been seen in Employee Health

Confidential illness reporting hotline

Call EHS at 918-2444



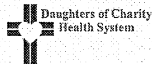


INFLUENZA VACCINE

Influenza vaccine is recommended for everyone age 6 mos and older on an annual basis

Influenza vaccine is **REQUIRED** for Healthcare workers in California

If a healthcare worker declines influenza vaccine, a declination form must be completed

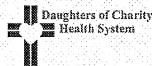


Bloodborne Pathogen Exposure

After a needlestick exposure, immediately:

- Wash the area
- Report to your manager
- Report to Employee Health

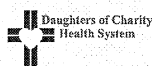
If Employee Health is closed, notify the Nursing Supervisor who will call the Employee Health Nurse on call



EMPLOYEE HEALTH

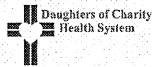
Employee Health is open Monday through Friday
from 7am-3:30
408-947-2629

Rosalie Sheveland, RN
Director, Employee Health
408-947-2853
On-call 24/7





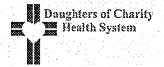
Back Safety At Work



Lumbar Spine



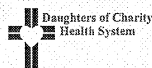
- The lower part of the back holds most of the body's weight.
- Every time you bend over, lift a heavy object, or sit leaning forward, you put stress on your spine.
- Over time, the discs between your vertebrae can start to wear out and become damaged.



Back Safety At Work

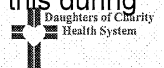
In this module you will learn:

- How to properly lift
- How to protect your back from injury
- How to prevent injuries at work

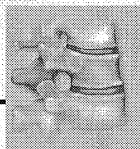


Abdominal Strength

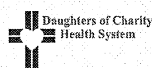
- Abdominal muscles provide a lot of the support needed by your back.
- If you have weak abdominal muscles, your back may not get all the support it needs, especially when you're lifting or carrying heavy objects.
- Good physical condition in general is important for preventing strains, sprains, and other injuries.
- Draw your belly button in towards your spine to contract your abdominal muscles. Do this during lifting activities to prevent injuries.



Your Spine



- The spine's vertebrae are held together by ligaments.
- Muscles are attached to the vertebrae by bands of tissue called tendons.
- Between each vertebra is a cushion known as a disc.
- These are all important factors in the health of your spine.

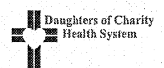
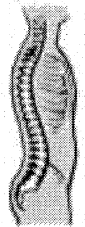
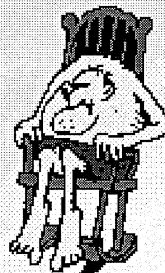


Contributing Factors

Poor posture...

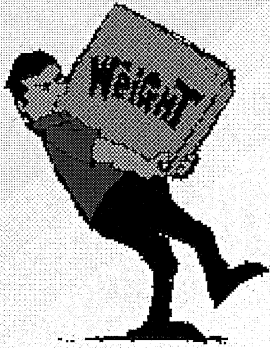
Your spine has a natural curve to it. It is important to maintain that curve.

Avoid leaning forward or hunching over while you're standing.

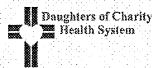




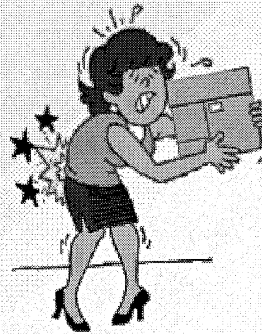
DANGER! - Your back is at risk!



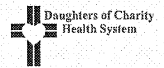
If you engage in heavy lifting. Especially repetitive lifting over a long period of time.



DANGER! - Your back is at risk!



If you are lifting or carrying objects that are awkwardly or oddly shaped



DANGER! - Your back is at risk!



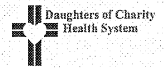
If you are twisting at the waist while lifting or holding a heavy load



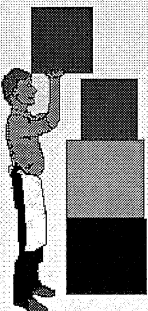
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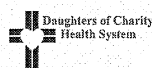
If you are sitting or standing too long in one position. Sitting can be very hard on the lower back.



DANGER! - Your back is at risk!

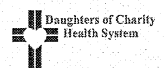


If you are reaching and lifting over your head, across a table, or out of the back of a truck...



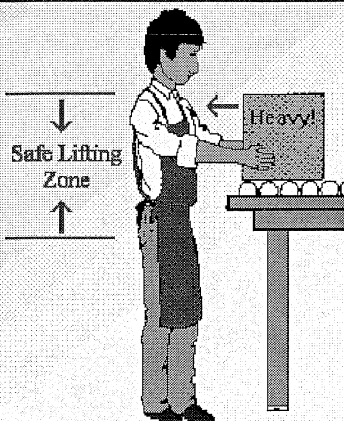
Prevention

- The best way to prevent back injuries is to develop habits that reduce the strain placed on the back.
- There are some basic things you can do to help.





Avoid lifting and bending



Place objects up off the floor

- That way you won't have to reach down to pick them up again.
- Raise / lower shelves.
- The best zone for lifting is between your shoulders and your waist.
- Put heavier objects on shelves at waist level, lighter objects on lower or higher shelves.



Proper Lifting

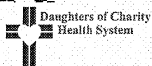
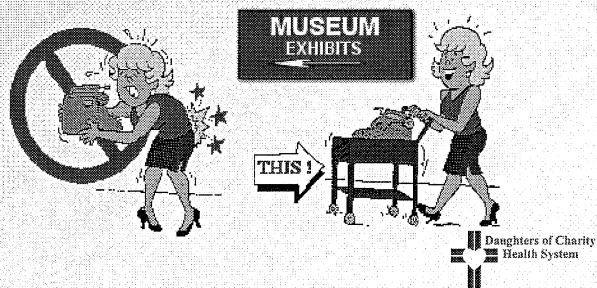
Bending your knees keeps your spine in a better alignment.

