

Student Orientation/Re-Orientation Manual

Instructions

At least 2 weeks prior to beginning your internship or observation at CRMC you will need to:

- **Print out pages -1 through 6**
- **Complete** the post-tests
- **Complete** and check off all items as indicated below
- Forms must be submitted to CRMC **2 weeks prior** to start date of your internship/observation.

No Students/Observers will be allowed to begin at CRMC without all of the following completed

Checklist of items to be handed in 2 weeks prior to beginning at CRMC:

1. _____ Completed CRMC Student Orientation Post Test (Page 4)
2. _____ Signed Confidentiality Statement (Page 3)
3. _____ Completed Student Data Form (Page 2)
4. _____ Copy of Health Insurance Card
5. _____ **Health Requirements (Must be in separate envelope for Employee Health-contact them by phone at 428-5027 or fax 756-3747]**
*** Must be received in Employee Health at least 2 weeks prior to internship start date.** (Page 6)
6. _____ Signed HIPAA Privacy Acknowledgment Statement **(include with health info in separate envelope for Employee Health)** (Page 5)
7. _____ Liability Statement (only applies to EMT Students who are self insured)
8. _____ Copy of CPR Card (for nursing students and EMT's)

EMT's – additional information

9. _____ **EMT's may report to CRMC Human Resources Department Monday through Friday, 7:30 am to 5:00 pm to obtain a badge. If you cannot come during these times you may schedule an appointment - the phone number is 607-756-3781. All non-nursing students must be issued a student I.D. from the Human Resources Department.**

Receipt of Student Orientation

I hereby acknowledge that I have reviewed the Cortland Regional Medical Center Student Orientation Manual.

Signature

Date

Student Data

Print Name: _____ Date of Birth: _____

Present Address: _____

Telephone: _____ Cell: _____

Print Email: _____

CRMC Department of Internship/Observation: _____

School: _____

Instructor: _____

CRMC Start date: _____ CRMC End date: _____

In case of emergency notify:

Name _____ Telephone _____

Address _____ City _____

State _____ Zip _____

TURN IN ALL PAPERWORK TO YOUR INTERNSHIP/OBSERVATION SUPERVISOR

Should you have any questions, don't hesitate in contacting the Education Department at 607-756-3585. Thanks.

CONFIDENTIALITY and INFORMATION ACCESS AGREEMENT
Cortland Regional Medical Center

I understand and agree that in the course of my employment/affiliation with Cortland Regional Medical Center ("CRMC"), I will receive and/or become aware of sensitive, proprietary or confidential information. Such information, existing in any form or media, may include, but is not limited to, patient identifiable, medical, business, financial, employee-related, projects, practices, customer contacts, potential customers, methodologies and management philosophy (collectively referred to as "Information"). I acknowledge the importance of maintaining the confidentiality and integrity of such Information and in this regard, agree to the following:

- 1. I will abide by all CRMC policies regarding the use and disclosure of Information, including policies regarding access to CRMC's computer system.**
- 2. I will not at any time or in any manner, either directly or indirectly, divulge, disclose, communicate or remove off-site any Information I obtain while employed by or affiliated with CRMC without prior authorization from my immediate supervisor.**
- 3. I will only access Information necessary to perform my work and will not disclose any Information unless required to do so in my official capacity as an employee or affiliate of CRMC.**
- 4. I understand that I have no ownership rights in any Information accessed or created by me during my employment or affiliation with CRMC.**
- 5. I understand that it is a violation of patient rights, privacy laws and hospital policy to access patient information unrelated to my specific job tasks.**
- 6. I understand that CRMC will periodically monitor my use of the computer system to ensure compliance with this Agreement.**
- 7. I will not leave a secured computer application unattended while signed on.**
- 8. I will not use unauthorized computer software applications.**
- 9. I will not reveal my password to others and I understand my password is the equivalent to my electronic signature.**
- 10. If I have reason to believe that the confidentiality of my computer user password has been compromised, I will immediately notify my supervisor.**
- 11. I will not attempt to learn or use another's password.**
- 12. I realize that failure to abide by this Agreement may result in the revocation of my password, the termination of my access to CRMC's information system, possible disciplinary action, up to and including termination of my employment, and possible legal action for monetary damages, injunction or any other remedies available to CRMC.**
- 13. I understand that my obligations under this Agreement shall continue beyond my employment or affiliation with CRMC.**
- 14. By signing this Agreement, I acknowledge that I have read this Agreement and intend to comply with the terms and conditions as stated above.**

Employee/Affiliate Signature

Date

CRMC Student Orientation Post Test Answer Sheet (Circle the correct answer)

Patient and Resident Rights

1. There are _____ Patient Rights.
A) 29 B) 49 C) 99 D) 19

Compliance/Fraud/Abuse

2. There is an anonymous hotline to report concerns of fraud and abuse.
T F

Abuse/Neglect Recognition

3. Any suspected case of mistreatment should be referred to the CRMC social worker.
T F

Age specific considerations

4. Involving family in care can be helpful with patients of all ages.
T F
5. Young adults evaluate information in terms of their experiences.
T F
6. Adult's ages 65 to 79 may need to receive information more than once, in shorter segments.
T F

Infection control

7. Newborns, elderly, and persons with weak immune systems or chronic disease are especially susceptible to infection.
T F
8. Infection can enter your body through inhalation, eyes, nose and mouth, a break in skin or a contaminated sharp object.
T F
9. Standard Precautions require that you treat all patients as though they may be infectious.
T F
10. Hand washing is the single most important precaution for preventing the spread of infection.
T F
11. If you have an accidental exposure, immediately wash or flush the area and report the incident to your instructor or department manager.
T F

Name:

Date:

School:

Instructor:

Review CRMC Privacy Practices on pages 7 through 13 then sign this page

**ACKNOWLEDGEMENT OF RECEIPT
OF CORTLAND REGIONAL MEDICAL CENTER/NURSING FACILITY'S
NOTICE OF PRIVACY PRACTICES**

The Hospital/Nursing Facility has provided me with a copy of its Notice of Privacy Practices that describes how the Hospital/Nursing Facility will use and disclose my health information.

My signature below constitutes my acknowledgment that I have been provided with a copy of the Notice of Privacy Practices.

Printed Name of Student (Required even if signed by Authorized Representative)

Signature of Student

Date

THIS IS A PERMANENT PART OF THE MEDICAL RECORD

CORTLAND REGIONAL MEDICAL CENTER
P.O. Box 2010 • 134 Homer Avenue
Cortland, NY 13045 • 607-428-5027
Fax: 607-756-3747



Once you are accepted as an intern, you can either complete this form including the physician signature or provide documentation of all the following information to the CRMC Employee Health Department.

NAME: _____ DOB: _____

PHONE: _____ DEPT and Preceptor: _____

*** Proof of the following must be provided before you can begin your internship. ***

• **Physical required within 1-year (attach copy of physical). Date of physical: _____**

Required Immunizations:

<p>TETANUS (Tdap) Must be within the past 10 years.</p>	<p>DATE _____</p>
<p>TUBERCULOSIS Chest X-ray and report of results is required if past or current test is positive. (Prior BCG vac is not a contraindication for testing). OR PPD (2 step ppd if none within last 12 months) OR Two PPDs – 1 year apart</p>	<p>Date of chest x-ray _____ Read by: _____ Date: _____ Date: _____ Lot #: _____ Exp Date: _____ Lot #: _____ Exp Date: _____ Result: _____ Result: _____ Read By: _____ Read By: _____</p>
<p>MMR (Measles, Mumps and Rubella) Required for males as well as females. Rubeola = regular measles Rubella = German measles</p>	<p>* Meet one of these requirements: OPTION 1 OPTION 2 Two (2) MMR'S Positive Rubella titer DATE _____ DATE _____ And And DATE _____ Positive Rubeola titer DATE _____ Positive Mumps Titer DATE _____ DATE _____</p>
<p>PROOF OF RUBELLA IMMUNITY (if born before 1957)</p>	<p>VACCINATION _____ or TITER: _____ OR Physician documentation of disease (attach)</p>
<p>HEPATITIS B SERIES</p>	<p>DATES _____ OR TITER _____</p>
<p>VARICELLA (VZV)</p>	<p>HISTORY OF DISEASE: _____ TITER: _____ VACCINATION: _____</p>
<p>Influenza Recommended</p>	<p>Date _____</p>

Physician Name (Printed)
Physician Phone Number: _____

Physician Signature

Date



Effective Date: March 01, 2006 CORTLAND REGIONAL MEDICAL CENTER/NURSING AND REHABILITATION CENTER
134 Homer Avenue
Cortland, New York 13045

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. *If you have any questions about this notice, please contact the Privacy Officer at 607-756-3687*

A. PURPOSE OF THIS NOTICE OF PRIVACY PRACTICES

OUR PLEDGE REGARDING MEDICAL INFORMATION

We understand that medical information about you and your health is personal. We create a record of the care and services you receive at the hospital/Nursing and rehabilitation center. We need this record to provide you with quality care and to comply with certain legal requirements. This Notice applies to all of the records of your care generated by the hospital/nursing and rehabilitation center, whether made by hospital/nursing and rehabilitation center personnel or your personal doctor. Your personal doctor may have different policies or notices regarding the doctor's use and disclosure of your medical information created in the doctor's office or clinic.

This Notice tells you about the ways in which we may use and disclose medical information about you. This Notice also describes your rights and our obligations regarding the use and disclosure of medical information.

We are required by law to protect the privacy of health information that may reveal your identity, to abide by the terms and conditions of the Notice of Privacy Practices currently in effect, and to provide you with a copy of this Notice which describes the health information privacy practices of this hospital/nursing and rehabilitation center, its medical staff, and affiliated health care providers that jointly perform payment activities and business operations with our hospital/nursing and rehabilitation center. A copy of our current Privacy Practices Notice will always be posted in our Admissions area. You will be provided with a copy of this Notice at the time of your initial visit to our facility. You will also be able to obtain your own copies by accessing our website at www.cortlandregional.org calling our office at 607-756-3687.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of the information that we gather about you while providing health-related services. Some examples of protected health information are:

- Information about your health condition (such as a disease you may have);
- Information about healthcare services you have received or may receive in the future (such as an operation).
- Information about your health care benefits under an insurance plan (such as whether a prescription is covered);
- Geographic information (such as where you live or work);
- Demographic information (such as your race, gender, ethnicity, or marital status);
- Unique numbers that may identify you (such as your social security number, phone number, or driver's license number); and
- Other types of information that may identify who you are.

This Notice describes our health information privacy practices and compliance by:

- All health care professionals, residents, students and graduate students of health care professional schools affiliated with the hospital/nursing and rehabilitation center who are authorized to enter information into your medical record maintained by the hospital/nursing and rehabilitation center;
- All hospital/nursing and rehabilitation center employees in every department or unit of the hospital/nursing and rehabilitation center having access to your medical information;

- Any member of a volunteer group we allow to help you while you receive services in the hospital/nursing and rehabilitation center;
- All hospital/nursing and rehabilitation center affiliations. These affiliations are independent contractors. The hospital/nursing and rehabilitation center does not assume any liability for any negligence or professional malpractice on the part of or committed by the medical staff members of these affiliations.

