



**Yakima Valley
Farm Workers Clinic**

A culture of caring

Inland Dental Expanded Access (IDEA) Clinic Volunteer Packet APPENDIX

YVFWC Student and Volunteer Placement Office

Contact Information

Elaine Briggs
Health Career Placement Coordinator
Email: elaineb@yvwfc.org
Phone: 509.865.6175 ext. 3419 or
Fax: 509.453.2363

America Lopez
Health Career Placement Assistant
Email: americal@yvwfc.org
Phone: 509-865-6175, ext. 3419
Fax: 509.453.2363

APPENDIX

- Code of Conduct Policy
- Confidentiality Policy
- IS User Policy
- Annual Training Newsletter

****Volunteers must review the following documents in order to complete Orientation Documents and Annual Test for return to Student & Volunteer Placement Office.***



Yakima Valley Farm Workers Clinic

A culture of caring

Code of Conduct

Approval Party: Tom Sak - Board of Directors, Chair		Effective Date: 10/07/2012
Approval Level: <input type="checkbox"/> I- Matrix Designated Director <input type="checkbox"/> II- Senior Leadership/CEO <input checked="" type="checkbox"/> III- Board of Directors/Chair		
Reviewer(s): Senior Leadership, Compliance Committee		References: See Regulatory Standards below
FYI Contact(s): N/A		Regulatory Standard(s): Federal Register / Vol. 65, No. 194; SS 1128A (a)(5); SS 1128A (i)(6); 42 CFR 1002-101; IRS 501(c)(3); 31 U.S.C § 3729 (a); 42 U.S.C. § 1320a-7B (3); 18 U.S.C. § 3571 (2008); 18 U.S.C. § 669, 1001, 1035; 63 FR. 58399, 58400, Oct. 30, 1998.
Drafter: Sergio Vazquez, Jr.		Category: Organization-Wide
Renewal Term: 3 years	Next Review Date: 10/07/2015	Sub-Category: Compliance
Supersedes: Code of Ethics Policy, Code of Ethics Form dated 06/2010		Document Type: Policy/Procedure

Table of Contents

Table of Contents.....	3
I. Vision, Mission, Values	3
II. Purpose of Code of Conduct.....	3
III. Leadership Responsibilities.....	3
IV. Employee Responsibilities.....	4
V. Code of Conduct Topics.....	4
Patient Care	4
Compliance with Laws and Regulations	5
Billing and Coding	5
Conflicts of Interest	6
YVFWC Assets	6
Health and Safety.....	7
Human Resources	7
HIPAA Privacy and Security	8
VI. Non-Retaliation.....	8
VII. Reporting Concerns.....	9
VIII. Enforcement.....	9
IX. Acknowledgement Process	10
Code of Conduct Acknowledgement Form	11

I. Vision, Mission, Values

Please refer to YVFWC's [Vision, Mission, Values Policy](#).

II. Purpose of Code of Conduct

The Code of Conduct provides guidance to all employees and assists us in carrying out our daily activities within appropriate ethical standards and in compliance with applicable laws, regulations, policies and procedures. These obligations apply to our relationships with patients, payers, contractors, vendors, consultants, and one another.

The Code of Conduct is intended to be comprehensive and easily understood. In some instances, the Code of Conduct deals fully with the subject covered. In many cases, however, the subject requires additional guidance for those directly involved with particular area to have sufficient direction. To provide additional guidance, we have developed a comprehensive set of compliance policies and procedures which may be accessed on the Compliance Program webpage or the Document Library on First Source. Those policies expand upon or supplement many of the principles articulated in the Code of Conduct.

The standards set forth in the Code of Conduct are mandatory and must be followed by all employees.

III. Leadership Responsibilities

While all YVFWC employees are obligated to follow the Code of Conduct, we expect our leaders to set the example, to be in every respect a model.

We expect everyone in the organization with supervisory responsibility to exercise that responsibility in a manner that is kind, sensitive, thoughtful, and respectful. We expect each supervisor to create an environment where all team members are encouraged to raise concerns and propose ideas.

We also expect that they will ensure those on their team have sufficient information to comply with laws, regulations, policies and procedures, as well as the resources to resolve ethical dilemmas. Leaders must help to create a culture within YVFWC which promotes the highest standards of ethics and compliance. This culture must encourage everyone at YVFWC to share concerns when they arise. We must never sacrifice ethical and compliant behavior in the pursuit of business objectives.

Specific guidance for leaders throughout the organization regarding their responsibilities under The Compliance Program is included in a supplement for leaders to the Code of Conduct. Leaders at all levels of the organization should use that guidance to most effectively incorporate ethics and compliance into all aspects of YVFWC.

In addition, all leaders should be mindful that YVFWC supports and utilizes various training mechanisms to ensure that our supervisors have excellent managerial skills. The foundational principles in these trainings reflect the basic concepts of our Compliance Program. The Compliance Program, together with our leadership training efforts, encourages leaders to: lead by example, confront problems directly and candidly, be inclusive in the decision-making process, give the maximum responsibility to employees, and emphasize effective team-building.

Lastly, we expect those at YVFWC to understand and care about their co-workers. Though YVFWC is a large organization, its work is accomplished each day, for the most part, in small team settings. This encourages all leaders to try to ensure that the talents of each member of YVFWC are utilized to the maximum extent possible and that we give careful attention to the professional development of all of those within YVFWC.

IV. Employee Responsibilities

Employees are expected to become familiar and act in accordance with the Code of Conduct and applicable laws, regulations, policies and procedures. In addition, employees have a duty to immediately report actual or suspected violations of the Code of Conduct and applicable laws, regulations, policies and procedures. Employees are urged to contact their supervisor or any member of management to report actual or suspected violations. If, for any reason, this method is uncomfortable or inappropriate, other options have been established by YVFWC and are available to employees for reporting concerns.

Beyond these basic expectations we expect those at YVFWC to understand and care about their co-workers. Being kind, thoughtful, sensitive, respectful and living the values is essential to fulfilling our mission and your success at YVFWC.

V. Code of Conduct Topics

Patient Care

We are committed to providing high quality care to our patients and the community.

- We treat our patients, their authorized representatives and family members with dignity, and we respect their right to privacy.
- We will not be asked to perform duties for which we have not had proper training and for which we are not currently clinically competent.
- We respond to our patients' need for services promptly and courteously. Only those patients whose needs we can appropriately address will be accepted for clinical care.
- We provide our services to patients without regard to their sex, age, disability, race, belief, religion, national origin, veteran status, sexual orientation, or medical condition.
- We respect the right of every patient, or their authorized representative, to be informed of the identity and qualifications of all employees who participate in their care.
- We ensure that only employees who have proper credentials and who have demonstrated competency are involved in meeting the needs of our patients.
- We document care and services promptly, and we maintain a complete and accurate electronic medical record of all care and treatment provided to patients.
- We respect the right of every patient and his/her authorized representative to voice their opinions about the care and services he/she receives. We respect every competent patient's right to participate in, voice his/her opinion, and make his/her own health care decisions after being informed of all relevant information, such as diagnosis, prognosis, and the benefits and risks of treatment alternatives. We respect the right of every patient, or their authorized representative, to refuse the care that we are recommending.
- We provide medical services that are appropriate and safe.
- We do not provide services that violate laws, regulations and professional standards.
- We treat each patient as an individual and develop treatment plans which meet his/her specific clinical needs.

- We will maintain an appropriate professional relationship with our patients, their authorized representative, and patient family members in accordance with YVFWC policies.

Compliance with Laws and Regulations

We follow applicable laws and regulations and conduct our business in an ethical and honest manner that enhances YVFWC's standing in the community.

- We will conduct all YVFWC business in compliance with all applicable federal, state and local laws and regulations. Our actions will reflect our commitment to conduct all of our activities at YVFWC in an honest, ethical and professional manner.
- We do not solicit, receive, give or offer anything of value to physicians or other health care providers for the referral of patients or services. Kickbacks, bribes, rebates or any kind of benefits intended to induce referrals are strictly prohibited.
- We compensate health care professionals and other providers at fair market value and only for documented services provided.
- We never pursue any business opportunity that is unethical or illegal.
- We do not discuss pricing or market information with someone from another company in an attempt to falsely set a market price, or divide, or attempt to divide, territories or customer lists with competitors.
- We are truthful and straightforward in our advertising and promotions. All claims about our services are clearly supported by documented evidence.
- We record all financial information in accordance with established finance procedures and internal controls consistent with generally accepted accounting principles.
- We do not tolerate the making of false or misleading claims or statements to any government agency, health care program or payer source.
- We cooperate with all requests for information from government auditors, investigators or other authorized officials, as allowed or required by law.
- We only conduct business with those who comply with applicable federal, state and local laws and regulations.

Billing and Coding

We will abide by all state and federal laws, rules and regulations concerning billing, coding and reimbursement.

- We bill only for those services provided and fully documented in the patients' medical records.
- We prepare and maintain all billing records accurately, reliably, honestly, and in accordance with established finance and accounting policies and practices.
- We use billing codes that most accurately describe the services provided. Up coding or improperly unbundling charges to increase reimbursement is strictly prohibited.
- We do not tolerate the submission of any claim for payment or reimbursement that is misleading, false, fraudulent, inaccurate, or fictitious.
- We submit claims only for services that we believe are medically necessary.
- We regularly check for credit balances and promptly refund any overpayments.
- We do not routinely waive insurance co-payments or deductibles, except where such waivers are permitted by law, or established policy.

- We store records in a safe and secure location for the period of time required by law. Records are organized to permit prompt retrieval and are purged in accordance with an established retention schedule.
- We strictly prohibit the premature destruction or the alteration of any document in response to, or in anticipation of, a request for those documents by any government agency or court.
- We are committed to preparing and submitting accurate billings and billing records consistent with state and federal health care program regulations and procedures or instructions otherwise communicated by regulatory agencies such as, the Centers for Medicare and Medicaid Services (“CMS”).

Conflicts of Interest

We avoid conflicts between our own personal interests and the best interest of YVFWC.

- We will make all job-related decisions based on the best interest of YVFWC, and we will avoid situations that might conflict, or appear to conflict, with the interests of YVFWC or those we serve. A conflict exists whenever our actions or activities or those of a related party (such as, business or family member) adversely affect the interests of YVFWC, or result in an improper personal gain or advantage.
- Employees who are related through blood, marriage, or other formal or informal relationship will not be permitted to have a direct reporting relationship, nor be involved in the hiring, appointment or promotion of a relative.
- We do not prohibit employees from holding other jobs, as long as the “outside” employment does not interfere with their ability to effectively perform their work requirements at YVFWC and the “outside” employment does not create a conflict of interest. If an employee does hold another job, he/she may not engage in the other job while on duty with YVFWC.
- We do not solicit gifts, tips, loans, favors or hospitality from patients, patient’s representatives, patient family members, or visitors. Business courtesies from vendors or other organizations with which YVFWC does business must be done in accordance with established policies.
- We do not use our position at YVFWC to secure a special discount or other favorable treatment (meaning, not available to all employees) from a person or organization with which YVFWC does business.
- We will report any potential conflicts of interest concerning ourselves, family members or business interests in accordance with established YVFWC policies and procedures.
- We cannot represent YVFWC interests and another conflicting interest at the same time.

For additional information, please review the [Conflict of Interest Policy and Procedure](#).

YVFWC Assets

We protect the property and assets of YVFWC.

- We will keep all confidential and proprietary information concerning YVFWC business operations confidential.
- We are personally responsible and accountable for the proper use of all YVFWC property and equipment entrusted to our care.
- We follow established internal control procedures in handling and recording all YVFWC funds, property and equipment.

- We take reasonable steps to safeguard the property of YVFWC employees, patients and visitors.
- We dispose of surplus and obsolete property and equipment in accordance with established YVFWC policies and procedures, as well as applicable laws and regulations. Any unauthorized removal or disposal of YVFWC property is prohibited.
- We will not give any YVFWC documents or records to anyone outside YVFWC unless approved by a manager or as permitted by YVFWC policies or procedures.
- We will not disclose information or distribute any YVFWC publications which are not intended for the public (e.g., YVFWC policies and procedures and/or patient and provider information, etc.) to unauthorized persons either within or outside of YVFWC.
- We respect and protect the intellectual property rights of individuals and companies with which we do business. We do not make copies or use this property without advance written permission.

Health and Safety

We are responsible for accident and injury prevention and for complying with all environmental, health and safety laws.