Instead of using your back like a crane, let your legs do the work.

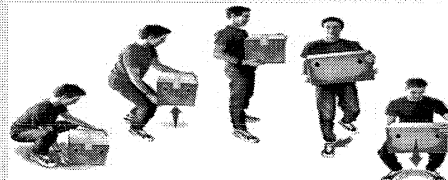


Avoid lifting and bending

Use carts and dollies to move objects, instead of carrying them yourself.



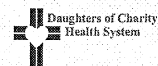
Proper Lifting



Use proper lifting procedures.

Follow these steps when lifting:

1. Take a balanced stance with your feet about a shoulder-width apart. One foot can be behind the object and the other next to it.
2. Squat down to lift the object, but keep your heels off the floor. Get as close to the object as you can.

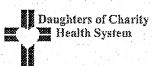


Prevention

Which is better for your back—pushing a cart or pulling a cart?

It is better to push a cart, dolly, lawnmower, wheelbarrow, etc. than it is to pull it. However, if you do have to pull it, consciously force yourself to tighten your stomach muscles and try to maintain good body posture.

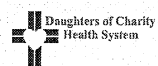
USE THE AIR MAT, ARJO LIFT OR STEADY STAND, AND HELP EACH OTHER.



Proper Lifting



3. Use your palms (not just your fingers) to get a secure grip on the load. Make sure you'll be able to maintain a hold on the object without switching your grip later.
4. Lift gradually (without jerking) using your leg, abdominal and buttock muscles and keeping the load as close to you as possible. Keep your chin tucked in so as to keep a relatively straight back and neck line.



Proper Lifting

AVOID TWISTING

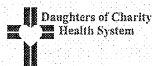


5. Once you're standing, change directions by pointing your feet in the direction you want to go and turning your whole body. Avoid twisting at your waist while carrying a load.
6. When you put a load down, use these same guidelines in reverse.

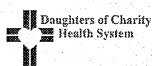


Proper Lifting

- It's important to know your body's limitations, and it's important to be aware of your body position at all times.
- Learn to recognize those situations where your back is most at risk: bending, lifting, reaching, twisting, etc.
- Then take measures to avoid an injury.



Thank you for keeping your back healthy





The Patient Experience



Facts about HCAHPS

- Measures performance standards based on patient perception of care.
- 50% of inpatient discharges randomly receive a survey
- Only Inpatients, 18 years and older receive HCAHPS surveys
- Will determine how much O'Connor will be paid for meeting performance standards
- Patient perception/experience accounts for 30% of Value Based Purchasing (VBP) program.

Our Mission and Values

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Respect- Compassionate Service- Simplicity
Advocacy for the Poor- Inventiveness to Infinity

What can you do to make a difference?

- Take patients and their families to their destinations
- If a patient or family member asks a question outside the scope of your job....
- Keep the organization clean
- Speak positively about the organization
- Use of AIDET to decrease patient anxiety and provide confidence in associates



Patient Satisfaction Survey

HCAHPS:

Hospital Consumer Assessment of Health Providers and Systems

Press Ganey Patient Satisfaction Survey:

Inpatient, Outpatient, ASU, ER

HCAHPS: Hospital Consumer Assessment of Health Providers and Systems

YOUR CARE FROM NURSES

- During this hospital stay, how often did nurses spend time with you and your family?
- During this hospital stay, how often did nurses explain things to you in a way you could understand?
- During this hospital stay, how often did nurses answer your questions in a way you could understand?
- During this hospital stay, how often did nurses help you with your daily activities?

YOUR CARE FROM DOCTORS

- During this hospital stay, how often did doctors explain things to you in a way you could understand?
- During this hospital stay, how often did doctors answer your questions in a way you could understand?
- During this hospital stay, how often did doctors help you with your daily activities?

YOUR EXPERIENCES IN THIS HOSPITAL

- How often did you get help in getting to the bathroom or in using a bedpan?
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O'Connor Hospital

INPATIENT SURVEY

We thank you for answering the questions on this survey. When you have finished, please send it to the BACKGROUND QUESTIONS section at the end of the survey.

1. Patient's first day here..... Yes No
2. Admitted through the Emergency Department..... Yes No
3. What your activities were..... Yes No
4. Did you have a roommate..... Yes No
5. When you stood in a line or waited for a service..... Yes No
6. Did someone explain your condition to you..... Yes No
7. Did someone give you information about your condition..... Yes No
8. Did someone give you information about the Patient's Bill of Rights..... Yes No
9. Did you have someone to help you with your daily activities..... Yes No

BACKGROUND QUESTIONS

10. How many times did you call the nurse.....
11. How many times did you call the doctor.....
12. How many times did you call the nurse.....
13. How many times did you call the doctor.....
14. How many times did you call the nurse.....
15. How many times did you call the doctor.....
16. How many times did you call the nurse.....
17. How many times did you call the doctor.....
18. How many times did you call the nurse.....
19. How many times did you call the doctor.....

A.I.D.E.T.

Five Simple Steps to Achieving Patient Satisfaction



I WILL
∞

A.I.D.E.T.

- A – Acknowledge the patient
- I – Introduce yourself to the patient
- D – Tell the patient the duration or timeframe of what is expected
- E – Explain to the patient what is going to happen or what the test will feel like
- T – Thank the patient and family for choosing O'Connor Hospital



I WILL
∞

A.I.D.E.T.

- “D” is duration or time frame
- Explain how long the procedure should take
 - Keep patients and families informed about delays
 - Tell the patient how long until they will go for their procedure
 - Keep everyone informed



I WILL
∞

A.I.D.E.T.

- “A” is **acknowledgement** of the patient
- Make eye contact
 - Have a smile and a friendly tone of voice that is genuine for the patient and family.
 - Make them feel welcome and safe
- Hello Mrs. Jones*
Good morning Mr. Smith



I WILL
∞

A.I.D.E.T.