The individuals and affiliations listed above may share your medical information with each other as may be necessary to provide your treatment, for payment of your treatment or for purposes of hospital/nursing and rehabilitation center operations.

B. HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION WITHOUT YOUR AUTHORIZATION?

1. TREATMENT, PAYMENT AND HOSPITAL/NURSING AND REHABILITATION CENTER BUSINESS OPERATIONS

Without your permission, the hospital/nursing and rehabilitation center and its medical staff may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run the hospital/nursing and rehabilitation center's normal health care operations. Your health information may also be shared with affiliated hospital/nursing facilities and health care providers so that they may jointly perform certain treatment, payment activities and health care operations.

Below are further examples of how your information may be used without your authorization.

Treatment. We may share your health information with doctors, nurses, technicians, students or other personnel who are involved in your care and they may in turn use that health information to diagnose or treat you. A doctor at our hospital/nursing and rehabilitation center may share your health information with another doctor within our hospital/nursing and rehabilitation center, or with a doctor at another hospital/nursing and rehabilitation center, in order to diagnose or treat you. Your doctor may also share your health information with another doctor to whom you have been referred for further health care. We may also share medical information about you with other hospital/nursing and rehabilitation center personnel or non-hospital/nursing and rehabilitation center providers, agencies or facilities in order to provide or coordinate the different things you need, such as prescriptions, lab work and x-rays. We also may disclose medical information about you to people outside the hospital/nursing and rehabilitation center who may be involved in your continuing medical care after discharge such as health care providers, transport companies, community agencies and family members.

Payment. We may use your health information or share it with others so we may obtain payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you. In some cases, we may share information about you with your health insurance company to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to the hospital/nursing and rehabilitation center for a particular type of surgery.

Health Care Operations. We may use your health information or share it with others in order to conduct our normal business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide to you.

2. OTHER USES AND DISCLOSURES

There are other special situations when we may use and disclose your health information without your authorization. These uses and disclosures are listed below.

Appointment Reminders, Treatment Alternatives, Benefits, And Services. We may use your health information when we contact you with a reminder that you have an appointment for treatment or services at our facility. We may also use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. We may use information about where you live or work, and the dates that you received treatment, in order to contact you to raise money to help us operate. We may also share this information with a charitable foundation that will contact you to raise money on our behalf. If you do not want to be contacted for these fundraising efforts, please write to the Foundation Director at Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960.

Hospital/nursing and rehabilitation center Directory. Unless you object, we may include certain limited information about you in the hospital/nursing and rehabilitation center directory while you are a patient at the hospital/nursing and rehabilitation center. This information may include your name, location in the hospital/nursing and rehabilitation center, your general condition (e.g. fair, stable, etc.) and your religious affiliation. The directory information, except for your religious affiliation, may also be released to people who ask for you by name. Your religious affiliation may be given to a member of the clergy, even if they do not ask for you by name, this is so your family, friends and clergy can visit you in the hospital/nursing and rehabilitation center and generally know how you are doing. You may restrict or prohibit the use or disclosure of this information by notifying the Privacy Officer at 607-756-3687.

Friends And Family Involved In Your Care. Unless you object, or as otherwise instructed by you, or as authorized by law, we may share your health information with a family member, relative, or close personal friend who is involved in your care or payment for that care. We may also notify a family member, personal representative or another person responsible for your care about your location and general condition here at the hospital/nursing and rehabilitation center, or about the unfortunate event of your death. In some cases, we may need to share information with a disaster relief organization so that your family or friends can be notified about your condition, status and location.

News Gathering Activities. We may contact you or a family member when a news reporter has requested an interview with you. News reporters often seek interviews with patients injured in accidents or experiencing particular medical conditions or procedures. For example, a reporter working on a story about a new cancer therapy may ask whether any of the patients undergoing that therapy might be willing to be interviewed. In such cases, a member of our staff would contact you to discuss whether or not you want to participate in the story.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if the law requires notice.

Public Health Activities. We may disclose your health information to public health authorities that are authorized by law to receive and collect health information for purposes of preventing or controlling disease, injury or disability; to report births, deaths, suspected abuse or neglect, reactions to medications, food or defects or problems with products; or to facilitate product recalls.

Employer Activities. We may disclose health information about you to your employer if your employer hires us to provide you with a physical exam and we discover that you have a work-related injury or disease that your employer must know about in order to comply with employment laws.

Victims Of Abuse, Neglect Or Domestic Violence. As authorized or required by law, we may release your health information to a public health or government authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of abuse, neglect or domestic violence. We will make reasonable efforts to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. As authorized or required by law, we may release your health information to government agencies and accreditation agencies authorized to conduct audits, investigations, licensure, certification or and inspections of our facility. These

government and accreditation agencies monitor the operation of the health care system, government benefit programs such as, Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Medical Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is required by the Food and Drug Administration to: (1) report or track product defects or problems; (2) repair, replace, or recall defective or dangerous products; or (3) monitor the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes. In connection with lawsuits or other legal proceedings, we may, as authorized or required by law, disclose your health information about you in response to a court or administrative order, or in response to a subpoena, discover request, warrant, summons or other unlawful process.

Law Enforcement. We may disclose your health information to law enforcement officials if asked to do so by law enforcement officer, and as authorized or required by law, for the following reasons:

- To comply with a court order or laws that we are required to follow;
- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person.
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your consent because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interest;
- If we suspect that your death resulted from criminal conduct;
- If necessary to report a crime that occurred on our property; or
- If necessary to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert A Serious Threat To Health Or Safety. As authorized or required by law, we may use your health information or share it with others when necessary to prevent a serious threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security And Intelligence Activities or Protective Services. As authorized or required by law, we may disclose your health information to authorized federal officials who are conducting national security and intelligence or counter intelligence activities or providing protective services to the President or other important officials.

Military And Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission as authorized or required by law. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Inmates And Correctional Institutions. As authorized or required by law, if you are an inmate or you are detained by a law enforcement officer, we may disclose your health information to the prison officers or law enforcement officers if necessary to provide you with health care, or to maintain safety, security and good order at the place where you are confined. This includes sharing information that is necessary to protect the health and safety of other inmates or other persons involved in supervising or transporting inmates.

Workers' Compensation. As authorized or required by law, we may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries when your health condition arises out of a work-related illness or injury.

Coroners, Medical Examiners And Funeral Directors. We may disclose your health information to a coroner or medical examiner for the purpose of identifying a deceased individual or to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ And Tissue Donation. In the unfortunate event of your death, we may disclose your health information to organizations that procure or store organs, eyes or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information without your authorization if we obtain approval through a special process to ensure that research without your authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the unfortunate event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

C. AUTHORIZATION FOR USE AND DISCLOSURE OF YOUR HEALTH INFORMATION.

Other uses and disclosures of your health information not covered by this Notice or the laws that apply to us will be made only with your written permission. In those instances, we will provide you with a hospital/nursing and rehabilitation center authorization to sign. You may revoke your authorization, in writing, at any time except to the extent we have already relied upon it. If you revoke your permission, we will no longer use or disclose medical information about you for the reasons covered by your authorization.

Depending upon the nature of your health information, we may be required by law to comply with additional requirements prior to using or disclosing your health information. For example, use and disclosure of HIV-related, genetic and mental health information may need your specific permission.

D. YOUR RIGHTS REGARDING YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. RIGHT TO INSPECT AND COPY RECORDS

With certain exceptions, you have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your medical record, please submit your request in writing to the Health Information Management Department, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 10 days. If we need additional time to respond to a request for copies, we will notify you in writing within the time frame above to explain the reason for the delay and when you can

expect to have a final answer to your request. We will respond to requests for inspection of Residential Care Facility records within 24 hours after an oral or written request has been made. Copies of Residential Care Facility records will be provided within 2 working days of the written request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If you are denied access to your medical information, you may request that the denial be reviewed.

2. RIGHT TO REQUEST AN AMENDMENT OF RECORDS

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to the Director of Health Information Management, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. Your request should include the reasons why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request. We may deny your request if the information sought to be amended: (a) was not created by us; (b) is not part of the information kept by or for us; (c) is not part of the information which you are permitted to inspect and copy; or (d) is accurate and complete in the record. If we deny all or part of your request, we will provide a written notice that explains our reasons for doing so. We may also deny your request for an amendment if it is not in writing or does not include a reason. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement, which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. RIGHT TO AN ACCOUNTING OF DISCLOSURES

After April 14, 2003, you have the right to request an “accounting of disclosures” which is a list with information about how we have shared your information with others. The accounting, however, will not include:

- Disclosures we made to you;
- Disclosure made pursuant to a written authorization;
- Disclosures we made in order to provide you with treatment, obtain payment for that treatment, or conduct our normal health care operations;
- Disclosures made in the facility directory;
- Disclosures made to your friends and family involved in your care;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; or
- Disclosures made before April 14, 2003.

To request this accounting, please write to the Director of Health Information Management, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. Your request must state a time period for disclosures you want us to include which time period may not be longer than the previous six years and may not include dates before April 14, 2003. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have a right to one accounting within every 12-month period for free. However, we may charge you for the cost of providing any additional accountings in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for a list within 60 days. If we need additional time to prepare the accounting list you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting list.

4. RIGHT TO REQUEST RESTRICTIONS

You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request that we limit how we disclose medical information about you to family or friends involved in your care or the payment of your care. For example, you could ask that we not use or disclose information about a surgery you had. ***We are not required to agree to your request.*** If we do agree, our agreement must be in writing, and we will comply with your request unless the information is needed to provide you emergency treatment.

To request restrictions, please write to the Privacy Officer, Cortland Regional Medical Center, 134 Homer Avenue, P.O. Box 2010, Cortland, New York 13045-0960. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

5. RIGHT TO REQUEST CONFIDENTIAL COMMUNICATIONS

You have the right to request that we communicate with you about your medical matters in a more confidential way. For example, you may ask that we contact you at work instead of at home. To request more confidential communications, please write to the Privacy Officer, Cortland Regional Medical Center, 134 Homer Avenue, P. O. Box 2010, Cortland, New York 13045-0960. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Your request must specify how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through the alternative method or location.

E. HOW TO OBTAIN A COPY OF THIS NOTICE

You have the right to a paper copy of this Notice. You may ask us to give you a copy of this Notice at any time even if you agreed to receive this Notice electronically. To do so, please contact the Privacy Officer, at 607-756-3687. You may also obtain a copy of this Notice from our website at www.cortlandregional.org or by requesting a copy at your next visit.

F. HOW TO OBTAIN A COPY OF REVISED NOTICES

We may change our privacy practices and this Notice from time to time. If we do, we will revise this Notice so you will have an accurate summary of our practices. We reserve the right to make the revised Notice effective for medical information we already have about you as well as any information we receive in the future. The revised Notice will apply to all of your health information, and we will be required by law to abide by its terms. We will post any revised Notice in our Admissions area or lobby. You will also be able to obtain your own copy of the revised Notice by accessing our website at www.cortlandregional.org or calling our office at 607-756-3687 or asking for one at the time of your next visit. The effective date of the Notice will always be located on the first and last page.