- We follow all applicable laws and safety practices that prevent damage to the environment.
- We handle and dispose of hazardous materials and waste in accordance with all applicable laws and regulations.
- We take all reasonable precautions to ensure our safety as well as the safety of our patients, visitors, and co-workers. This includes following universal precautions at all times.
- We maintain a workplace which is free of violence. Weapons of any kind are strictly prohibited in YVFWC buildings.
- We maintain a drug-free work place. We do not tolerate the use, sale, distribution, or possession of alcohol or controlled substances (except for prescribed medical treatment) on YVFWC premises. Employees suspected of such activity will be immediately relieved of their current duties and will be sent for a drug screening test.
- We make certain that pharmaceuticals are properly stored, secured and inventoried. Missing supplies or drugs will be promptly reported to management.
- We immediately report to a supervisor all accidents involving injury to employees, a patient, or visitor.

Human Resources

We treat all those we serve with respect, dignity and courtesy.

- We maintain a work environment that respects the rights and dignity of our employees. Harassment or any other form of physical, verbal or mental abuse will not be tolerated.
- We adhere to the standards of our profession and exercise reasonable judgment and care in the performance of our duties.
- We provide everyone with equal employment and advancement opportunities regardless of race, religion, sex, age, marital status, national origin, veteran status, sexual orientation or disability.
- We treat all employees fairly and equitably.

- We respect the privacy of our fellow employees, particularly those who are or have been patients. Accessing employee information without a legitimate, verifiable reason is grounds for disciplinary action up to and including termination.
- We never discuss information contained in another employee's personnel file unless we are authorized to do so.
- We strive to understand the duties, responsibilities and challenges that face our fellow workers.
- We encourage and support opportunities for employees to participate in continuing education and training.

HIPAA Privacy and Security

At YVFWC, we have an obligation to maintain the privacy of patient information in accordance with the HIPAA privacy and security regulations and the following standards:

- We will protect the privacy and confidentiality of all patient information.
- We will only use and disclose patient protected health information in accordance with YVFWC's [HIPAA Privacy Policy](#).
- We will not discuss patient or other confidential information in areas where unauthorized individuals may overhear.
- We will only use e-mail in a manner allowed by YVFWC policy including appropriate [Email Encryption Procedures](#).
- We will only access YVFWC's patient file applications with our own individual user name and password. We will not share user names and passwords with other individuals.
- We will maintain a secure network by adhering to the YVFWC security policies.
- We will only use portable devices with prior authorization and we will not loan or give access to portable devices to non-YVFWC employees.
- We will not store any form of PHI on a portable or desktop device.
- We will not remove PHI from YVFWC in any form.
- We will not leave PHI in any form unattended.

For additional information, please review YVFWC's [HIPAA Privacy Policy](#), [Confidentiality Policy](#), [IS User Policy](#), and/or [Email Encryption Procedure](#).

VI. Non-Retaliation

YVFWC recognizes that a critical aspect of its Compliance Program is the establishment of a culture that promotes prevention, detection, and resolution of instances in which conduct does not conform to applicable laws, regulations, policies and procedures. To promote this culture, YVFWC has established a problem resolution process and a strict non-retaliation policy to protect employees from retaliation when they report problems and concerns in good faith¹.

- Retaliation, in any form, against any employee who in good faith reports a perceived problem or concern is strictly prohibited.
- Any employee who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.

¹ "Good faith" does not mean being right about what is reported, it mean telling the truth, as you understand it, about what you report.

- Employees cannot exempt themselves from the consequences of their own misconduct by reporting the issue, although self-reporting may be taken into account when determining the appropriate course of action.
- Deliberately making a false accusation is a serious violation of policy and may lead to disciplinary action, up to and including termination of employment or contract.

For additional information, please review the [Compliance Program Non-Retaliation Policy and Procedure](#).

VII. Reporting Concerns

It is the policy of YVFWC to provide employees with the ability to discuss suspected legal, ethical, and compliance related issues without fear of retribution. Consequently, employees are urged to contact their supervisor or any member of management when they have questions about compliance related issues or suspect possible improper conduct resulting in the violation of compliance law. If, for any reason, this method is uncomfortable or inappropriate, other options have been established by YVFWC and are available to employees for reporting such concerns, including the ability to pose questions or report concerns on an anonymous and confidential basis².

Additional methods for reporting concerns include:

- Contacting the Chief Compliance Officer (“CCO”) in person or by telephone. The telephone number for the CCO is (509) 865-6175, extension 2308.
- Submitting a written inquiry or report to the CCO through email, regular mail, interoffice mail, or through the WebLine at: <https://www.mycompliancereport.com/brand/yakima>.

Inquiries or reports submitted via interoffice mail should be addressed to Chief Compliance Officer. Inquiries or reports submitted via mail should be sent to the following address:

Chief Compliance Officer
510 West First Avenue
Toppenish, WA 98948

- Calling the PhoneLine, a telephone number established by YVFWC for employees to report suspected instances of non-compliance on an anonymous basis. The telephone number is 1-866-224-2667.

For additional information on reporting concerns please visit the Compliance Program website or review the policies below located on First Source:

- [Compliance Reporting Policy and Procedure](#)
- [PhoneLine and WebLine Policy and Procedure](#)

VIII. Enforcement

The Code of Conduct will be enforced through the use of appropriate disciplinary action applied on a consistent basis and following Human Resources policy.

² YVFWC makes every effort to maintain, consistent with the limits of the law, the confidentiality of any individual who reports possible misconduct.

- Improper or illegal conduct will subject the offender to disciplinary action, up to and including termination, and could subject the offender to civil and/or criminal prosecution depending upon the nature and severity of the offense.
- Violations of law or regulation will be reported to the appropriate government authorities. It is the policy of YVFWC to cooperate fully with law enforcement agencies in the investigation of any illegal conduct.
- Employees who know or should know of a violation but fail to report their knowledge of improper or illegal conduct may also be subject to disciplinary action.

IX. Acknowledgement Process

YVFWC requires all employees to sign an acknowledgement confirming they have reviewed the Code of Conduct, understand it represents mandatory policies of YVFWC and agree to abide by it. New employees are required to sign this acknowledgement as a condition of employment. Each employee is also required to participate in annual Code of Conduct training.

Failure to adhere to the Code of Conduct and all pertinent YVFWC policies will result in disciplinary action up to and including termination.

Approved By: Diane Tschauner, Information Services Director

Approval Level:

I– Matrix Designated Director II– Leadership Team/CEO III– Board of Directors/Chair

Approval/Implementation Date: 12/2011; renewed 09/2012; revised 01/2013

Title: IS User Policy

Purpose:

As part of doing business in today's rapidly changing environment, it is necessary for YVFWC to incorporate ever increasing levels and types of technologies. Although these new technologies can sometimes enable us to bring new creativity to our jobs, making them more interesting or freeing us from time consuming details, they also require enormous corporate resources and impose new levels of legal responsibilities. For these reasons, it is necessary to approach the distribution and use of Information Services Resources in a manner that clearly outlines their purpose, establishes parameters for their use, and ensures appropriate utilization on the part of all Workforce members. Therefore, employees with job duties requiring access to corporate computers (hardware and software), E-mail, or Internet account must comply with policies regulating the use of these tools.

Audience:

Any corporate employee or authorized outside person who utilizes any component or service of the IS Resources.

Definitions:

E-PHI refers to electronic protected health information.

Information Services Resources (IS Resources) are all computers, software, technology, and related resources. This includes but is not limited to all centralized and distributed computer and data communications equipment; data communications wiring; computer and network operating systems, software licenses, data bases, and files; user names and passwords; documentation; and disks, tapes and other media containing computer or electronic information.

Information Services Department (IS Department) is the corporate staff responsible for acquisition, installation, maintenance, and regulation of IS Resources. Access to and use of IS Resources shall be only through equipment, software, network connections, and services authorized by the IS Department or administration.

PDA is a personal digital assistant that is referred to as a light weight, hand held, and pen based computer used as an organizer, appointment calendar, or holds specific software and/or files.

Workforce Member means officers, directors, managers or administrators, employees, volunteers, students, trainees, users, and other persons whose conduct, in the performance of work is under the direct control of YVFWC.

Policy:

All IS Resources:

- are provided to users for the purpose of corporate business, i.e., an employee's responsibilities as outlined in a job competency or assigned by a supervisor;
- are to be utilized solely by the user to whom they have been assigned, i.e., the user cannot loan them outside the organization or permit them to be used by anyone else unless it is designated as a shared device or resource;

- will be operated in such a manner as to minimize the potential for introduction of viruses, inappropriate, and unauthorized access;
- cannot be used in any way that violates any local, state, and/or federal laws or copyright laws and other applicable vendor restrictions;
- will be protected by passwords which the user must safeguard, i.e., keep confidential and not share with co-workers, family, or friends; users are ultimately responsible for all activity resulting from the use of their passwords;
- will be subject to security procedures designed, implemented, and maintained by the IS Department to ensure the integrity of computer files and information, as well as compliance with corporate policies. As such any computer files, E-mail, Internet downloads, etc. may be inspected or reviewed by designated corporate representatives at any time without notice;
- users shall notify their supervisor and/or follow the [Electronic Security Incident Response and Reporting Policy](#) for any violations and/or oversights that could or have resulted in unauthorized access or use.

Access Rights:

- all members of the workforce will participate in IS Orientation and must sign the [IS User Policy and Electronic Security Policies Acknowledgement Form](#) prior to receiving access to electronic data systems;
- will be protected by unique IDs and passwords which the user must safeguard, i.e., keep confidential and not share with co-workers, family, or friends; users are ultimately responsible for all activity resulting from the use of their passwords;
- only authorized users will be granted privileges to access confidential information and those users will be limited to specific defined, documented and approved applications and levels of access rights;
- security access rights are agreed upon and assigned based on the users job role, responsibilities, and/or need to know as displayed in the *Electronic Access Control Assignment Matrix* in the IS Department, with ultimate approval granted by Administration or the Steering Committee;
- workforce members will be assigned a unique user ID in order to produce a reliable audit trail;
- group or shared IDs are prohibited;
- workforce member chosen passwords should contain at least six alphabets and one non-alphabetic character;
- after three unsuccessful attempts to enter a password, the user-ID will be temporarily suspended; and
- workforce members will not write their password down or post it on or near their workstation.

E-mail:

- E-mail is made available for the purposes of corporate business and must pass through the IS Department provided E-mail server, Firewall, and external E-mail server. It is important for the user to understand that by law E-mail is the responsibility and property of the corporation. As such, authorized IS personnel will have access to E-mail to the extent necessary to carry out maintenance and other IS duties. As part of the corporation's obligation to safeguard assets and ensure appropriate use, E-mail may also be inspected without the consent or notification of the user, sender, or intended recipient in accordance with applicable law.
- Internal and external E-mail access from the corporate network is a controlled utility and will be granted based on work need.
- Users should not share their electronic mail password with anyone else.
- Electronic mail can be forwarded, intercepted, printed and stored by others. Users must use even greater discretion with regard to the information that they include in electronic mail than they apply to written documents. To appropriately guard against unauthorized access to or modification of E-PHI that is being transmitted from YVFWC to a network outside of the corporate network; you should delete any personal identifiers that are not necessary, and encrypt the email by

using/choosing the "Send Secure" button in Microsoft Outlook.

- All incoming electronic mail will be filtered for the presence of malware, malicious executable files and other damaging content at the point of entry.
- Computer users should be diligent about cleaning or purging old and/or unnecessary documents from their email account.

Internet Access:

- Internet access from the corporate network is a controlled utility and will be granted based on work need.
- Use of IS Resources to access the Internet is provided for the purpose of corporate business.
- Users of the Internet are acting as representatives of YVFWC and should conduct themselves accordingly. Misrepresentation of the user's job title, job description, or identity is prohibited.
- Files downloaded from the Internet must first be scanned with virus detection software provided through the IS Department.
- Users shall not place corporate material (software, copyrighted materials, internal correspondence, files, etc.) on any publicly accessible Internet computer without prior permission from the IS department.
- Alternate Internet service provider connections to the YVFWC internal network are prohibited. The Internet does not guarantee the privacy or confidentiality of any information and all material transmitted via the Internet is at risk of detection by a third party. Users should exercise appropriate caution.

Prohibited Activities:

Unethical or illegal activities may result in denial or withdrawal of access to IS Resources and disciplinary action up to and including immediate termination, and /or legal action.

