BOISE VA MEDICAL CENTER

ORIENTATION

For Volunteers

PLEASE DO NOT MARK IN THIS BOOK
RETURN TO VA SUPERVISOR FOR RE-USE

Revised FY2010

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Welcome to the Boise VA Medical Center!

We want your experience here at the Boise VA to be a safe and pleasant one.

As a part of that welcoming spirit, we are providing you with this orientation manual.

In the first section, you will find information about:

- Our Customer…the Veteran
- The Organization:
  - Veteran Healthcare Administration
  - Our Network – VISN 20
  - Our facility – the Boise VA
- Maps
- Information about our phone & paging system
- Information about our VISTA E-mail system

In the second section you will find a series of modules. These modules cover a variety of safety and informational topics that you will need to know about before you begin your experience here at the Boise VA.

We hope that this orientation manual is helpful to you as you transition in to our facility.

Again, Welcome Aboard!

Our Customer . . . the Veteran

What is a Vet?

Anonymous

Some veterans bear visible signs of their service: a missing limb, a jagged scar, a certain look in the eye. Others may carry the evidence inside of them: a pin holding a bone together, a piece of shrapnel in the leg – or perhaps another sort of inner steel: the soul's ally forged in the refinery of adversity. Except in parades, however, the men and women who have kept America safe wear no badge or emblem. You can't tell a vet just by looking

What is a vet?

- He is the cop on the beat who spent six months in Saudi Arabia sweating two gallons a day making sure the armored personnel carriers didn't run out of fuel.
- *He is the barroom loudmouth, dumber than five wooden planks, whose overgrown frat-boy behavior is outweighed a hundred times in the cosmic scales by hour hours of exquisite bravery near the 38th parallel.*
- She – or he – is the nurse who fought against futility and went to sleep sobbing every night for two solid years in Da Nang.
- *He is the POW who went away one person and came back another – or didn't come back AT ALL.*
- He is the Quantico drill instructor who has never seen combat – but has saved countless lives by turning slouchy, no-account rednecks and gang members into Marines, and teaching them to watch each other's backs.
- *He is the parade-riding Legionnaire who pins on his ribbons and medals with a prosthetic hand.*
- He is the career quartermaster who watches the ribbons and medals pass him by.
- *He is any of the three anonymous heroes in The Tomb of the Unknowns, whose presence at the Arlington National Cemetery must forever preserve the memory of all the anonymous heroes whose valor dies unrecognized with them on the battlefield or in the ocean's sunless deep.*
- He is the old guy bagging groceries at the supermarket – palsied now and aggravatingly slow – who helped liberate a Nazi death camp, and who wishes all day long that his wife were still alive to hold him when the nightmares come.
- *He is an ordinary and yet an extraordinary human being – a person who offered some of this life's most vital years in the service of his country, and who sacrificed his ambitions so others would not have to sacrifice theirs.*
- He is a soldier and a savior and a sword against the darkness, and he is nothing more than the finest greatest testimony on behalf of the finest, greatest nation ever known. So remember, each time you see someone who has served our country, just lean over and say, "Thank You." That's all most people need, and in most cases it will mean more than any medals they could have been awarded or were awarded.

Two little words that mean a lot, "***THANK YOU***"

Department of Veterans Affairs

Code of Patient Concern

The Veterans Administration is committed to providing high quality medical care for its patients. It is also committed to providing this care in a climate in which the human needs and concerns of the patient are met, and in which individual interests are protected. This climate must be based on respect for the dignity of the patient as an individual, and on care which is provided in a courteous, concerned, and compassionate manner. In order to achieve these goals, the dedication of each employee to the principles outlined in this document is essential. It is only through the willing assumption of this responsibility on the part of the staff that this health care facility will be able to provide the kind of patient care to which it is committed. To this end, this Code of Patient Concern reaffirms the commitment of the Veterans Administration.

1. Each patient must be accorded dignity as an individual, and treated with compassion and respect.

2. Each patient seeking advice or assistance will be helped in a prompt, courteous, responsive manner.

3. Every effort should be made to make the patient feel that all employees care about him/her as an individual.

4. In all cases, the needs and feelings of the patient and family will be given primary consideration.

5. Each employee in contact with patients and their families, are responsible for creating and fostering an atmosphere of mutual acceptance and trust.

6. The physician responsible for the care of the patient, or a designated employee will provide the patient with information concerning diagnosis, treatment, and prognosis in terms the patient can reasonably be expected to understand. When it is not medically advisable or feasible to give such information to the patient, the information should be made available to the next-of-kin, or other person designated by the patient upon acceptance for care except when existing law does not permit the release of information without written consent of the patient.

7. The physician responsible for the care of the patient, or a designated employee, will make certain that the patient is aware of the person who is responsible for coordinating the patient's care.

8. The physician will, prior to the initiation of any procedure with a recognized element of risk, provide the patient with sufficient information for the patient to form the basis of a reasonable request for such procedure. Except in emergencies, such information should include the specific procedure and/or treatment, the medically significant risks involved, and the probable duration of incapacitation. Where medically significant alternatives for care and treatment exist, or when the patient requests information

concerning medical alternatives, this information will be provided. The patient also will be told the name of the person responsible for the procedure and/or treatment. In the case of a patient who is considered mentally incapable of making a rational decision and request for a procedure, the sponsor or legal guardian will be provided with sufficient information to form the basis of a reasonable request for such procedure to be performed on the patient.

9. The patient may elect to refuse treatment. In this event, the patient must be informed of the medical consequences of this action. In the case of a patient who is mentally incapable of making a rational decision, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give such approval.

10. The privacy of the patient, including matters concerning the patient's own medical care program, will be respected. Case discussion, consultation, examination, and treatment are confidential and should be conducted discreetly.

11. All records and communications pertaining to the care of the patient must be treated as confidential.

12. This health care facility, within its capacity, will be responsive to the request of a patient for service, as determined to be medically appropriate.

13. In the event any investigative (Research) procedures are contemplated involving a patient, the patient will be fully advised and informed consent secured. The patient will not be included in the investigative procedures if such informed consent is not given. Any exception to the rule must be submitted to review by an approved mechanism which clearly provides protection of the patient's interest (i.e., Ethical Review Committee). No attempt will be made to influence the patient to give consent if he/she is reluctant to do so. In the case of patients who are considered mentally incapable of executing an informed consent, approval will be obtained from the guardian, next-of-kin, or other person legally entitled to give consent.

14. The patient will be provided continuity of care within the applicable laws and policies which govern the Veterans Administration and within the resources available. The patient's physician, or a designated employee, will provide appropriate guidance and recommendations for further medical care to the patient who is being discharged from the Veterans Administration medical care program.

15. In the hospital setting, the physician responsible for the care of the patient, or the designated employee, will insure that discharge planning is initiated early in the period of hospitalization. The patient will be assisted, where necessary, in making appropriate plans for follow-up medical care, rehabilitation, and living arrangements after the episode of hospitalization.

16. The patient will be provided with this health care facility rules and guidelines which apply to his/her responsibility as a patient.

17. It is important that each employee recognize that the veteran patient has, in effect, pre-paid health care coverage by virtue of service in the Armed Forces of this country, and has fully earned the right to medical care.

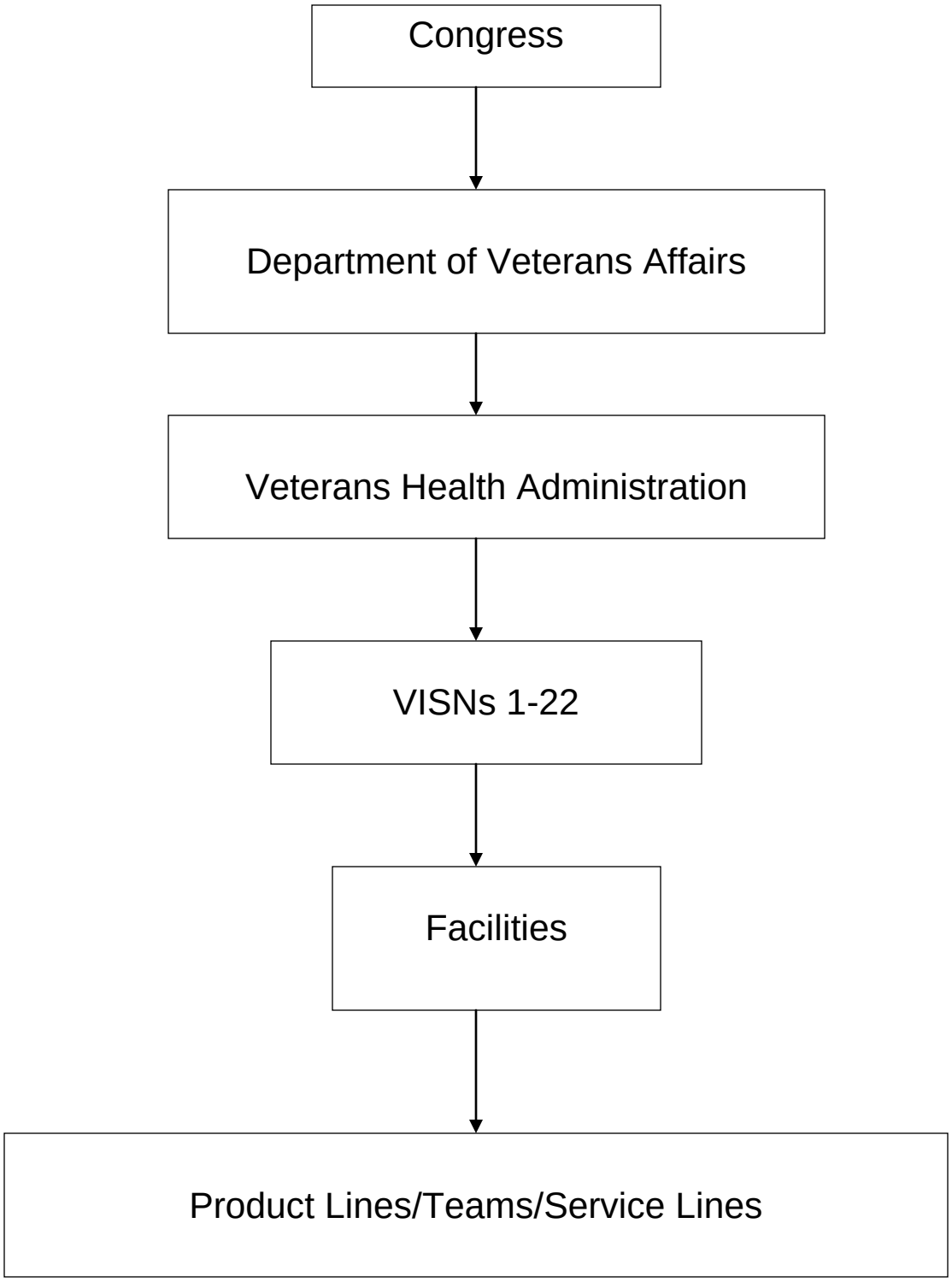
18. All of the above concerns are equally applicable to veterans placed in Personal Care Homes and Community Nursing Homes under VA contract. The VA, non-VA staff and sponsors providing patient care in the community setting are expected to willingly assume responsibility for carrying out all elements of the Code of Patient Concern.

No set of guidelines alone will insure that the patient receives the kind of care and treatment that the Veterans Administration is committed to give. It is imperative, therefore, that each employee be concerned about each patient as a human being, and carry out the spirit and intent of this Code of Patient Concern.

☆ ☆ ☆ ☆

Organizational Charts

Governance


Congress
Department of Veterans Affairs
Veterans Health Administration
VISNs 1-22
Facilities
Product Lines/Teams/Service Lines

Veterans Health Administration

Department of Veterans Affairs Mission & Organization

MISSION

The mission of the Department of Veterans Affairs is to serve America's veterans and their families with dignity and compassion and to be their principal advocate in the ensuring that they receive the care, support and recognition earned in service to this Nation.

GOALS

Medical: TO ENSURE that quality medical care is provided on a timely basis within the law to all authorized veterans.

Benefits: TO ENSURE that an appropriate level of benefits is provided within the law to eligible veterans and beneficiaries.

Memorial Affairs: TO ENSURE that the memorial affairs of eligible veterans are appropriately provided for and conducted in a dignified manner which recognizes the honorable status of veterans.

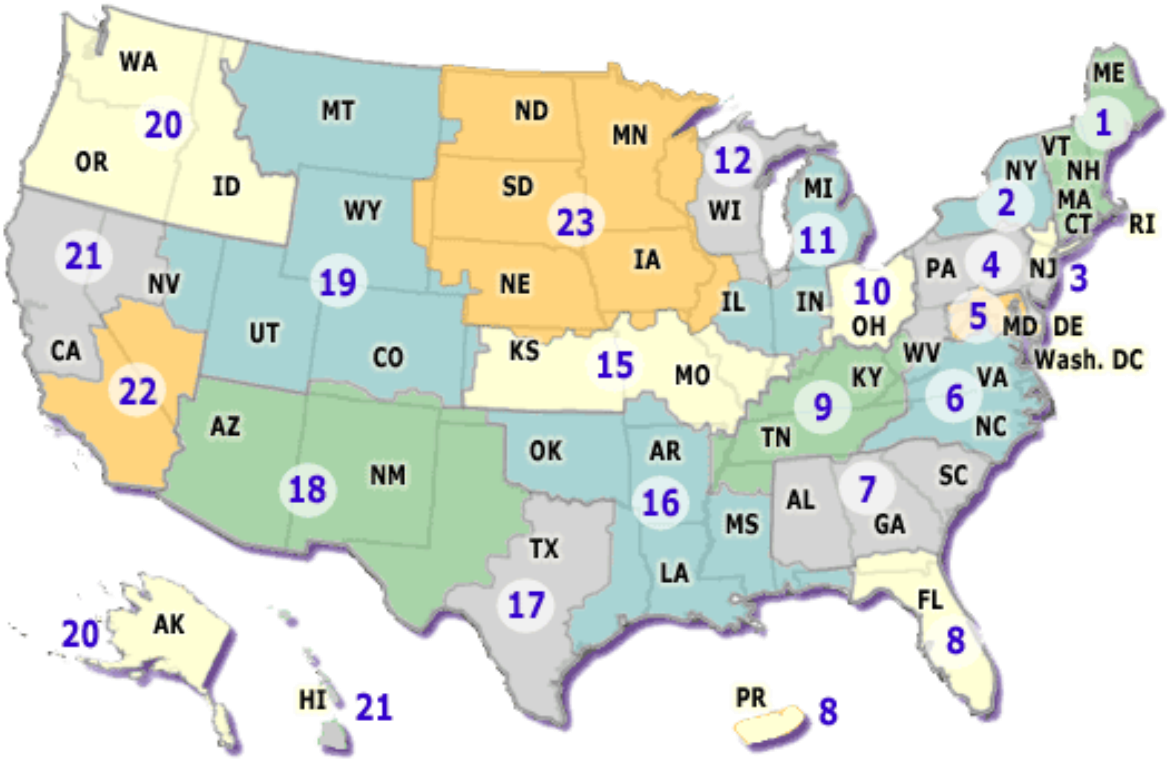
Leadership: TO SERVE as the leader within the Federal Government on all matters directly affecting veterans and their families and to be their advocate in representing their just needs.