G. HOW TO FILE A COMPLAINT

If you believe your privacy rights have been violated, you may file a complaint with the hospital/nursing and rehabilitation center by contacting the Privacy Officer at 607-756-3687 or the Secretary of Health and Human Services. All complaints must be submitted in writing. *No one will retaliate or take action against you for filing a complaint.*

Effective Date: 03/01/06

WELCOME TO CORTLAND REGIONAL MEDICAL CENTER NEW - AND RETURNING STUDENT - ORIENTATION

HOW THIS PROGRAM WORKS

This is designed to be a self-study program. You will be reading written material and completing written exercises.

SYMBOLS

There are symbols used throughout the manual that give you direction on what to do or what to look for:

When you see this symbol, look for objectives - what you will learn in that section.
Remember these as you go through the manual.



This symbol gives you tips about some of the topics or refers you to other information, for example, to review the department disaster plan.

This symbol refers to questions that are on the post test





Table of Contents

Cortland Regional
MEDICAL CENTER

1. **DRESS CODE**
2. **PATIENT RIGHTS & ORGANIZATIONAL ETHICS**
 - Patient & Resident Rights/Elder Justice
 - Abuse Recognition
 - Privacy and Confidentiality & HIPAA
 - Fraud and Abuse
 - Compliance
 - Treatment and Transfer
 - Team Training
 - National Patient Safety Goals
 - Unapproved Abbreviation List
 - Health Literacy
 - Patient Education
3. **ASSESSMENT AND CARE OF PATIENTS**
 - Population Specific Care
4. **IMPROVING ORGANIZATIONAL PERFORMANCE**
 - Performance Improvement/Important Functions
5. **LEADERSHIP**
 - Mission, Vision, Strategy, Values
 - Always
 - Achieving Exceptional Care/Hardwiring Good Communication/AIDET
 - Code of Ethical Standards of Behavior
6. **MANAGEMENT OF THE ENVIRONMENT OF CARE**
 - General Safety
 - Hazard Communication
 - Prevention of Repetitive Motion Injuries
 - Disaster Codes
 - Utilities Management
 - Incident Reporting
 - Radiology Safety
7. **SURVEILLANCE, PREVENTION AND CONTROL OF INFECTION**
 - Infection Prevention and Control

Dress Code guidelines for all CRMC employees and Students

- The employee identification badge must be worn above the waist at all times while on duty with name and photograph clearly visible.
- No aspect of the staff's dress should embarrass or offend patients, visitors or co-workers. Clothing should be neat, clean, pressed, and appropriate in length.
- Footwear should be appropriate and safe for the individual and work environment. Professional, open-toed dress shoes/sandals are acceptable in non-patient care areas only. Sneakers must be clean with no holes or rips. No flip-flops or "croc"-like shoes with holes in the tops are allowed anywhere.
- Designer scrub wear is permissible if approved by individual departmental standards.
- Hair, beards, and mustaches shall be clean and well groomed at all times. The style should not interfere with the ability of the employee to maintain standard precautions or aseptic technique.
- Hairstyles and accessories shall be worn so as to avoid contact with the patient. The staff shall take into consideration any adornments or decorations on their clothing or person that could be easily dislodged and present a safety hazard to patients, employees, and the public. Unacceptable examples include, but are not limited to: sequins, glitter, or beads. No unusual hair color will be allowed (such as purple, green etc.)
- If makeup is worn, it shall be worn in moderation to enhance natural features and create a natural, professional image.
- Discretion shall be used in the wearing of perfume, cologne, or after-shave lotion as these products can have adverse effects on patients, visitors, and other employees. The same is true of those that smell of smoke. All efforts should be taken to reduce the lingering smell of smoke from clothing, hair, hands, and breath.
- Fingernails are to be kept clean, presentable, and of a professional length that does not detract from job performance or patient safety. Any individual whose responsibilities include food preparation or direct, hands-on patient contact may only have natural fingernails. The designation of direct, hands-on patient contact is intended to include those whose hands come into direct contact with the patient's skin. No artificial fingernails or nail enhancements including, but not limited to overlays, wraps, tips, or attached decorations allowed.
- Jewelry shall be in keeping with the professional image of the hospital and should not affect the hygiene or safety of employees, visitors or patients.
 - Earrings that are excessively long or dangling are not allowed.
 - Body piercings (other than the ear) must lie flat against the skin, leaving no possibility for safety or hygiene issues for the employee, visitors, or patients. Tongue piercings must be discrete and should not interfere with clear speech.
- CRMC pins, pins from the employee's respective professional education program, and pins from charitable organizations supported by the Medical Center may be worn. The wearing of any other type of pin, button, or badge is prohibited.
- The style, color and fabric pattern of any undergarments must not be visible.
- If an employee has been provided a uniform by the Medical Center, the clothing must be neat and clean at all times and conform to Medical Center and individual departmental standards.
- Tattoos with lettering, offensive language, advertising, or political statements are not allowed. All tattoos must be covered up whenever possible.

The following items may NOT be worn:

- Shirts or t-shirts with lettering, offensive language, pictures, advertising, or political statements (exception department/Medical Center approved designs).
- Clothes that are revealing or unnecessarily tight-fitting to include; low-cut necklines, see-through blouses/shirts, midriff-cut tops, tank tops, strapless tops, stretch or skin tight pants, and short skirts (3 or more inches above the knee).
- No blue denim jeans, dresses or skirts except on approved Denim Days.
- Shorts.
- Hats unless working outdoors or they are considered part of a uniform.
- Sweat pants or non-CRMC sweat shirts (including hooded) unless working outdoors.

Employees who report to work in violation of this policy will be sent home to change. The employee must clock out upon leaving to change and clock in upon returning to work. Future incidents of failing to follow the policy may result in disciplinary action.

Should religious beliefs or practices, conflict with this policy, reasonable accommodation will be made for employees as long as the accommodation does not pose a safety hazard.

PATIENT RIGHTS & ORGANIZATIONAL ETHICS

Cortland Regional
MEDICAL CENTER

“PROTECTING THE PATIENT”

OBJECTIVES:



Once you have completed the section on *Patient Rights and Organizational Ethics* you should be able to:

1. Identify the 19 patient rights that are guaranteed by New York State Law.
2. Describe resident rights.
3. Discuss the responsibility of each of us to uphold these rights for our patients and residents.
4. State the “rule” for maintaining the confidentiality of patient/resident information.
5. Identify the EMTALA laws and your responsibilities.
6. Use only approved abbreviations
7. Explain what to do if you suspect child abuse, an adult victim of violence, or professional misconduct.
8. List 3 tips for working with low literacy patients
9. Identify 4 characteristics of the adult learner as they relate to patient education.
10. Identify national patient safety goals.



PATIENT & RESIDENT RIGHTS

Cortland Regional

Here is a listing of New York State Patient Rights and Resident Rights. The law guarantees these rights. All patients and residents are given a copy of these rights at the time of admission. As a student, it is your obligation to respect and uphold these rights.

Patient Bill of Rights - As a patient in a hospital in New York State, you have the right, consistent with the law to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter. (CRMC has Language Line Services available for interpretation)
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation. (Wear your CRMC student Id badge at all times)
7. A no smoking room. (CRMC is a smoke free campus, there is no smoking on any of the CRMC properties including parking lots)
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Do Not Resuscitate Orders – A Guide for Patients and Families".
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fears of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Resident Bill of Rights

Cortland Regional

As a nursing home resident in New York State, you have the right to:

- Dignity, respect and a comfortable living environment
- Quality of care and treatment without discrimination
- Freedom of choice to make your own, independent decisions
- The safeguard of your property and money
- Safeguards in admission, transfer and discharge
- Privacy in communications
- Participate in organizations and activities of your choice
- An easy to use and responsive complaint procedure
- Exercise all of your rights without fear of reprisals



NOTICE Elder Justice Act - Reporting Reasonable Suspicion of a Crime

All employees of the Cortland Regional Nursing and Rehabilitation Center have the following responsibilities and rights under Federal law:

If you reasonably suspect that a crime has occurred against a resident or person receiving care in Cortland Regional Nursing and Rehabilitation Center, you must report that suspicion to the police and State Survey Agency:

Cortland City Police Department: 607-753-3001

New York State Department of Health: 1-888-201-4563

Cortland County Sheriff Department 607-753-3311

You must make the report within two (2) hours after you first suspect that a crime has occurred if the suspected crime involves serious bodily injury to the individual, or within 24 hours if there is no serious bodily injury involved.

WARNING: If you fail to report your reasonable suspicion of a crime, you may be subject to a civil monetary penalty of up to \$300,000 and/or you may be excluded from participation in any Federal health care program.

No Retaliation

Cortland Regional Nursing and Rehabilitation Center cannot punish you or otherwise retaliate against you for reporting your reasonable suspicion of a crime against a resident or person receiving care from this facility.

Right to Make a Complaint

You have the right to make a complaint to the State Survey Agency if Cortland Regional Nursing and Rehabilitation Center, Inc. punishes you or otherwise retaliates against you for reporting your reasonable suspicion of a crime against a resident or person receiving care for this facility.

Please see the Cortland Regional Nursing and Rehabilitation Center's policies and procedures manual for additional details regarding your responsibilities and rights under the Federal law. 9/15/11

Spiritual Support



At Cortland Regional there is a Chaplain available to speak with patients and families at any time, day or night. The Chaplain is trained to support the patient and family members during a hospital stay. Times for a visit include pre and post surgery, when hearing a disturbing diagnosis, dealing with a terminal illness. Or, when a patient is dying or has died. The chaplain or spiritual care visitor is also available to make a visit to pray or encourage a patient or family member.

Reverend Ina Warren is our Chaplain; she is an ordained minister with special training to deal with medical and crisis situations that occur within a hospital. She is an interfaith minister.

She visits everyone whether the patient has a faith affiliation or not. Chaplain Warren respects each person's spiritual journey and seeks to minister to patients and families in a way that brings comfort and support during a hospital stay.

Chaplain Warren has local clergy who cover beeper requests when she is away from the area. In addition, there are specially trained spiritual care volunteer visitors who make weekly visits.

The Chaplain is also available to meet with staff that may be going through a stressful time and want to talk with someone confidentially. Through the Chaplain, Patients/Family can access spiritual resources such as: Bible (KJV - NIV – Large Print), the Koran, Reading from Judaism, Buddhist Chants, Book of Common Prayer, Rosary Beads, Christian Hymnal, Our Daily Bread Devotional, Relaxation tapes.

How do you request a Chaplain?

Leave a message on the Chaplain's phone, extension 3179

In times of emergency or crisis, notify the nursing staff and they will contact the Chaplain.

Abuse Recognition

Cortland Regional
MEDICAL CENTER



CHILD ABUSE

It is our responsibility to treat and protect all children who are subject to abuse and neglect.

If you suspect that a pediatric patient is either being abused or neglected, contact the CRMC Social Work Services Department at ext. 3812 immediately.

ADULT VICTIMS OF VIOLENCE

Social Work Services should be contacted in all cases of adult abuse. If you suspect that a patient is being abused, contact the CRMC Social Work Services Department.