Such activities include but are not limited to:

- attempting to gain or gaining unauthorized access to any component of IS Resources;
- seeking information on, obtaining, making copies of, modifying, distributing, transmitting or displaying files or data without express authorization;
- seeking, gaining, or communicating the passwords of other users;
- violation of copyrights or other intellectual property rights, license agreements or other contracts, this includes but is not limited to illegally installing or making available copyrighted software for corporate computers;
- using IS Resources to access, process, distribute, transmit, or display inappropriate electronic material that is obscene, libelous, defamatory, threatening, offensive or harassing;
- using IS Resources to participate in or facilitate wagering, placing of bets, or any other sort of gambling;
- copying, importing, using, or communicating computer viruses or other data dangerous to the integrity of IS Resources;
- using or knowingly permitting others to use IS Resources for personal profit, personal business, advertisement, political purposes, or any other activities prohibited by the YVFWC's 501(c) 3 non-profit statuses;
- using E-mail addresses for marketing purposes without explicit permission;
- misrepresenting, obscuring, suppressing, or replacing a user's identity on an electronic communication;
- attempting to obtain or obtaining access to the email records or communications of others with no substantial company business purpose;
- disclosure of confidential information without authorization; and
- installing equipment to a local or wide-area- network connection that was not purchased or authorized by the corporation.

Disciplinary Action:

Any violation of this policy may result in appropriate sanctions up to and including immediate discharge.

Information Services Department:

The IS Department has the responsibility to setup, operate, and administer all IS Resources.

This responsibility includes:

- approve, order, install, configure and administer all computer equipment, software, networking, and other IS Resources;
- Constantly monitor, by visual or automated means, and log activity related to IS Resources (internet, telecom, etc.) to ensure appropriate usage, acceptable performance standards and compliance with applicable policies and procedures;
- perform periodic audits on access or activity associated with IS Resources;
- deny or withdraw a user’s access to IS Resources if user is engaged in unauthorized or inappropriate activities in violation of corporate policies or procedures;
- remove inappropriate software and files from any component of IS Resources;
- train users in the appropriate use of IS Resources;
- access user or department files only when necessary during the course of maintenance, repair, monitoring, or other IS responsibility i.e., performing audits;
- maintain confidentiality of any user or department files and other information of a confidential or sensitive nature;
- establish and monitor electronic information security; and
- maintain anti-virus definition files.

Related Documents:

New employees must sign the [IS User Policy and Electronic Security Policies Acknowledgement Form](#) which supports adherence to this policy and all listed related policies below.

- [Electronic Access Control Policy](#)
- [Electronic Audit Controls Policy](#)
- [Electronic Mail Integrity Policy](#)
- [Electronic Security Awareness Training Policy](#)
- [Electronic Security Incident Response and Reporting Policy](#)
- [Information Access Management Policy](#)
- [Login Request Form](#)
- [Transmission Security Policy](#)
- [Workforce Security Policy](#)
- [Workstation Use Policy](#)

Internal IS documents (please contact the IS department for further information):

- Electronic Access Control Assignment Matrix*
- Password Procedures*

Human Resources Related Documents:

- [Confidentiality Policy](#)
- [Confidentiality Policy Acknowledgement Form](#)
- [Performance Management Guide](#)

Reviewer(s): N/A	References: N/A
FYI Contact(s): Director of Finance, Director of Operations, Director of Program Operations, Director of Q&A	Regulatory Standards: None defined.
Drafter: Diane Tschauner, IS Director	Category: Organization-Wide
Renewal Term: 3 yrs Next Review Date: 01/21/2016	Sub-Category: Information Services
Supersedes: IS User Policy dated 03/11/2003; 11/01/2006; renewed without changes 9/01/2009; updated 12/14/2011	Document Type: Policy

2013

Mandatory Training Self-Study Guide

This mandatory self-study program meets current State, Federal, OSHA, and Joint Commission requirements for the training of current students, volunteers and other non-employee trainees at YVFWC sites.

You are responsible for reading the information contained in this packet and completing and grading the post-test. Please return your completed and graded post-test along with your application and other orientation documents to: Elaine Briggs, Health Career Placement Coordinator: ElaineB@yvwfc.org or FAX: 509-453-2363.

Please notify if you fax for verification of receipt. Questions? Call 509-865-6175, ext. 3419.



**Yakima Valley
Farm Workers Clinic**

YVFWC Mission, Vision & Values

Mission: Together we are dedicated to lead, with the courage to care, the determination to promote personal growth, and the compassion to champion the cause of those who have no voice.

Vision: The health of one person is the health of humanity.

Values:

- We will consistently trust one another to work for the common good.
- We will foster integrity by demonstrating ethical behavior and insisting on doing what we say we will do.
- We will demonstrate transparency by being candid and truthful no matter the risk.
- We will create partnerships to strengthen ourselves and our community.
- We will fight for just treatment for all individuals.
- We will let joy in.
- We have the courage to be an agent of change and refuse anything short of excellence.

Voice: Passionate champion (fully present, visionary, resilient, creative, compassionate)

Reporting Concerns

For compliance related issues see page 12.

YVFWC is committed to maintaining high standards of safety for patients and employees and quality of care. YVFWC depends upon its employees to help identify and resolve problems that threaten the achievement of these goals. Because accountability for resolving problems lies with leaders (supervisors, managers, directors and administrators), staff will be expected to report problems to appropriate leaders and/or the Quality Department (QA). QA oversees the incident reporting process and encourages employees to use the QA Incident form.

You may reach QA by calling 509-865-6175, ext. 2390 or ext. 2232.

Should these internal systems fail, it may also be appropriate to bring important problems to outside bodies, such as The Joint Commission, Centers for Medicaid and Medicare (CMS), Washington State Health Department (DOH), or the Occupational Safety and Health Administration (OSHA).

Significant reportable problems may include:

- Patient and employee safety
- Accidents, Injuries
- Near-misses (as defined in the Adverse Event section of this manual)
- Conformance with key quality standards
- Legal compliance, including fraud, theft, abuse or discrimination
- Ethical breaches

YVFWC management (supervisors, managers, directors and administrators) will make every effort to address problems in a fair and appropriate manner. No disciplinary actions will be

taken against staff for reporting concerns, in alignment with YVFWC efforts to support the tenets of a “Just Culture.”

Contact Information for Outside Agencies

The Joint Commission	1-800-994-6610
CMS Regional Office (WA, OR) / Medicare & Medicaid Division of Quality of Care	206-615-2310
U.S. Department of Labor	1-866-487-2365
Oregon Bureau of Labor and Industries	1-971-673-0761
Occupational Safety and Health Administration	1-800-321-6742

Adverse Event

An adverse event or incident, consistent with YVFWC’s CQIP (Consolidated Quality Improvement Plan), is defined as “an undesired outcome or occurrence, not expected within the normal course of care or treatment, disease process, condition of the patient, or delivery of services”.

A “near-miss” is defined as “an event or situation that could have resulted in an accident, injury, or illness but did not, either by chance or through timely intervention (e.g., a procedure almost performed on the wrong patient due to lapse in verification of patient identification but caught at the last minute by chance).” Near-misses are viewed by YVFWC as opportunities for learning and for developing preventive strategies and actions, and all employees are encouraged to report such situations in an effort to be proactive in preventing adverse events.

Each provider, employee, or volunteer shall be responsible to report all adverse events, incidents, and near-misses at the time they are discovered to his or her immediate supervisor and/or the Corporate Risk Manager (who is located within the Quality Management Department).

Immediate evaluation and stabilization of the patient or other individual involved in the event should be carried out. After any needed intervention has been provided to the patient or other involved individual, the QA Incident Report should be completed. Persons knowledgeable about the event should complete the event or near-miss report objectively, accurately, and without conclusions, criticisms, or placement of blame.

Cultural Sensitivity and Workplace Diversity

At the level of the organization, Cultural Competence is the willingness and ability of a system to value the importance of culture and ensure the delivery of culturally competent care and services to all segments of the population.

In particular, it is the promotion of quality services to underserved, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs and practices into diagnostic and treatment methods, and all

patient/ client interactions throughout the system to support the delivery of culturally relevant and competent care.

Individuals differ in many ways. Experiences of health and illness vary widely as a result of cultural backgrounds, different belief systems and past experiences. Good healthcare depends on the sensitivity and skill with which healthcare providers or health care support staff members deal with these differences.

Culturally based beliefs and traditions can affect the course and outcome of healthcare. Both healthcare provider or healthcare support staff member and patients bring their cultural backgrounds and expectations to the healthcare experience. These cultural differences can present barriers to appropriate care.

At the level of individual employees, YVFWC defines cultural competence as the “knowledge, attitudes and practice skills necessary to provide care (or work) in a cross-cultural situation.”

“Knowledge”

- Know the patient population served by your clinic/program and the organization as a whole
- Educate yourself about special populations served at your clinic site or program such as migrant/seasonal farmworkers, immigrants, homeless residents, non-English speakers, specific cultural or religious groups, and others
- Know and comply with YVFWC’s policies, procedures and trainings around language access, staff language competence, interpreter skill and use of interpreters in providing care

“Attitudes”

- Cultivate and demonstrate attitudes of mutual respect with patients/clients, even when their behavior is not in line with your own beliefs or expectations
- Consider health behaviors in their cultural context
- Cultivate a non-judgmental attitude toward patients/clients
- Avoid stereotyping

“Skills”

- If you interpret as a part of your job, you should have taken and passed the YVFWC interpreter training course (or present an acceptable alternative)
- If you provide direct patient/client services in a language other than English, you should have demonstrated language competence by taking and passing the ALTA test (paid for by YVFWC)
- If you are a health professional who uses interpreters to provide healthcare, educate yourself on how to use an interpreter (contact HR for available training video)
- If you are a healthcare professional, become knowledgeable about commonly used healthcare beliefs and practices among the patient populations you serve
- Treat each patient/client you come into contact with as an individual. Never assume beliefs or stereotype behavior

Cultural competence is a process, not a destination.

Continue learning...

HRSA’s “Unified Health Communication 101: Addressing Health Literacy, Cultural Competency, and Limited English Proficiency” is a free online course sponsored by the federal agency that funds community/migrant health centers: <http://www.hrsa.gov/healthliteracy/training.htm>.

Keep Reading — a list of readings on cultural competence and the YVFWC patient population is available upon request.

Unlawful Harassment

Harassment based on certain protected categories, is a violation of federal and state laws. It has a negative impact on the victim and can result in disciplinary action including termination for the harasser.

Harassment is a violation of both Federal and State law.

- Title VII of the 1964 Civil Rights Act, Age Discrimination in Employment Act; Americans with Disabilities Act (the Equal Employment Opportunity Commission “EEOC” is the federal agency that enforces federal law)
- Washington State anti-discrimination law - Chapter 49.60 RCW
- Oregon State anti-discrimination law - ORS - Chapter 659a
- The Equal Employment Opportunity Commission (EEOC) is the federal agency that enforces the federal law
- Areas of discrimination include: Race, Color, Gender, Religion, Sexual Orientation, National Origin, Disability, Marital Status and Age

In practical terms, there are two kinds of sexual harassment:

Quid Pro Quo: Where employment decisions or expectations (e.g., hiring decisions, promotions, salary increases, shift or work assignments, performance expectations) are based on an employee’s willingness to grant or deny sexual favors.

Examples:

- Demanding sexual favors in exchange for a promotion or a raise
- Disciplining or firing a subordinate who ends a romantic relationship
- Changing performance expectations after a subordinate refuses repeated requests for a date

Hostile Environment: Where verbal or non-verbal behavior in the workplace...

1. focuses on the sexuality of another person or occurs because of the person’s gender,
2. is unwanted or unwelcome, and
3. is severe or pervasive enough to affect the person’s work environment.

The following are examples of behaviors that can create a hostile environment if they are unwanted and uninvited:

- Off-color jokes or teasing.
- Comments about body parts or sex life.
- Suggestive pictures, posters, calendars or cartoons.
- Leering, stares or gestures.

- Repeated requests for dates.
- Excessive attention in the form of love letters, telephone calls, or gifts.
- Touching (brushes, pats, hugs, shoulder rubs, pinches, etc.)

What you can do if you are experiencing harassment

- Don't ignore it. Be direct. Let the person know that what they say or do bothers you.
- Tell them to stop.
- Keep a log with dates, times, and witnesses.
- Report harassment to your Human Resources Representative, the Clinic Administrator or Program Director as soon as reasonably possible or within 48 hours after the event has occurred.
- Expect that your complaint will be taken seriously.
- Expect that your concern will be addressed in a professional manner with thorough investigation.
- Expect that privacy will be maintained to the extent possible.
- Expect that retaliation will not be tolerated.

The Issue is Respect

"Zero Tolerance Policy" in the workplace is an environment that does not tolerate harassment, discrimination, or disrespectful treatment of a co-worker.

As professionals, it is important that we provide services and exchange our skills and abilities in a respectful and courteous manner.