- “E” is for **explanation**
- Explain the test or procedure
 - Let the patient know they might experience some discomfort or pain
 - Offer to answer any questions or concerns



I WILL
∞

A.I.D.E.T.

- “I” means to **introduce** yourself to the patient
...so you make the patient feel welcome
- State your name and title (RN, CNA, PT, etc.)
 - Wear your name badge



I WILL
∞

A.I.D.E.T.

- “T” is to **thank** the patient (or family)
- Say “thank you” to the patient for choosing O'Connor Hospital for their health care needs
 - Ask the patient if there is anything you can do for them (because you have
 - Thank the patient for allowing you to start their IV





Service Recovery



I WILL

Acknowledge

- Although the patient's/customer's complaint may not seem real to you it is real to them.
- Don't dismiss the complaint. Work to resolve it.
- Don't blame someone else or another department. Take ownership. Make no excuses, air no dirty laundry.
- Don't interrupt.
- Avoid defensive response.
- Don't take the complaint personally.
- Don't argue.



I WILL

4A Process

1. Accept
2. Acknowledge
3. Apologize
4. Amend



I WILL

Apologize

- Listen to the complaint.
- Thank the patient/customer for bringing the problem to your attention.
- Summarize what you heard to confirm understanding.
- Apologize for the patient/customer's experience. "I'm sorry that (describe experience). I apologize."



I WILL

ACCEPT

- Accept that any individual who feels they have a concern or a complaint is important. Let the individual know you accept their concern as valid.



I WILL

AMEND

- Offer suggestions for resolution.
- Ask if any of your suggestions will meet their expectations.
- Ask: "Is there anything else I can do for you?"
- Resolve the problem – take whatever action is necessary.
- Inform the patient/customer of your actions.
- Ask again: Is there anything else I can do for you?"

To exceed their expectations,
along with your apology....





GIFT THEM

- Visit the Gift Shop (or Security at night)
- Complete the Service Recovery form
- Select approved gift
 - Flowers, gift cards, notecards, books, stuffed animals, crosses, and others
- Write a note of apology to give with gift
- Deliver to patient/customer along with verbal apology



You Are This Hospital

Author Unknown

You are this hospital.

You are what people see when they arrive here.

Yours are the eyes they look into when they're frightened and lonely.


Yours are the voices people hear when they ride the elevator and when they try to sleep and when they try to forget their problems. You are what they hear on their way to appointments which could affect their destinies. And what they hear after they leave those appointments.

Yours are the comments people hear when you think they can't.

Yours is the intelligence and caring that people hope they'll find here. If you're noisy, so is the hospital. If you're rude, so is the hospital. And if you're wonderful— so is the hospital...


Service Recovery Action Form

Service Recovery Action Program



Exact selection may vary depending on stock availability.

Service Recovery may also be utilized for an expression of care/ compassion

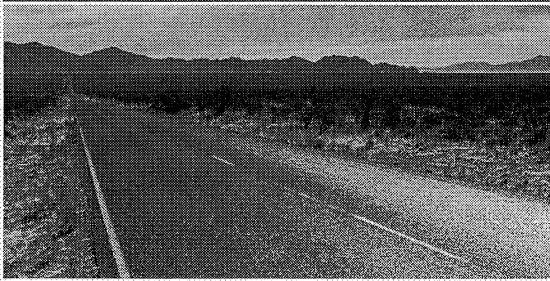

SERVICE RECOVERY ACTION FORM

Print Patient Name or Apply Label		Today's Date		Amends Gift Options	
Last		Date of Problem		Please select one item/pairing from the approved items list and note your selection below	
First	Room # (if applicable)			Item Selected:	
Please Print a Description of the Problem					
Print the Name of Person Giving the 4 A's					
Last		First		Dept.	
Dept./Area Where the Problem Originated (check appropriate box)					
<input type="checkbox"/> IE	<input type="checkbox"/> OR	<input type="checkbox"/> ADMIT Main	<input type="checkbox"/> RAD THER	<input type="checkbox"/> PHYSIC COUNS	
<input type="checkbox"/> SW	<input type="checkbox"/> USCIT	<input type="checkbox"/> ADMIT ER	<input type="checkbox"/> MED-REC'S	<input type="checkbox"/> PCU	
<input type="checkbox"/> MB	<input type="checkbox"/> ICU	<input type="checkbox"/> ADMIT O/P	<input type="checkbox"/> SOC SERV	<input type="checkbox"/> CAFETERIA	
<input type="checkbox"/> LD	<input type="checkbox"/> ICU	<input type="checkbox"/> RADIOLOGY	<input type="checkbox"/> ENVR SERV	<input type="checkbox"/> PHY MED O/P	
<input type="checkbox"/> SRE	<input type="checkbox"/> PEDS	<input type="checkbox"/> CARD REHAB	<input type="checkbox"/> BILLING	<input type="checkbox"/> PHY MED UP	
<input type="checkbox"/> PRE-OP	<input type="checkbox"/> LAB	<input type="checkbox"/> RESP THER	<input type="checkbox"/> NUTR SERV	<input type="checkbox"/> VOLUNTEER	
<input type="checkbox"/> WCC	<input type="checkbox"/> TCC	<input type="checkbox"/> ADMINIS	<input type="checkbox"/> ENDOSCOPY	<input type="checkbox"/> NUCLEAR MED	
<input type="checkbox"/> PACU	<input type="checkbox"/> ER	<input type="checkbox"/> CATH LAB	<input type="checkbox"/> OTHER		
Type of Problems Causing Amends (check up to 5)					
<input type="checkbox"/> Attitude Nursing	<input type="checkbox"/> Responsiveness - Nursing	<input type="checkbox"/> Equipment			
<input type="checkbox"/> Attitude Ancillary	<input type="checkbox"/> Responsiveness - Ancillary	<input type="checkbox"/> Test/Treatment - Delays			
<input type="checkbox"/> Attitude Physician	<input type="checkbox"/> Responsiveness - Physician	<input type="checkbox"/> Roommate			
<input type="checkbox"/> Wait - Admission	<input type="checkbox"/> Discharge Process	<input type="checkbox"/> Environment - Temperature			
<input type="checkbox"/> Wait - Procedure	<input type="checkbox"/> Communication - Ancillary	<input type="checkbox"/> Environment - Cleanliness			
<input type="checkbox"/> Wait - for Room	<input type="checkbox"/> Communication - Physician	<input type="checkbox"/> Food			
<input type="checkbox"/> Wait - for Equipment	<input type="checkbox"/> Communication - Test/Treatment				
<input type="checkbox"/> Escalation of Care/Commission (on problem not to be resolved, recommend, etc.)					