Human: TO ENSURE that the people of the Veterans Administration receive quality leadership, adequate compensation, decent working conditions, necessary training and education, equal opportunity, and earned recognition.

Management: TO PROVIDE timely, high quality health care, benefits, and services to veterans and their families as efficiently as possible.

Modernization: TO PROVIDE better service to veterans and their families through the use of modern ADP and telecommunications technology.

22 Veterans Integrated Service Networks



VISN 20
The Northwest Network

Mission

Provide healthcare services to eligible veterans

Vision

Provide services as an Integrated Healthcare System (IHS), employing the concepts of moderately managed care.

Goals

- Meet patient and other customer expectations and needs.
- Monitor the quality of clinical care against applicable standards and benchmarks
- Assure that patients have access to services
- Assure operational excellence in critical business processes
- VISN organization structure and processes foster vision of Integrated Healthcare System

VISN 20 Committee Structure

ELC
VISN Director
Facility/HCS Directors

TETRAD

Manage-ment Advisory Council

VISN IT Advisory Council	Clinical Council	Resource Advisory Council	Staff Focus Council
CHIPS Application Advisors Clinical Applications Coordinators Clinical Diagnostic Imaging Development & Support HIMS Document Scanning Quarterly IT Call Security and Confidentiality VISN 20 IP Telephony VISN 20 Service Desk Workgroup VISN 20 Thin Client Workgroup VISTA Co-Location Management Team VISTA Imaging Web Developers Conference Call Web Initiatives Group	Academic Affiliations Advisory & Research Group Advanced Clinic Access Committee Complementary and Alternative Medicine Customer Service Committee Laboratory Advisory Group Long Term Care Committee Rehabilitation Advisory Group Patient Education Advisory Group Pharmacy Advisory Group Pharmacy and Therapeutics Committee Primary Care Committee CBOC Advisory Group Women Veterans Health Advisory Group Readiness QM Readiness Conf. Calls Readiness Core Team Specialty Care Committee AMI Hot Team Utilization Management Committee	A&MM Advisory Group Commodity Standardization Committee	Career & Professional Development Counselors for Career Development Employee Education Employee Satisfaction and Well-Being

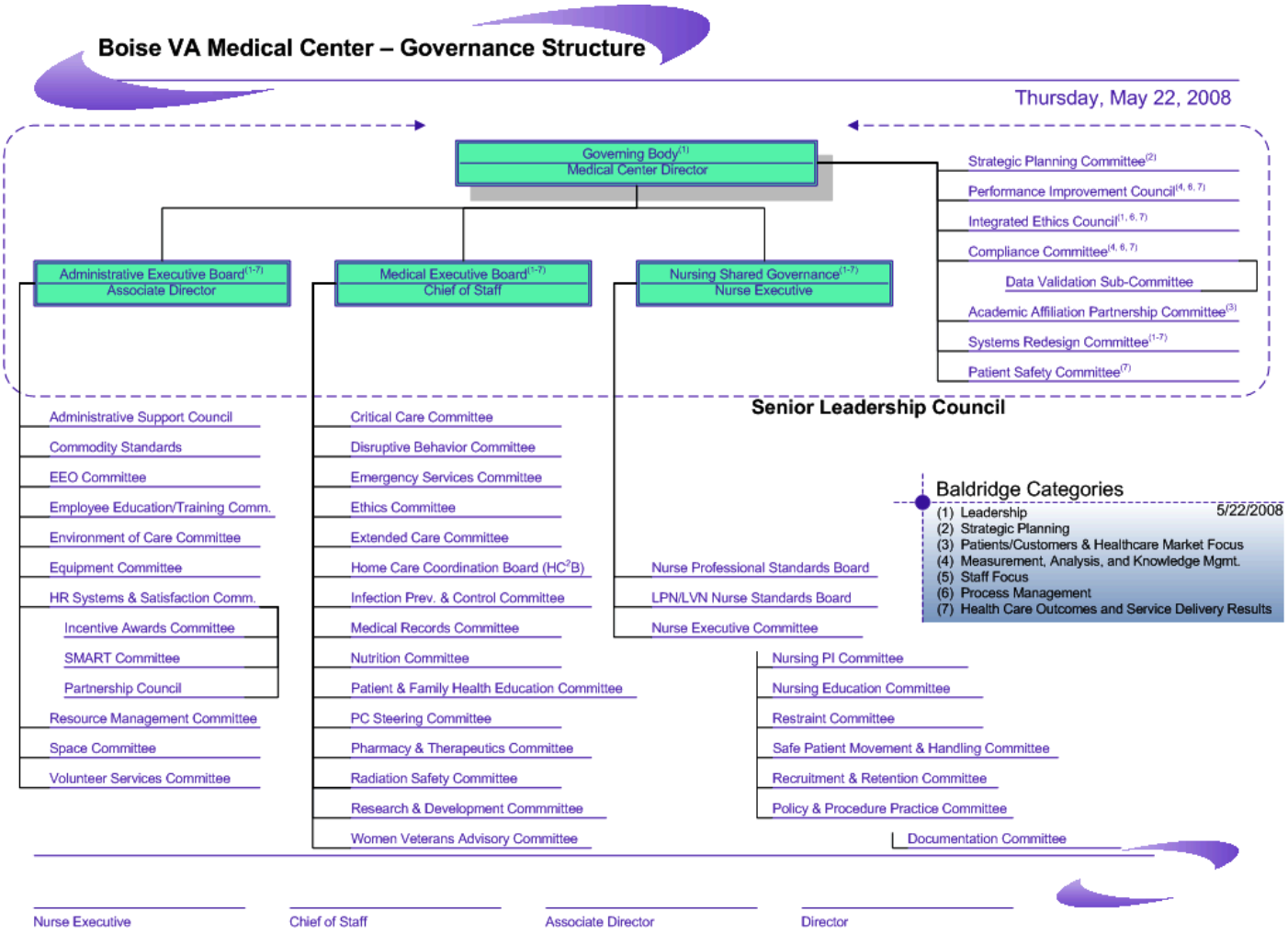
Boise VA Medical Center

Mission: To care, heal, teach, & discover

Vision: We will be a healthcare leader in meeting the needs of our patients.

Values: As a learning organization, we will meet those needs by:

- Empowering staff
- Continuously evaluating and improving processes
- Using resources wisely
- Planning
- Communicating effectively at all levels of the organization
- Collaborating with the healthcare community


Boise VA Medical Center – Governance Structure
Thursday, May 22, 2008
Governing Body(1)
Medical Center Director
Strategic Planning Committee(2)
Performance Improvement Council(4, 6, 7)
Integrated Ethics Council(1, 6, 7)
Compliance Committee(4, 6, 7)
Data Validation Sub-Committee
Academic Affiliation Partnership Committee(3)
Systems Redesign Committee(1-7)
Patient Safety Committee(7)
Administrative Executive Board(1-7)
Associate Director
Medical Executive Board(1-7)
Chief of Staff
Nursing Shared Governance(1-7)
Nurse Executive
Senior Leadership Council
Administrative Support Council
Commodity Standards
EEO Committee
Employee Education/Training Comm.
Environment of Care Committee
Equipment Committee
HR Systems & Satisfaction Comm.
Incentive Awards Committee
SMART Committee
Partnership Council
Resource Management Committee
Space Committee
Volunteer Services Committee
Critical Care Committee
Disruptive Behavior Committee
Emergency Services Committee
Ethics Committee
Extended Care Committee
Home Care Coordination Board (HC2B)
Infection Prev. & Control Committee
Medical Records Committee
Nutrition Committee
Patient & Family Health Education Committee
PC Steering Committee
Pharmacy & Therapeutics Committee
Radiation Safety Committee
Research & Development Commmittee
Women Veterans Advisory Committee
Nurse Professional Standards Board
LPN/LVN Nurse Standards Board
Nurse Executive Committee
Nursing PI Committee
Nursing Education Committee
Restraint Committee
Safe Patient Movement & Handling Committee
Recruitment & Retention Committee
Policy & Procedure Practice Committee
Documentation Committee
Baldridge Categories
5/22/2008
(1) Leadership
(2) Strategic Planning
(3) Patients/Customers & Healthcare Market Focus
(4) Measurement, Analysis, and Knowledge Mgmt.
(5) Staff Focus
(6) Process Management
(7) Health Care Outcomes and Service Delivery Results
Nurse Executive
Chief of Staff
Associate Director
Director

Management

DeWayne Hamlin
Director
(208) 422-1100
Fax (208) 422-1157

Grant Ragsdale
Associate Director
(208) 422-1104
Fax (208) 422-1157

Dr. Paul Lambert
Chief of Staff
(208) 422-1102
Fax (208) 422-1157

Gail Collier, MSN, RN
ACOS/Nursing
(208) 422-1393
Fax (208) 422-1223

Dr. Robert Albanese
Chief, Medical Service
(208) 422-1319
Fax (208) 422-1319

Dr. Todd Arcomano
Chief, Surgical Service
(208) 422-1136
Fax (208) 422-1243

Carol Barr
Chief, Logistics Service
(208) 422-1151
Fax (208) 422-1139

Marty Blaesing
Chief, Audiology and Speech Pathology Service
(208) 422-1111
Fax (208) 422-1390

Maryann Brother
Chief, Nutrition and Food Service
(208) 422-1124
Fax (208) 422-1326

Kelly Keller
Chief, Canteen Services
(208) 422-1233
Fax (208) 422-1336

David Anderson, M.D.
Chief, Nuclear Medicine Service
(208) 422-1352
Fax (208) 422-1352

Roger Banks
Chief, Police and Security
(208) 422-1122
Fax (208) 422-1157

Fredrick Bauer, M.D.
Chief Pathology and Laboratory Medicine Service
(208) 422-1140

Julie Johnson
Acting, CFO/Chief Fiscal Service
(208) 422-1200
Fax (208) 422-1212

Briana Buban
Regional Counsel
(208) 422-1304
Fax (208) 422-1398

Sharon Clark
Chief, Voluntary Services
(208) 422-1175
Fax (208) 422-1115

Brenda Dunn
Chief, Pharmacy Service
(208) 422-1166
Fax (208) 422-1198

Cathy Hall
Chief, Social Work Service
(208) 422-1360
Fax (208) 422-1323

Dennis Meyer
Chief, Technology Management Service
208) 422-1164
Fax (208) 422-1188

Nathan Stewart
Chief, Prosthetic Service
(208) 422-1346
Fax (208) 422-1223

Susan McAmis
Chief, Human Resources Management Services
(208) 422-1184
Fax (208) 422-1185

Dr. Alan Hines
Acting Chief Psychiatry
(208) 422-1108
Fax (208) 422-1342

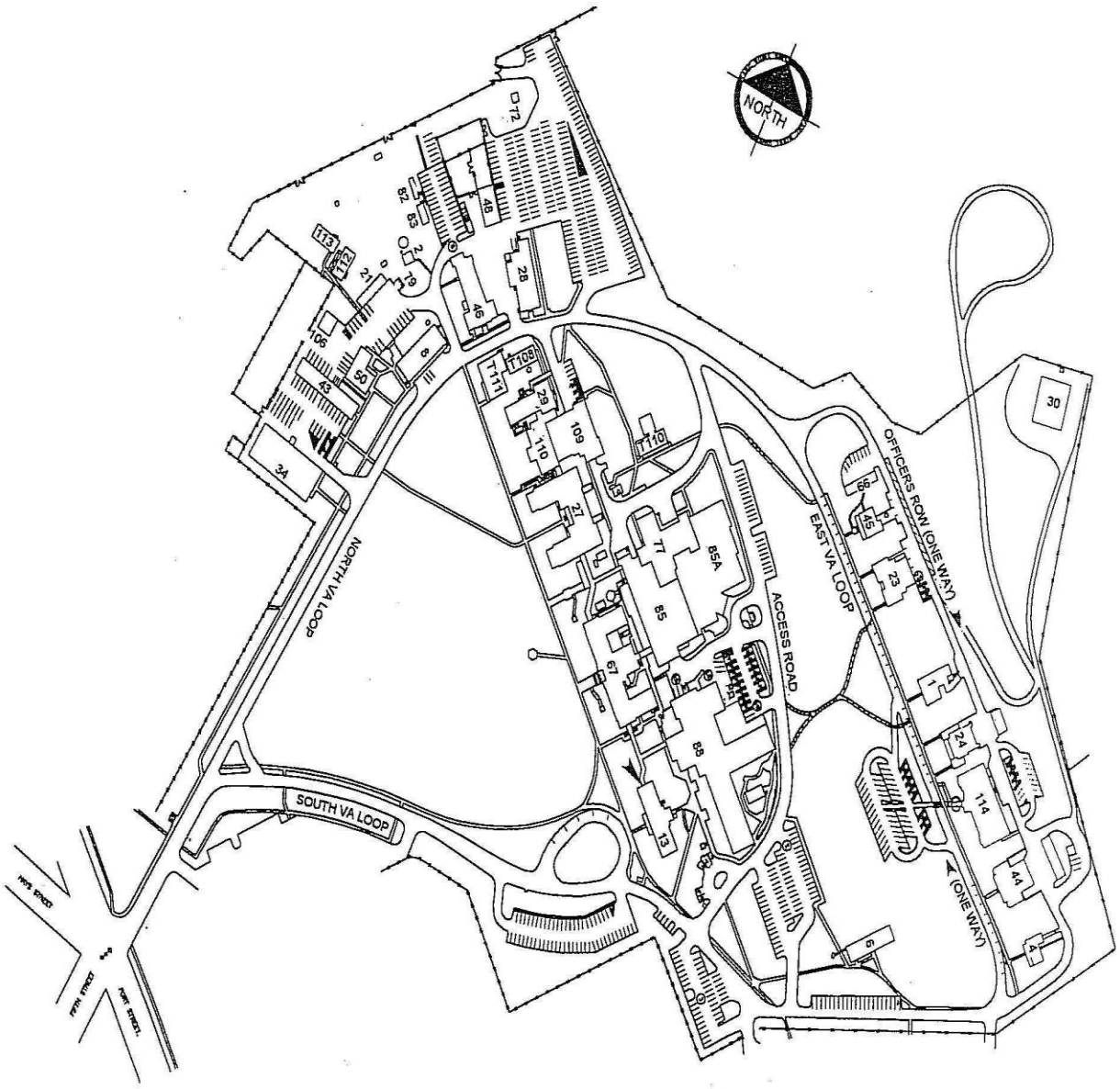
Doug Lamb
Chief, Facility Management Service
(208) 422-1370
Fax (208) 422-1334

Steve Peterson, D.D.S.
Chief, Dental Service
(208) 422-1389
Fax (208) 422-1247

Richard L. Sullivan, M.D.
Chief, Radiology Service
(208) 422-1350
Fax (208) 422-1332

Denise Plowman
Chief, Medical Administration Service
(208) 422-1009

Finding Your Way Around the Boise V.A.