PROFESSIONAL MISCONDUCT

You should be aware that there is a law to protect patients from mistreatment by staff and physicians while they are in the hospital.

Every hospital employee is responsible for reporting occurrences of patient physical abuse, mistreatment or neglect. If you witness a case of professional misconduct, immediately report it to your manager. You also have the right to contact the Joint Commission

Any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission. The hospital will take no disciplinary action because an employee reports safety or quality of care concerns to the Joint Commission.

1-800-994-6610 or email
complaint@jointcommission.org.

Protective Services

If you or someone in your family needs help with health and safety, financial or domestic issues, the following agencies also provide help:

Child Protective Services:

Cortland County Child Protective Services - Dept. of Social Services
60 Central Avenue * Cortland, New York 13045 * (607) 753-5248
Central Registry: 1-800-342-3720

Adult Protective Services:

Cortland County Adult Protective Services - Dept. Social Services
60 Central Avenue * Cortland, New York 13045 - (607) 753-5248

Patient Ombudsman Program - Cortland County Area Agency on Aging
County Office Building * 60 Central Avenue * Cortland, New York 13045
(607) 753-5060

Aid to Victims of Violence - Cortland YWCA

14 Clayton Avenue * Cortland, New York 13045 * (607) 756-6363
Hotline Number: (607) 756-6363

Children as Victims of Violence or Abuse/Neglect

A child under the age of 18 whose parent, guardian, or other person having custody:

- Allows physical injury to be inflicted upon a child that is not accidental.
- Commits or allows to be committed an act of sexual abuse.
- Fails to provide food, shelter, clothing, education, and medical care though financially able to do so.
- Imposes excessive disciplinary actions.
- Abandons him or her.
- Inappropriately institutionalizes or isolates him or her.

Adults as Victims of Violence or Abuse:

Any one of the following inflicted on a person over the age of 18:

- Domestic violence is defined as any use of physical force, the threat of use of physical force, psychological abuse between family members or significant others.
- Sexual abuse is forced, manipulated, or coerced sexual activity; it includes rape, incest, same-sex assault, acquaintance rape, and marital rape.
- Physical assault may include aspects of defined domestic violence; in addition, it may include the use of weapons, and the alleged perpetrator may be known or unknown.
- Battering: A syndrome of control and increasing entrapment characterized by history of injury, isolation, psychological problems, and unsuccessful help seeking.

Elders as Victims of Violence or Abuse

Any behavior that causes fear or intimidation in or harms an older person (age 60 or above) is considered abuse. It includes:

- Physical maltreatment
- Psychosocial mistreatment
- Financial exploitation
- Violation of one's rights
- Neglect, both active and passive
- Self-neglect

Reporting - Health care professionals are required by law to report child abuse and abuse of incompetent adult and may report adult abuse with the permission of the patient. If you see or hear anything that you believe may indicate that a patient has been abused or neglected tell your supervisor immediately. There are civil and criminal penalties for failure to disclose this information and more importantly a failure may lead a patient to suffer unnecessarily.

This information does not qualify for mandated reporter training



**PRIVACY CONFIDENTIALITY
& HIPAA**

Cortland Regional
MEDICAL CENTER



What Is Privacy?

Privacy is an individual’s right to limit access by others to some aspect of their personal life. Health information privacy is an individual’s right to control the circumstances in which personal health information is collected, used, stored, and transmitted.

HIPAA is an acronym, which stands for the Health Insurance Portability and Accountability Act. Congress passed this act in 1996.

The HIPAA Law Protects Health Information. Protected Health Information (PHI) Is Defined As:

- Health information that allows an individual to be identified.
- It includes demographic information.
- It includes a patient’s diagnosis and treatment.

HIPAA Requires That Healthcare Providers Implement:

- Privacy and security standards to protect confidentiality and the integrity of health information
- Standardize electronic patient health, administrative and financial data

Uses

Uses are the ways that information is used inside Cortland Regional Medical Center. This includes sharing between departments.

Example of Use

The Operating Room schedule **is** used by the Health Information Management Department

Disclosures

A disclosure is any release or transfer of health information held by our healthcare facility to any person, organization or entity outside the facility.

An Example of a Disclosure

A patient at CRMC is diagnosed with West Nile Virus. This diagnosis is reported to the County Health Department. This constitutes a disclosure.

Minimum Necessary

For any use or disclosure, only the minimum amount of information needed should be used or released.

Examples of Minimum Necessary:

- Meditech access to PCI is limited to the floor the employee is working on.
- Operating Room schedule – only specific parts of the schedule are distributed to staff (i.e. HIM receptionist to pull medical records).

Privacy Notice

All patients must be given a notice about the facility's privacy practices.
The privacy notice is a document that tells how a patient's health information is used and disclosed.
In it CRMC is required to provide specific examples of these uses and disclosures.
CRMC is required to revise the notice as privacy practices are changed.
Every patient must receive a copy of the notice each time it is revised.

Authorization

Allows for a specific use or disclosure of protected health information and Must be signed and dated Copies kept for six years

An Example of a Kind of Disclosure That Requires an Authorization

A patient requests the facility to send copies of their medical records to their lawyer

Restrictions

A restriction puts limits on the protected health information that may be used or disclosed

Patients have the right to request a restriction

Facility Directory

Allows for general information to be disclosed while a patient at CRMC
Can give location and room number when a person requests this by the patient's name
Clergy may be given names by religious affiliation

An Example of a Facility Directory

A person comes to CRMC to visit a friend but doesn't know the room number. They go to the Switchboard and ask for the patient by name. The room number is given to the person.

Opt Out

A patient can request not to be listed on the Facility Director.

Access

All patients must sign an authorization prior to reviewing or receiving copies of their medical record
All patient requests to access and receive copies of their medical record is coordinated by the Health Information Management Department and the Privacy Officer

Amendment

An amendment is a change, deletion or addition to a medical record
Patients have the right to request an amendment to their record
CRMC does not have to grant this request for amendment
Amendments will be coordinated by the Privacy Officer

Complaints and Grievances

Patients have the right to make a complaint or grievance if they feel their privacy has been breached
Complaints and grievances will be routed through the Privacy Officer
Complaints can also be filed with the Secretary of Health and Human Services

Personnel

Employees sign a Confidentiality Statement when hired and annually at the time of their evaluation
Employees agree to use health information only for purposes directly related to their duties
Employees who breach confidentiality/privacy will be disciplined or dismissed

Civil and Criminal Penalties

Breaching a patient's confidentiality can result in Criminal and Civil Penalties

Privacy Officer -Nancy Fuller, Director of HIM, has been designated as CRMC's Privacy Officer. She will make decisions about specific privacy issues.

Concerns?

If you are not sure if health information should be disclosed, contact the CRMC Privacy Officer, Nancy Fuller at 756-3687.

Remember....

As a CRMC employee/volunteer/student you should only be accessing health information that you NEED TO KNOW TO DO YOUR JOB! This includes both electronic and paper information.

Protecting our patient's privacy and confidentiality is everyone's responsibility.

Safeguarding Protected Health Information

Dispose of or file documents properly & promptly	Never share your password	Always sign off the computer
No unnecessary or loud conversations	Always ask yourself - Can I disclose this information?	Do not read information not meant for you
Lock medical record areas	Keep curtains in patient rooms closed whenever possible	Never look up your own or family's medical record
Never discuss patient information in public places (such as the elevator, cafeteria, rest rooms, etc.)	Do not leave health information in view of patients or visitors	Know CRMC's policies & procedures regarding privacy & confidentiality



Privacy Policies – Department HIPPA/HIM

Subject: General Protected Health Information # 11-9500-01

Subject: Minimum Necessary Rule # 11-9500-02

Subject: Authorization to Use or Disclose Protected Health Information # 11-9500-03

Subject: Providing Medical Information to Family, Friends, or Others Directly Involved in the Patient's Care # 11-9500-04

Subject: Answering Machine Messages # 11-9500-05

Subject: Release of Information to Law Enforcement #11-9500-06

Subject: Opt Out Procedures #11-9500-07

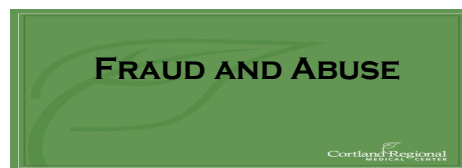
We will ensure our patients & customers' right to privacy and modesty by creating and maintaining a secure and trusting environment. When entrusted with a patient/customer's affairs, we will treat all information as confidential. Discussion of these matters will be restricted to situations where the information is necessary to meet the customer's health needs. Our concern for patient and customers' privacy will help promote peace of mind and lessen their anxiety.

CONFIDENTIALITY

- Do not discuss our patients/customers in public areas (i.e. elevators, hallways, cafeteria, etc.) or the community or with anyone unless they need to know the information for their job.
- Interview customers in private. Close doors, close curtains, or keep a distance between patients when interviewing, depending on what is feasible.
- Communicate with our customers' families and significant others in a private manner.
- Respect our co-workers' privacy by eliminating gossip. Our customers also hear this unprofessional talk.
- Phone conversations should always be conducted with discretion.
- Patient records must be kept confidential. Names and pertinent information should not be visible any time records are being transported or unattended.
- Any patient information (including medical and financial) will only be accessed by students to fulfill their job role.
- Make sure computer screens are not visible to the public.
- You should only access information (both electronic and paper) that you need to know to do your job.

MODESTY/PERSONAL NEEDS

- Always knock before entering a patient room.
- Provide proper size gowns for customers.
- Provide a robe or second gown when a customer is ambulating or in a wheelchair. Provide sheets or blankets when a customer is being transported.
- Close curtains or doors during examinations, procedure, or when otherwise needed and inform the patient of our desire to protect their privacy.
- Use discretion with placement of bedpans and urinals.
- Use discretion when dispensing specimen containers for outpatient use.
- **Ask if there is anything else you can do to meet their personal needs.**



All Cortland Regional Medical Center ("CRMC" or "Medical Center") employees, volunteers and contractors are required to act in compliance with all federal and state laws that address fraud, waste and abuse in federal health care programs such as Medicare and Medicaid.

All employees, contractors and volunteers of CRMC must immediately report any suspicion of fraud, waste, or abuse in connection with the business of CRMC. CRMC will not retaliate against or permit the retaliation against any employee, contractor or volunteer who reports in good faith any such suspected fraud, waste or abuse and/or who participates in any investigation, audit and corrective action related to such fraud, waste or abuse.

[For more detail, please refer to the Fraud and Abuse policy \(10-2000-123\)](#)



CORPORATE COMPLIANCE

Cortland Regional
MEDICAL CENTER

Our motto "At CRMC, We Take Pride in Doing Things Right".

The purpose of the Compliance Program at the Cortland Regional Medical Center ("CRMC") is to promote an organizational culture that encourages ethical conduct and a commitment to compliance with the law; and, to make a good faith effort to identify and prevent criminal conduct.

All Cortland Regional Medical Center ("CRMC" or "Medical Center") employees, contractors, volunteers, and students are required to act in compliance with the:

- CRMC Code of Conduct, Non Compliance Reporting Requirements and related policies and procedures;
- CRMC Fraud, Waste and Abuse Education and Prevention Policy and Procedure.