FAQs

- Do I have to pay for the item?
No, all you have to do is complete the form. The program is centrally funded.
- Do I have to have my manager's approval?
No, this program is about empowering associates to respond in the moment.
- Is the program tracked?
Yes, Risk Management reviews the requests monthly for trending purposes and for appropriateness.
- Are there any complaints that should be forwarded to Risk Management?
Yes, clinical errors & damaged belongings

Annual Corporate Responsibility Training 2012



Road to Ethics Excellence

Trip Down History Lane

■ Saint Louise de Marillac

- ▶ Born in Paris, grew up in affluent society
- ▶ Married, had a son, became a widow at age 34
- ▶ Took women into her home to serve God and the poor
- ▶ In 1633, co-founded the Daughters of Charity
- ▶ In 1660, died at age 68



■ Saint Elizabeth Ann Seton

- ▶ Born in New York, father was a prominent physician
- ▶ Married, became widowed with 5 children
- ▶ Moved to Baltimore, founded the Sisters of Charity of Saint Joseph
- ▶ The sisters adopted the rules of St. Vincent de Paul
 - This is how the Daughters of Charity came to the United States
- ▶ In 1821, died at age 46



Road to Ethics Excellence

■ Annual Corporate Responsibility Training

◆ Outline

- ▶ Trip Down History Lane
- ▶ Our Mission and Vincentian Values
- ▶ Intersection of Ethics and Compliance
- ▶ Standards of Conduct Roadmap
- ▶ HIPAA Highway and Patient Privacy
- ▶ Contacts and Resources Compass
- ▶ Staying on the Road to Ethics Excellence

Trip Down History Lane

History of Daughters of Charity

- St. Vincent de Paul was able to get well-to-do ladies to help the poor.
 - ◆ He realized charity needed to be organized.
- The Daughters of Charity, co-founded in 1633, were different from other religious groups.
 - ◆ They needed to move freely through the streets of Paris to go to the sick and poor, not be enclosed in a monastery or chapel.
 - ◆ They took annual vows to God, not one perpetual vow.
 - ◆ Along with vows of poverty, chastity, and obedience, there was also a special vow of service to the poor.
 - ◆ They helped the mentally ill, wounded soldiers, orphans, anyone who needed their help.
 - ▶ All these principles still hold true today.
- From Paris, they went to Poland to establish a hospital.
 - ◆ This was their first step in becoming a worldwide ministry.



Trip Down History Lane

Our Heritage

- The Daughters of Charity began in France, co-founded in 1633 by Saint Vincent de Paul and Saint Louise de Marillac

Our Founders

■ Saint Vincent de Paul

- ▶ Born into a peasant family in southern France
- ▶ In 1600, ordained as a Catholic priest
- ▶ In 1617, organized charity to the poor
- ▶ In 1625, met Saint Louise de Marillac
- ▶ In 1633, co-founded the Daughters of Charity
- ▶ In 1660, died at age 79
 - He continued his charity work until his death



Trip Down History Lane

History of Daughters of Charity Health System

- In 1850, the Daughters of Charity were centered in Maryland and provided services primarily in those states east of the Mississippi River. They taught children, cared for orphans, and nursed the sick.
- In 1850, the San Francisco area grew rapidly just after the discovery of gold. Many new problems followed this population increase.
- The Archbishop of San Francisco appealed to the leadership in Maryland and requested sisters. The leadership responded and sisters began the long journey to California.
- In 1852, the Daughters arrived in San Francisco to manage a day school and orphanage.



Trip Down History Lane

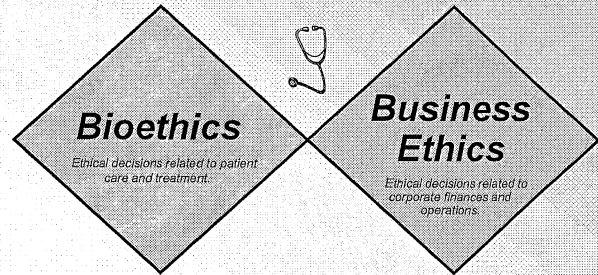
History of Daughters of Charity Health System

- 1869 – Los Angeles Infirmary is incorporated under Daughters ownership
 - Renamed St. Vincent Medical Center in 1974
- 1889 – Daughters establish Mary's Help Hospital in San Francisco
 - Moved to Daly City in 1965; renamed Seton Medical Center in 1983
- 1898 / 1899 – Daughters establish O'Connor School of Nursing in San Jose and College of Nursing in Los Angeles
- 1954 – Daughters open O'Connor Hospital in its current location in San Jose
- 1980 – Daughters acquire Half Moon Bay Community Hospital
 - Renamed Seton Medical Center Coastside in 1993
- 1981 – Daughters sponsor St. Francis Medical Center in Lynwood, established in 1945
- 1987 – Daughters build Saint Louise Health Center in Morgan Hill
 - Moved to Gilroy in 1999 and renamed Saint Louise Regional Hospital
- 2002 – Daughters of Charity Health System (DCHS) is formed
- 2012 – DCHS is comprised of 6 health ministries, with more than 1,600 beds and 7,000 associates
 - Providing over \$100 million in charity care and community benefits annually



Ethics in our Local Health Ministries

- We must uphold our Mission and Values in all that we do.
- In our Local Health Ministries (LHMs), there are two types of ethical issues we encounter.