NORTH
OFFICERS ROW (ONE WAY)
EAST VA LOOP
ACCESS ROAD
NORTH VA LOOP
SOUTH VA LOOP
(ONE WAY)
30
66
65
23
1
24
114
44
4
6
77
85A
85
67
88
13
109
110
29
T108
T111
T110
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T113
T112
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95
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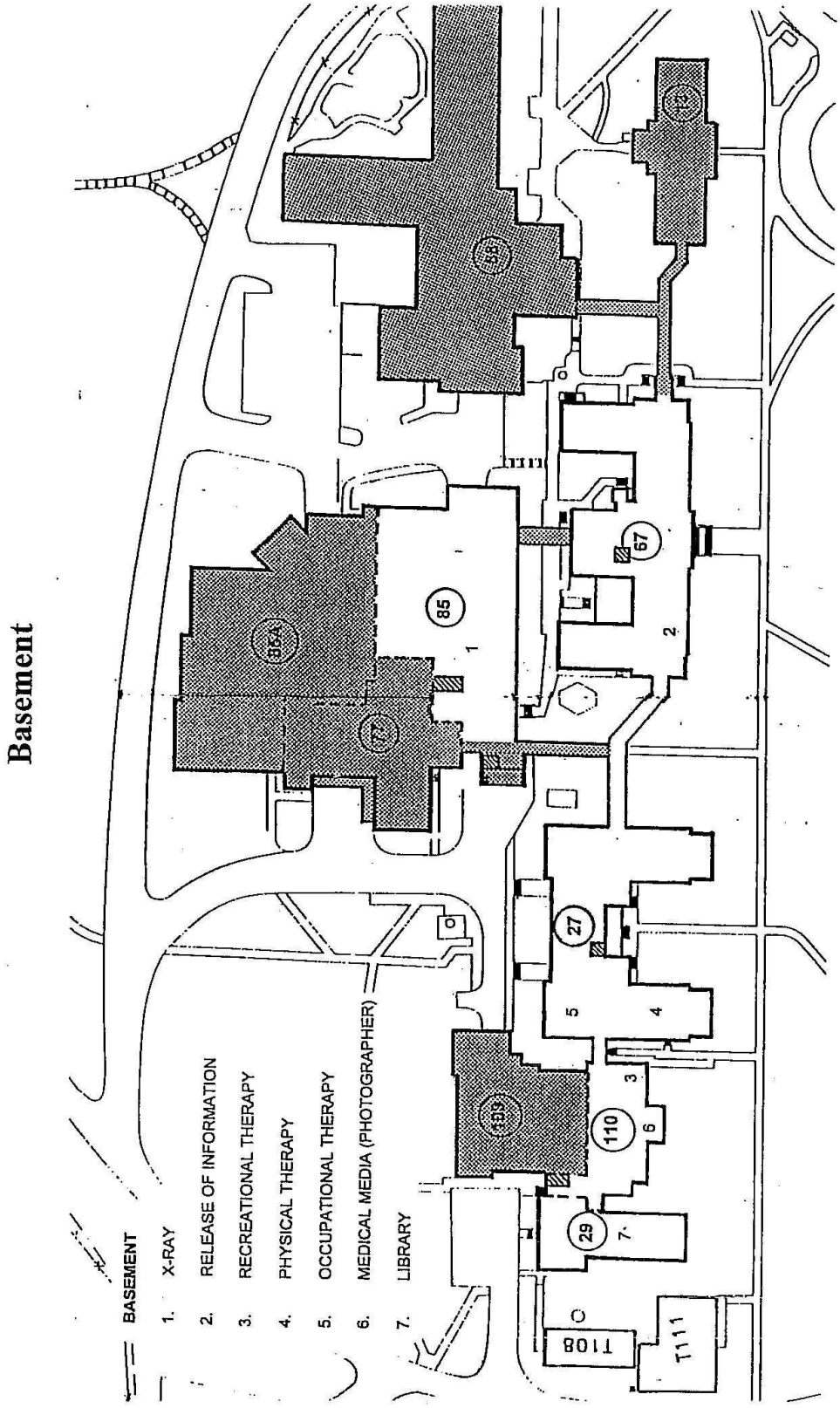
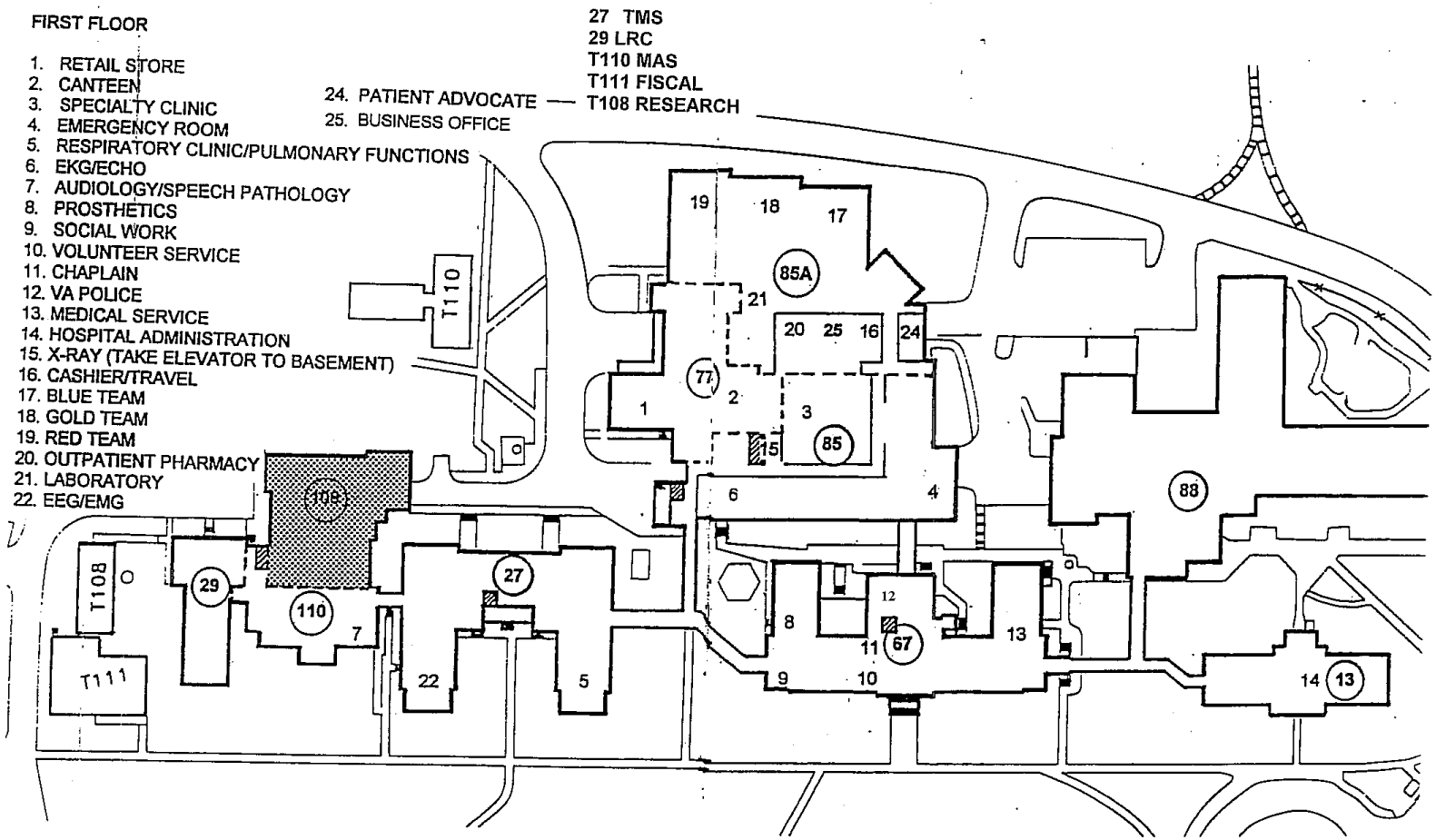
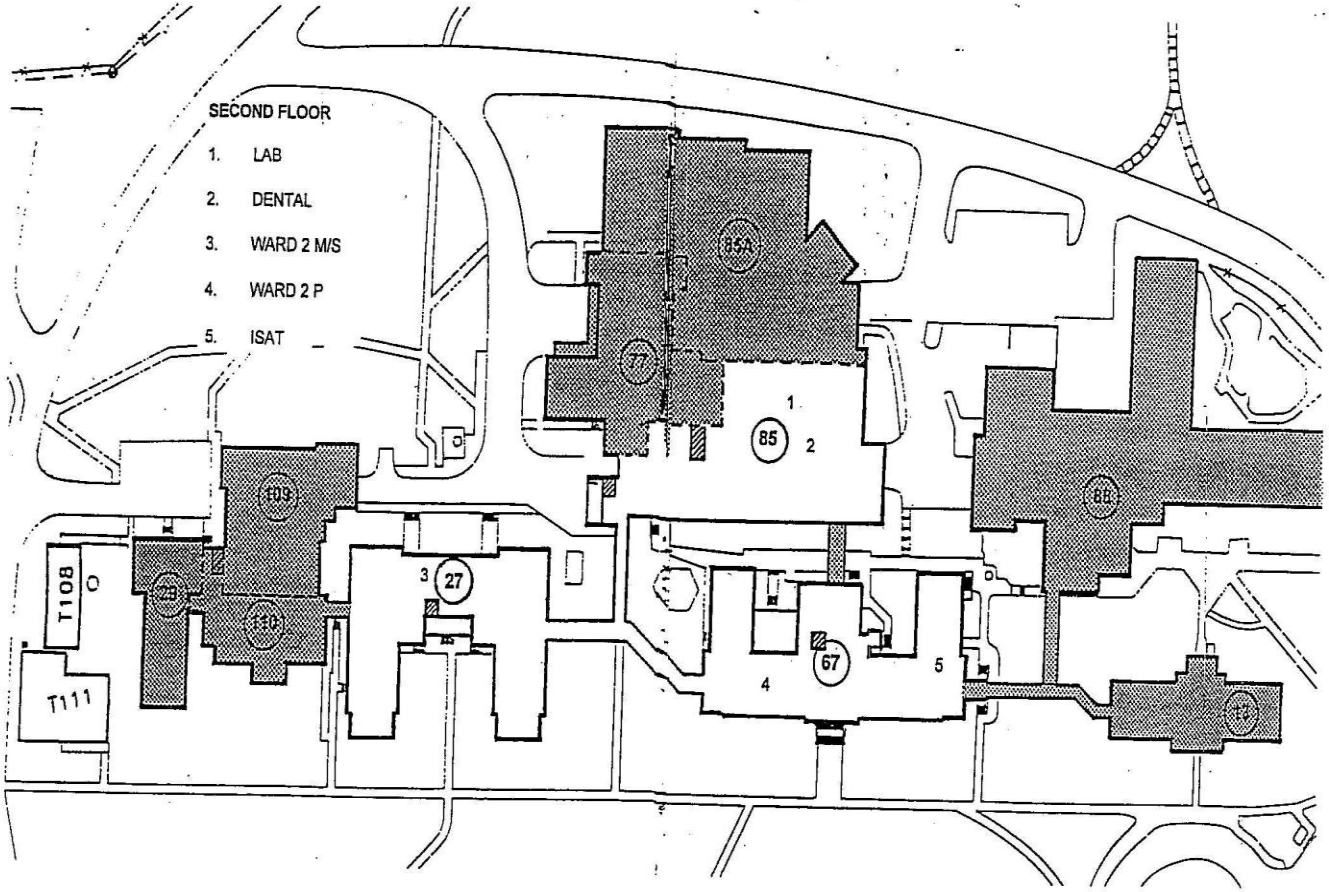
Boise VA Campus