CRMC will not retaliate against nor permit the retaliation against any employee, contractor, volunteer, or student who reports in good faith any such suspected fraud, waste or abuse and / or who participates in any investigation, audit, and corrective action related to such fraud, waste, or abuse.

Receipt of and agreement to comply with the CRMC Compliance Handbook and Fraud, Waste and Abuse Education and Prevention Policy and Procedure must be acknowledged. Questions regarding the Compliance Program can be directed to your supervisor or to the Compliance Officer at CRMC. Copies of the Handbook and the Fraud, Waste, and Abuse Education and Prevention Policy and Procedure are available on the CRMC website home page.

The Compliance Officer at CRMC is Lesley Newman. Her office is located on the second floor of the medical center across the hall from the Volunteer Office and adjacent to Human Resources. You may reach her by calling (607) 428-5150 or you can stop by her Office at any time to discuss a concern. You can also contact her anonymously by calling the "Hotline" or sending an unsigned letter via interoffice mail or the United States Postal Service documenting your concern. The number for the "Hotline" is (607) 428-5151. It is available 24 hours / day, 365 days per year. Calls are picked up by the Compliance Officer Monday through Friday during the day.

Because the Compliance "Hotline" at CRMC is unmanned you will not get a person to talk to when you call. Rather, your call will go to voice mail after a few rings where you will be prompted to leave a detailed message regarding your concern. If you choose to report anonymously, please be sure to give as much detail as possible about your concern so that the Compliance Officer will be able to fully investigate the issue you are raising.

The Compliance Officer does not have caller ID on her phone or on the "Hotline" so there is no way for the Compliance Officer to follow up with you if you do not identify yourself when you call.

What must you report?

- You must report **actual or suspected** wrongdoing including:
 - o Violations of the CRMC Code of Conduct
 - o Failure to follow CRMC policies and procedures
 - o Failure to obey the law and comply with regulations
 - o Suspicions of fraud, waste or abuse in relation to the business of CRMC.

What is Fraud?

Knowingly or willfully deceiving another for to gain an advantage.

What are some examples of health care fraud, waste and abuse?

- Billing for services not provided, not documented, or not documented as billed;
- Billing for services that are not medically necessary;
- Having an unlicensed person perform services that only a licensed professional should render, and billing as if the professional provided the service;
- Dispensing generic drugs and billing for brand name drugs;
- Providing care that fails to meet professionally recognized standards;
- Billing for non covered services;
- Billing more than once for the same medical service;
- Providing services in excess of what is needed;
- Misusing a code on a claim;
- Using someone else's insurance card to pay for your medical care;
- Giving or accepting something of value (cash, gifts, services) in return for referring medical services, i.e., kickbacks.

CRMC Compliance Rules of Thumb:

- Commit to "Doing the Right Thing"
- Follow the policies and procedures for your job
- Ask questions when you are unsure what to do
- Report possible wrong doing
- Make Compliance awareness apart of your learning
- Always communicate openly and honestly
- Attend training sessions
- Lead by example
- Put your Code of Conduct in an accessible spot
- Remember that ethics is a part of all activities



Ethics Rights and Responsibilities (RI)

- The **goal** is to improve care, treatment, services, and outcomes by recognizing and respecting the rights of each patient and by conducting business in an ethical manner.

Provision of Care Treatment and Services (PC)

- **Are provided through the successful coordination and completion of a series of processes that include** appropriate initial assessment of needs; development of a plan for care, treatment, and services; the provision of care, treatment, and services; ongoing assessment of whether the care, treatment, and services provided are meeting the patient's needs; and either the successful discharge of the patient or referral or transfer of the patient for continuing care, treatment, and services.

Medication Management (MM)

- Effective and safe medication management involves multiple services and disciplines working closely together.

Surveillance, Prevention and Control of Infection (IC)

- The **goal** is to identify and reduce the risks of acquiring and transmitting infections among and between patients, staff, physicians and other licensed independent practitioners, contract service workers, volunteers, students, and visitors.

Improving Organization Performance (PI)

- Focuses on outcomes of care, treatment, and services.

Leadership (LD)

- A hospital's leaders provide the framework for planning, directing, coordinating, providing, and improving care, treatment, and services to respond to community and patient needs and improve health care outcomes.

Management of the Environment of Care (EOC)

- The **goal** is to provide a safe, functional, supportive, and effective environment for patients, staff members, and other individuals in the hospital. This is crucial to providing quality patient care, achieving good outcomes, and improving patient safety.

Management of Human Resources (HR)

- The **goal** is to ensure that the hospital determines the qualifications and competencies for all staff (individuals such as employees, contractors, or temporary agency personnel who provide services in the organization) positions based on its mission, population(s), and care, treatment, and services.

Management of Information (IM)

- The **goal** is to support decision making to improve patient outcomes, improve health care documentation, assure patient safety, and improve performance in patient care, treatment, and services, governance, management, and support processes.

2012 Hospital National Patient Safety Goals

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them.

Identify patients correctly

NPSG.01.01.01

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.

NPSG.01.03.01

Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve staff communication

NPSG.02.03.01

Get important test results to the right staff person on time.

Use medicines safely

NPSG.03.04.01

Before a procedure, label medicines that are not labeled. For example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.

NPSG.03.05.01

Take extra care with patients who take medicines to thin their blood.

NPSG.03.06.01

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

Prevent infection

NPSG.07.01.01

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.

NPSG.07.03.01

Use proven guidelines to prevent infections that are difficult to treat.

NPSG.07.04.01

Use proven guidelines to prevent infection of the blood from central lines.

NPSG.07.05.01

Use proven guidelines to prevent infection after surgery.

NPSG.07.06.01

Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify patient safety risks

NPSG.15.01.01

Find out which patients are most likely to try to commit suicide.

Prevent mistakes in surgery

UP.01.01.01

Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.

UP.01.02.01

Mark the correct place on the patient's body where the surgery is to be done.

UP.01.03.01

Pause before the surgery to make sure that a mistake is not being made.



This is an easy-to-read document. It has been created for the public. The exact language of the goals can be found at www.jointcommission.org.

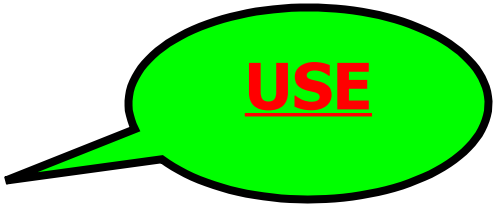
If a patient, outpatient, or visitor indicates that they are not feeling well, you must advise them to seek medical attention here at CRMC.

For information consult the Treatment & Transfer policy #10-2000-64

For more information on Treatment and Transfer see POLICY # 10-2000-64

It is important for all employees to be aware that CRMC is responsible for anyone who is on our premises. If there is a patient, visitor, volunteer, or student, here and they become ill, they must be assisted before they leave. They must be offered wheelchair assistance to be seen in our Emergency Room. Or, if they are unable to communicate, we must call a Medical Response by contacting the Switchboard and requesting the Medical Response Team to the location.

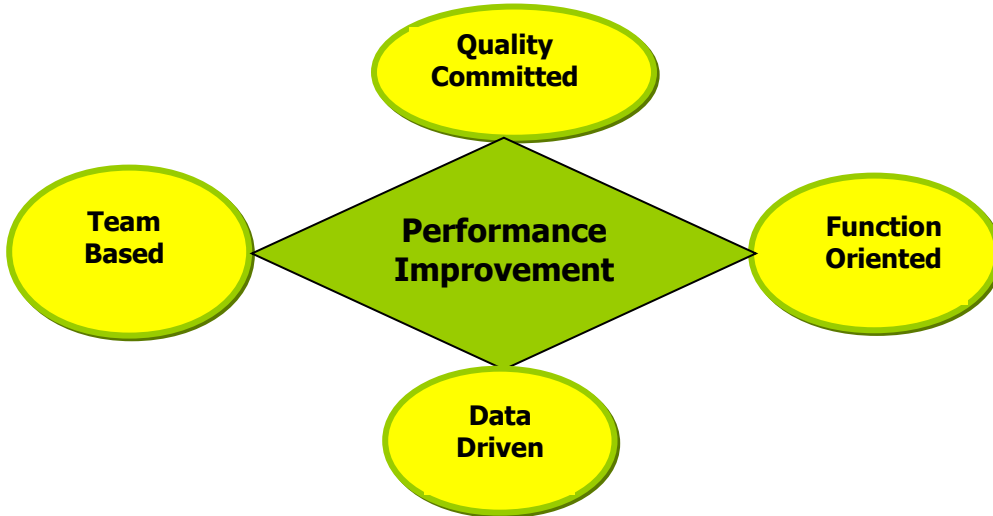
The following is a list of the abbreviations that should not be used at CRMC and their substitutes.



cc	mL or ml
d	days or doses
qd	daily or q day
qod	every other day
u	Units
ug	mcg or micrograms
iu	international units
SC or SQ	SubQ
MS	must write out meaning
MSO ₄	morphine sulfate
MgSO ₄	magnesium sulfate
Trailing zeros as in 5.0	Leading zeros as in 0.5

**IMPROVING
ORGANIZATIONAL
PERFORMANCE**

CRMC IS



Achieving Exceptional Care

- We always uphold our standards of behavior
- We always create a healing environment and keep care areas quiet.
- We always treat patients, residents, visitors, and each other with courtesy and respect.
- We always keep pain well controlled.
- We always give exceptional care.

LEADERSHIP



Once you have completed the section on *Leadership* you should be able to:

1. *Recognize* the Mission, Vision, Strategy and Values.
2. *Identify* the key to achieving exceptional care.
3. *Describe* your own attitude.

CRMC MISSION

Cortland Regional Medical Center provides quality healthcare with skill and compassion, meeting the lifelong healthcare needs of all citizens of Cortland and the surrounding communities.

CRMC VISION

Cortland Regional Medical Center will be the best choice for Quality Healthcare.

CRMC STRATEGY STATEMENT

“Patient Centered and Performance Focused.”

CRMC VALUES

PROFESSIONAL ACCOUNTABILITY:

We are accountable for actions, attitude, and appearance.

Quality Health Care Leader

We provide the highest quality care to our customers with educated and skilled staff as well as appropriate state of the art equipment.

Service Excellence

We listen to our customers and strive to meet or exceed their expectations.

Professional Communication

We are committed to communicating without fear or intimidation in an open, honest, clear and respectful manner.

Market Leadership

We will be proactive leaders in market development.

Fiscal Responsibility

We will be responsible as individuals and as an organization with all resources.

At Cortland Regional we believe that we are here to serve our customers. Our customers include patients, residents and their family, visitors, co-workers including other departments, volunteers, physicians & students. Our customers' most basic expectation is to be treated with courtesy. We are committed to providing the highest quality of service and meeting our customers' needs with utmost care and courtesy. This commitment must be reflected in our behavior.