Mission Street

Our Mission

In the spirit of our founders, St. Vincent de Paul, St. Louise de Marillac, and St. Elizabeth Ann Seton, the Daughters of Charity Health System is committed to serving the sick and the poor.

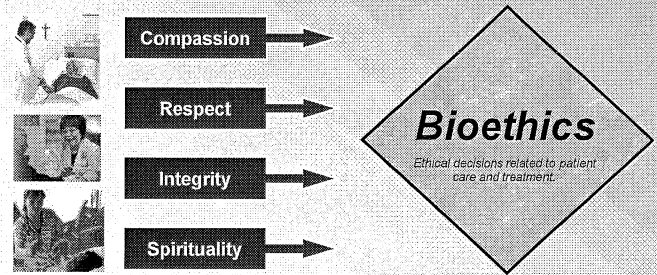
With Jesus Christ as our model, we advance and strengthen the healing mission of the Catholic Church by providing comprehensive, excellent healthcare that is compassionate and attentive to the whole person: body, mind and spirit.

We promote healthy families, responsible stewardship of the environment, and a just society through value-based relationships and community-based collaboration.



Bioethics in our LHMs

- Bioethics issues are complex and there are many factors to consider. There are four principles to help guide us.



Vincentian Values Way

- Respect**
Recognizing our own value and the value of others
- Compassionate Service**
Providing excellent care with gentleness and kindness
- Simplicity**
Acting with integrity, clarity and honesty
- Advocacy for the Poor**
Supporting those who lack adequate resources for a healthy life and full human development
- Inventiveness to Infinity**
Being continually resourceful and creative



Bioethics in our LHMs

Scenario 1

- Dr. Perie has been in practice for 20 years. She has extensive experience caring for terminally ill patients. She believes the most important ethical value in her work is to never abandon a patient.
- Mr. Myles has been a patient of Dr. Perie for 15 years. Mr. Myles is now suffering from end-stage cancer.
- Dr. Perie has told Mr. Myles that he probably will die in the next few weeks. Mr. Myles has told Dr. Perie that he does not want any life-sustaining measures to prolong his life.
- Mr. Myles is in extreme pain and he asks Dr. Perie to write a prescription for more pain medication. Dr. Perie believes that additional doses will affect his ability to breathe and could prematurely end his life.

Bioethics in our LHMs

- In terms of **COMPASSION**, Dr. Perie should:
 - ◆ Disregard Mr. Myles's request because she believes it will end his life.
 - ◆ Disregard Mr. Myles's request because this is a physician decision.
 - ◆ Assure Mr. Myles she will do what she can to make him comfortable.
- In terms of **RESPECT**, Dr. Perie should:
 - ◆ End the conversation because she is uncomfortable talking about death.
 - ◆ Tell Mr. Myles she can no longer be his physician.
 - ◆ Share with Mr. Myles her concerns about his suffering and gather information about the nature of his pain.
- In terms of **INTEGRITY**, Dr. Perie should:
 - ◆ Assure Mr. Myles she will never abandon him during these final days of his life.
 - ◆ Explain to Mr. Myles the effect additional medicine will have so he can make an informed decision.
 - ◆ Let Mr. Myles know that prescribing medication that may end his life goes against her ethics as a physician.
- In terms of **SPIRITUALITY**, Dr. Perie should:
 - ◆ With the assistance of the LHM, understand and support the spiritual needs of Mr. Myles.
 - ◆ Fill the prescription because Mr. Myles is in so much pain.
 - ◆ Fill the prescription because this is a patient decision.



Bioethics in our LHMs

Scenario 3

- Sally, age 50, lives in California. She has no local relatives. Her family lives far away in the country of Zardos.
- Sally has end-stage liver disease. She is currently a patient in our LHM, on life support, not breathing on her own.
- Sally has an advance directive stating she does not want life support if there is no hope of getting better.
- Dr. Jentel says there is no treatment that will help Sally recover.
- Sally's family has been in communication with Dr. Jentel by phone. They did not expect Sally's condition to deteriorate so quickly.
- The family is requesting that Sally be kept on life support until they can come to the LHM. Given visa issues, their arrival date cannot be determined.

Bioethics in our LHMs

Scenario 2

- Mr. and Mrs. Tava are married and expecting their first child. They are a very religious couple.
- Their religion prohibits married women from showing their body to any man, other than their husband.
- As such, Mrs. Tava has a female obstetrician named Dr. Lisa.
- Dr. Lisa practices at one of our LHMs, which is very close to where the Tavas live.
- Dr. Lisa explained to the Tavas that the LHM is a Catholic, faith-based hospital that welcomes all religions.
- Dr. Lisa also explained what to expect, such as Chaplain services, prayers, and Catholic symbols in the LHM.
- The Tavas have a lot of trust and confidence in Dr. Lisa and decide to have their baby at the LHM.
- There is an unexpected emergency with Mrs. Tava's pregnancy.
- Mrs. Tava is taken to the LHM well before her due date.
- Dr. Lisa is out of the country. Her partner who is covering for her is Dr. John, a male obstetrician.
- Neither the Tavas nor Dr. Lisa had planned for such an emergency situation.
- Mrs. Tava needs to deliver immediately.
- The Tavas are extremely distraught and upset.
- They do not want Dr. John to deliver their baby and they plead with the LHM to find a female doctor.
- The physician on-call for the Labor and Delivery unit is Dr. Marcus, also male.
- The more time that passes, the more at risk Mrs. Tava and her baby.