Workplace Violence

Workplace violence is often thought of as a physical attack. But it may also include threats, intimidation, and other disruptive behavior, oral or written statements, and gestures or expressions that communicate a direct or indirect threat of physical harm.

SAFETY TIPS

Watch for signals that may be associated with impending violence:

- Verbally expressed anger and frustration
- Body language, such as threatening gestures
- Signs of drug or alcohol use
- Presence of a weapon

Maintain behavior that helps diffuse anger:

- Present calm and caring attitude
- Don't match the threats
- Acknowledge the person's feelings (for example, "I know you are frustrated")
- Avoid any behavior that may be interpreted as aggressive (getting too close, touching, or speaking loudly)

Be alert:

- Evaluate each situation for potential violence when you

enter a room or begin to relate to a patient or visitor.

- Don't isolate yourself with a potentially violent person.
- Always keep an open path for exiting. Don't let the potentially violent person stand between you and the door.
- Take all items that may be used as a weapon off your desk.

Take these steps to diffuse the situation quickly:

- Remove yourself from the situation.
- Announce **CODE GREY**, dial 9-1-1 for help or push the Hold-Up Button

In the event of a robbery, assault, overt sexual behavior or attempted crime:

- Follow the instructions of the perpetrator.
- Observe the person(s) carefully for:
 - ✓ Physical description (height, weight, hair, clothes, etc.)
 - ✓ Type of weapon displayed, if any.
 - ✓ Number of perpetrators.
 - ✓ Behavior (nervous, calm, etc.)
- Upon departure of the perpetrator(s):
 - ✓ Note the exact time of departure and the direction of travel, if possible.
 - ✓ Write a description of each person (referring to them as person #1, person #2, etc.)
 - ✓ Write down the year, make, model, color, and license number of the vehicle.
 - ✓ Write a description of the property involved.
 - ✓ Safeguard the robbery scene for physical evidence by locking the door or preventing persons from entering the area.
 - ✓ Notify the Clinic Executive (Clinic Administrator/ Program Director) and local law enforcement officials (Dial 911).

Assist the police when they arrive by supplying them with any information they request; ask others to do the same.

Patients' Rights and Responsibilities

Patients/Clients of Yakima Valley Farm Workers Clinic have the right to:

1. Be treated with respect, consideration, and without judgment by all staff and volunteers.
2. Actively participate in their healthcare, including decision making, treatment options, and ethical decisions.
3. Be given care and service that respects their values and belief system.
4. Have their privacy, confidentiality, and dignity respected.
5. Be provided care and service in a safe, secure, comfortable and clean environment.
6. Choose a primary care clinician, and change clinicians.
7. Receive materials and have information about their health in a language that they understand.
8. Have language interpreters and interpreters for the hearing impaired available during healthcare visits and

when talking to office personnel.

9. Know the name, title, and qualifications of the providers and staff who provide their care.
10. Complain about any aspect of our service or care without being afraid that this will negatively affect their relationship with YVFWC, its employees, or their healthcare service.
11. Be informed about the complaint process and to receive an answer in a timely manner.
12. Have their medical record and information regarding their healthcare treated confidentially; sharing such information only as is required by law or when they have given their written permission.
13. Review their medical records with a staff member present.
14. Receive proper and timely healthcare, 24 hours a day, 7 days a week, including emergency services, without discrimination of any kind.
15. Receive information about the healthcare services available, including when and how to obtain these services.
16. Be informed about their health status, treatment options, risks involved, future health care needs, charges, and be given the opportunity to provide informed consent.
17. Seek a second opinion from another clinician when there are questions or disagreements regarding a treatment plan.
18. Refuse treatment and to be informed of the possible results of refusal.
19. Be fully informed regarding any experimental research activities and that they may refuse to participate in any such activities.
20. Be informed and assisted in the opportunity to express their wishes concerning future care, including choosing a person to make medical decisions for them if they are unable to do so, giving advance directives, and/or preparing a living will.
21. Be informed in regard to billing practices, contract agreements with outside providers, and available financial assistance for medical treatment.
22. Receive an explanation of any charges for services in a language that they understand.

Patients/Clients of Yakima Valley Farm Workers Clinic have the responsibility to:

1. Provide complete and accurate information regarding their health history, current medical status, and changes in symptoms and medical condition.
2. Participate in decision making about their healthcare and to make informed decisions about treatments and procedures before they are performed.
3. Follow the treatment plan that they and their clinician agree to.
4. Inform their clinician if they do not understand their

treatment plan and what is expected of them, or if they believe they cannot follow through with the treatment plan.

5. Accept the risks that have been explained to them, if they decide to refuse recommended treatment.
6. Treat healthcare professionals, staff, other patients/clients, and the health center's property in a considerate and respectful manner.
7. Seek medical services only through their chosen primary care clinician except in a life-threatening emergency.
8. Make and keep appointments for non-emergency care and to notify the center if they are going to be late or need to cancel an appointment.
9. Receive proper authorization from their primary care clinician before going to a specialist.
10. Fulfill financial obligations, if any, for the healthcare services provided.
11. Notify staff if they have questions about any aspect of services provided.
12. Notify staff if they have suggestions for improvements, concerns, or complaints.

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA (Health Insurance Portability and Accountability Act of 1996) is a law requiring safeguards to protect the security, privacy, and/or confidentiality of an individual's health information. It encompasses regulations intended to provide rights and protections against misuse and disclosure of clients'/ patients' health records. Clients/patients are given more control over their health information because boundaries are set for the release and use of the records. The regulation also provides safeguards that healthcare providers must meet and violators are held accountable with both civil and criminal penalties. However, where state laws are stricter than HIPAA, they will apply over and above HIPAA regulations.

To make it simple:

The basic concept of the HIPAA Privacy Rule is to ensure that Protected Health Information (PHI) is protected by restricting the use and disclosure of patient data in: how it is stored; who can access it; what it is used for and gives patients rights regarding the protection of their health information or control over how and when it's used and by whom.

The basic concept of the HIPAA Security Rule is to protect the confidentiality, integrity and availability of electronic protected health information (E-PHI) when it is stored, maintained or transmitted.

Here are the key points:

1. HIPAA provides a set of national "information rights" to all patients: access, amendment, disclosure accounting, restrictions requests, confidential communications and access to local and federal "complaint" resources. It also

- requires a Notice about those rights.
- HIPAA imposes a parallel set of “information duties” on covered entities and the persons who work in/for them; everyone who handles health information is obligated to understand the specific rules that apply to their setting, and follow them in daily practice.
 - Protected Health Information identifiers include the following: Name, Postal Address, All elements of dates except year, Telephone number, Fax number, Email address, URL address, IP address, Social security number, Account numbers, License numbers, Medical record number, Health Plan Beneficiary #, Device identifiers and their serial numbers, Vehicle identifiers and serial numbers, Biometric Identifiers (finger and voice prints), Full face photos and other comparable images, and any other unique identifying number, code, or characteristic.
 - Make sure shred bins are locked especially in hallways and areas where patients have access.

What can you do?

- Discourage hallway conversation.
- Only share what is necessary inside and outside the corporation.
- If sending E-PHI outside the corporation, use the “send secure” button in Microsoft Outlook.
- Keep paper files in secure locations.
- Take precautions when sending a fax.
- Use the shredder for documents with PHI.
- Create strong passwords; don’t share your password; if you think someone has learned it, change it.
- Log out whenever you leave your computer or tablet.

Security and Antivirus Training

YVFWC takes security very seriously. It is required by HIPPA/HI-TECH, The Joint Commission, other Local/ State/Federal Laws, and is just the right thing for our patients and the organization.

YVFWC utilizes several layers of security. Our network has firewalls, email scanners, web filters, and other technologies that help to keep the organization safe. We also have security at the desktop level. For antivirus, we use Sophos. You know it is working when you see the shield icon in your taskbar at the bottom of your screen.

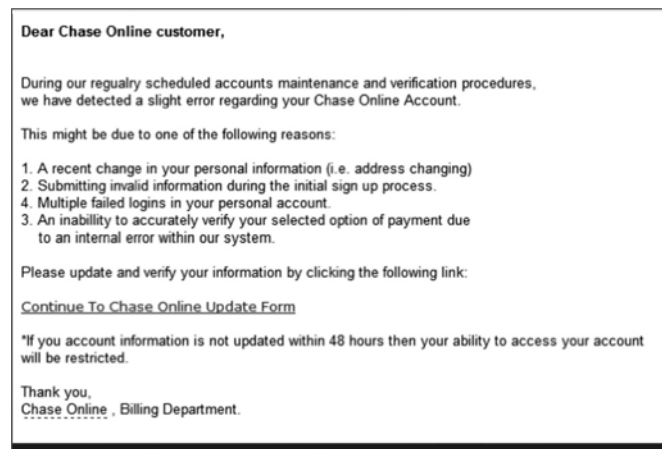
Viruses can come into the organization through many paths. Questionable websites, unsolicited email (SPAM), and infected USB thumb drives are some of the most common. Please avoid using thumb drives and only use email and the internet for business-related functions.

SPAM is unsolicited email. This type of email can not only be annoying, but may also be an attempt to infect your computer with a virus or try to gather sensitive information from



you. YVFWC email is scanned as it comes into the organization as well as by Outlook, but sometimes SPAM email comes through anyway. If you find SPAM, report it through the SPAM button in Outlook.

SPAM can be difficult to detect at times. This example is a “Phishing” email. It is “fishing” for information – in this case

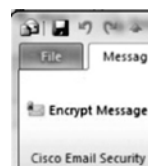


bank information. When something doesn’t seem right, be very cautious about opening or clicking on any links. Think to yourself, “do I do business with this company?” or “would this company send this to me?” Also, if you hover your mouse over the link you can see where it will take you.

In this example, it shows:

<http://www.hualong-info.com/chaseonline.chase.com/>

Remember, the left-most address is where you are going. This would take you to www.hualong-info.com, not to chase.com. When in doubt, don’t open the email or click any links.



When you need to send sensitive information through email (like PHI), always encrypt it via the “Encrypt Message” button in Outlook. Please contact the Help Desk if you don’t have this button.

YVFWC computer hard drives are also being encrypted this year utilizing CheckPoint End Point Security. You know that your computer is encrypted when you see the gold lock icon in your taskbar at the bottom of your screen. All PHI must still be stored on the network even though your device is encrypted.

Our greatest asset in maintaining a secure network environment is you, our users. Please watch out for things that look suspicious and when in doubt report them to the IS Help Desk.

IS Acceptable Use Policy

The entire IS User policy can be found on First Source at: http://firstsource.yvfwc.org/includes/secure_file.cfm?ID=44&menuID=5012 Other related documents are also

available on First Source.

During your first week of employment, you read and agreed to abide by the IS User policy, Electronic Security policy, and potentially several others. This summary of those policies serves as a reminder, annual training, and reacceptance of those agreements.

Please remember:

- Computer and network resources including email and the internet are for approved business use only and are monitored.
- You may not use IS resources in any way that violates laws, regulations, or in a way that is obscene, libelous, defamatory, threatening, harassing, or offensive.
- Passwords are for your use only and must be safeguarded. Sharing of passwords for any reason is strictly prohibited. Unique ID's and passwords are assigned for security and for auditing. Actions taken under your user name are your responsibility.
- Email must be used with great discretion, and any email containing PHI or other business-sensitive content should be encrypted.
- All email is filtered for SPAM, viruses, and other malware. A copy of all email is saved in an archive for auditing purposes.
- Internet use is filtered for known malware sites and use is monitored and reportable.
- No PHI or other corporate material should be transmitted over the internet without IS permission.
- All business-related material must be saved to the network where it can be securely stored and backed-up.
- Disclosing confidential information without permission is strictly prohibited.
- Installing computer equipment that was not purchased or authorized by the corporation is not allowed.
- Violations of IS user policy, mistreatment of PHI, or other policy violations should be reported to your supervisor. Violating YVFWC policy subjects you to disciplinary actions up to and including termination.

Infection Control/BBP

Each of you plays an important part in preventing the spread of infection. Observe the following infection control principles to protect yourself and others from infection.

Infection Prevention — It's in Your Hands

Perform hand hygiene with either soap and water or hand gel...

- Before and after patient or patient equipment contact
- Immediately after removing gloves
- When moving from a dirty area or task to a clean area or task

If your hands are visibly soiled, wash your hands with soap and water.

PPE – Personal Protective Equipment

Anticipate! Take time to think through potential situations where exposure to blood or body fluid could occur. Use gloves, gowns, eye protection and a mask depending on the protection needed for the situation.