Code of Ethical Conduct – Standards of Behavior

Attitude	Our attitude reflects our willingness to demonstrate to our patients, residents, visitors, and each other our genuine caring and respect.
Teamwork	We are teammates; linked to one another by a common purpose, serving our patients, residents, visitors, and each other.
Accountability	When we take responsibility for our words and our actions, we demonstrate our commitment to provide an environment that is dedicated to exceptional care.
Communication	To fully understand the needs of our patients, residents, visitors, and each other, it is essential to practice both responsive and courteous communication.
Responsiveness	The needs of our patients, residents, visitors, and each other are important to us and are reflected in our caring and prompt response.
Appearance	An appropriate appearance is an expression of self-respect, respect for others, and is a visual statement of our pride in our organization and ourselves.
Confidentiality	We are committed to ensuring the right to privacy for our patients, residents, visitors, and each other by creating and maintaining a secure and trustworthy environment.
Ownership	Ownership is being loyal to and taking pride in our organization and recognizing our work as a reflection of ourselves.
Integrity	We firmly adhere to our code ethical conduct.

AIDET Communication Tool

The Five Fundamentals of Patient Centered Care

If every employee utilized the Five Fundamentals of Patient Centered Care in every patient/family/customer encounter, think about the impact that this would have on achieving exceptional care. From questions reflecting courtesy of the staff, to families being kept informed, to employees working together as a team, to involving the patient in decisions about care, to explanation of tests and treatments, etc.

If you wanted to implement one organizational or department wide initiative that would have the greatest impact on our inpatients, outpatients, and families, we can't think of a better one.

ACKNOWLEDGMENT

- Eye Contact
- Smile
- Stop whatever you are doing so your customer knows they are important

INTRODUCTION & WELCOME

- Welcome
- State your name
- State your department
- State your role in the patient's/customer's care

DURATION & TIME EXPECTATION

- Explain how long a procedure or service will take
- Explain how long the test or interaction itself will take
- Explain how long a patient/customer should be expected to wait before getting the results of the test or what they need

EXPLANATION

- Explain the test or procedure or process
- Explain the role of involved medical staff
- Explain if the test/procedure or process will cause pain or discomfort, or if any post procedure instructions are necessary
- Offer to answer any concerns or questions, or resolve any complaints

THANK YOU

- Say, "Thank you for choosing Cortland Regional Medical Center for your healthcare needs."



Our goal is to improve patient health outcomes by promoting healthy behavior and involving the patient in care and care decisions. We assess the patient upon admission for ability to learn, learning preferences, and barriers to learning. There are many resources available to staff, look on the Redirect screen under *Patient Education, Staff Education and Clinical Reference*.

Based on this assessment we provide teaching using a variety of resources such as:

Patient Guidebook – this is given to all patients on admission and contains information that includes, patient rights, patient responsibilities, Spiritual Care, discharge planning as well as other important topics.

Standardized Teaching Sheets- these are CRMC created interdisciplinary teaching sheets. They are formatted for easy reading and written in simple understandable language. They can be printed out of Meditech or there is a small supply on each unit. If you want to see the complete list of standardized sheets go into the Meditech Library under “Patient Teaching Sheets”. The Meditech listing is by color and form number and is coded by area.

Patient Education Video System-all patients have access to educational programs found on a CRMC in-house channel 80. Refer them to their CRMC TV guide (located in the patient guidebook) for programs and times.

Pamphlets and Booklets – these are available in many departments in addition to standardized teaching sheets.

Health Information in Other Languages

MedlinePlus - <http://www.nlm.nih.gov/medlineplus/languages/languages.html>

Health Information in Multiple Languages. Can be accessed from the CRMC website.

Health Information Translations - <http://www.healthinfotranslations.org/>

Searchable, Health Information Translations for diseases, tests and even hospital signage.

National Network of Libraries of Medicine - <http://nmlm.gov/outreach/consumer/multi.html>

Access to basic health information for everyone, but especially for people who:

• Prefer information you can hear or watch • Want information that is easy-to-read • Do not speak English

EthnoMed - <http://www.ethnomed.org/>

This site contains information about cultural beliefs, medical issues and other related issues pertinent to the health care of recent immigrants, many of whom are refugees fleeing war-torn parts of the world.

Healthy Roads Media - <http://www.healthyroadsmedia.org/>

This site contains free health education materials in a number of languages and a variety of formats.

[Refugee Health Information Network - http://www.rhin.org/health_info.aspx](http://www.rhin.org/health_info.aspx) > *Multilingual information for health providers, refugees, and asylees in print, audio, and video formats grouped for easy access.*

On all patient units and clinical departments there is a reference picture book called “Do you understand?” which has pictures and words in a variety of languages.

Language Line Services and TTY machine for the hearing impaired are also available for staff to use with patients. See your manager for information on accessing these.

Tips for helping patients with low health literacy

- Use simple and direct language
- Speak slowly and cover only 2 -3 concepts at a time
- Read written information out loud and underline key points
- Don't just ask, “do you understand?”, instead use the *teach back technique* such as -“Tell me what you will do and show me how you will do it.”
- Ask a patient if they would like a family member or friend with them when you are giving information
- Create a shame free environment



HEALTH LITERACY

Patients with the greatest health care needs may have the least ability to read and comprehend information needed to function successfully as patients.

Patients with inadequate health literacy have many communications difficulties, which may interact to influence health outcome. These patients report worse health status and have less understanding about their medical conditions and treatment and have an increased risk of hospitalization.

Nearly all patients prefer medical advice that is simple and easy to understand. Thus, strategies for communicating with patients, including those with well-developed reading ability, should rely on simple, straightforward methods.

Advice should be simplified by reducing the content to what the patient truly needs to know to follow essential instructions, because adult education theory points out that adults are most (and often only) interested in information that helps solve their problems, rather than in background information. For example, most patients are more interested in learning what they need to do to manage their diabetes so they can resume their daily activities, and less interested in disease Pathophysiology.

ASSESSMENT & CARE OF PATIENTS

Cortland Regional
MEDICAL CENTER

OBJECTIVES:



Once you have completed the section on **ASSESSMENT & CARE OF PATIENTS**, you should be able to:

1. **Explain** why population considerations are important to patient care.
2. **Name** the specific stages of growth and development.
3. **Describe** how to provide each patient the individual care he or she requires and expects according to his or her age and needs.

Population specific care considers the following:

Population

Motor Deficit
Sensory Deficit
Cognitive Deficit
Cultural / Spiritual Consideration
All Populations

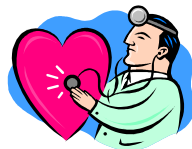
Age of Patient Population Served

Neonate (birth – 28 days)
Pediatric (29 days – 12 years)
Adolescent (13 – 17 years)
Adult (18 - 64 years)
Geriatric (65 years and older)

Motor Deficit: Patient needing an appropriate level of assistive care to prevent injury

Sensory Deficit: Patient needing assurance of safety and/or reassurance of safety if patient response indicated inaccurate sensory perception

Cognitive Deficit: Patient-needing supervision to ensure the environment is safe and supportive of their needs



Population specific needs have been incorporated into CRMC policies

Age –Specific Considerations for infants, toddlers and young children

Infants and toddlers (birth to age 3):

Healthy growth and development

- Physical growth and development are rapid, especially in infancy. Building muscle skills is important –from rolling and standing as an infant to running and drinking from a cup as a toddler.
- Developing trust and a sense of being loved is important in infancy. It helps the toddler’s attempt at independence. Play is important to help build social and other skills.
- Infants communicate by crying and making simple sounds. Toddlers learn simple words and sentences.

Ways to provide age-specific care

- Educate parents about the need for checkups, screenings and immunizations.
- Ensure the child’s safety and comfort. For example, keep crib rails up, offer age-appropriate toys, cuddle an upset child and talk in soothing tones.
- Explain procedures to parents and the child in simple terms. Allow time for questions. Let the child touch equipment, or try in on a doll or stuffed animal.
- Keep the child with parents if possible. Involve parents in care (for example, have them choose their child’s food). Have parents demonstrate procedures back to you to show understanding.
- Discuss parents’ questions and concerns about caring for their child. Teach about feeding, hygiene, safety and other ways to promote healthy development.

Young children (4 - 6):

Healthy Growth and development

- Children grow more slowly during these years. They are active, and develop strength and coordination. They are able to dress themselves and are toilet-trained.
- Young children are aware of others’ feelings. They may have fears (for example, about being separated from parents or being injured). They enjoy playing with other children and make friends. They begin to develop a sense of privacy.
- Young children are curious and imaginative. They ask lots of questions and enjoy conversations. They like stories and make-believe play.

Ways to provide age-specific care

- Continue to stress to parents the need for checkups, screenings and immunizations.
- Explain procedures and objects in ways the child can understand. Avoid words that might be scary. Show how to use equipment or other visual aids. Give the child chances to help.
- Reassure the child that the procedure is not a punishment.
- With a younger child, explain the procedure just before you perform it.
- Give the child chances to express feelings and ask questions (through talk and play). Encourage a younger patient to bring a security object, such as a blanket.
- Ask parents about any concerns they may have (for example, with setting limits). Ask the child questions, too (about school or friends, for example). Teach about healthy eating, hygiene and safety as the child grows more independent.

Age –Specific Considerations for older children and adolescents

Older children (ages 7 to 12):

Healthy growth and development

- Growth continues at a slower pace until a “spurt” at puberty. Muscle skills continue to develop. Older children can do a variety of activities, from sports to crafts.
- Older children can accept rules and responsibilities (such as caring for pets). Completing tasks, mastering new skills and having achievements recognized help build self-esteem. Older children enjoy doing things with friends (generally of the same sex). They want more privacy.
- Older children enjoy riddles, plays on words, etc. They can read, write, do math and memorize. They have a better understanding of time. They enjoy collecting and classifying things.

Ways to provide age-specific care

- Continue to remind parents about the need for immunizations, checkups and screenings.
- Ask the child about friends, interests, accomplishments and concerns (for example, body changes). Ask for parents’ views, too. Allow time for the child and parents to ask questions.
- Explain procedures and equipment in advance. Use correct terms and visual aids. Give the child a tour. Respect privacy (for example, by keeping the child covered during exams). Give the child chances to help. Praise cooperative behavior.
- Teach the child about healthy and safe behaviors (including not using alcohol, tobacco or other drugs). Encourage parents to talk with their child about these and other important issues (including age-appropriate discussions about sexuality).

Adolescents (ages 13 to 20):

Healthy growth and development

- Girls generally begin puberty about 2 years earlier than boys (it may start in older childhood in girls). A growth spurt may affect coordination for a time. Sex features develop (such as breasts in girls and facial hair in boys).
- Adolescents are developing an identity. They may have emotional swings and face peer pressure. They may be self-conscious (about body image, for example). They become interested in close relationships. Eating disorders may be a concern.
- Adolescents can solve problems better. They think about the future (for example, their career). They think more abstractly (for example, about values and about concepts such as justice). They may still not think about long-term consequences of their actions.

Ways to provide age-specific care

- Emphasize the need for checkups, screenings and immunizations.
- Provide privacy for procedures and teaching. Teach using correct terms and visual aids. Discuss concerns. Encourage involvement in care and decisions. Know the age at which an adolescent can legally authorize his or her own treatment.
- Encourage hospital patients to keep in contact with friends and family.
- Teach about healthy habits (nutrition, exercise, hygiene and safety). Also teach about avoiding pregnancy and health risks, such as sexually transmitted diseases and alcohol, tobacco and other drug use.
- Encourage parents to stay involved in their child’s life. Give parents and the child information about normal changes of adolescence.