Bioethics in our LHMs

- In terms of **COMPASSION**, Dr. Jentel should:
 - ◆ Disregard the family's request because they are too far away to understand the situation.
 - ◆ Disregard the family's request because this is a physician decision.
 - ◆ Try to understand why the family is asking to keep her alive.
- In terms of **RESPECT**, Dr. Jentel should:
 - ◆ Discontinue conversations with the family.
 - ◆ Refuse to be Sally's physician because he disagrees with the family's choice.
 - ◆ Share with the family Sally's wishes and the importance of respecting her wishes.
- In terms of **INTEGRITY**, Dr. Jentel should:
 - ◆ Let the family know that he will not abandon patient Sally during these final days of her life.
 - ◆ Explain to the family that Sally may be suffering by prolonging her life.
 - ◆ Offer to write a letter to the Zardos consulate to assist the family in coming to California.
- In terms of **SPIRITUALITY**, Dr. Jentel should:
 - ◆ Help the family understand the importance of allowing Sally a natural death.
 - ◆ Share with the family what end of life care involves and the compassion in such care.
 - ◆ Keep patient Sally alive as long as he can because that is a physician's job.

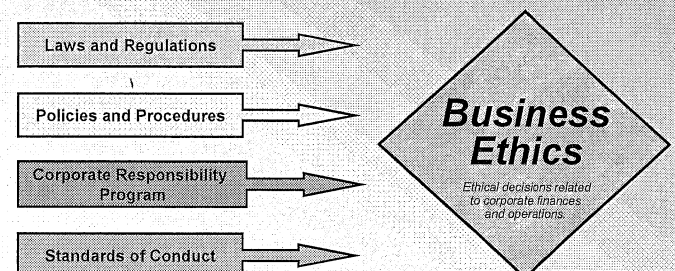


Bioethics in our LHMs

- In terms of **COMPASSION**, the LHM should:
 - ◆ Disregard the Tavas' request because they are being unreasonable.
 - ◆ Gather more information from the Tavas to understand their request for a female physician.
 - ◆ Explain to the Tavas that their request is discriminatory to male physicians.
- In terms of **RESPECT**, the LHM should:
 - ◆ Ask Mr. Tava to leave the room because he will only add to Mrs. Tava's distress.
 - ◆ Be mindful of what a stressful situation this is for the Tavas - first child, an emergency, without their physician.
 - ◆ Acknowledge to the Tavas an understanding of the importance of their religious beliefs and practices.
 - ◆ Google their religion on-line to see if there are exceptions for medical emergencies.
- In terms of **INTEGRITY**, the LHM should:
 - ◆ Remind the Tavas the LHM is Catholic and those beliefs take priority.
 - ◆ Tell the Tavas "Your choice is either a safe delivery or a female physician - not both. You choose."
 - ◆ Explain the LHM will do what it can to locate a female physician quickly, as well as the risks of waiting.
- In terms of **SPIRITUALITY**, the LHM should:
 - ◆ Inform the Tavas their religion is unreasonable.
 - ◆ Assure the Tavas they will be treated with compassion and respect.
 - ◆ Ask the Tavas what can reasonably be done to make them as comfortable as possible during delivery.

Business Ethics and Compliance

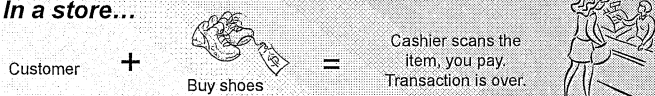
- In conducting and reporting our corporate operations and finances, we have guidance for compliance and ethics.



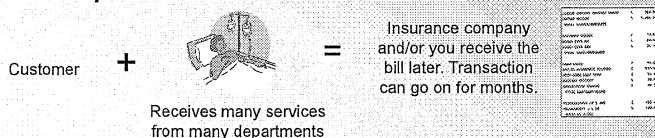
Compliance in our LHM's

- Medicare and Medi-Cal compliance
 - ◆ Billing complexities

In a store...



In a hospital...



Department	Charge	Code
Room Charge	100.00	99.00
Nursing Care	50.00	99.00
Medication	25.00	99.00
Diagnostic Imaging	150.00	99.00
Physical Therapy	75.00	99.00
Surgery	200.00	99.00
Anesthesia	100.00	99.00
Recovery / ICU	150.00	99.00
Room Charge	100.00	99.00
Nursing Care	50.00	99.00
Medication	25.00	99.00
Diagnostic Imaging	150.00	99.00
Physical Therapy	75.00	99.00
Surgery	200.00	99.00
Anesthesia	100.00	99.00
Recovery / ICU	150.00	99.00

Compliance in our LHM's

- In addition to our own internal processes, external complexities impact billing
 - ◆ Different rules and rates for different insurers
 - ◆ Codes change
 - ◆ Rules change
 - ◆ Systems change



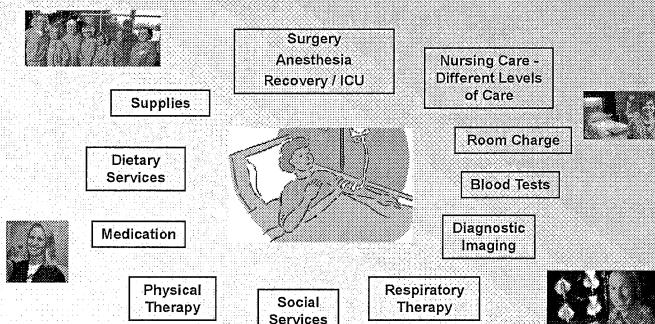
Example of what often happens...

- Physician orders a service, LHM provides it and bills for it. The insurer says the service was not medically necessary.
- The LHM does not get paid.
- The LHM can appeal.

- One bill can take months to close
 - ◆ The insurance company may dispute a charge, the LHM may appeal
 - ◆ Patient may dispute a charge and ask the LHM to remove it
 - ◆ Patient may have two separate insurers that dispute who should pay
 - ◆ Patient and insurance company may dispute who should pay
 - ◆ Patient may apply for financial assistance
 - ◆ Charges may never get paid, which are written off as a loss
 - ◆ The insurance company may audit the bill months after it is paid
 - ▶ Auditor or insurer may dispute charges
 - ▶ LHM may dispute their findings and appeal
 - ▶ The account is re-opened until the bill is resolved

Compliance in our LHM's

Billing complexities – different departments provide care, services, supplies.