BBP – Bloodborne Pathogens

HIV, Hepatitis B and Hepatitis C are BBP that are found in blood and body fluid and can be acquired through contact with blood or body fluids.

Protect yourself from BBP exposure by:

- Wearing appropriate PPE
- Use safety devices with sharps and dispose of sharps appropriately
- Performing hand hygiene
- Performing environmental cleaning and disinfecting

If you have been exposed to a BBP, report to the CEHR or Nursing Supervisor immediately AFTER First Aid has been administered:

Immediate reporting is important so that the source can be identified as soon as possible for determining HBV, HCV and HIV status. Early reporting is essential as post exposure treatment may be recommended and it should be started as soon as possible.

Tuberculosis – TB

TB is a chronic bacterial infection usually of the lungs and is passed from one person to another person through the air. All employees must have a two-step TB skin test at time of hire with second step given 1-2 weeks after the first. The test must be read within 48-72 hours of administration. If the employee has a history of a positive TB test, Individuals with a documented history of a positive TB skin test will not undergo skin testing. He or she will be asked to bring documentation from their healthcare providers of their workup following conversion in addition to completing an assessment for signs and symptoms of TB.

Symptoms of TB:

- Cough lasting longer than 2 weeks
- Coughing up bloody sputum
- Fever
- Night sweats
- Weight loss
- Loss of appetite
- Fatigue

If you suspect a patient of possibly having TB disease, isolate them away from other individuals and give them a surgical mask to wear. Contact the Clinic Infection Control representative for guidance on the management of this patient.

Pertussis

Pertussis, a respiratory illness commonly known as whooping

cough, is a very contagious disease caused by a type of bacteria called *Bordetella pertussis*. These bacteria attach to the cilia (tiny, hair-like extensions) that line part of the upper respiratory system. The bacteria release toxins, which damage the cilia and cause inflammation (swelling).

Pertussis is a very contagious disease only found in humans and is spread from person to person. People with pertussis usually spread the disease by coughing or sneezing while in close contact with others, who then breathe in the pertussis bacteria. Symptoms of pertussis usually develop within 7–10 days after being exposed, but sometimes not for as long as 6 weeks.

Early symptoms can last for 1 to 2 weeks and usually include:

- Runny nose
- Low-grade fever (generally minimal throughout the course of the disease)
- Mild, occasional cough
- Apnea — a pause in breathing (in infants)

As the disease progresses, the traditional symptoms of pertussis appear and include:

- Paroxysms (fits) of many, rapid coughs followed by a high-pitched “whoop”
- Vomiting (throwing up)
- Exhaustion (very tired) after coughing fits

If you suspect a patient of having Pertussis please offer the patient a mask and isolate the patient from other patients per policy. Please protect yourself and co-workers by using appropriate PPE. Guidance can be found in the Pertussis Control plan and you may also contact the Infection Control Coordinator for guidance as needed.

Healthcare Personnel Vaccination Recommendations

- Hepatitis B: 3 dose series (dose #1 now, #2 in 1 month, #3 approximately 5 months after dose #2). A titer may be drawn to show proof of immunity. The employee may sign a declination if he or she does not wish to be immunized for hepatitis B.
- Influenza: Give 1 dose of influenza vaccine every year. Employees must sign a declination annually if they do not wish to be vaccinated.
- MMR: The MMR is recommended for Health Care Workers born in 1957 or later without serologic evidence of immunity or prior vaccination. The MMR vaccine is given in 2 doses, 4 weeks apart.
- Varicella or Chickenpox: It is recommended that HCW who have no serologic proof of immunity, prior to vaccination, or no history of varicella disease receive 2 doses of the vaccine 4 weeks apart.
- Tdap: All HCW should receive a one-time dose of Tdap who have not received Tdap previously

For other Infection Control or Employee Health issues, please

contact your infection control/employee health representative or Quality Department at 509-865-6715, ext. 2343.

Fire Safety

Each employee is responsible for reading the Fire Safety Standards located in First Source, as well as understanding and complying with its content.

Important Things to Know Prior to a Fire:

- Know the location of the nearest fire alarm pull station
- Know the emergency number to dial in your area
- Know the location of fire extinguishers
- Only use a fire extinguisher to put the fire out if you have been trained to do so and the fire is small enough to extinguish with the type of fire extinguisher nearest the fire location. Always leave yourself an escape route
- Know the location of all exits and where to go when you evacuate
- In the event of a fire, remain calm. Act quickly and never shout “Fire!”. Evacuate to the safe zone
- Enforce the no-smoking policy
- DO NOT misuse electrical extension cords. Use only approved cords. DO NOT overload the cord or outlet
- Equipment must be directly plugged into the outlet or appropriate surge suppressor
- Keep heat and ignition sources away from flammable liquids, gases, and other combustible materials
- Use only approved commercial-grade appliances
- Report and correct all fire hazards that you observe. Fire prevention starts with you and your actions

Note: Be aware there are three necessities for a fire to be started and those are the following:

1. Oxygen
2. Fuel Source
3. Heat or Ignition

How to Use a Fire Extinguisher

- P** Pull the pin.
- A** Aim the nozzle at the base of the fire, 6 to 10 inches from the fire.
- S** Squeeze the handle.
- S** Sweep the nozzle from side to side and gradually walk forward as the fire is extinguished.

Fire Safety Overview

- R** Remove the patient/person from the area of danger unless the room is filled with smoke or fire. If smoke or fire is in the room, close the door to contain the fire and smoke.
- A** Activate the alarm by pulling a fire alarm. Back up this action by paging the proper code fire and warning your co-workers. Use “Code Red” to announce the fire. Don’t yell “Fire!” Ensure 911 or the appropriate emergency responders are called.
- C** Confine the smoke and fire by closing the door to the area with the fire, and close all other doors in your smoke compartment.
- E** Extinguish the fire if possible. Designated fire response staff will arrive at the scene of the fire very quickly. The responders will, if appropriate, use fire extinguishers to put out the fire. Should it be necessary, an evacuation may need to take place.

Hazardous Materials

Hazard Communication ensures that employees who may be exposed to hazardous chemicals know about the chemical’s hazards and understand how to protect themselves from exposure.

How can you protect yourself from Hazardous Chemical Spills?

DO:

- Make sure all containers are labeled for all products.
- Know where the spill kits are located in your facility.
- Follow warnings and instructions.
- Use the appropriate protective clothing and equipment when handling hazardous materials.
- Learn emergency procedures for dealing with a spill or exposure involving hazardous materials.
- Practice sensible, safe work habits.
- Ask your supervisor if you have any questions regarding chemicals you use on the job.

DO NOT:

- Rely on odor for detecting a chemical.
- Leave containers open when not in use.
- Eat, smoke or drink around hazardous materials.
- Mix a chemical with another substance, even water, unless instructed. Even then, follow instructions exactly.

How to Respond to Chemical Spills—Code Orange

Chemicals can be in the form of a liquid, gas, powder, or solid.

Follow these steps – I.C.I.C. (Think icy, icy)

- I** Isolate the spill, including the evacuation of all personnel from the area. Only authorized personnel are allowed.
- C** Contain the spill. Reduce or eliminate the spread of the chemical. Use paper towels or absorbent material. Refer to the appropriate Material Safety Data Sheet for proper absorbent type.
- I** Identify the chemical by name.
- C** Clean Up the chemical according to procedure outlined in the MSDS, including Personal Protective Equipment.

How to respond to a natural gas leak – Follow these initial steps:

1. Ventilate the area
2. Turn off gas equipment
3. DO NOT use spark-producing equipment

Reporting Hazardous Materials

A form called the QA Incident Report Form is to be used for any hazardous materials incidents or spills.

Labeling

It is very difficult to research the hazards and precautionary measures if you don’t know what material you’re dealing with. Unmarked bottles are dangerous. The contents are unknown and could cause harm. It is important that all containers must be labeled.

Material Safety Data Sheets (MSDS)

YVFWC uses Material Safety Data Sheets (MSDS) for all chemicals. These sheets help provide you information explaining how a chemical looks, smells, if it is flammable or explosive, and precautions to take when handled. You should be familiar with chemicals that you work with. MSDS are kept in a binder; each site has a specific MSDS binder. All employees are required to know the location of the MSDS binder/s.

Electrical Safety Precautions

- Always inspect electrical equipment, cords, plugs and receptacles for damage prior to use. Never use damaged electrical equipment.
- Never test an electrical wire by touching it to see if it is live. Use an appropriate measuring instrument.
- Never use electrical equipment or cords in water or in wet conditions.
- When using electrical equipment, avoid holding on to or touching metal or wet objects with your free hand or body.
- Never ignore a tingling sensation when you touch electrical equipment. This is likely the sign of an electrical short.
- Unplug electrical equipment by grasping the plug, not by pulling on the cord.
- Use of extension cords or power strips must have prior approval by the Department Supervisor and Maintenance Supervisor.

- Extension cords or power strips shall not be a substitute for permanent wiring.
- Extension cords will not be used if they in any way overload an electrical outlet.
- When using an extension cord ensure that it is rated the same as the appliance or higher.

Disaster Preparedness

YVFWC’s Emergency Operation Plan (EOP) is an all-hazard approach that addresses a range of emergencies of different duration, scale, and cause. All employees, with the help of the site safety team, should be prepared to fulfill their duties and responsibilities as part of a team effort to provide the best possible emergency care in any situation. Emergencies that would seem more common for YVFWC were pulled from the EOP and placed in an Emergency Flip Chart.

Each site has an EOP Binder and several Emergency Flip Charts, see your site Safety Representative for their location/s. The EOP and Flip Chart can also be found on FirstSource.

To activate the emergency response team (ERT), use the following codes, also found on the Emergency Code card:

Red— Fire

Blue— Medical Emergency

Amber—Amber Alert

Grey—Combative Person

Yellow—Bomb Threat

Orange—Hazardous Material Spill

Black—Power Black-Out

To activate, state “[code name] to [location]” To end, state “[code name] all clear.”

Unavailability of Electronic Systems

Though not common, there are instances when one of our electronic systems, otherwise critical to a process involved with providing patient care, is not available due to unforeseen circumstances. These systems include:

- Electronic Medical Record (EMR) – IC Chart
- Scheduling/Registration – Horizon Practice Plus (HPP)
- Electronic Dental Record (EDR) – Open Item & QSI
- Immunization Tracking – CHILd Profile (Washington) and ALERT (Oregon)
- Pharmacy System – RX3000
- During these situations, it’s crucial that all staff understand their roles and the measures that must be taken:
 - Notification of situation to the appropriate leadership
 - Identification of whether or not patient care can continue
 - If patient care can continue, knowledge of which backup processes must be implemented for each specific system affected
 - Proper handling of backup paperwork and understanding of

how the information must be entered into the appropriate systems when they are back online

The policy and procedure manual explaining each system plan (**Continuation of Patient Care and PHI Documentation during Electronic System Inaccessibility Policy and Process Manual**) can be located both on FirstSource under the Document Library section and as a hard copy in each of the clinics.

The Clinic Administrator/Manager, Nursing Supervisor, Front Office Supervisor, Dental Supervisor, and Pharmacy Supervisor each retain hard copies of the documents outlining the appropriate backup plans as well as any additional forms required in a downtime scenario.

First Source Is Your First Source for All YVFWC News & Information

First Source is YVFWC’s on-line communication and resource tool for employees.

You can find First Source when logged onto a YVFWC network computer by:

- Clicking the icon on your desktop
- Typing <http://firstsource.yvfwc.org> into your computer’s web browser search field
- Typing “intranet” into the browser’s search field
- Typing “firstsource” into the browser’s search field



FIRST SOURCE

First Source should be your first source for organization wide news, information and updates as well as information pertaining specifically to your clinic, department, program and various work-related committees.

The latest organization-wide news will be found in the “What’s New” section on the home page. Older items can be accessed by clicking on “Employee Resources” on the main menu on the left-hand side of any First Source page and then clicking on “Corporate News.”

The comprehensive Document Library housed within First Source is your tool for finding the most up-to-date forms, plans, procedures, policies and more. Documents housed in the library can be of organization-wide use or clinic/department/program- specific. The Document Library is easily found under the Main Menu.

A variety of Discussion Forums have been set up to enable easy communication between individuals on committees or workgroups; and to expedite the document review process. Access to the forums is based on permission groups, so you might not see any forums under the main menu if it doesn’t apply to you.

Want to review something in the Employee Handbook? The new version of the book is located on First Source under “Employee Resources” and all policies and procedures

mentioned in the handbook are linked to the corresponding item in the Document Library. Is your annual review approaching? You can access your competency for your position by looking under “Department Home Pages” on the main menu, selecting Human Resources and then, on the HR page, choosing the Competencies Library tab on the right-hand side.