Age-specific Considerations for adults ages 21 to 64)

Young adults (ages 21 to 39):

Healthy growth and development

- Young adults reach sexual maturity and their adult height and weight. They are more comfortable with their body image.
- Young adults develop a personal identity and self-reliance. They may experience sexual intimacy, choose a mate and raise a family. They establish a career.
- Young adults reflect on changes in their bodies and their lives. They can look at problems from different points of view. They establish values and use them to make life choices. They evaluate new information in terms of their experiences.

Ways to provide age-specific care

- Continue to encourage immunizations, checkups and screenings.
- Encourage hospital patients to keep in contact with family and friends.
- Assess the patient for stress related to new adult roles. Encourage him or her to talk about feelings and concerns, and about how an illness or injury may affect plans, family and finances.
- Involve the patient and close family members in decision making and education. Educate about injury prevention and a healthy lifestyle (through exercise, weight control, hygiene, etc.). Explain the benefits of knowing this information. Use appropriate teaching materials. Encourage the patient to take part in group learning situations, such as support groups.

Middle adults (ages 40 to 64):

Healthy growth and development

- Adults ages 40 to 64 begin to experience physical changes, such as decreased endurance. Women experience menopause. Illness or injury may interfere with plans. Chronic illness may develop.
- Adults of these ages develop a concern for the next generation. They help their children gain independence. They may become active in the community (for example, through volunteering). They develop new roles with aging parents and plan for retirement. They begin emotionally preparing for death.
- These adults may seek further education, possibly to make a career change. They are interested in learning. They reflect on their lives and accomplishments.

Ways to provide age-specific care

- Continue to encourage checkups, screenings and immunizations.
- Encourage as much self-care as possible.
- Allow time to talk about frustrations, accomplishments, dreams and any concerns about illness. Talk about stress. Provide help with finding resources to meet health-care costs.
- Educate about healthy lifestyles (stress management, weight management, etc.). Education about procedures and safe use of medications. Use appropriate materials.
- Involve the patient and close family in decisions about care. Start teaching about advance medical directives.

Age –Specific Considerations for adults ages 65 and older

Adults ages 65 to 79:

Healthy growth and development

- Adults ages 65 to 79 experience changes in skin, muscles and sensory abilities. They have a higher risk of health problems, such as infection and chronic illness. They may sleep more, often by napping during the day. Many older adults stay in good health.
- These adults need to adapt to changes. They take up new activities and roles. They may experience depression, loneliness and anxiety over changes or about the future.
- Adults of these ages may have a reduced attention span. They may make decisions and remember things (such as names) more slowly. They may need more time to learn.

Ways to provide age-specific care

- Stress the need for immunizations, checkups and screenings. Encourage healthy habits (nutrition, exercise, hygiene, etc.) and social activity.
- Educate about safety measures (including fall prevention, safe medication use and using caution with hot water).
- Provide a safe, comfortable environment (night light, proper temperature, etc.). Allow time for rest. Adapt procedures to physical changes (fragile skin, for example).
- Give the patient chances to reminisce, to help promote positive self-image.
- Speak clearly and avoid background noise during teaching. Use larger-print materials and ensure enough light. Give information in short segments and repeat as needed. Avoid rushing.
- Encourage the patient and family to take an active role in care. Discuss concerns. Talk about family and other support systems.



Adults ages 80 and older:

Healthy growth and development

- Adults ages 80 and older have a higher risk of infections, dehydration, poor nutrition and chronic illness. Effects of chronic illness may be more severe. Mobility becomes harder.
- These adults may feel isolated or upset due to loss – of family, friends, sensory abilities or financial independence. They may lose self-confidence as their abilities decline.
- Adults of these ages reflect on their lives and come to an acceptance of death. They can still learn, but at slower rates. They may have reduced attention spans.

Ways to provide age-specific care

- Continue to stress the need for screenings, checkups and immunizations.
- Encourage physical and social activity. Encourage reminiscing.
- Promote, and assist with , self-care and independence as much as possible. Assist with end-of-life planning.
- Monitor age-related risks, such as skin problems. Adapt techniques as needed (for example, using extra caution when moving or touching the patient, to avoid bruising). Allow for frequent periods of rest.
- Ensure safety measures to prevent falls and burns. Educate about home safety and safe medication use.
- Educate in an appropriate environment with suitable materials. Involve the patient and family or other caregiver (s). Teach while the patient is at peak energy. Avoid rushing.

MANAGEMENT OF THE ENVIRONMENT OF CARE

Cortland Regional



OBJECTIVES:

Once you have completed the section on Management of the Environment of Care you will be able to:

1. Identify workplace hazards.
2. Recall the steps to take in the event of a fire or fire drill.
3. Recognize the announcement Code Red as the fire emergency.
4. Demonstrate what to do in case of fire.
5. Identify the proper reporting should you be injured while at CRMC.
6. State where the MSDS copies are kept in your department.
7. Recall that training is provided whenever a new chemical is introduced in your department.
8. Identify where the department Emergency Management plan is kept.
9. Identify a utilities management emergency.
10. Identify where the safety manual is online

Be aware of workplace Hazards

Chemicals - may burn or explode if not handled properly.

Tools and Machines - can cause injuries if people don't use their protective devices or handle them correctly and safely.

Electricity - can cause shocks, burns, or fires if it's not used and maintained properly.

Material handling - can cause back problems resulting from poor manual lifting techniques or other injuries when mechanical equipment is operated incorrectly.

Poor housekeeping - failure to use and store tools and materials properly can cause injuries from slips, trips, and falls.

HAZARD COMMUNICATIONS – YOUR RIGHT TO KNOW

RIGHT TO KNOW: whenever a new chemical is introduced in your department you will receive training on its proper use, safe handling and precautions. It is your right to know what chemicals you are using and how to use them safely. It is also your responsibility to be sure to use the required Personal Protective Equipment as specified by the Material Safety Data Sheet.



Be sure to review the Safety Manual and Emergency Management plan for the department where you are completing your internship/student rotation.

OBJECTIVES



Describe signs and symptoms of repetitive motion injuries.

Identify components of good body mechanics.

CRMC is committed to injury prevention. There are a variety of lift assist equipment. Do not lift a patient without using them. Check the card pocket in each patient room for type of lift assist required.

Lifting Technique

Approach (safe and close)

Plan (clear path and, if lifting a patient, explain as applicable)

Pivot (no twisting motions)

Leg (use strong muscles)

Abdominal (contract when lifting)

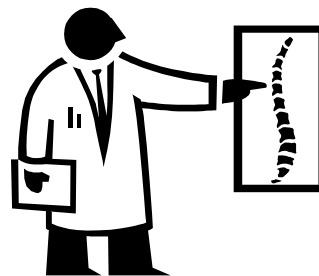
Up (keep head and eyes looking up when lifting)

S "curve" (maintain cervical/thoracic/lumbar curves)

Easy motions (no jerking motions)

Signs and symptoms of repetitive motion injury

- **Going home at the end of the day with an achy back and muscles**
- **Swelling**
- **Pain that radiates**
- **Numbness**
- **Pain with movement**
- **Decreased range of motion**
- **Decreased strength in joints**



Don't suffer in silence - speak up!

FIRE SAFETY PROCEDURES

Rescue

Patients/residents in the endangered fire area should be rescued immediately. Close the door and Alert co-workers by announcing **CODE RED** and room number.

Alarm

Pull the nearest Fire Alarm Pull Station. (Some models require breaking glass first or inserting a key). Dial "2222" to state that a **CODE RED** exists and to confirm the location.

Confine the fire

Close all doors and windows to prevent smoke from entering the area.

Evacuate

Move people **HORIZONTALLY** beyond Compartment smoke doors and **VERTICALLY DOWN** but never up.

Pull the safety pin.

Aim the nozzle at the base and front edge of the fire.

Squeeze the handle to discharge agent.

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

Locate Fire Alarm Pull Stations & Fire

Extinguishers in your area.
Remember their locations!

EMERGENCY CODES



Code Red – FIRE



Code Blue – Cardiac/Respiratory Emergency



Code Yellow – Need for internal assistance for a patient disturbance or combative patient.



Code Pink – Infant/Child abduction – armed or unarmed abductor



Code Orange – Armed Intruder



Code Green – Any type of situation that will impact the normal facility operations due to mass casualty, weather conditions, communications, equipment or electrical failure, disruption of medical gas system, bomb threat or need for evacuation.



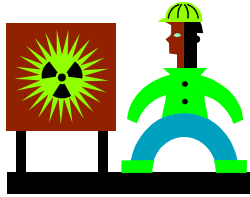
Code Silver – S A SITUATION THAT THE ENTIRE HOSPITAL AND RCF WILL GO INTO LOCK DOWN MODE.

This means that the entrances will be secured and the only entrance point will be through The emergency department.

2. Code silver emergency department-is a situation that the ed and prompt care will be Locked down due to a situation pertaining to that area of crmc. During that time, you will Be able to get into and out of the emergency department for emergency purposes.

Code White – All Clear





UTILITIES MANAGEMENT

As part of their care we may need to supply utilities to patients. For example, oxygen is a utility. We supply oxygen to many patients and residents in the hospital and nursing home.

In an emergency situation such as fire or failure of the oxygen system, the only individuals authorized to turn off the emergency shut off valves are from Respiratory Care and Engineering Department in cooperation with Nursing.

INCIDENT REPORTING

"ALL INCIDENTS MUST BE REPORTED"

1. An incident is any adverse (not normal or routine) event that affects a person or property.
If you are involved in an incident, remember to *remain calm and courteous*.

HOW TO USE INCIDENT REPORT FORMS

FORM	WHEN TO USE	SEND TO WHEN COMPLETE
INCIDENT REPORT FORM (ADMIN-37)	For patient, physician, student and visitor injuries and other occurrences, i.e. security and physical plant. (Do <u>not</u> use these for falls or medication errors.) An investigation form must also be completed. <u>DO NOT</u> staple the forms together.	White copy to Quality Improvement Dept. Canary copy to Dept. Manager
FALLS REPORT (ADMIN-08)	For reporting of <u>patient</u> falls. An investigation form must also be completed.. <u>DO NOT</u> staple the forms together.	Quality Improvement Dept.
INCIDENT INVESTIGATION FORM (ADMIN-42) <i>Not required to be completed by students</i>	For investigation of all incidents and patient falls. Complete and send with Incident Report Forms and Falls Report. (Not required for Medication Occurrences or AMA's.) <u>DO NOT</u> staple the forms together.	Quality Improvement Dept.
MEDICATION OCCURRENCE REPORT (NURS-165)	For all medication errors.	Both white & canary copies to Quality Improvement Dept.
RELEASE FROM RESPONSIBILITY FOR DISCHARGE (MREC-13)	For AMAs and LBSs.	Inpatient - QI Dept. ED/Prompt Care - ED Nurse Manager
EMPLOYEE WORK-RELATED INCIDENT/ILLNESS REPORT (OH-01)	For all employee injuries.	Employee Health



SURVEILLANCE, PREVENTION & CONTROL OF INFECTION

Cortland Regional



OBJECTIVES:



Once you have completed the section on *Surveillance, Prevention and Control of Infection* you should be able to:

1. Describe the risks related to blood borne pathogens.
2. List the three most common blood borne diseases that healthcare workers are exposed.
3. Describe how blood borne pathogens can be transmitted on the job.
4. Describe the importance of using standard precautions.
 - a. List at least one way that each of the following barriers protects workers against blood borne pathogens:
 - b. Engineering controls
 - c. Personal protective equipment
 - d. Work practice controls
 - e. Proper housekeeping
 - f. Hepatitis B vaccine
 - g. Describe what to do if exposed to potentially infectious substances

Standard Precautions

What are standard precautions? They are the standards set by the Centers for Disease Control and Prevention (CDC) to provide rules for handling all patients and substances in a way that minimizes your risk of exposure. They are also a group of prevention practices that apply to all patients, regardless of suspected or confirmed diagnosis or presumed infection status. All patients will be considered potentially infectious.