Compliance in our LHM's

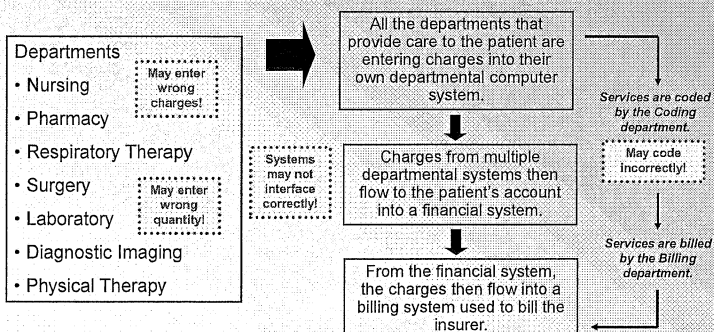
- In 2011, our Medicare claims were audited by
 - ◆ The program contractor (Palmetto GBA, LLC)
 - ◆ An auditor hired by the Centers for Medicare & Medicaid Services (Health Data Insights, Inc.)
 - ◆ A federal enforcement agency (Office of Inspector General)
- Billing errors were identified and we returned money to the Medicare program
 - ◆ Our mistakes were unintentional
 - ◆ However, we must proactively work to bill correctly
 - ◆ Over-billing, even when unintentional, puts our LHM's at risk for fraud
- We can only bill for what was
 - ◆ Medically necessary
 - ◆ Provided
 - ◆ Documented

This is why all our documentation must be **clear, complete, and accurate.**



Compliance in our LHM's

Billing complexities – errors can occur during any step of the billing process.

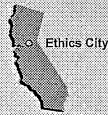


Corporate Responsibility Program

- Given the complexities of billing, we do make mistakes.
 - ◆ We consistently strive towards 100% accuracy.
 - ◆ When we identify mistakes, we correct them and return money owed.
- Steering ethics: our Corporate Responsibility Program
 - ◆ Policies, procedures, and our Standards of Conduct
 - ◆ Enforcement
 - ◆ Training and education
 - ◆ Internal monitoring and reporting
 - ◆ Audits, internal and external
 - ◆ Risk assessments and work plans
 - ◆ Providing multiple ways to raise concerns and protection from retaliation
 - ▶ Your supervisor, manager, department manager, administration, Human Resources, Corporate Responsibility Officer, or legal counsel
 - ▶ The Values Line at 1-800-371-2176 or www.DCHSVValuesLine.org
 - Confidential, available 24/7

Roadmap for Ethical Conduct

- **DCHS Standards of Conduct** Our roadmap to Ethics
 - ◆ Sets expectations for ethics at work
 - ◆ Covers
 - ▶ Quality of Care
 - ▶ Laws and Regulations
 - ▶ Human Resources
 - ▶ Business and Ethical Practices
 - ▶ Confidentiality
 - ▶ Conflicts of Interest
 - ▶ Responsible Stewardship
 - ◆ Physicians attest to the standards upon credentialing and re-credentialing
 - ◆ Associates attest to the standards upon hire and annually as part of compliance training



Standards of Conduct

- **Business and Ethical Practices:** DCHS is committed to ethical business conduct and integrity, including the *Ethical and Religious Directives for Catholic Health Care Services*. Associates must represent our organization accurately and honestly and must not do anything that purposely defrauds anyone, including other companies or the government, of money, property, or services. Record keeping and billing for services provided to patients must be accurate, timely and lawful. Associates must take all reasonable steps to preserve and protect the Health Ministry's assets by making prudent and effective use of its resources, and properly and accurately reporting its financial condition.



Standards of Conduct

DCHS is committed to carrying out our health care ministry in a manner consistent with the DCHS Mission and Values. In accordance with the DCHS Vincentian Values, each of us is called to: Respect, Compassionate Service, Simplicity, Advocacy for the Poor, and Inventiveness to Infinity.



The following Standards of Conduct are a practical extension of the DCHS Vincentian Values. They describe expectations for conduct necessary to promote and protect the integrity of DCHS. Each of us is expected to act in a manner consistent with these standards.

- **Quality of Care:** A central concern of DCHS in meeting patient needs is serving the whole person in his or her spiritual, intellectual, emotional and physical dimensions. Care will be provided in a safe and positive environment, free of disruptive and unethical behavior. DCHS is committed to providing competent and compassionate care, to respect and safeguard the dignity of the patient, and to allow patient access to all medical and ethical information necessary to make decisions about their care.
- **Laws and Regulations:** DCHS will operate in accordance with all laws and regulations. These laws and regulations apply to areas such as patient referrals, employment, physician relationships, billing and payment practices, discount arrangements, lobbying, political contributions, the environment, health and safety, and dealings with payers and regulatory agencies.

Standards of Conduct

- **Conflicts of Interest:** Associates are expected to act in a manner that is in the best interest of the organization and the patients we serve. Associates may not use their positions to profit personally or to assist others in profiting in any way at the expense of the organization. In any situation where an associate's outside interests conflict with those of the organization, the associate must disclose the conflict in accordance with organizational policy.
- **Responsible Stewardship:** Associates are expected to preserve and protect the organization's assets by making prudent and effective use of its resources.
- **Confidentiality:** In keeping with various laws, regulations, professional ethical guidelines and the *Ethical and Religious Directives for Catholic Health Care Services*, associates must maintain the confidentiality of medical records and other patient health information. Associates are also expected to keep confidential information about other associates and the proprietary business practices of the organization.

Standards of Conduct

- **Human Resources:** DCHS strives to cultivate a work environment where associates are highly regarded; where they are treated honestly and respectfully; where their health and safety are protected; where they are motivated to reach their potential; where they are given the opportunity for personal and career learning and advancement; where they are provided with opportunities to participate in decisions that affect their working conditions; where they are provided with the tools necessary to do their jobs well; where there are safe and adequate procedures for resolving conflicts; and where associates are recognized and rewarded for their achievements, without prejudice or discrimination. Associates shall not engage in disruptive, offensive, or unethical behavior.