Need to find the phone number of a worker at another clinic or site? Use the **First Source Employee Directory**, the third item under the main menu. You can search by site, first name, last name or both. Use the **Advanced Search feature** to search the entire organization or a specific site/department.

Working on something that needs a YVFWC or clinic logo? Go to the logo gallery and choose from a variety of graphics by selecting “Employee Resources” and then clicking on YVFWC Logos. There are also helpful illustrations on how to properly use the organization approved logos in your work.

Forgotten how to use some of the features of First Source? Simply watch the videos found under “First Source Training” located on the right-hand side of the First Source home page. Handy tips and tricks for using your computer and other YVFWC tools can be found in the growing library of “Tips.” These short, informative videos can be found under “Employee Resources” or by clicking on the “Tips” graphic at the bottom of the First Source Home Page.

Performance Improvement Model to Identify and Solve Problems and Processes

Continually striving to make improvements in what we do and how we do it, in turn, leads to at least two results: (1) we become ever more useful, through efficiency and effectiveness; and (2) we become more relevant through doing the right things right the first time. The model for our approach to continuously improving and achieving results is called PDSA.

PDSA stands for the following:

Plan for the change

Do the change

Study the results

Act on the results

Now let’s take a closer look at the PDSA process by walking through each step:

What are we trying to accomplish?

A good aim is specific, measurable, sustainable, it determines a timeframe, and delineates who the change is for.

How will we know that a change is an improvement?

For any improvement project, make sure to have a baseline data (a starting point) to compare with the new data.

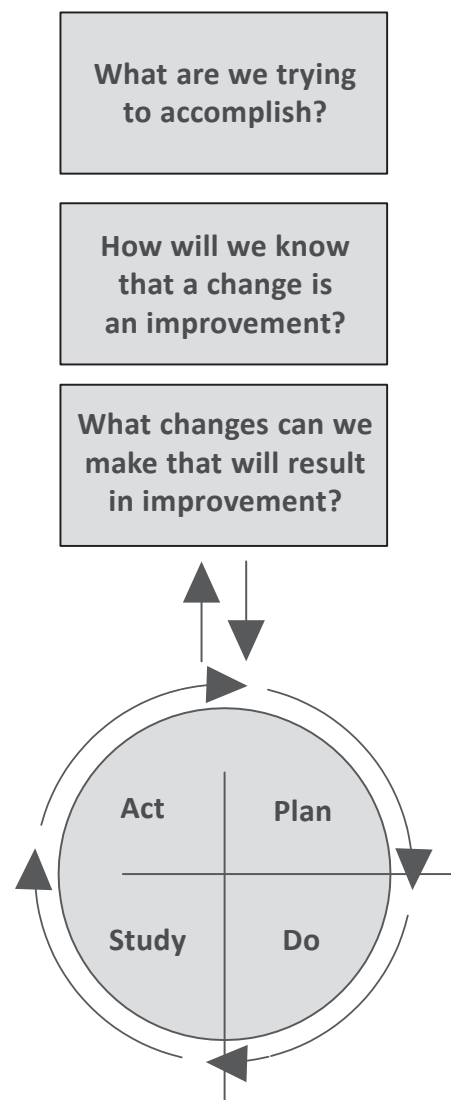
What changes can we make that will result in improvement?

Once you have identified what you want to change (the aim) and what to measure, you have to design your change. This is when you can get creative and come up with ideas on the approach to change.

Now we are ready to walk through the PDSA to test the change that will be made.

First, we need to **PLAN** the change by assessing current situation and make sure we have the baseline data (a starting point). Also, plan to collect new data. Once the data is collected, **DO** the change to see if the improvement theory worked. Then **STUDY** the results by comparing the baseline against the new data to determine if the change really resulted in an improvement. If so, **ACT** on the results by implementing the change and find ways to sustain the positive changes.

Are we done? No. We should continue to monitor the process to make sure the change is a long-term improvement. If something changes and we see another opportunity, we begin the cycle (PDSA) again.



Compliance Program

YVFWC has established a compliance program based on guidance from the Office of Inspector General that was designed to help prevent, detect and address violations of applicable laws, regulations, policies and procedures. YVFWC's Compliance Program includes:

1. Designation of a Compliance Officer (Sergio Vazquez) and Committee
2. Code of Conduct and Compliance Policies
3. Compliance Reporting Structure
4. Education and Training
5. Responding to allegations and discipline
6. Auditing and Monitoring
7. Addressing Compliance Violations and Sanction Screening

A critical component of our Compliance Program is the Code of Conduct. The Code of Conduct was developed to provide guidance to all employees in carrying out their daily activities within appropriate ethical standards and in compliance with applicable laws, regulations, policies and procedures. The standards set forth in the Code of Conduct are mandatory and must be followed by all employees.

The Code of Conduct is intended to be comprehensive and easily understood. In some instances, the Code of Conduct deals fully with the subject covered. In many cases, however, the subject requires additional guidance. To provide such guidance, a set of comprehensive compliance policies and procedures were developed, which may be accessed on the Compliance Program webpage or the Document Library on First Source. In addition to the information available on the intranet you will receive training on the False Claims Act (FCA) later in this document.

If you have any questions about the Compliance Program, including the Code of Conduct and FCA, or would like to report a concern, you are encouraged to talk to your supervisor or another member of management at your site. Most questions or concerns can be resolved at this level. If for any reason you do not wish to use the chain of authority, or your supervisor is not able to address your question, you may contact Sergio Vazquez, Chief Compliance Officer at (509) 865-6175, extension 2308, call the PhoneLine at 1-866-224-2667, or use the WebLine: www.mycompliancereport.com/brand/yakima.

Please Note: Retaliation, in any form, against any individual who in good faith reports a perceived problem or concern is strictly prohibited. Any individual who commits or condones any form of retaliation will be subject to discipline up to, and including, termination.

Federal False Claims Training

History of the Federal False Claims Act

President Abraham Lincoln strongly advocated passage of the False Claims Act (FCA). The False Claims Act, also known

as the "Lincoln Law," was enacted during the Civil War to combat the fraud perpetrated by companies that sold supplies to the Union Army.

War profiteers were shipping boxes of sawdust instead of guns, for instance, and swindling the Union Army into purchasing the same cavalry horses several times. "You can sell anything to the government at almost any price you've got the guts to ask," boasted one profiteer who made millions unloading moth-eaten blankets to the military.

The amended False Claims Act of 1986 provided that whistleblowers who brought successful cases were entitled to 15 percent to 30 percent of the government's recovery, and their attorneys were guaranteed payment of their regular hourly fees by the defendant. Companies and other entities that defraud the government are liable for treble damages and a \$5,000 to \$10,000 penalty for each false claim.

Federal False Claims Act

The Federal Civil False Claims Act makes it a crime for any person or organization to knowingly make a false record or file a false claim with the government for payment.

What does the Federal False Claims Act do? It allows a civil action to be brought against a healthcare provider or organization who:

- Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee
- Knowingly makes, uses or causes to be made or used a false record or statement to get a false or fraudulent claim paid
- Conspires to defraud the government by getting a false or fraudulent claim allowed or paid

The federal code for this law is 31 USC sec. 3729(a)

Reporting Compliance Concerns

If you think the organization may have made a fraud, waste, abuse, or false claim or if you see something that is not right, YVFWC encourages you to:

- Speak with your supervisor
- Request a meeting with your supervisor's supervisor
- Contact the Chief Compliance Officer: Sergio Vazquez, Jr.
Phone (509) 865-6175, ext. 2308
Email: SergioV@yvfwc.org
518 West First Ave., Toppenish, WA 98948
- Use the PhoneLine: 1-866-224-2667
- Use the WebLine:
<http://www.mycompliancereport.com/brand/yakima>

**ONLY WASHINGTON STATE EMPLOYEES ARE
REQUIRED TO READ WASHINGTON'S LAW**

Washington State False Claims Act

(Mirrors components of the Federal Act.)

At the state level, the Washington State Legislature enacted the HealthCare False Claims Act. The law prohibits individuals from knowingly presenting false claims or making false statements related to claims for healthcare payments.

Chapter 48; Revised Code of Washington (RCW)

The law states that:

- A person shall not make or present or cause to be made or presented to a healthcare payer a claim for a healthcare payment knowing the claim to be false. *Example:* Billing for services, treatments, testing, medical devices never rendered
- No person shall knowingly present to a healthcare payer a claim for a healthcare payment that falsely represents that the goods or services were medically necessary in accordance with professionally accepted standards. Each claim that violates this subsection shall constitute a separate offense. *Example:* Lack of Medical Necessity – it is not allowable to bill for services, treatments, testing, medical devices, etc. unless it is deemed medically necessary according to the professional accepted standards. Healthcare providers are required to document the medical necessity of services
- No person shall knowingly make a false statement or false representation of a material fact to a healthcare payer for use in determining rights to a healthcare payment. Each claim that violates this subsection shall constitute a separate violation. *Example:* It is not allowable to lie to help a patient get a service covered that the insurance company has already denied or that we know they will deny
- No person shall conceal the occurrence of any event affecting his or her initial or continued right under a contract, certificate, or policy of insurance to have a payment made by a healthcare payer for a specified healthcare service. A person shall not conceal or fail to disclose any information with intent to obtain a healthcare payment to which the person or any other person is not entitled, or to obtain a healthcare payment in an amount greater than that which the person or any other person is entitled. *Example:* It is not allowable to lie or deceive to an insurance payer about known medical history, patient demographics or patient income information in order to get a service covered or to get a patient qualified for a benefit
- No provider shall willfully collect or attempt to collect an amount from an insured knowing that to do so would be in violation of an agreement or contract with a healthcare payer to which the provider is a party. *Example:* It is not allowable to collect more than the contractual allowable amount from any government healthcare program

IMPORTANT: Revised Code of Washington 48.80.030. As a penalty, the law states that a person who violates this section is guilty of a class C felony.

Medicaid False Statements/Fraud Provisions

Chapter 74.09 of the Revised Code of Washington (RCW):

- Prohibits making false statements related to services reimbursed under the Medicaid program
- Prohibits an individual or entity from filing false claims to receive public assistance. The law provides civil penalties for activities including billing for services, drugs, supplies, or equipment that were unfurnished, of lower quality, or a substitution or misrepresentation of items billed; or repeated billing for purportedly covered items, which were not covered
- Having knowledge of the occurrence of any event affecting the initial or continued right to any such payment of any other individual in whose behalf he has applied for or is receiving such payment, conceals or fails to disclose such event with an intent fraudulently to secure such payment either in a greater amount or quantity than is due or when no such payment is authorized, shall be guilty of a class C felony: provided that the fine, if imposed, shall not be in an amount more than twenty-five thousand dollars, except as authorized by RCW 9A.20.030

Labor and Industries Claims

The law states that:

- Whenever any benefit payments was made based on willful misrepresentation the person receiving the payment must repay the full amount plus a penalty of 50 percent of the total amount. – RCW 51.32.240(5)

Protection for Good Faith Communication to Government Agencies

The law provides:

- Protection for individuals who make good faith reports to appropriate governmental bodies. – RCW 4.24.500 & 4.24.520

Immunity from a civil lawsuit

A person who, in good faith, communicates a complaint or information to any branch or agency of federal, state, or local government. The immunity from civil liability is for claims based on communication to the agency or organization about any matter of reasonable concern to that agency or organization. – RCW 4.24.500

ONLY OREGON EMPLOYEES ARE REQUIRED TO READ THE OREGON STATE LAW

Oregon State False Claims Act

(Mirrors components of the Federal Act.)

The law provides penalties if a...

- Provider knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee
- Provider knowingly makes, uses or causes to be made, or used a false record or statement to get a false or fraudulent claim paid

- Provider conspires to defraud the government by getting a false or fraudulent claim allowed or paid

31 USC sec. 3729(a) – The law states that:

- It is a crime if a healthcare provider knowingly submits or causes to be submitted a claim for payment to which the provider is not entitled. – ORS 411.675; ORS 165.960-165.692

Whistleblower Protection

The law contains:

- Several provisions that prohibit retaliatory action by an organization against an employee who in good faith brings evidence of unlawful organization practices to the attention of the proper authority. – ORS 441.174, ORS 441.057, ORS 659.233, ORS 659A.203

If an employee believes he or she is the victim of retaliation they may file a complaint with the Oregon Bureau of Labor and Industries.

For more information regarding compliance go to first source/employee resources/compliance web page or go to the document library and select the compliance link.