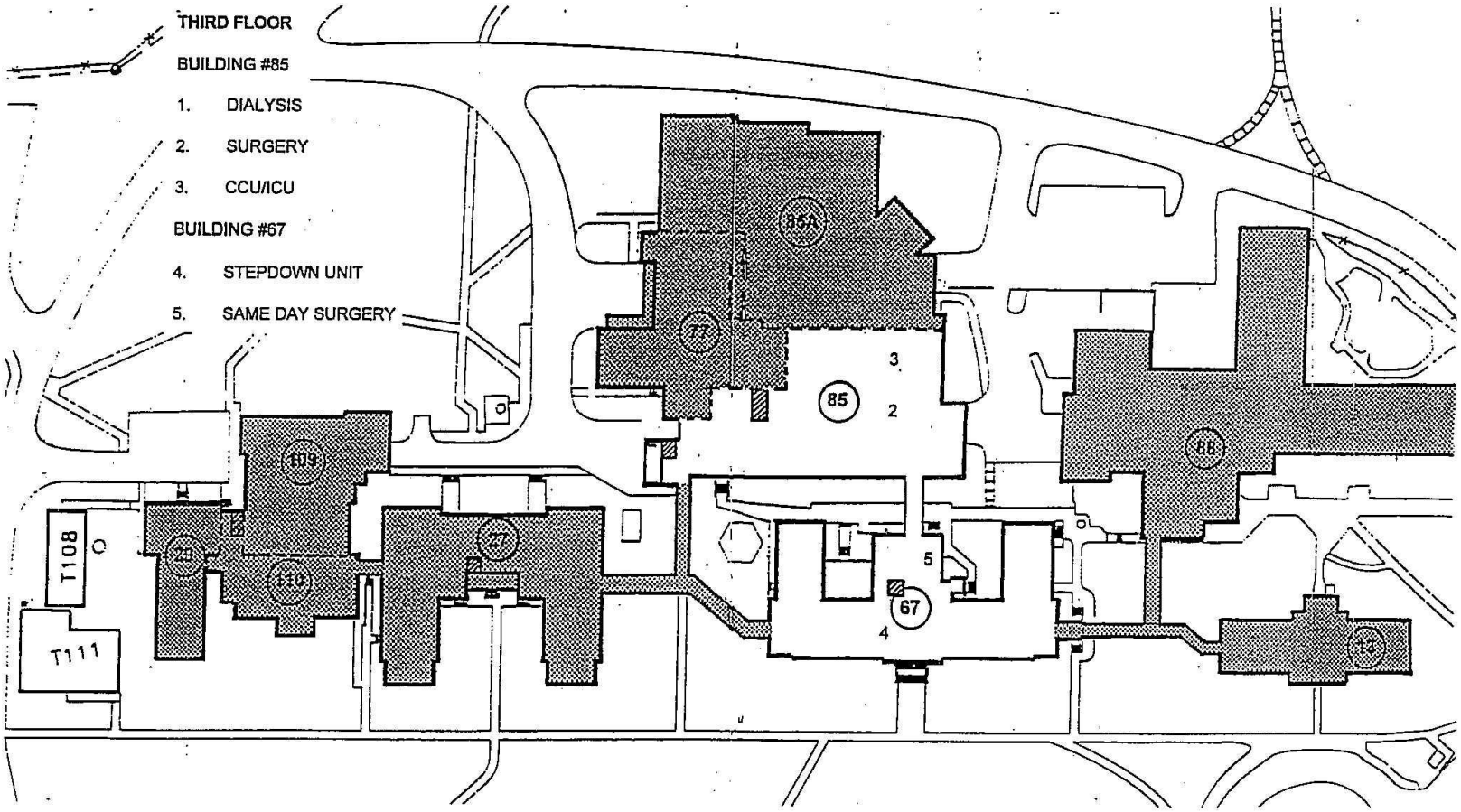
First Floor


FIRST FLOOR
1. RETAIL STORE
2. CANTEEN
3. SPECIALTY CLINIC
4. EMERGENCY ROOM
5. RESPIRATORY CLINIC/PULMONARY FUNCTIONS
6. EKG/ECHO
7. AUDIOLOGY/SPEECH PATHOLOGY
8. PROSTHETICS
9. SOCIAL WORK
10. VOLUNTEER SERVICE
11. CHAPLAIN
12. VA POLICE
13. MEDICAL SERVICE
14. HOSPITAL ADMINISTRATION
15. X-RAY (TAKE ELEVATOR TO BASEMENT)
16. CASHIER/TRAVEL
17. BLUE TEAM
18. GOLD TEAM
19. RED TEAM
20. OUTPATIENT PHARMACY
21. LABORATORY
22. EEG/EMG
24. PATIENT ADVOCATE
25. BUSINESS OFFICE
27 TMS
29 LRC
T110 MAS
T111 FISCAL
T108 RESEARCH
T110
T108
T111
108
110
29
27
77
85A
85
67
88
13

Second Floor

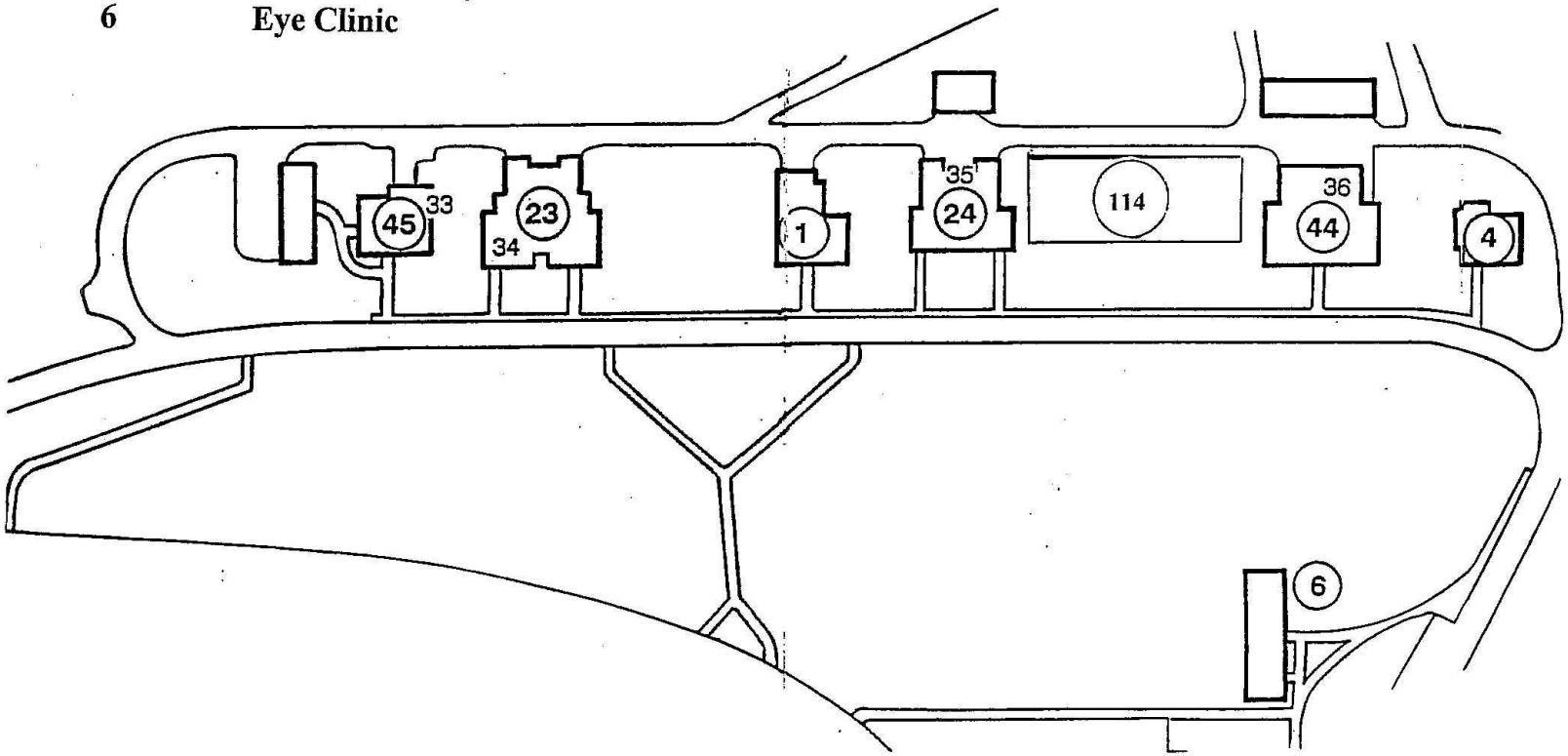


Third Floor


THIRD FLOOR
BUILDING #85
1. DIALYSIS
2. SURGERY
3. CCU/ICU
BUILDING #67
4. STEPDOWN UNIT
5. SAME DAY SURGERY
95A
77
85
3
2
109
88
T108
28
110
27
5
67
4
T111
14

Outbuildings

45/33	Research offices
23/34	Mental Health Clinic
1	Human Resources
24/35	AHEC / District Counsel
114	Behavioral Health Center
44/36	Clinical Pharmacy
6	Eye Clinic



Communication

The Boise VAMC Telephone & Paging Systems

Keeping Up on Important Information

The Boise VAMC has about 800 employees and more than 30 service departments. If addition, we are part of a network, VISN 20, as well as part of VHA. Communication in an organization of this size can get complex. Keeping up on important information is everyone's responsibility. You can do this by:

- Attending staff meetings
- Paying attention to posters and bulletin boards around the Medical Center
- Reading your e-mail on a regular basis
- Reading local publications, like the Boise Front (employee newsletter), the Apothecary (Pharmacy newsletter), and the Performance Improvement (quality management newsletter)
- Attending Medical Center meetings focused on specific topics
- Listening to overhead announcements
- Visiting and exploring the Boise VA intranet site frequently
- Familiarizing yourself with Medical Center directives and policies

Ask questions when you have them. Make sure you understand issues that affect you, the work you do, and the Medical Center.

Telephone/Paging Information

Official Long distance Calls Outside the United States

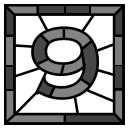
If you would like to make an official call outside the U.S., dial the Medical Center Operator, identify yourself (name and service), the country you are calling, country code, city code, and phone number.

Direct-in-Dial Numbers

When calling from outside the Medical Center, only the extensions beginning with '1' can be directly dialed (i.e. 422-1238). *All other* extensions can be reached by dialing 422-1000 or the toll free 1-866-437-5093, listening for the auto-attendant, and then dialing in the extension (i.e. extension 4201, or extension 7777).

Local Call Procedures

When making a local call outside the Medical Center, dial '9', followed by the seven-digit phone number.



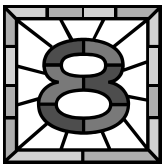
PERSONAL Long Distance Calls

When placing a personal long distance call your options are as follows:

- Collect Calls: Dial 9-1-800-COLLECT (9-1-800-265-5328), or use other long distance company of choice.
- If you do not wish to call collect or charge to a credit card, you may go to either of the pay phones
    - Building 85a by the Red Team
    - Building 67, 3rd floor, Step Down Unit
    - Building 67, 2nd floor, Ward 2P, or
    - Building 67, 1st floor, across from the chapel

OFFICIAL Long Distance Calls

Federal Telecommunication System (FTS)



FTS is to be used for OFFICIAL BUSINESS calls only! To place FTS calls dial '8' followed by the area code and the seven-digit number.

Overhead Paging System

To use the overhead paging system, from *any* phone (except patient phones):

- dial ‘60’ to reach all main hospital building areas, *except* out buildings
- dial ‘61’ to reach the main hospital building areas *except* out buildings, building 29(LRC) and building 88(ECU)
- dial ‘63’ to reach *only* the Learning Resource Center (LRC, building 29)
- dial ‘64’ to reach *only* the Extended Care Unit (ECU, building 88)

None of the outlying buildings can be reached by the overhead paging system.

To Radio Page Someone

To page someone, dial ‘5’ and the 3 digit pager number. Listen to the instructions carefully.

- Tone Pager: speak your message
- Digital Pager: enter the extension you are calling from

Voice Mail

If you have voice mail on your extension, dial 1033 and follow the instructions given. You can also check your voice mail from off –station: Dial 422-1000, and when the auto attendant begins, dial ‘9’ and your extension.

Emergency Numbers

5-111 Radio Broadcast Team Pagers – <u>CODE BLUE ONLY</u>

7444 Code Blue in-house

7333 Report a fire or VA Police emergency

1122 VA Police (NON-EMERGENCY)

0 VA Operator

If you require any additional information for telephone/pager use or have any telephone/pager problems call the Telecommunications Help Line at extension 1238.

Rules of Behavior for VAMC Boise Telecommunications System

The following rules of behavior apply to everyone (VHA employees, contractors, business partners and students) who uses VHA Telecommunications systems. These rules are based on Federal Laws, regulations, VA and VHA directives. There are consequences for non-compliance with these rules of behavior. Depending on the severity of the violation, at the discretion of management and through due process of the law, consequences can include: suspension of privileges, reprimand, suspension from work, demotion, removal, and criminal and civil penalties. This document may not cover every contingency. Personnel are asked to go beyond these stated rules and use their best judgment and highest ethical standards to guide their actions.

General

I understand that when using telecommunications systems, I am personally accountable for my actions and that I must:

a) Protect my telecommunications equipment from damage, abuse and unauthorized use.

b) Report security incidents and vulnerabilities to the Information Security Officer.

c) Comply with Federal and local directives and procedures governing personal use of government office equipment.

Dial-in/Dial-out Access

1. I understand that telecommunications services are for conducting Official Business and are provided without restriction to all “non-billable” destinations. This includes calls to and from “local area exchanges” toll free numbers, and calls through the VA switchboard operator.

2. I will comply with Medical Center Policy and Department of Veterans Affairs Directive in regard to limited personal use of government office equipment.

Use of Long Distance

1. I understand that telecommunications services which incur long distance charges to the Government are for conducting Official Business only.

2. I will immediately report any suspected compromise to the Information Security Officer.

3. I am prohibited from placing personal long distance (billable) calls that incur cost to the Government.

Voice Mail

Voice Mail services is available for selected extensions to provide better service to patients, customers, and co-workers. The following rules apply:

1. Assignment of Voice Mail privileges is controlled and decided on a case-by-case basis.

2. Voice Mail Greetings will be appropriate, professional, and accurate. Greetings will contain a statement to let the caller know the at another extension number (including “0” for operator assistance) may be dialed at anytime during the greeting.

3. Messages will be retrieved and answered in a timely manner.

4. Message statistics are automatically collected the Voice Mail Computer System and will be reviewed periodically.

5. Abuse of inappropriate use of the system may result in termination of service for that particular subscriber.

Facsimile (Fax)

1. I understand that as a VA employee I must neither breach the organization’s security nor compromise it’s image by transmitting, storing, or receiving communications that are discriminatory, harassing, obscene, inappropriate, abusive, profane, or illegal.

2. I understand that facsimile is not inherently confidential and I have no expectation of privacy in using it.

3. I understand that I am responsible for the content of all communications that I send, receive or store.

4. I understand that I may not use facsimile to copy or transmit copyrighted materials that do not belong to the organization.

Copying and Reproduction

The VAMC has a printing facility, which is to be used for any and all printing needs of more than 20 copies of any document. The US copyright laws, VHA directives, VA handbooks and Boise VA directives will be followed for all reproduction/copying done at this station. If you are asked to copy something, please insure that you are in compliance, if you are not sure call or come by the print shop and ask.

The majority of anything printed or copied here at the VA must be placed on the appropriate VA form as an over-print. If you find something that does not have an overprint number on it, it is probably an illegal form. There are requirements for non-medical record forms as well as forms that are to be placed in the medical records chart. Also there are requirements for anything that is to be handed out to veterans. Some copyright information can be found on the next page, and posted by the copy machines around the hospital and the outbuildings at this station. Just remember there can be some very harsh penalties for copyright infringement, so feel free to ask before copying.

Points of Contact:

Station Publication Control Officer:	
Printing Facility Manager:	Max Badesheim, ext. 1020
Medical Records:	Pat Smith, ext. 7344
Patient Education	Stacie Stoner ext. 7104
Employee Education	Renee Johnson, ext.1227

* NOTICE *

WARNING CONCERNING COPYRIGHT RESTRICTIONS

"The copy right law of the United States (Title 17, US Code) governs the making of photocopies or other reproductions of copyrighted material."

Examples of copyrighted materials:

- Literary works (e.g. books, magazines, newspapers, cartoons, trade journals, training materials, newsletters, documentation)
- Computer Software
- Pictures, graphics, sculptures, maps, cartoon characters
- Sound recordings.
- Architectural works
- Dramatic works
- Audiovisual works
- Pantomimes and choreographic works
- Music

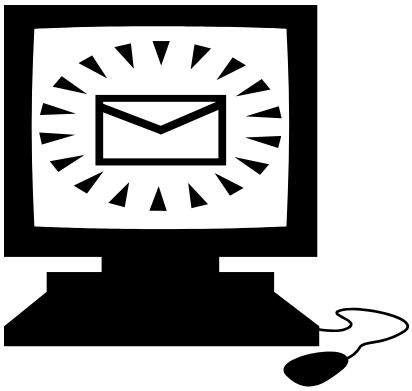
Frequently Asked Questions:

- If I see something and it doesn't have a copyright notice, does that mean I can use it? No, a copyright notice is not required in order to have copyright protection.