HIPAA Highway

- **Patient Privacy Reminders**
 - ◆ It is our duty to respect and protect **patient privacy** and handle **patient information** with care and caution, only accessing and making disclosures when authorized.
 - ◆ When we breach **patient privacy**, we have to report it to the patient and the state, and we may be fined.
 - ◆ Examples of **privacy** breaches we reported recently
 - ▶ Giving a patient another patient's discharge orders
 - ▶ Mailing a patient another patient's bill
 - ▶ Mailing test results to the wrong doctor



HIPAA Highway

■ Patient Privacy Reminders

- ◆ Only access and disclose the minimum necessary patient information to do your job.
- ◆ Be careful when handling patient information
 - ▶ Don't leave patient information on a fax or copier
 - ▶ Don't leave patient information in unsecured areas
 - ▶ When handling paperwork, confirm
 - CORRECT patient
 - CORRECT address
 - CORRECT physician
 - ▶ Avoid having conversations about patients in public areas



Compliance Compass

Corporate Responsibility Officers (CROs) and Other Compliance Resources

DCHS / System Office

Robert Cook, CRO, phone 650-551-6682
Sharmila Chandran, Director of Compliance, phone 626-744-5849

O'Connor Hospital

Pamela Brotherton-Sedano, CRO, phone 408-947-2578
Kathy Harlan, Compliance Coordinator, phone 408-947-2583

St. Francis Medical Center

Larry Stahl, CRO, phone 310-900-7315

Seton Medical Center / Seton Coastside

Denise Kent, CRO, phone 650-991-6056

Saint Louise Regional Hospital

Carol Ann Parker, CRO, phone 408-848-8669
Audrey Mauduit, Compliance Manager, phone 408-848-4923

St. Vincent Medical Center

Christine Carson, CRO, phone 213-484-7220

Caritas Business Services

Tina Cordero, CRO, phone 650-551-6506
Virgie Lluvido, Compliance Coordinator, phone 650-551-6717

Other Compliance Resources

- Corporate Responsibility Committee
- DCHS Legal Counsel
- Internal Auditors
- Board of Directors

Values Line

Remember the Values Line is available 24/7.
1-800-371-2176 or www.DCHSvaluesline.com

Corporate Responsibility Intranet Site

To access the Standards of Conduct, Corporate Responsibility policies, or up to date information on compliance,

- Go to the DCHS intranet: <http://dchshet>
- Click on the "System Office" tab at the top
- Look on the left, under "Team Sites"
- Select "Corporate Responsibility"

HIPAA Highway

■ Information Security Reminders

- ◆ Only access systems and electronic information to do your job.
 - ▶ Just because you have access to a system doesn't mean you can look up any patient you like.
 - ▶ You are only authorized to view patient information to do your job.
 - ▶ "Snooping" is a violation of law, and you can be terminated for it.
- ◆ Examples of security breaches we had to report recently
 - ▶ Patient information emailed to the wrong person
 - ▶ Faxing patient information to the wrong number
 - ▶ Stolen vendor laptop with our patient information on it



HIPAA Compass

HIPAA Privacy and Security Officers

For patient privacy questions or concerns, contact the LHM of the patient.

O'Connor Hospital

- Diane Premeau, HIPAA Privacy Officer, phone 408-947-2716
- Kathy Harlan, HIPAA Security Officer, phone 408-947-2583

Saint Louise Regional Hospital

- Audrey Mauduit, HIPAA Privacy & Security Officer, phone 408-848-4923

Seton Medical Center / Seton Coastside

- Lori Seargeant, Interim HIPAA Privacy & Security Officer, phone 650-991-6590

St. Francis Medical Center

- Nola Davis, HIPAA Privacy & Security Officer, phone 310-900-8641

St. Vincent Medical Center

- Christine Carson, Interim HIPAA Privacy & Security Officer, phone 213-484-7220

HIPAA Intranet Site

To access HIPAA privacy and information security policies and resources,

- Go to the DCHS intranet: <http://dchshet>
- Click on the "System Office" tab at the top
- From the menu on the left, under "Team Sites" select "HIPAA"



HIPAA Highway

■ Information Security Reminders

- ◆ If a friend or family member gives you permission to look at their medical record, can you? No, unless it is part of your job. You can lose your job for unauthorized access.
- ◆ Be careful when handling electronic information
 - ▶ Save patient information ONLY to network drives
 - Never to a hard drive
 - ▶ If emailing patient information, put "PHI" in the subject line
 - This will trigger encryption
 - ▶ When sending patient information, confirm
 - CORRECT email address
 - CORRECT fax number
 - CORRECT patient information
 - ▶ Don't leave patient information on your monitor and walk away
 - ▶ Use hard passwords nobody can guess; never share your password



Cruise Control

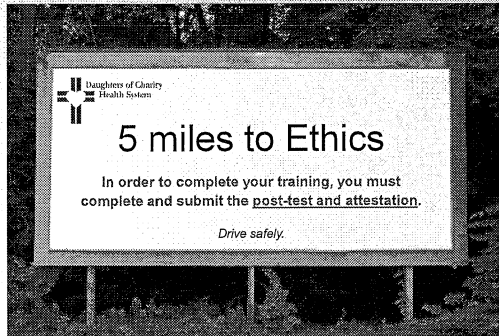
Staying on the Road to Ethics Excellence

- This training is intended to remind us
 - ◆ The spirit and service of St. Vincent de Paul that began in 1633 continues
 - ◆ The Daughters of Charity today, in 2012, more than 21,000 women ministering in over 90 countries
 - ◆ Ethics in our work matters
 - ◆ We are much more than...
 - ▶ A department, a Local Health Ministry, or DCHS
 - ◆ Our contributions are part of a worldwide ministry with over 300 years of history



"Peace Path" by Sister Maria Liebeck, DC

This concludes the presentation.



The End