FOR CLINICAL STAFF ONLY:

Age-Related Competency

A patient’s age must be considered in all aspects of the practice of healthcare professionals.

While age helps us with general expectations, it is important to remember that each patient must be considered individually to assess their fit within normal age group expectations, culture and individual preferences.

The Joint Commission Standards:

All people, from birth to death, pass through identifiable stages of growth and development

- **Growth** refers to an increase in body size and functioning to the point of optimum maturity
- **Development** refers to predictable increases in physical, cognitive, psychological and moral capacities that individuals acquire to enable them to successfully adapt to their environment
- **Age-appropriate care** refers to the ability of clinical staff to meet the distinct needs of patients based on their stage of growth and development

Care throughout the Lifespan

Age-specific care for Birth – 28 days:

Always handle the neonate in a gentle, comforting and soothing manner. Avoid over-stimulation. Speak to the neonate in a soft, comforting voice. Help parents learn proper

childcare skills, including feeding, diapering and bathing. Ensure that parents understand a neonate has immature heat regulation and needs to be kept warm.

With changes in the healthcare system, neonates are going home earlier these days and sometimes with potential healthcare problems that haven’t been identified. New parents should be taught about issues of jaundice, breastfeeding and nutrition, cord care, fever and avoid sleeping positions associated with Sudden Infant Death Syndrome.

Help parents understand the importance of safety devices such as car seats; in Washington, they are required by law.

Age-specific care for 29 days to 1 year:

When infants are brought in, ask the parents how feeding is progressing, ask if the infant seems to be developing motor skills normally, and if they have noticed any hearing or vision problems. Remind the parents that children develop at different speeds and if the infant seems slow to crawl or walk, remind them it may be perfectly normal.

Encourage hugging, cuddling and touch by staff and parents. All this will promote healthy bonds and good parenting. Be aware of the problem of “stranger anxiety” and try to limit the number of staff workers assigned to each infant. Keep a safe environment, as well as helping parents learn how to care for the child safely at home.

There are many safety tips such as supporting an infant’s head that may not be obvious to all parents, especially new parents.

Age-specific care for 1–3 years:

Encourage the child to communicate. Language development begins with generally a few words and short phrases or sentences. Toddlers develop concepts by the use of language.

They see things from their own point of view and are able to group similar things and shapes. Toddlers generally have a short attention span. Concepts with memory begin to develop. Toddlers like to imitate and copy gestures and words, and begin to tie words to actions as they develop understanding of simple directions and requests.

This age group identifies with their parents as the significant persons in their lives.

Toddlers:

- are capable of exploring and manipulating their environment
- assert independence and control with a sense of will;
- are able to express temper when they do not get their way
- develop an understanding of their gender
- are able to put toys away, play simple games, and can play alone
- enjoy being read to

Age-specific care for 4–6 years:

The healthcare worker should strive to involve the parents

and children in healthcare choices. Always explain what you are going to do in a firm and direct way before you start. Don't lie to the child about whether something will hurt, but reassure them that it won't hurt for long.

Injury and disease can be very upsetting to children. Children at this age tend to weave fantasies, so a minor wound may suggest that the whole limb is about to fall off. Explain healthcare issues clearly and reassure the child.

Explain grooming and hygiene issues and point out to the parents that it's not just to look good, but an important infection control technique. If possible, allow the child to make some reasonable choices, too. This will foster a growing sense of independence. It is important to incorporate the child's home routines as much as possible.

Use toys and games to help teach the child and reduce fear of health issues. Use talking, singing, and distractions like colorful stickers to divert attention from frightening procedures. Encourage the child to ask questions, talk about feelings, and play with other children to encourage both growing independence and social skills.

Age-specific care for 7-12 years:

At this age vital signs approach the norms of adult parameters. Some questions may arise about the development of secondary sexual characteristics and should be dealt with honestly. The healthcare worker should explain procedures in straightforward terms, using correct terminology, and invite the child to make some healthcare choices.

If equipment is needed, allow the child to explore the equipment ahead of time. You should allow longer training and teaching sessions. Provide privacy if necessary, and build into your teaching rewards and praise. Do your best to guide the child toward healthy lifestyle and safety choices. Habits formed at this age may last a lifetime.

It's not too soon to begin to discuss exercise and nutrition and maintaining a healthy lifestyle. And help the parents talk to the child about crucial issues of peer pressure around smoking, sexuality and all kinds of substance abuse. It can be very hard for parents to know how to initiate these discussions and an outside authority can be a big help in getting the ball rolling.

Age-specific care for 13-20 years:

At adolescence, you should begin looking for signs of nutritional disorders; obesity, anorexia, bulimia; acne problems; STDs and pregnancy; substance abuse; and any stress-related problems. This is a stress-filled age.

Reassure adolescents about the normality of the changes they are going through. When working with adolescents, remember their self-consciousness about their bodies and provide for privacy.

The healthcare worker should begin treating the adolescent

as an adult and avoid authoritarian approaches. Talk directly to the adolescent, not through the parents. Always explain why something is being done. Be considerate of how any treatment may affect the adolescent's appearance and relationships, because these are very sensitive issues at this stage. Encourage questions about their fears. And respect any expressed or implied religious or cultural beliefs.

Adolescents with family histories of genetic-related diseases, such as cardiovascular disease, diabetes, or sickle cell trait, should be screened as appropriate. Adolescent girls should be taught breast self-examination. And boys should be taught testicular self-examination. Peak age for testicular cancer is 20-35. Guide the teenager toward positive lifestyle choices, and pay particular attention to misinformation that is common at this age and help correct it. Realize that there may be some resistance to taking advice from an adult. Encourage the teen and parents to have open communication on any issues of concern. As an outside authority, you can often play a powerful role in opening up channels of communication.

Age-specific care for 21-39 years:

Young adults need to be monitored for STDs. Testicular and breast self-exam should be taught and encouraged. Discuss questions of stress in their lives, as this can be a time of great change: marriage, beginning families, starting new jobs.

The healthcare worker should encourage young adults in making positive fitness and healthcare choices. Help the young adults recognize the new reality of their time and financial commitments to family, career and community. Explore the impact of hospitalization or illness on the patient's job or family. This is a time when most couples become parents and they need help considering the long-term commitments and challenges this brings. They may also need help with family planning and prenatal information.

Explain the specifics of a healthy physical workout, including warm-up and stretching exercises, and, if necessary, explain proper nutrition and diet to encourage a healthy lifestyle. Explain risk factors and signs to watch for chronic conditions such as heart disease because young adults often feel invulnerable and tend to ignore or deny early signs of disease.

Age-specific care for 40-64 years:

Middle adults should be screened for chronic conditions that often develop at this age, such as diabetes, prostate disorders and breast cancer. Women should be counseled about menopause issues, such as taking estrogen or methods of minimizing the risks of osteoporosis.

The healthcare worker should encourage middle adults to express freely any worries about the future, and encourage them to plan for a healthy and active retirement. Be sure to acknowledge their abilities and contributions throughout life. This can be a time of mid-life crisis when some people begin to doubt themselves and their contributions and they need encouragement. Some may need specific psychiatric

interventions, so be alert for signs of depression or other mental illness.

Be alert for any worries they have about their children or older parents. This is an age where many become the “sandwich generation,” caring for both older and younger family members at the same time. This can also be a positive stage of life, with more time available to fulfill lifelong dreams of travel and leisure, and to pursue new interests or volunteer work that had been put off.

Age-specific care for 65-79 years:

Stay alert for signs and complaints of the more common chronic conditions at this age, such as arthritis, hypertension, hearing impairment and heart disease, and conduct regular screenings for these conditions. Digestive and esophageal problems such as reflux, and bladder and bowel problems, become more common at this age. The healthcare worker should encourage the older adult to express freely their feelings about their accomplishments in life, but also their feelings of loss and grief. As they age, they will lose friends and family and grief counseling can be very important.

Often medication use, with multiple medications, can become quite complicated, and it is important to help an older adult work out a manageable schedule. Explain any procedure using appropriate terms. Provide for warmth if necessary because of the possibility of decreased heat regulation. Be alert for the development of any impairment that may inhibit mobility or activities of daily living.

Point out ways to make the environment safer, such as removing slick throw rugs. You should also suggest practical ways of dealing with any impairments that exist, but do not assume impairments exist just because of age. Offer contacts to support services. To keep an older adult busy and engaged, you can encourage social activities with peers or volunteer activity to give something back to the community. The sense of giving back and staying active can make all the difference in a person’s outlook at this age.

Age-specific care for adults 80 and over:

There is an increased risk of chronic illnesses and major health problems that need to be watched. The healthcare worker should encourage as much independent living in older adults as possible. Physical, mental and social activities should be encouraged. An active mind and a sense of humor can often support a person’s spirits.

- Medications for those over 80 can become even more complicated and may require you to work out very detailed plans
- Encourage healthy eating and adequate fluid intake
- Be alert to the fact that changes in tastes or ability to chew may result in decreased intake
- Offer any devices that can keep the person adept at his own activities of daily living, and make sure he has access to all necessary safety ramps and other equipment

- The more independence the person can maintain, the better the quality of life
- Support any end-of-life decisions, offering access to appropriate information such as advance directives, and encourage the preparation of trusts and living wills

FOR CLINICAL STAFF ONLY:

Abuse and Neglect Reporting

You are in a unique position to identify potential cases of abuse and neglect of children, the elderly and vulnerable adults. Responsible action by employees can be achieved through the recognition and understanding of potential problems, knowing and following established reporting procedures, and participating in available abuse and neglect training programs.

All of Washington: 1-866-EndHarm (1-866-363-4276)

Portland, Oregon: 1-971-673-7112

Hermiston, Oregon: 1-800-547-3897

Woodburn and Salem, Oregon: 1-800-854-3508

The recognition of certain behaviors/injuries caused by ongoing abusive relationships is a vital part of your job. Some of the different forms of abuse are listed below:

Domestic Violence is a form of violence with the following typical signs and symptoms:

- Bruising, lacerations, cuts & burns, coerced sexual relations
- Controlled isolation of the person
- Verbally intimidating the person which brings upon emotional disturbances

Child Abuse & Neglect are also a form of violence that healthcare providers should consider when caring for a child in any area of the organization. Care providers should pay particular attention to the following signs and symptoms:

- Physical injury with different healing stages
- Verbal or emotional violence
- Abandonment
- Shaken baby syndrome
- Medical neglect
- Sexual exploitation

Elder or Vulnerable Adult abuse & neglect would exhibit the following signs and symptoms which healthcare providers are expected to observe for:

- Physical violence
- Humiliation, intimidation, and threat
- Verbal abuse which will lead to emotional abuse
- Self-neglect or general neglect
- Financial exploitation

A typical abuser would demonstrate the following behaviors:

1. Controlling personality
2. Becomes immediately angry
3. Has a very short fuse.

Reporting of Violence/Assault

Mandatory Reporters for YVFWC are: Registered or Licensed Nurses, Dentists, Physicians, Physician’s Assistants, Social Service Counselors, and Pharmacists.

When to Report

A mandated reporter must report abuse if they have witnessed an incident; received information or evidence, whether visual or audible; or a person has disclosed or described an incident that reasonably appears to constitute abuse.

FOR CLINICAL STAFF ONLY:

Pain Assessment

The Wong-Baker Faces Pain scale is often helpful for assessing persons with moderate to severe dementia who have lost much of their ability to use language to describe pain or young children who relate well to pictures rather than to a sequence of numbers and can express themselves by pointing to a picture to share their pain level. This scale uses faces from happy to tearful to demonstrate how a person might be feeling. It should be used only after the person in pain has demonstrated inability to understand the “0” to “10” pain scale.

WONG-BAKER FACES PAIN RATING SCALE



0	2	4	6	8	10
No Hurt	Hurts Little Bit	Hurts Little More	Hurts Even More	Hurts Whole Lot	Hurts Worst

To use this type of scale, show the card with the faces to the person. Explain to the person that each face is for a person who feels happy because he has no pain (hurt) or sad because he has some or a lot of pain. Point to each face and say what it means:

Face 0 is very happy because it doesn’t hurt at all. Face

2 hurts just a little bit.

Face 4 hurts a little more.

Face 6 hurts even more.

Face 8 hurts a whole lot.

Face 10 hurts as much as you can imagine, although you don’t have to be crying to feel this bad.

Ask the person to choose the face that best describes how they are feeling. A common error in administering this scale is to skip the description of one or several of the faces. YVFWC

has adopted the Wong-Baker pain scale (faces and numbers) to assess patient’s pain.