- If I use somebody's work without permission but give credit to the author or publisher, am I still infringing on the copyright? Probably, giving credit is great, but nothing in the copyright law says that it absolves you of infringement.

- Is copyright infringement always criminal? No, It can be a criminal violation – with possible prison penalties. But it is most often a civil violation, with possible statutory damages and an order (injunction) for infringement to cease.

- Under U. S. law, anything original and creative, including personal correspondence, is protected by copyright.



VISTA

Veterans Health Information System Technology Architecture (VistA)

*** **** *** ***

VISTA sign-in:

Initial information displayed

```
  *****        *******
 *******       *********
 **   ***      ***    ***
***   ****    ***      ***
 ***   ****  ***   *   ***
  ***   **** ***   ***   ***
   ***   ******   *****   ***
    ***   ****   *******   ***
     ***   **   *********   ***
      ***      ***********   ***
       ***     **           ***
        ***   ****           **
         *******  *****************
          *****   ***************
```

BOISE VA MEDICAL CENTER
Veterans Health Information System
Technology Architecture (VistA)

Unauthorized access or misuse of this system and/or its data is a federal crime. Penalties include prison sentences and substantial fines.

COMPUTER Help Desk: Call 1121 or send email to G.HELPDESK

TELEPHONE Help Desk: 1238 or 1073

Volume set: ROU:VAH UCI: VAH Device: |TNT|10.167.129.107:4483|726

You will be asked to enter your ACCESS code (permanent) and VERIFY code (updated at regular intervals).

ACCESS CODE:
VERIFY CODE:
The ELECTRONIC MEDICAL RECORD is not yet the standard. Reference information in the WRITTEN (Hard-Chart) and ELECTRONIC form for each patient.

You are greeted, and informed of any new mail messages.

Good morning You last signed on today at 09:42
You have 3 new messages. (3 in the 'IN' basket)

To read your mail, you are prompted to:

Enter '^NML' to read your new messages.

Your menu of options is displayed. The menu is determined by your supervisor and TMS, based on your specific needs:

CD Display Clinic Availability Report
PCE PCE Clinician Menu ...
VIEW View Prescriptions
1 Patient Inquiry
2 Medication Profile
3 Appointment List
4 Detailed Inpatient Inquiry
5 Control Point Clerk's Menu ...
6 Eligibility Inquiry
7 Laboratory Menu ...
8 Drug Inquiry (IV)
9 Formulary Inquiry
10 Patient Profile MAS
11 Abbrev Patient Profile
12 Record Tracking ...
13 Patient IV Profile
15 Radiology Order/Report Display Menu ...
17 Control Point Official's Menu ...
AP1 Action Profile #1
AP2 Action Profile #2
APPT Appointment Management
ATS Print Patient Reaction Data

You are prompted to select a menu option from your list:

Select _____ Menu Option:

To Manage mail

Mail Baskets
All users have at least two baskets; an "IN" basket and a "WASTE" basket. New messages are generally sent to the user's IN basket. Users may create a NEW mail basket by entering SAVE at the "Message Action" prompt and entering a basket name at the "Save to which basket" prompt.

Read a Message
This option is used to read and reply to messages in a mail basket starting with the first message in the basket and progressing in order to the last. To read new messages, type RML or hit the ENTER key.

```
Read MESSAGE BASKET: IN//

  <RETURN> ------- to read mail in the IN basket
  ?? ------------- this will list other baskets to read from
  Basket name ---- read messages in another basket
  W -------------- read messages in the Waste basket
```

Basket Message
You are now prompted to select which message in the IN basket you would like to read. If you want to read each message one by one, press the **ENTER** key and the first message will open. If you would like to see all the messages, press the **?** key. The entire list of options is as follows:

```
Message number - To read a particular message
C -------------- CHANGES the name of the mail basket
R -------------- RENUMBERS the messages in the basket
? or ?? -------- Lists summary/details of NEW messages
??<string> ----- SEARCHES for messages with this string in the
                 subject
^ -------------- EXITS this option
?<KEYWORD> ----- SEARCHES for message you have sent or received
                 whose subject begins with this keyword
F -------------- FORWARDS messages to new recipients
H -------------- Prints a range of messages HEADERLESS
N -------------- Lists only the NEW messages in this mail basket
P -------------- PRINTS a range of messages to a device
Q -------------- QUERY recipient list of a message
S -------------- SAVES a range of messages to another basket
D -------------- DELETES a range of messages
T -------------- TERMINATES a range of messages
```

Message Action
When this prompt comes up, the following options are available:

A ----- ANSWERS a message by ending a reply only to the sender
B ----- BACK UPS to the original message or previous responses
C ----- COPIES a message into a new message
D ----- DELETES a message and places it in the Waste basket
New responses to a deleted message will appear in your
E ----- EDIT a message you created if there are no recipients
F ----- FORWARDS a message to another user
H ----- Prints a HEADERLESS message
I ----- Exits a message and leaves it in the same basket
K ----- TOGGLES priority delivery on and off for responses
L ----- Makes a message NEW at a LATER date
N ----- Forces a message to re-appear as NEW
P ----- PRINTS the message
Q ----- QUERIES a message to list recipients
QD -- Queries individual recipients (including date & time of 1st
& last read)
QN -- Queries Network information
Q NAME or Q NAME@DOMAIN -- To query a particular recipient
R ----- To REPLY to the message
S ----- SAVES a message to another basket
T ----- TERMINATES the message. No future responses will be seen
V ----- VAPOIZES a message on a specified date
W ----- WRITES a new message. This is the same as Send a Message
X ----- Accesses the PACKMAN Menu options

Send a Message
This option is used to create and distribute mail messages. The user is prompted to enter the subject and text of the message. The message can then be edited. When the text of the message is ready to send, press the **F1** followed by the **E** keys, OR, if your keyboard has it, press the **PF1** key.

When the message is completed, the user is then prompted for recipient names. At the prompt "Send to:" (for an individual) enter **LAST NAME,FIRST NAME** -- (for a group) enter **G. GROUP NAME**. When you are done entering recipients, press **ENTER** again, and you will see the “Transmit now” prompt.

Several actions are available at the "Transmit now" prompt. To simply send the message, press ENTER or T to send the message. You can make the message CLOSED or CONFIDENTIAL. Other actions are:

C -- Users can request CONFIRMATION that the message has been read.
E -- to re-EDIT the subject line, the message text and list of recipients.
I -- Makes the message INFORMATION ONLY. Responses to the message will not be allowed.
P -- Allows users to send the message with PRIORITY status.
S -- SCRAMBLES a message with a password.
T -- (or simply <RETURN>) transmits the message to the recipients.

^ -- CANCELS the message.

Network Mail Transmission
To send a message over the network, address the recipient in the format: "Username@domain name". If a message has not been delivered to a remote recipient in 24 hours call your support person.

Mail Groups
Mail groups allow a user to send messages to a group of recipients without having to specify them individually.

Use the Group Membership option to join mail groups that allow self-enrollment. Use the Mail Group Edit option, located on the MailMan Help submenu, to create or edit personal mail groups.

- **Distribution List** -- Site management can create a Distribution List and use it on multiple MailGroups
- **Member Group** -- A mail group may be a member of other mail groups
- **Private** -- Only group members may address this type of mail group. It may not contain a Distribution List.
- **Public** ---------- All MailMan users may address this type of group without any restrictions.

Surrogates
Use the Assume Identity of a surrogate option if another user has named you as a surrogate to read and/or send mail for them.

FORUM
Forum is a national e-mail database. FORUM access allows you to communicate with your peers across the VA. To become a user on FORUM: contact the ADPAC of your service or the Help Desk @ 1121. If you have access, but have forgotten your access and/or verify code, contact the FORUM Help Desk @ FTS 301-427-3800 for assistance.

Notification of all New Users access will be sent to IRMS and will be forwarded to the new user. For assistance with setting up the terminal and initial sign on to FORUM call the Help Desk @ 1121.

NOTE: Additional information can be found in Help Handbook Topic "FORUM"

Computerized Patient Record System (CPRS)

The Computerized Patient Record System (CPRS) is the electronic record for all patient health information. Technology Management Service will assist in setting up CPRS access and training for persons who need CRPS for their VA role.

Electronic Signature Codes

Electronic signature codes are assigned initially when new employees receive their access and verify codes from the Information Security Officer, (Jim Hall, extension 1560). Signature codes are needed by everyone in order to sign annual security agreements.

If an employee needs to change their electronic signature code, or needs to use their electronic signature but can't remember it, the following process is used:

1. Access VISTA system on a computer.

2. Select TBOX as the main menu item.

3. Select Electronic Signature Code Edit as the TBOX menu item.

4. Return down through options until you reach the "Enter your current signature code" prompt.

   Note: If you can't remember your current signature code, you must contact TMS to delete your current code so that you may put in a new one.

5. If you remember your current code, enter it at this time, the computer will then prompt you to enter a new code. If your current signature code is not accepted, then it was not entered correctly. If your signature is not accepted upon a second try, then contact TMS to delete it.

6. Signature codes must be between 6-20 characters long. This is your "Permanent Code". You should remember it so that you do not have to change it in the future unless necessary.

Section 2: Self-Study Module

Instructions for Completing the Modules

1. The modules in this booklet consist of information followed by 3-10 True/False or Multiple Choice questions. Please do not mark in the booklet; it will be used by others.

2. Use the separate ORIENTATION ANSWER SHEET (get it from your supervisor) and use it to mark your answers to the test questions following each module.

3. Complete the modules before beginning your experience at the Boise VAMC.

4. When completed, return the booklet of modules and your answer sheet to your BVAMC supervisor or instructor.

5. THANKS and WELCOME to the Boise VA.

Confidentiality and the Law

Personal Health Records

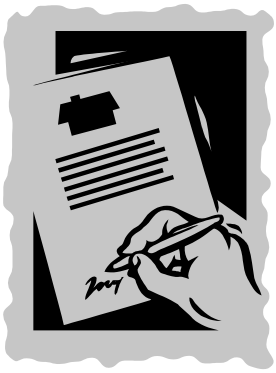
You may have a file related to employee health issues. Did you ever wonder about how the privacy of your records is maintained? In addition to your records falling under all the same privacy statutes as for other patients, some additional procedures help to ensure your privacy:

- Hard copies of employee records in the file room are kept in a separate room from other patient files in a locked file cabinet
- Employee computerized records are designated differently in our system. Whenever someone tries to access an employee's computerized chart, a computer warning alert is activated. It tells the person that unless they are authorized to access the record (by the nature of their job or with special permissions), they had better not proceed.

- Each time an employee's computerized chart is accessed, an alert is sent to the Medical Center's Information Security Officer (ISO).

- Upon receiving the above alert, the ISO follows up, if indicated, to find out why the employee accessed a particular record.
- Information Management staff, at the direction of the ISO, routinely perform audits of employees who have accessed employee health care records.

Release of Information



Employees are not authorized to go into their own records (computerized or hard copy) to retrieve information. To obtain such information, employees must follow the same procedure as other patients do:

1) Contact the Release of Information Clerk via e-mail or phone

2) Sign the required consent form to allow the facility to release the information

Patient Record Flags

Patient Record Flags
Disruptive, Threatening, or Violent Patients

What is this about?

Health care workers have one of the highest rates of injuries from work place assault in the U.S. Recognizing this, VHA has initiated a broad-based program of violence prevention. VA Police have a much more important role in assuring a safe environment for patients, visitors, volunteers, and employees than ever before. VHA is very serious about reducing risks of violence.

BVAMC uses Patient Record Flags (electronic postings) to communicate within BVAMC and with all other VISN 20 facilities. CPRS POSTINGS (Clinical Warnings, Allergies, and Crisis Notes, specifically) are utilized as the main documentation and communication tool. Front-line staff, e.g., all scheduling and reception staff, will be trained (during service level orientation) to attend to the presence of computerized advisories when entering the Patient Inquiry and Appointment Management levels in VISTA.

Every staff member with knowledge of a disruptive incident **IS REQUIRED** to submit, or assure that someone submits, a detailed report. Disruptive incidents include any act or threat of violence, weapons, intimidation, harassment, or serious disruptiveness. Since the only good predictor of future violence is knowledge of past violence, it is essential that all such incidents are reported. Reporting can be done via a link from the opening page of the Boise VA intranet, titled, “Disruptive Behavior”. All reports will be reviewed by the Disruptive Behavior Committee, and a decision made as to the need for a Patient Record Flag.

Patient Records

Every VAMC employee, volunteer, or trainee has a legal and ethical obligation to protect the confidentiality of patients. Confidentiality must be observed in all aspects of communication and record keeping. Private information learned as a part of work duties must never be shared with anyone other than VA employees or volunteers who have a need to know to perform their jobs or with persons or agencies that the patient has given written authorization to share information with.

The following guidelines will help employees meet these responsibilities:

- Never discuss patients in public areas – halls, elevators, cafeteria, or waiting rooms
- Guard the privacy of documents, including information on computer screens and computer printouts

- Discard information with patient information (even loose notes on scrap paper!) in a shredding container

- Do not use the name or Social Security number of a patient in an e-mail subject line.

Stiff fines and/or disciplinary action can be enforced for divulging information or accessing records inappropriately. If you are in doubt about the proper release of information procedure, contact the Release of Information Clerk and review the directives indicated below:

Policy References:

Release of Information, Patient Records, and Mandated Reporting Laws	MCD 136-XX-09
Disposal of Patient Sensitive Records	MCD 136-XX-41
Employee Standards of Ethical Conduct & Related Responsibilities	MCD 05-XX-11
Automated Information Systems (AIS) Security Policy	MCD 001-XX-03

Contact Persons for Questions:

Information Security Officer	Extension 1560
Health Information Management Supervisor	Extension 7204
Privacy Officer	Extension 7344
Release of Information Clerk	Extension 1225

Confidentiality...It's the Law!

Confidentiality and the Law Test Questions

(Choose one best answer for each question, using the ANSWER SHEET provided.)

Q1. Who do you contact if you want to get your laboratory results from your employee health screen at the Medical Center?