Hand Hygiene
PPE – Personal Protective Equipment
Respiratory Etiquette
Patient Placement
Patient Care Equipment
Care of the Environment
Textiles and Laundry
Sharps Precautions
Lab Specimens
Safe Injection Practices
Special Lumbar Puncture Procedures
General Waste
Worker Safety

Standard precautions are used in the care of all patients to protect the patient and employee from exposure to infectious disease/infection/germs. Personal protective equipment (PPE) is used to prevent your exposure to blood and body fluids of all patients.

Personal Protective Equipment (PPE)

The purpose of personal protective equipment is to prevent or minimize the entry of materials into the body. This could be through skin lesions, membranes of the eye, nose, or mouth. Examples of PPE equipment include:

- Gloves
- Masks
- Face Shields
- Protective eyewear
- Gowns
- Aprons
- Lab coats
- Mouth pieces
- Resuscitation bags

PERSONAL PROTECTIVE EQUIPMENT INCLUDES

GOWNS/SHOE COVERS/SURGICAL CAPS AND HOODS - These are worn when generation of droplets or splattering of blood, body fluids, secretions, or excretions are likely to penetrate clothing and expose potential non-intact skin. Wear plastic aprons or gowns to prevent soak-through. If soiling is likely or isolation techniques are required, put on a gown before putting on mask or gloves.

GLOVES - Wear them when you are likely to touch blood or other infectious materials. Wash hands first, remove gloves carefully, and wash hands again.

MASKS/FACE SHIELDS - Wear appropriate masks for airborne, droplet precautions and any exposure to blood and body fluid that may splash or spray during a procedure.

RESUSCITATION DEVICES - Use disposable resuscitation devices such as mouth-mask for ventilation during CPR. Avoid direct mouth-to-mouth resuscitation.

All PPE is available in the PPE boxes located in the corridors of patient/resident units.

Disposal of PPE - When you are finished using your PPE it must be disposed of properly before leaving the work area.

- Remove gloves using a technique to prevent the spread of infectious materials
- Dispose of disposable gloves after each patient use or when torn or punctured. Do not wash or re-use (except utility gloves)
- Place soiled cloth yellow gowns in designated laundry bags
- Place blue disposable gowns and plastic aprons in appropriate trash bags
- Place non-disposable items in designated area for decontamination
- Remove N95 or PAPRs outside the negative pressure room

HAND WASHING

How to wash your hands:

- Remove jewelry
- Use soap, warm water and lots of friction
- Wash for at least 15 seconds
- Rinse thoroughly
- Dry hands well
- Use a new paper towel to turn off the water



Use of alcohol based hand wash is appropriate - as long as your hands are not visibly soiled.
Soap and water must be used for Enhanced Precaution Isolation

Wash your hands

It is the most important barrier against the spread of blood borne pathogens. Wash your hands:

- Before and after physical contact with a patient
- After handling contaminated items
- * After touching blood, body fluids, excretions and secretions and contaminated items
- Immediately after gloves are removed
- Between procedures on different body sites of the same patients
- After handling animals/pets
- After using the toilet
- After blowing your nose
- After covering a sneeze
- Whenever your hands are soiled
- Before eating, drinking, handling food or smoking

Transmission Based Precautions

In addition to Standard Precautions, CRMC has additional types of Transmission-based Precautions. These are called *Contact*, *Airborne*, *Droplet*, *Enhanced Contact*, and *Neutropenic*. Always follow isolation signs on patient and resident doors.

Airborne:

Negative Pressure Room
Single Room
Respirator Mask required to enter room (N95 or PAPR)
Gown and Gloves recommended

Droplet:

Single Room or Cohort
Mask with face shield if within 3 feet of patient
Gown and Gloves recommended

Contact:

Single Room or Cohort
Mask if patient has a respiratory illness
Gloves required
Gown required if contact with patient or patient's environment

Enhanced Contact:

- Single room or cohort
- Gowns and Gloves required
- Hands must be washed with soap and water

Neutropenic:

- Ordered by physician

Workplace Transmission:

Potentially Infectious Material

Blood borne pathogens, including HIV, Hepatitis B (HBV) and Hepatitis C (HCV) may be present in the following materials:

- Blood
- Body Fluids such as:
 - Saliva
 - Semen
 - Vaginal Secretions
 - Cerebrospinal Fluid
 - Synovial Fluid
 - Pleural Fluid
 - Peritoneal Fluid
 - Amniotic Fluid
- Other body fluids visibly contaminated with blood

Blood borne pathogens may also be present in the following materials:

- Saliva and blood contacted during dental procedures
- Unfixed tissue or organs-other than intact skin from live or dead humans
- Cell or tissue cultures that contain HBV, HCV or HIV
- Organ cultures, culture media or similar solutions
- Blood, organs and tissues from experimental animals infected by HBV, HCV, or HIV

Modes of Infection Transmission

Blood borne pathogens can infect you via:

- An accidental injury by a contaminated sharp object
- Open cuts, nicks and skin abrasions-even acne and dermatitis
- Mucous membranes of your mouth, eyes or nose
- Indirect transmission-touching a contaminated surface and then touching your mouth, eyes, nose or open skin.

You should review the CRMC Exposure Control Plan. The plan includes a description of measures the facility must take to minimize risks of exposure and procedures to follow if there is an exposure incident.



How do we break the chain of infection?

Through:

- Hand washing
- Standard Precautions
- Isolation

Workplace Controls

Engineering controls eliminate hazards at their source. Some examples of engineering controls include:

- Autoclaves
- Self-sheathing needles
- Sharps disposal containers
- Bio-safety Cabinets

Handle sharps with care:

- Never recap or manipulate used needles
- Do not point a used needle toward any part of your body
- Do not remove used needles from disposable syringes by hand
- Do not bend or break used needles
- Always put used sharps in proper sharps containers

MORE STANDARD PRECAUTIONS

SHARPS CONTAINERS

Are available in all patient care areas. All disposable sharps, used and unused, must be placed in a sharps container. This includes needles, syringes, lancets, razors, and contaminated broken glass.



Warning Labels

Warning labels designate contaminated with potentially infectious materials. Watch for these labels on:

- Bags and containers
- Equipment
- Doors of rooms that house research and production

Practice good hygiene:

- Don't splash or spatter potentially infectious substances
- Don't pipette or suction potentially infectious substances
- Don't store food or beverages anywhere near potentially infectious substances
- Don't eat, drink, smoke, apply make-up or lip balm or handle contact lenses where exposures may occur

Practice good housekeeping:

Housekeeping is everyone's responsibility:

- Clean equipment and surfaces right after contamination and at the end of each shift using a hospital approved disinfectant
- Replace protective coverings on equipment and surfaces right after contamination and at the end of each shift
- Never pick up broken glass with your hands
- Place contaminated sharps and infectious wastes in proper containers
- Handle contaminated laundry as little as possible and with minimal agitation and carry it away from your body
- Never use your hands or feet to compact trash

Hepatitis B Vaccine

Your risk of contracting HBV with an exposure to infectious material is as high as 30% for HBV (and only .3% for HIV). Decrease your risk of contracting HBV with the hepatitis B vaccine:

- It's effective
- It's safe

Procedures for Occupational Exposures

- In case you become exposed, don't panic:
- Immediately wash exposed skin with soap and water
- Flush mucous membranes (eyes) with water
- Report the incident to your on-site supervisor
- Report to the Emergency Department for follow-up
- If you consent, you will be provided with:
- Confidential medical evaluation
- Blood tests and counseling
- Post-exposure preventive treatment that is available
- Follow-up counseling in Employee Health

YOUR HEALTH

Keep up-to-date on your immunizations and TST skin tests. Prevent the spread of infection to patients and co-workers. If you are sick with a fever, diarrhea, draining wound, or vomiting, please contact your supervisor, and do not work.

Call the Sick Call Hotline (756-3199) to report signs and symptoms of illness.

Department Specific Infection Control Orientation and Expectations

All Departments:

- Departmental Infection Control Policy - ask your supervisor what the number is and review the policy
- Pandemic Flu Plan – your role if there is an outbreak
- Exposure Control Plan – and annual competency
- Tuberculosis Protocol #14-5000-52
- Respiratory Protection Program for HEPA Respirators #15-2000-74
- Sick Call Hotline Policy #15-2000-72
- Service Animals Policy #10-2000-06
- Review of Standard Precautions and Isolation Signs
- Soiled personal clothing protocol
- Regulated Medical Waste disposal

Clinical Areas:

Location of:

- Clean Utility Rooms
- Dirty Utility Rooms
- Eyewash stations
- Personal Protective Equipment
- Isolation Signs
- Education Pamphlets and VIS statements
- Airborne Isolation Rooms Locations: ED1, ICU1, 209, 302, 303
 - How to activate
 - Where smoke test records are found – Policy #10-2700-13
 - AFB testing
- Re-stocking sharps containers and alcohol hand antisepsis
- Review of monthly HAIs – sample enclosed

Soiled Personal Clothing:

If your personal clothing becomes soiled by blood or body fluids while you are here at work, these are the steps to follow:

1. Let your supervisor know.
2. Report to the Linen department where you will be issued scrubs to wear.
3. CRMC will wash you soiled clothing and return them to you.

The Linen department is in the basement across from the South elevators.

The Linen department hours are 7:00 a.m. to 3:00 p.m.

From 3:00 p.m. to 11:00 p.m., you can page someone from the Environmental Services Department and they can get you scrubs and wash your clothing.

4. If your clothing becomes soiled when the Linen department is closed, you can get a pair of scrubs to wear. Please page the Nursing Supervisor.

4. After you change your clothes, place the soiled clothes in a clear plastic bag with your name and department. Leave them outside the Linen room door, and CRMC will wash the next day and get them back to you.



Thank You!

FOR COMPLETING THE CRMC STUDENT ORIENTATION

**REMEMBER TO COMPLETE AND SUBMIT ALL
REQUIRED PAPERWORK AT LEAST 2 WEEKS
PRIOR TO YOUR INTERNSHIP START DATE.**