FOR CLINICAL STAFF ONLY:

Prevention of Surgical Site Infection

A Surgical Site Infection (SSI) is an infection that may occur after a surgical procedure is performed on a patient. Even though most patients do quite well after surgery, approximately 2 out of 100 patients will develop a post-operative infection. These infections result in a longer recovery time and higher costs.

There are certain actions that can be taken to help decrease the occurrence of surgical site infections. Avoiding use of razors at the proposed operative areas can reduce infections because shaving can irritate the skin. Clippers rather than razors should be used for hair removal. Use of appropriate antibiotics will help to prevent surgical site infections.

Staff should always adhere to Standard Precautions to promote the prevention of surgical site infections. Educating patients about the care of their incision, signs and symptoms of infection, and when to call their provider decreases post op infections and the seriousness of a post-procedure infection should it occur.

FOR PEDIATRIC DENTAL STAFF ONLY:

Use of Restraints

The Joint Commission’s standards on patients’ rights include an emphasis on this aspect of patient safety, and are designed to reduce the use of restraints so they are used as infrequently as possible. YVFWC does not use restraints with the exception of pediatric dentistry for immobilization:

Policy: Patients may be immobilized by staff members, family

members, and dental equipment such as mouth props and/or papoose boards. YVFWC dentists may utilize a protective stabilization device known as a “papoose board” for providing safety to the patient during dental procedures. Various sizes of papoose boards are utilized according to patient size.

Reasons for immobilization include, but are not limited to:

- Uncooperative patients
- An infant, child, or adult who is unable to cope with dental treatment
- Combative patients
- Patients with special health care needs which render them unable to cope with dental treatment
- For emergency purposes to assess and/or treat a patient
- A patient who is unable to control body movement

FOR DENTAL STAFF ONLY:

Moderate Sedation

The ADA defines moderate sedation as a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation.

No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

YVFWC's objectives of moderate/conscious sedation are to:

- Use the least amount of sedation while providing for patient comfort
- Maintain adequate sedation with minimal risk – have monitoring and emergency equipment immediately available
- Relieve anxiety and produce amnesia – facilitate good communication and provide clear instruction, maintaining low levels of visual and auditory stimuli
- Provide relief from pain and other noxious stimuli – by giving opioids, and local or topical anesthetics
- Enhance patient cooperation – by ensuring the ability to communicate is preserved
- Maintain stable vital signs
- Ensure a rapid recovery

**A pre-sedation assessment must occur by a physician prior to administering sedation to ensure the patient is an appropriate candidate.

2013 Annual Training Competency Post-Test TEST KEY

(Answers are shown underlined in bold)

YVFWC Mission, Vision & Values

1. The health of one person is the health of _____
 - a. The world
 - b. Humanity**
 - c. Mankind
 - d. All children
2. Which of the following is part of our values?
 - a. We will fight for just treatment for all individuals
 - b. We will let joy in
 - c. We will consistently trust one another to work for the common good
 - d. All of the above**

Reporting Concerns

3. Employees will be expected to report problems to appropriate leaders and they are encouraged to complete the QMA incident form.
 - a. True**
 - b. False

Adverse Events

4. An “adverse event” is an undesired outcome or occurrence not expected within the normal course of care or treatment, disease process, condition of the patient or delivery of services.
 - a. True**
 - b. False

5. Only providers are responsible to report all adverse events, incidents, and near misses
 - a. True
 - b. False**

Cultural Sensitivity and Workplace Diversity

6. YVFWC defines cultural competence as:
 - a. Knowledge
 - b. Skills
 - c. Attitudes
 - d. All of the above**
7. Cultural competency is the _____ and _____ of a system to value the importance of culture in the delivery of services to all segments of the population.
 - a. Willingness**
 - b. Ability**

Sexual Harassment

8. If you feel you are being harassed, you should do the following:
 - a. Document each incident
 - b. Report harassment to your Human Resources Representative, the Clinic Administrator or Program Director
 - c. Expect that privacy will be maintained
 - d. All of the above**

Workplace Violence

9. List 2 ways to prevent workplace violence:
(Two of the following answers are needed)
 - Remember it can happen even here
 - There are usually warning signs
 - Acting thoughtfully and appropriately can reduce or prevent violence
 - Try to recognize trouble early
 - Trust your feelings
 - Treat everyone with respect
 - Take threats seriously
 - Don't try to be a hero
 - Familiarize yourself with and follow our safety policies
10. List 2 early warning signs of violence:
(Two of the following answers are needed)
 - Use of an angry or threatening tone
 - Nervous pacing, restlessness
 - Shouting, screaming, cursing
 - Clenched fist or jaw, tightly gripping objects
 - Verbal threats
 - Unreasonable demands
 - Violent gestures, pounding on or breaking objects
 - Angry looks or stares
 - Staggering, slurred speech, irrational speech or other signs of being under the influence of alcohol or other drugs
11. Call the following code when confronted with a violent person:
 - a. Grey**
 - b. Red
 - c. Yellow
 - d. Black

Patient Rights

12. Patients have the right to be treated with respect, consideration, and without judgment by all staff and volunteers.

- a. **True**
- b. False

13. YVFWC has the right to deny patients from being involved in the plan of care and from receiving education regarding treatment, procedures, medication and any other information/activity related to their health recovery.

- a. True
- b. **False**

Health Insurance Portability and Accountability Act (HIPAA)

14. Protected health information (PHI) or electronic protected health information (EPHI) is anything that identifies (or could identify) a patient's health records.

- a. **True**
- b. False

15. PHI or EPHI includes all health information that is used/disclosed.

- a. **True**
- b. False

16. Because of HIPAA, clients/patients are given less control over their health information.

- a. True
- b. **False**

17. HIPAA only affects providers at YVFWC

- a. True
- b. **False**

18. If you have a document that is not needed, but contains the patient demographic information, should you:

- a. Throw the document away in the garbage.

b. Leave in an area where other patients can view this information.

c. **Place the document in a HIPAA complaint locked shred bin to be destroyed.**

d. Take the document home with you to toss in your home garbage.

Security and Antivirus Training

19. Circle the three most common ways viruses get into an organization?

- a. Hackers
- b. **SPAM**
- c. **Visiting infected websites**
- d. Sick IS team members
- e. **USB Thumb Drives**

20. What are some of the layers of security that IS uses to protect the organization?

- a. Tanks, barricades, and whistles
- b. **Firewalls, email scanners, and web filters**
- c. Routers, switches, and protocols
- d. Pressure floors, retinae scanners, and laser beams

21. What security protection is IS implementing this year to increase security on computer hard drives?

- a. Requiring finger print scanners
- b. Locking the desktop cases
- c. **Encrypting the hard drives**
- d. Painting them YVFWC Blue

22. The greatest asset YVFWC has in keeping our computers and network secure is:

- a. Sophos Antivirus
- b. Cisco Firewall
- c. CheckPoint End Point Security
- d. **Our Users**

IS Acceptable Policy

23. Sharing your password with a co-worker is okay if they have

the same job title.

- a. True
- b. **False**

24. I can share PHI on social media sites.

- a. True
- b. **False**

Infection Control/BBP

25. Hands must be washed with soap and water if they are visibly soiled or have been exposed to blood or other potentially infectious materials.

- a. **True**
- b. False

26. Personal Protective Equipment (PPE) such as gloves, gowns, mask and goggles are to be worn if you think there is potential for exposure to blood or other potentially infectious materials.

- a. **True**
- b. False

27. If you have an exposure to blood or other potentially infectious material immediately notify your Employee Health Representative to evaluate the exposure incident.

- a. **True**
- b. False

28. Pertussis is a respiratory illness commonly know as:

- a. **Whooping cough**
- b. Common cold
- c. Strep Throat
- d. A type of flu

Fire Safety

29. What is the correct procedure for using a fire extinguisher?

- a. Pull, Aim, Squeeze and Slip
- b. Point, Act, Squeeze and Sweep
- c. Pull, Aim, Squeeze and Save Yourself
- d. **Pull, Aim, Squeeze and Sweep**

Hazardous Materials

30. Use the following letters to define how to respond to chemical spills.

- a. I – Isolate
- b. C – Contain
- c. I – Identify
- d. C – Clean-Up

31. List 3 actions to take in the event of a natural gas leak:

- a. Ventilate Area
- b. Turn off gas equipment
- c. Do not use spark-producing material

Unavailability of Electronic Systems

32. The Clinic Administrator/ Manager, Nursing Supervisor, Front Office Supervisor, Dental Supervisor, and Pharmacy Supervisor each retain hard copies of the “Continuation of Patient Care and PHI Documentation during Electronic System Inaccessibility Policy and Process Manual”

- a. True
- b. False

Abuse and Neglect Reporting

33. Domestic violence can include all of the following except:

- a. Bruises, lacerations, cuts and burns
- b. Verbal abuse, intimidation, emotional violence
- c. Coerced sexual relations
- d. Equality and respect

34. Abusers typically have:

- a. A very short fuse
- b. Are controlling
- c. Become immediately angry
- d. All of the above

Performance Improvement Model to Identify and Solve Problems and Processes.

35. The model we use at YVFWC to continuously improve is called

FOCUS-PDSA. The “S” in PDSA stands for:

- a. Select
- b. Study
- c. Set
- d. Start

Compliance Program

36. The Federal False Claims Act allows a civil action to be brought against an organization or healthcare provider who:

- a. Knowingly presents, or causes to be presented, a false or fraudulent claim for payment or approval to any federal employee
- b. Knowingly makes, uses, or causes to be made or used, a false record or statement to get a false or fraudulent claim paid
- c. Conspires to defraud the government by getting a false or fraudulent claim allowed or paid
- d. All of the above

37. If you think YVFWC may have made a false claim, two reporting options are:

(Two of the following answers are needed)

- **Speak with your supervisor**
- **Request a meeting with your supervisor’s supervisor**
- **Use the anonymous telephone hotline: 1-866-580-2736 (toll-free message service)**
- **Use the Compliance Reporting email: YVFWCCompliance@pmallp.org**

38. YVFWC’s Compliance Program includes which of the following?

- a. Education and training
- b. Responding to allegations and discipline
- c. Auditing and monitoring
- d. All of the above

39. Which of the following is NOT true regarding the Code of Conduct?

- a. Developed to provide guidance to all employees

regarding ethical standards

b. Developed in compliance with applicable laws, regulations, policies and procedures

c. The standards set are mandatory

d. It tends to be comprehensive and complicated

Select the trainings that would be most helpful to you in the coming year. You may select more than one.

- a. Teamwork / Teambuilding
- b. Conflict Resolution
- c. Customer Relations
- d. Self Management/ Time Management
- e. Communication
- f. Problem Solving
- g. Work-Life Balance
- h. Cultural Competence / Diversity
- i. Other: _____

THE FOLLOWING PAGE IS FOR CLINICAL STAFF ONLY - ALL OTHERS HAVE COMPLETED THE TEST.

CLINICAL STAFF ONLY:

Age Related Competency

- C1. Pick 2 different age groups you provide service for and indicate how you would adjust your customer service or patient care to provide for their age specific differences:
- See pages 14-16 for answers. (This is for clinical staff only.)
 -

Abuse and Neglect Reporting

- C2. Which of the following behaviors are considered child abuse and neglect?
- Physical injury
 - Verbal, emotional violence
 - Abandonment
 - Shaken baby syndrome
 - Medical neglect
 - Sexual exploitation
 - All of the above
- C3. Elder/Vulnerable Adult abuse includes:
- Physical violence
 - Threats, humiliation, intimidation
 - Verbal abuse, emotional abuse
 - Neglect, self-neglect
 - Financial exploitation
 - All of the above
- C4. All suspected abuse or neglect should be reported to a mandatory reporter:
- True
 - False

Prevention of Surgical Site Infection

- C5. Which of the following does not help to reduce surgical site infections?
- The use of appropriate antibiotics before and after a surgical procedure
 - Use of a razor for hair removal at the surgical site
 - Appropriate hand washing by staff
- C6. Patients should be provided the following information following a surgical procedure:
- Signs and symptoms of infection
 - Circumstances when they should contact their doctor
 - Care of their incision
 - All of the above

Pain Assessment

- C7. YVFWC has adopted the Wong-Baker Faces Pain Scale to assess pain.
- True
 - False

PEDIATRIC DENTAL STAFF ONLY:

Use of Restraints

- C8. Per YVFWC's policy on restraints, one of the reasons for immobilization is to control an infant, child or adult who is unable to cope with dental treatment.
- True
 - False

DENTAL STAFF ONLY:

Moderate Sedation

- C9. One of the objectives of using moderate/conscious sedation is to use the least amount of sedation while providing for patient comfort.
- True
 - False