A. Laboratory Manager
B. Look it up on the computer yourself
C. Release of Information Clerk
D. Chief Clinical Executive

Q2. The system Boise VA uses to communicate with all VA staff about disruptive, threatening, or violent patients is:

A. The Boise Front
B. Information Security Officer briefings
C. Police reports
D. Patient Record Flagging

Q3. You have been trying to reach Dr. Smiley all morning to discuss an important patient concern. When you go to the canteen for lunch, you spot him sitting with a group of employees. Given the difficulty you've had reaching him, this is an appropriate place and time to discuss your patient concern.

A. True
B. False

Q4. Which of the following is <u>not</u> a part of the security measures taken to ensure the privacy of an employee's medical record?

A. Computerized warnings
B. Special stamped codes
C. Alerts to the Information Security Officer
D. Routine audits by Information Management Staff

Q5. Every VA employee has a legal and ethical obligation to protect the confidentiality of patients.

A. True
B. False

Remember...Confidentiality Counts!

Prevention of Sexual Harassment

Sexual Harassment is defined by the Equal Employment Opportunity Commission as: "unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when such behavior is used to make employment decisions or when it results in a working environment that is hostile, offensive or intimidating or so negative that it affects the employee's ability to do his or her job."

Sexual harassment usually involves physical, verbal or non-verbal behavior of a sexual nature. The behavior may occur between a supervisor/employee or employee/employee. Although the employer is responsible for ensuring a workplace free of sexual harassment, recent court decisions have awarded damages to victims who were required to be paid by the harasser, not the employer. Courts have also ruled that words and behaviors that have been tolerated for years may be considered offensive, embarrassing, or demeaning in the workplace today. Sexual harassment is a form of discrimination, but not all sex (gender) discrimination is sexual harassment.

There are two types of sexual harassment which usually occur in the workplace:

Quid pro quo, a legal term from the Latin "something for something", occurs when a supervisor/manager (a person in a position of power over the employee) attempts to make an employee's submission to a sexual demand a condition of employment. For example, a manager indicates to an employee that they will not get a promotion if they don't grant a sexual favor. The condition of employment may be any employment decision such as hiring, promotion, or retention, and other benefits such as performance evaluations, reassignments, etc. The request may be either explicit or implicit.

Hostile environment occurs when physical or verbal conduct of a sexual nature has the effect of unreasonably interfering with an individual's work performance or creates an intimidating, hostile, or offensive work environment. The usual test of a hostile environment is that the behavior is repeated, unwelcome, offensive and involves a sexual content. The more serious the behavior, the less important it is that the victim has indicated it is unwelcome. Likewise, the more serious the behavior the less it must be repeated to be harassment. Behavior once tolerated, or at least, ignored, may no longer be acceptable. An employee's past participation in sexually explicit behavior may not serve to excuse future episodes if the employee has voiced an objection to it.

Some examples of a hostile environment

- Members of one gender telling dirty jokes or demeaning stories that are directed against the opposite gender;
- A display of sexually explicit photographs (calendars, posters, etc) of either gender in a work site;
- An employee/supervisor who touches or brushes against employees of the opposite gender in an inappropriate way;

- A co-worker who persists in asking a fellow employee for dates, meetings, etc when the recipient has declined invitations in the past;
- Staring, leering, or other expressions of a sexual nature directed at an employee.

This is not an all-inclusive list of inappropriate behavior; each case is evaluated individually.

Reporting Complaints of Discrimination

Complaints of employment discrimination based on race, color, religion, sex (including sexual harassment and/or sexual orientation), national origin, age (40 or over), disability (physical or mental), or reprisal for past participation in the complaints process, must be filed with the

Office of Resolution Management. (ORM)
(Voice 1-888-737-3361; TDD 1-888-626-9008)

Contact must be made with ORM within 45 calendar days of the date of the incident or notification of the personnel action that gives rise to the belief that discrimination has occurred. Failure to contact ORM within the prescribed 45 days may result in dismissal of a complaint.

ORM will attempt to resolve your complaint through counseling or, with agreement of both parties to the complaint, mediation.

Policy Reference:
Equal Employment Opportunity MCD 00-XX-25
Sexual Harassment in the Workplace MCD 05-XX-10

Contact Person For Questions:
EEO Program Manager, ext. 1303

Prevention of Sexual Harassment Test Questions

(Choose one best answer for each question, using the ANSWER SHEET provided.)

Q1. Courts have ruled that words and behaviors that have been tolerated for years may be considered offensive, embarrassing or demeaning in the workplace today**.**

A. True B. False

Q2. Quid pro quo sexual harassment occurs when a supervisory employee attempts to make a co-worker submit to sexual advances as a condition of employment.

A. True B. False

Q3. Flirting, joking and making comments with a sexual content should be avoided because you cannot be sure when someone might be offended by this behavior.

A. True B. False

Q4. A hostile work environment may arise when physical, verbal or non-verbal behavior creates an atmosphere that would be abusive, intimidating, humiliating, or offensive to a reasonable person.

A. True B. False

Q5. A employee who compliments another employee on their appearance and asks for a date may be guilty of sexual harassment if they persist after being asked to stop.

A. True B. False

Q6. It is never appropriate to compliment a co-worker on his or her attire at the workplace.

A. True B. False

Q7. The elements that contribute to a hostile working environment may include staring or leering when an employee walks by; display of nude photos or drawings, or comments or gestures with a sexual content.

A. True B. False

Q8. Sexual harassment is a form of discrimination, but not all sex discrimination is sexual harassment.

A. True B. False

Q9. What office do you contact to file a sexual harassment complaint?

A. Office of EEO Program Manager
B. Office of the Director or Chief Operating Officer
C. Human Resource Office
D. Office of Resolution Management

Q10. How many days after the incident does any employee have to make contact and file a complaint?

A. 15 C. 45
B. 30 D. 60

ETHICS AWARENESS

This module provides a brief overview of the rules that all employees, trainees, & volunteers should use to make the right decisions and avoid potential problems.

Gifts from Outside Sources

We may NOT accept gifts from persons or organizations who do business with, seek to do business with, seek some official action by, or who have activities regulated by the V.A., nor can we accept gifts from patients and their families. Items of nominal value and refreshments offered other than as part of meal can be accepted as long as these items are valued at less than $20 per occasion and $50 per person per year from a person or company. Accepting more generous gifts can appear as favors in return for services rendered.

Gifts Between Employees

We cannot give, make a donation to, or ask for contributions for, a gift to our immediate boss or anyone above him / her. Neither can we accept a gift from an employee who works under our supervision. Exceptions to this rule are:

- We *can* give our boss a gift on an occasion when gifts are usually exchanged (birthday), BUT the value of the gift cannot exceed $10, and cannot be cash.
- We can bring food that will be shared among others in the office, including our boss, and we can invite our boss to our homes for a meal or party.
- On special, infrequent occasions (marriage, illness, retirement) we *can* give our boss a gift, and can ask for small contributions from fellow employees.

Gift-giving is strictly a personal choice, and employees should never feel pressured to participate.

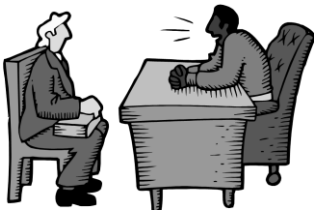
Conflicting Financial Interests

We cannot make decisions in our jobs concerning matters that could have an effect on our own personal financial interests, or those of our family. For example, if our spouse or son owned a lawn care service that is competing to provide services to the VA, we could not vote on that proposal. It would be considered a conflict of interest.

Impartiality

Think of this as an issue of fairness. We cannot act on a decision if persons involved in the matter are relatives or friends of ours. Because of that personal relationship, others might question the fairness of our decisions in the matter. For example, we could not be involved in an interview process if our best friend or relative were one of the candidates. In addition, we must not discriminate against any employee applicant in terms of: race, age, color, sex, religion, national origin, politics, marital status, or handicap.

A Second Job



- Before taking a second job, we need to consider whether it would:
- interfere with our VA duties and responsibilities
- involve a conflict of interest
- bring discredit, disadvantage, or embarrassment to the Federal Government
- involve the use of information obtained through our VA employment so that it harms the VA or those served by it

Check with an ethics official if you have any questions.

Misuse of Position

We cannot use our role at the BVAMC for our own personal gain or for the benefit of others. For example, we cannot arrange an earlier clinic appointment for our uncle. We can't give out non-public information about the VA to benefit ourselves or others (for example, telling our contractor friend that a VA project will be putting out for bids soon). We cannot advise veterans or their families in matters outside the official duties of our position. We cannot use Government property for personal or unauthorized use. This includes copiers, supplies, telephones, mail, records, or Government vehicles. Official time at work is for official duties only: no horseplay, gambling, or disrespectful conduct (swearing, slander) is acceptable. VA employees and staff *cannot* solicit lunches or meals from any companies or affiliates, even if they fall within the $20 rule – this is a personal benefit in connection with their position.

Outside Activities

We cannot be paid for activities if they relate to our official duties. For example, IF you were asked to teach a course for an agency, and you have dealings with the agency in your usual Government job, that would be considered a conflict of interest. If performing duties for another Federal agency, any payment would be considered dual compensation, or 'double payment.'

We *can* do fundraising outside the workplace as long as we do not ask for a contribution from people in the workplace. We cannot

use our Government position, time, or equipment to further the fundraising effort. Only fundraising endorsed by the VA (i.e. employee organizations) is acceptable.

Travel

Employees cannot independently accept reimbursement for travel and related expenses from an outside source; these payments *can* be accepted by the VA, *if* they are related to official duties, a meeting, conference, or speaking engagement. Payment *cannot* be accepted from a non-Federal source that stands to benefit from the employee's performance. An Advance Review (OP-214) must be completed prior to accepting any donated travel monies from a non-Federal source.

Personal Conduct

Employees, trainees, & volunteers of the Federal Government are expected to be courteous, considerate, efficient and prompt in serving the public. There is an expectation that federal employees will obey the laws and pay their debts in a timely manner.

Compliance

Compliance is an oversight process supported by organizational culture, regulations, policies, procedures, and controls that are most likely to ensure that employee actions and character are consistent with VHA core values. Historically VHA and the Boise VA have demonstrated high compliance with internal and external policies, standards, and regulations (such as HIPAA, JCAHO, and OSHA).

The focus of VHA compliance is on the revenue cycle:

- Patient Intake (Registration and Means Test)
- Medical Record Documentation
- Billing

Insurance companies and other third party payers like Blue Cross, AARP and Medicare have billing guidelines which spell out what services they will pay for and how doctors, hospitals and nursing homes should bill them. VHA is required to comply with these requirements in order to be reimbursed for services. We must ensure that that we keep accurate data on our patients and that what we document and bill for is accurate.

The compliance program requires that we look at how we are doing on an ongoing basis, and based upon findings, develop and implement action plans that serve to reduce or eliminate these problems. Our facility has a Compliance Officer and a Compliance Committee that conducts audits and reviews reports.

We must report any evidence of criminal acts, such as fraud or theft that may have occurred in our VA workplace environment. VHA has established hotlines for compliance-related issues:

Compliance and Business Integrity **1-866-842-4357**
(for medical and record documentation, billing and coding)
Medical Inspector **1-800-634-4782**
(for patient care and rights, provider competencies, and clinical staff performance)
Office of the Inspector General **1-800-448-8244**
(for fraud, waste, abuse, and conflict of interest)
Joint Commission **1-800-994-6610**
(for patient safety or quality-of-care issues within the scope of Joint Commission standards)

In summary, *Compliance is a process that allows us to demonstrate we are doing what we say we are doing – thus assuring the integrity of our employees, our processes and our data.*

Fourteen Principles of Ethical Conduct for Federal Employees

1. Public service is a public trust, requiring employees to place loyalty to the constitution, the laws and ethical principles above private gain.

2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.

3. Employees shall not engage in financial transactions using **nonpublic** Government information or allow the improper use of such information to further any private interest.

4. An employee shall not, except as permitted by the Standards of Ethical Conduct, solicit or accept any gift or other item of monetary value from **any person or entity** seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or nonperformance of the employee's duties.

5. 5) Employees shall put forth honest effort in the performance of their duties.

6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the Government.

7. Employees shall not use public office for private gain.

8. Employees shall act impartially and not give preferential treatment to any private organization or individual.

9. Employees shall protect and conserve Federal property and shall not use it for other than authorized activities.

10. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.

11. Employees shall disclose waste, fraud, abuse, and corruption to appropriate authorities.

12. Employees shall satisfy in good faith their obligations as citizens, including all financial obligations, especially those -- such as Federal, State, or local taxes -- that are imposed by law.

13. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans regardless of race, color, religion, sex, national origin, age, or handicap.

14. Employees shall endeavor to avoid any actions creating the **appearance** that they are violating the law or the ethical standards set forth in the Standards of Ethical Conduct.

References:

Employee Standards of Ethical Conduct and Related Responsibilities	MCD 05-XX-11
Conflict of Interest and Outside Professional Activities	MCD 05-XX-31
Employee Acceptance of Gifts or Donations in Connection With Official Travel	MCD 04-XX-02
Compliance Directive	MCD 00-XX-36

Contact Person for Questions:

Regional Counsel	Ext. 1304
Compliance Officer	Ext 1107

Ethics / Compliance Test Questions

(Choose one best answer for each question, using the ANSWER SHEET provided.)

Q1. It is acceptable for you to personally give your supervisor a $45.00 plant for his/her office.

a. True
b. False

Q2. Employees can participate in the selection process for a job that a relative is applying for.

a. True
b. False

Q3. We can sell gift wrap to BVAMC staff as a fundraiser for our child's soccer team.

a. True
b. False

Q4. Compliance is concerned with issues related to the Revenue Cycle:

a. True
b. False

Q5. It is O.K. to ask a pharmaceutical company to provide lunch for an upcoming educational event at our Medical Center.

a. True
b. False

Q6. We can accept a patient's gift of a raft trip valued at $200.00.

a. True
b. False

Q7. Prior to accepting donated travel from a non-Federal source, we must complete an Advance Review.

a. True
b. False

Q8. We cannot accept a box of candy sent to our unit from a vendor once a year at Christmas.

a. True
b. False

Compliance and Business Integrity Program
Orientation for Volunteers

The Compliance and Business Integrity, or CBI, Program began in VHA in 1999

Preserving Veterans' trust is the heart of the CBI Program's mission. In this way CBI works to uphold VA's mission to serve and honor the men and women who are America's Veterans. The Program also strengthens VHA's business infrastructure to better support the delivery of high quality, compassionate, patient-centered care to Veterans.

VHA's Compliance Program provides internal oversight of VHA's revenue operations to:

- Uphold compliance with applicable laws, regulations and standards
- Foster a culture of business integrity and quality
- Support the early detection, mitigation and prevention of non-compliant practices
- Demonstrate our commitment to accountability, transparency and stewardship

The Compliance Program monitors steps in the revenue cycle, such as:

- Coding
- Billing
- Medical Record Documentation
- Refunds and Appeals

The Boise VA Medical Center Compliance Program is led by a Compliance Officer and Committee

- The Compliance Officer's name is Ben Rogers. You can reach him at ***422-1107*** or by e-mail at Benjamin.Rogers2@va.gov
- The Compliance Committee is made up of various business process owners who manage areas of the revenue cycle – the committee makes recommendations on activities of the CBI program to the Medical Center Director

What is a Compliance Violation?

Any misconduct dealing with business practices, for example wrongdoing dealing with:

- Revenue cycle issues
- Non-VA Care (also referred to as purchased care or fee care)
- Conflict of interest
- Fraud, theft, and other violations of the Principles of Ethical Conduct for Federal Employees (see section below)

Reporting a Compliance Violation
Volunteers can report a compliance violation to their volunteer supervisor or to the Compliance Officer. Volunteers can also report a compliance violation anonymously by calling the National VHA Compliance Help Line, *1-800-842-4357 (VHA-HELP)***.**

Check your Compliance Knowledge

1. Pick the correct way to report a compliance violation:
a. Tell your volunteer supervisor
b. Contact the Compliance Officer, Ben Rogers
c. Call the VHA Compliance Help Line, 1-800-842-4357
d. All of the above

2. True or False: The Compliance Officer's name is Ben Rogers
a. True
b. False

3. The compliance program deals with the following (choose the best answer):
a. Quality of patient care
b. Food and drinking water safety
c. Integrity of business processes
d. Information security

4. Choose the answer that is a step in the VHA revenue cycle:
a. Coding
b. Billing
c. Medical Record Documentation
d. All of the above

5. True or False: A compliance violation could involve fraud or theft
a. True
b. False

General Safety

Accidents

When an accident occurs, the affected person needs to alert their supervisor immediately. If it involves a Blood borne Pathogen exposure, that person needs to report to Employee Health immediately or the MOD (Medical Officer of the Day) on off-tours and weekends. Employees injured while on regular hours 8:00 a.m.– 4:30 p.m. Monday – Friday will report to Human Resources Management Service (HRMS) (if medically able) to initiate their incident report

All employee accidents/injuries must be reported by the **A**utomated **S**afety **I**ncident **S**urveillance **T**racking **S**ystem (ASISTS). ASISTS reports must be completed and filed with HRMS within 2-3 working days after the accident or injury occurred. Access to the ASISTS computer program is available on the VISN 20 Program Manager under the Administrative section via the ambulance icon. All injuries sustained at work must be reported using the CA-1 (to report a traumatic injury, *accident/incident occurred within a single day or work shift)* or the CA-2 (to report an occupational disease, *a condition produced in the work environment over a period longer than one workday or shift)* forms found on the ASISTS program site. A PowerPoint with detailed information about this process is available on the Education website of the Boise VAMC Intranet and on the Human Resources employee injury site.

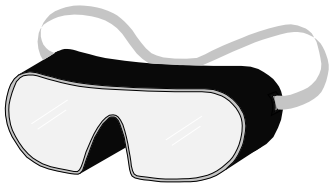
It is VERY important that you coordinate your medical care with HRMS at all times. Please contact HRMS if you have any questions regarding reporting the accident or this process.

Unsafe Conditions or Incidents

If anyone comes across an unsafe condition or someone working in an unsafe manner, they need to report it to their supervisor, or, if they do not feel comfortable doing that, they can report it to the Safety Section. All employees have the right to refuse to work where an unsafe or unhealthful working condition exists. Immediate notification of the first-line supervisor or the Safety Officer is required when an employee believes he/she is exposed to an unsafe or unhealthful working condition. Reports made to the Safety Section can be done by phone (Ext. 7059 or pager 5-178), sending an e-mail message to the Safety Officer, or anonymously by placing an unsigned message in the inter-office mail or sliding it under the Safety Office door.

The Safety Office is located in Building 50, Facility Management Service, room 112 and the mail stop is 138FS. These items will be looked into within 48 hrs. and corrective action will be taken within 30 days. If the issue is immediately dangerous, it will be looked at ASAP. All employee reported safety issues are tracked until corrected through the Environmental Protection/Safety Committee.

Personal Protective Equipment (PPE)



If you have a position that requires PPE, it will be provided by the Medical Center. This includes, but is not limited to: protective footwear, hearing protection, respiratory protection, eye protection, latex/vinyl gloves, face shields, and aprons.

The Safety Officer is authorized to take necessary, immediate action when a hazardous condition poses a threat of personal injury or danger to equipment or buildings.

Each supervisor is to provide work area-specific safety training to all new employees and to all employees on an annual basis.

The emergency response codes for the Medical Center are as follows:

Code Yellow	Used for a combative or disruptive individual without a weapon.
Code Black	Used for a combative, disruptive individual with a weapon and any hostage situation. *Note: For Code Black* ***VA Police will be the responders for this code****. Other VA staff will only assist as directed by the VA Police responders.*
Code Red	Fire or Hazardous material release
Code Blue	Medical emergency/ cardiac arrest For CBOCs and out-buildings dial 9-911

If you are the person reporting this emergency, remember to **dial 7333** and give the AOD the necessary information.

Policy References:
Safety Management Plan/Environment of Care Program MCD 138-XX-37

Contact Person For Questions:
Safety Officer –
Ext. 7059, pager 5-178

GENERAL SAFETY TEST QUESTIONS

(Choose one best answer for each question, using the ANSWER SHEET provided.)

Q1. It is the responsibility of each employee to provide any personal protective equipment they will need to perform their job here at the Medical Center.

A. True B. False

Q2. The Emergency Phone Number for the Medical Center in the event of any emergency (i.e., Bomb Threat, Disaster, Trauma, Fire, etc) is:

A. 1122
B. 7333
C. 7444
D. 911

Q3. To report an unsafe working condition or a person working in an unsafe manner to the Safety Officer, you can:

A. Ask a friend to report it
B. Send an unsigned note through the inner-office mail
C. Telephone the report
D. Both B&C

Q4. Who is responsible for providing work-area specific safety training?

A. The AFGE (Union) President
B. The Infection Control Nurse
C. The Safety Officer
D. The Employee's Supervisor

Q5. Which of the following is not considered personal protective equipment (PPE)?

A. Steel toe shoes
B. Latex or vinyl gloves
C. Earplugs
D. Sunglasses

Hazardous Materials

Hazardous Materials training covers 3 main topics: Hazard Communication, Waste Management, and Response to Chemical Emergency.

Hazard Communication

Hazard Communication is OSHA's Employee Right to Know standard. Employees have the right to know about the chemical hazards they work with and how to protect themselves. There are 4 main requirements to this standard: MSDS (Material Safety Data Sheets), Training, Labels, and Written Program--each service should have a Hazard Communication Policy stating how the MSDS, training and labels requirements will be met.

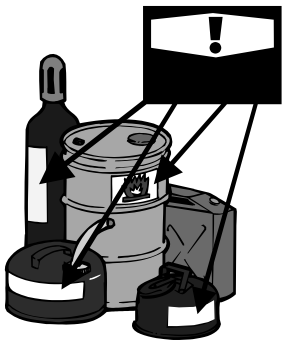
Medical Safety Data Sheets (MSDS)

OSHA requires that the MSDS, which is completed by the product manufacturer, cover 12 topics. The MSDS tells you what the hazardous chemical(s) are in the product, signs and symptoms of exposure, special precautions for storage, disposal, and spill clean up procedures, type of PPE (personal protective equipment), other control measures like ventilation you should use, and emergency and first aid procedures. Basically, the MSDS tells you what the hazards of a product are and what you must do to use the chemical safely.

Training

There are two types of training - general facility-wide training (which you are getting now) and service-specific training, which is provided by your supervisor. The service or job specific training includes the location of your service's written Hazard Communication Program and MSDSs, the hazards of the chemicals you use and the special precautions you should take to use the chemicals safely.

Labels



All chemicals must be labeled. Generally the manufacturer label is adequate. If the manufacturer label has become unreadable, or if it has been transferred to an unlabelled "secondary" container, you must label the container with the following information: product name, chemical contents, and warnings. (exception: if a chemical has been transferred into a container for immediate use by the employee performing the transfer during one work shift, this "portable" container does not need to be labeled.)

The NFPA hazard code can be found on MSDSs, manufacturer labels and the labels our facility puts on unlabelled containers as a warning. On the NFPA hazard code: blue is for health hazards, red for fire, yellow for reactivity and white for specific hazard.

Each hazard is marked from 0 to 4 indicating the extent of the hazard. Zero is no hazard and 4 indicates an extreme hazard.

Waste Management

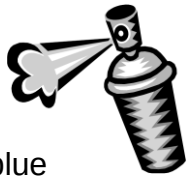
To protect our environment and employees, patients and visitors it is important that our waste is disposed of properly. Better yet, we should always look for ways to reduce our hazardous waste by substituting a less hazardous chemical, making smaller purchases so there is less left-over or finding a less hazardous process.

VA has established a formal system to integrate the environmental footprint into the overall management of our organization. The name of this system is GEMS (Green Environmental Management Systems). The goal of GEMS is to achieve continual improvement in environmental protection.

There are times when it is necessary to dispose of wastes - BVAMC procedures include:

Chemicals that have reached their expiration date or are no longer used should not be stored or stock piled, they need to be disposed of as soon as there is no longer a use for them. Chemicals should not be placed in the trash or poured down the drain. You should follow the method of disposal on the MSDS and the Industrial Hygienist should be contacted for instructions on proper disposal.

Aerosol cans should be placed in cans marked “Aerosol Cans Only” in the patient care areas or in clear plastic lined trash cans to be sent to the landfill.



All infectious/patient generated waste shall be place in blue plastic bags provided by Facility Management Service. Sharps (e.g. needles, scalpels, etc.) should be place in labeled sharps containers. All blue bags and sharps containers are sent to the sani-pak for treatment prior to going to the landfill.

A comprehensive list of disposal methods can be found in the facility Hazardous Waste Management directive, 138-XX-43.

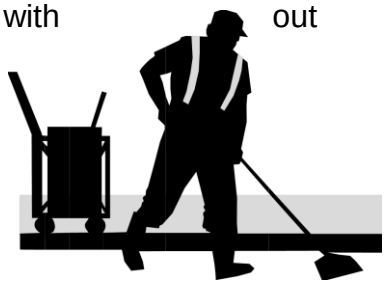
Response to Chemical Emergency

There are three types of spills:

- spills which are immediately dangerous
- spills requiring FMS for clean up
- spills you are able to take care of yourself.

If a spill is immediately dangerous your response is similar to RACE for fire.

Rescue: Rescue only after you have determined that you can do so without putting yourself in danger.



Alarm: Pull the fire alarm. The fire department is on contract to respond to our chemical emergencies. Call 7333 to give details that are passed to the fire department so they will know that they are not responding to a fire.

Control: Prevent others from entering the area.

Evacuate: Keep people out of the spill area.

If the spill is infectious or more than you can clean up yourself, call FMS Pager 192 for clean up.

Policy Reference:
Hazard Communication Program, 138-XX-36
Chemical Spill Procedure, 138-XX-24
Hazardous Waste Management, 138-XX-43

Contact Person for Questions:
Industrial Hygienist, ext. 7070

Hazardous Materials Test Question

(Choose one best answer for each question, using the ANSWER SHEET provided.)

Q1. What information do you find on an MSDS?

a. What the product is used for and who should use it.
b. How may calories the product has and the NFPA hazard code.
c. The hazards of the product and what you must do to use it safely.
d. Where we store the product at our facility and who disposes of it.

Q2. If you need to dispose of a hazardous waste, where could you get instructions on proper disposal?

a. MSDS
b. Industrial Hygienist
c. Waste Management Plan
d. All of these

Q3. The GEMS program is concerned with improving environmental protection:

a. True b. False

Q4. At this Medical Center, whom do we call to respond to an EMERGENCY chemical spill situation?

a. The local fire department
b. The AOD
c. The housekeeper for the area where the spill occurred.
d. The person who spilled the product

Q5. It is not necessary to label a secondary container of a hazardous chemical if the chemical will only be in the container for a few days.

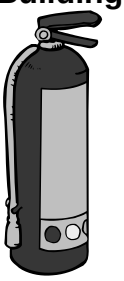
a. True b. False

Q6. Which of the following information does NOT need to be covered by service specific hazardous materials training?

a. Location of the service's Hazard Communication Policy
b. The waste disposal company used by this facility
c. Safety information about the chemicals you use
d. Location of the MSDSs for the chemicals you use

Life Safety/Fire Safety

Fire alarm pull boxes are located by all exits and at nurses' stations on the medical wards. The fire alarm is a chime and strobe light that only activates in the building where the alarm is activated. There will be an overhead page for "**Code Red Building ___,**" which will be repeated three times. This is the station code for a fire and where it is located.



Fire extinguishers are located in various places distributed throughout the medical center, no farther than 75 ft. from any given location and are either **plainly visible or marked by a sign.**

Fire drills are performed quarterly (once/shift/quarter) in patient care areas and once annually in outpatient areas. Fire extinguishers are checked monthly by the medical center and annually by a contractor.

The station and service specific fire plans are to be discussed by the employee's supervisor when they first report to the assigned work area. Each work area supervisor is to provide department specific fire plan training whenever a new employee reports for assignment and to all employees on an annual basis.

Remember **R-A-C-E**: This is the procedure that our facility follows in the event of a fire situation

R escue	rescue anyone that cannot exit the fire area
A larm	activate the alarm or call in to the Operator if the alarm does not sound
C ontrol	use a fire extinguisher or best means available, close the door
E vacuate	retreat to a safe zone, another fire/smoke barrier

The use of wedges, stops, chains, tape and other unapproved methods of holding the doors open in a smoke or fire separation is <u>prohibited.</u>

Fire does not generally develop except when known precautions are neglected or potentially dangerous conditions are allowed to exist. Good housekeeping and safety awareness are two of the best prevention measures for averting fires. All areas shall be kept free from any accumulation of trash, rubbish or unnecessary combustible materials

Access to all fire extinguishers, sprinkler valves and fire alarm pull stations must be kept clear and unobstructed at all times. Fire and smoke doors must not be blocked in any way to prevent their protective operation in the event of a fire. Corridors shall be maintained free of all obstruction.

Every precaution must be exercised to prevent the use of decorative materials that may create hazardous conditions. Only flame-proof materials are to be used wherever decorations are used in the Medical Center. No lighted candles are permitted for decorative purposes.

The emergency phone number at the Medical Center is 7333 for ALL emergencies (Fire, Disaster, Hazardous Material Incident). When you call this number, the AOD will take the necessary information and contact the appropriate personnel.

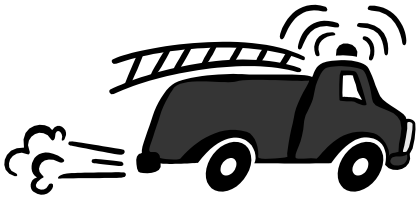
Safety Policy References:
Safety Management Plan/Environment of Care Program
MCD 138-XX-37

Contact Person For Questions:
S**afety Officer, ext. 7059 or pager 5-178**

Life Safety Test Questions

Choose one best answer for each question, using the ANSWER SHEET provided.

Q1. R A C E stands for:



A. Run and Call Everyone
B. Rescue, Alarm, Contain, Evacuate
C. Run Around Closing Everything
D. Rescue All Confused Evacuees

Q2. In the event of a fire, the overhead page will announce:

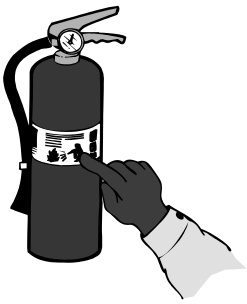
A. "Dr. Blue"
B. "Code Black"
C. "Code Red"
D. "Code Yellow"

Q3. Fire alarm pull stations are located:

A. By all exits from building
B. By fire extinguishers
C. By nurses' stations
D. Both A & C

Q4. It is OK to prop open any door with a self-closing device for convenience of access using anything available that will do the job, such as a wedge, tape, chair, etc.

A. True
B. False



Q5. Fire extinguishers are inspected by Safety:

A. Weekly
B. Monthly
C. Quarterly
D. Annually

MEDICAL EQUIPMENT

Incoming Equipment

- Biomedical Engineering Section does an incoming safety inspection on equipment before it is delivered to using services
- Equipment is tagged with an inspection label showing the date the inspection was done
- Equipment is re-examined by Biomedical Engineering whenever repairs or preventive maintenance are being done
- 90-2235 must be completed.

Staff Training

- Staff must receive orientation on proper operation of new equipment and periodic review / updates as indicated by supervisor
- Staff must know service-level policies and procedures regarding the use, cleaning, repairs, and maintenance for equipment used in their workplace.
- Staff must receive orientation regarding any contingency plans related to critical medical equipment in case of an emergency

Maintaining Equipment

- Staff must check equipment before each use.
- If equipment is not working correctly:
    1. Tag it as not working, using the "Service Requested" tag.
    2. Include all requested information, and describe the problem clearly.
    3. Clean/disinfect device, attach tag to the device, and send it to SPD.
    4. Generate an electronic work order in VISTA. Be sure to have the name of the *person who identified the problem* listed as the contact.
    5. If the device cannot be moved, clean/disinfect the device, and attach the electronic work order to the device.
    6. If the malfunctioning equipment caused injury or death, notify your supervisor and complete an incident report.
    7. If emergent repair is needed, call Biomedical Engineering.
    8. After hours, contact the RNOD to request emergency repairs.

SERVICE REQUESTED

1. Name of person who identified the problem
2. Device having the problem
3. Date problem occurred
4. Device location (Ward / room number)
5. Description of the problem

Safe Handling of Medical Gases

If you are transporting a patient who is using oxygen, be sure that trained staff assist you. Oxygen tanks must be connected and regulated properly, and must be secured by a specially designed device prior to transport. ***Never transport patients with oxygen tanks that are unsecured***.

Policy Reference:
Electronic Service Work Order Requests VAMC Directive 138-05-15

Proper and Safe Handling of Compressed Gas Cylinders -Medical Center Directive No. 138-XX-13

Contact For Questions:
Biomedical Engineering, Extension 7066

Medical Equipment Test Questions

(Choose the one best answer for each question, using the ANSWER SHEET provided)

Q1. As an equipment user, you must :
- A. Receive training on critical equipment that you use in the workplace
- B. Check equipment prior to each use
- C. Know how to properly clean equipment you use in the workplace
- D. All of the above

Q2. If a piece of equipment is not working properly, staff should:
- A. Continue using it until a replacement is delivered to the area
- B. Notify the Industrial Hygienist
- C. Tag it, clean it, and place a work order
- D. Move it to a corner of the room

Q3. Which of the following statements about medical gases is FALSE?
- A. Only trained medical staff should connect and regulate a patient's oxygen.
- B. A wheelchair with a specially designed holder should be used for transporting a patient with oxygen.
- C. It is O.K. to have patients hold oxygen tanks on their lap during transport.
- D. A cart (gurney) with a specially designed holder on the bottom should be used to transport a bedridden patient on oxygen therapy.

Q4. The person who identifies the problem should be listed as the contact person on the tag as well as in the electronic work order:
- A. True
- B. False

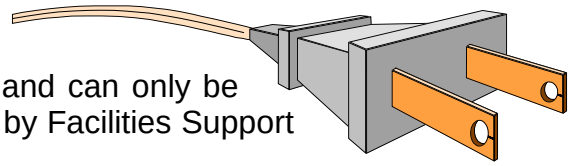
Utilities

Electrical

Remember "TRC" when an electrical device fails to work properly:

- **T**ag the equipment as not working
- **R**emove it from service
- **C**ontact Facilities Support Service to have it repaired or replaced**.**

Extension Cords



- Extension cords are only for temporary use and can only be used when approved by Safety and supplied by Facilities Support Service (FMS).

- Multiple outlet power strips are only for use with low wattage devices (those with a small diameter cord) and sensitive electronic equipment supplied by the Medical Center (i.e. computers, fax machines, copiers, printers, etc.). Multiple outlet strips shall not be allowed within the patient vicinity in critical care area, or exam room. (Exception: Hospital grade UL listed multi-outlet strips may be used in conjunction with crash carts, anesthesia carts, TB respirator carts etc. if approved by Biomedical Engineering and a facility Electrician. Devices must be permanently attached to carts where applicable and included in the preventative maintenance program that verifies grounding integrity.)

Personally Owned Electrical Equipment

- All personally owned electrical equipment must be approved for use by the owner's supervisor and the Medical Center Director or his designee. All personally owned equipment must be checked by the Electric Shop in Facility Management Service (FMS) to assure it is in good working condition (i.e. UL listed, electrical cord is the original one and in good shape with no fraying or cracking, the body of the device has not been opened for modification, etc.). All unauthorized equipment is subject to confiscation by the supervisor or the Safety section. A form 90-2235 must be completed for all personal equipment used in the workplace.

- No personally owned space heaters are allowed at the Medical Center. The only type that may be used are the radiant oil filled heaters supplied by FMS. These are only approved for use in administrative areas of the facility.

Emergency Power

- All electrical outlets with red coverings or markings designating them as being on emergency power will be energized by the station generators in the event of a power failure.

General Electrical Safety Practices

- “Cheater plugs”, which convert a 3-prong grounded plug into a 2-prong ungrounded plug are never to be used at this facility.

- Check power cords and plugs frequently. Look for frayed or cracked wiring, especially where the plug attaches to the cord. Check the plug for loose or bent blades. If the cord or plug is damaged, remove the equipment from service.

- Never pull the power cord to disconnect, always firmly grasp the plug body to disconnect.

Utilities

Please refer to the **SYSTEMS FAILURE & BASIC STAFF RESPONSE GRID** on the next page.

R – Respond to patient needs
A – Alert appropriate personnel
C – Care for patient
E – Evacuate if necessary

Policy Reference:

Utilities Management Program	**MCD 138-XX-05**
Emergency Power	**MCD 138-XX-08**
Failure of Utility Systems	**MCD 138-XX-09**

Contact Persons For Questions**:**
Chief, Facilities Mgmt Service, ext. 1370
Biomedical Engineering, ext. 7066

SYSTEMS FAILURE & BASIC STAFF RESPONSE

*****NOTE:** The following is a list of potential utility problems you may encounter, what to expect, user responsibilities, and who to contact during normal working hours 8:00 AM –4:30 PM, Monday - Friday. After hours and on holidays please call the Administrative Officer of the Day (AOD) extension 1109, and they will contact the appropriate personnel.

Failure of:	**What to Expect**:	**Who to Contact:**	**Responsibility of User:**
Computer Systems	System Down	Technology Management, 1121	Use backup/paper systems
Electrical Power Failure – Emergency Generators Work	Many lights are out, only **RED** plug outlets work	Facility Management, 1370 Respiratory Therapy, 1231	Ensure that life support systems are on emergency power (red outlets). Ventilate patients by hand as necessary. Complete cases in progress, **ASAP, use flashlights**
Electrical Power Failure-Total	Failure of all electrical systems	Facility Management, 1370 Respiratory Therapy, 1231	Utilize flashlights & lanterns, hand ventilate patients, manually regulate IVs, don't start new cases
Elevators Out of Service	Elevator will not function	Facility Management, 1370	Review fire & evacuation plans, establish services on first or second floor, use carry teams to move critical patients and equipment to other floors if emergence (i.e. fire) occurs
Elevator Stopped Between Floors	Elevator alarm bell sounding	Facility Management, 1370 Security, 1122	Keep verbal contact with personnel still in elevator to let them know help is on its way
Fire Alarm System	No Fire Alarms	Facility Management, 1370	Dial 9-911, initiate RACE (Rescue, Alarm, Control, Evacuate)
Medical Air	No Medical Air	Facility Management, 1370 Respiratory Therapy, 1231	Use oxygen or compressor for ventilators
Medical Vacuum	No Vacuum	Facility Management, 1370 Respiratory Therapy, 1231 SPD, 7390	Call for portable vacuum, obtain portable vacuum from crash cart if emergency, finish cases in progress, don't start new cases
Oxygen	No Oxygen	Facility Management, 1370 Respiratory Therapy, 1231 SPD, 7390	Hand ventilate patients; transfer patients to other units or facilities if authorized to do so, use portable oxygen, call for additional cylinders
Natural Gas Failure or Leak	Odor, no flames on burner, etc.	Facility Management, 1370	Turn off gas equipment, open windows to ventilate, don't use any spark producing devices, i.e. electric motors, switches, etc.
Nurse Call System	Patient nurse call doesn't work	Facility Management, 1370 Ward 2P, 1125	Call Facility Management for repairs or 2P to obtain bells, use bedside patient telephone, move patients
Patient Care/Equipment Systems	Equipment/System does not function properly	Facility Management, 1370	Replace & tag defective equipment/system, place work order in computer
Sewer Stoppage	Drains backing up	Facility Management, 1370	Do not flush toilets, do not use water
Steam Failure	Sterilizers Inoperative	Facility Management, 1370	Conserve sterile materials
Telephones	No phone service	Technology Management, 1073 or 1121	Use pay phones, use runners as needed, or portable radios
Water	Sinks & Toilets Inoperative	Facility Management, 1370 Dialysis, 1183	Conserve water, stop dialysis treatments, do not start dialysis treatments
Water Non-Potable	Tap water unsafe	Facility Management, 1370	Place "Non-Potable Water-Do Not Drink" signs at all drinking fountains and wash basins.
Geo-Thermal Heat, HVAC Systems	No heat or AC, no ventilation	Facility Management, 1370	Open windows if able, obtain fans or blankets, restrict use of odorous or hazardous materials

Utilities & Electrical Safety Test Questions

(Choose the one best answer for each question, using the ANSWER SHEET provided)

Q1. An electrical outlet that is on emergency power can be identified how?

A. It glows in the dark
B. It has red and black buttons on it
C. It has been designated as such by the area supervisor
D. It is red or is labeled as being on emergency power

Q2. If an employee is cold, they may bring in a portable electric space heater to plug in and place next to their desk to keep them warm.

A. True B. False

Q3. Permanent use of extension cords is permitted in the Medical Center as long as it is in a non-patient care area.

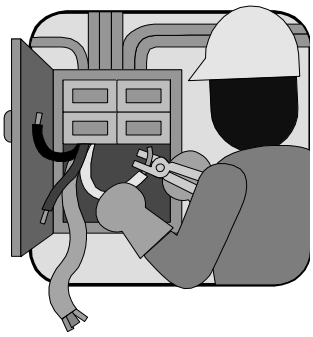
A. True B. False

Q4. For an employee to bring a personally owned piece of electrical equipment to work, who has to check it out and approve it's use?

A. The Industrial Hygienist and Safety Officer
B. The Infection Control Nurse
C. The Employee's Supervisor and Biomedical Engineer
D. The NFFE (Union) Safety Representative

Q5. Who do you contact if you find an elevator does not work?

A. The Chief Operating Officer
B. The Infection Control Nurse
C. Facilities Support Service
D. The NFFE (Union) Safety Representative



Emergency Preparedness

Purpose

When emergency situations arise, either at the medical center or in our community or nation, we must be prepared to respond immediately.

Goals of Emergency Preparedness

- Provide prompt and efficient medical attention to all victims
- Provide maximum safety and protection and minimize injury to patients, visitors, and staff
- Respond appropriately and quickly in congruence with the surrounding community's disaster plan
- Protect federal property, facilities, and equipment, and minimize damage or loss of property, including beneficiaries' records
- Satisfy all applicable regulatory requirements Provide a logical and flexible chain of command to allow maximum use of resources
- Maintain and restore normal services as quickly as possible following an emergency, incident, or disaster
- In a national emergency, provide supportive action to the Federal Emergency Management Agency (FEMA) and to the VA/DoD Contingency Plan

Reporting a Disaster

- Any employee or staff member of the Boise Veterans Affairs Medical Center (BVAMC) who observes an incident or condition that could result in a disaster shall report this information to the Medical Center Director at extension 1100, 1102, or 1104 immediately.

- During after-hours, the Administrative Officer of the Day (AOD) or Officer of the Day (OD) shall be called at extension 1109, 7110 or 7116.
- Any employee or staff member of the Twin Falls or Canyon County Community Based Outpatient Clinics (CBOC) who observes an incident or condition that could result in a disaster shall report this information to the local police department at 911, and report the incident to the BVAMC Director at the earliest possible convenience.
- Based on these calls, an assessment will be made of the scope of the incident, as specified in Medical Center Directive No. 138-XX-39, Emergency Preparedness Plan, or (at the CBOC), as outlined by the community's emergency preparedness plan.

Activation of the Plan

The Emergency Preparedness Plan will be activated, based on authorization, by the Medical Center Director (or designee), or after-hours, by the AOD or OD. When activated, the plan will be designated “Code A- Internal” for an internal disaster and “Code B-External” for an external disaster (Community Disaster).

Job Action Sheets are contained in the medical center emergency preparedness plan and should be followed during an incident. Services are required to have service specific emergency preparedness plans, which include designation of a meeting place for employees of that service to assemble in the event that their work area is evacuated. All employees who do not have a specific role in an emergency exercise are to report to the Manpower Pool, Building 88, Extended Care Unit. Please check with your supervisor regarding your service responsibilities.

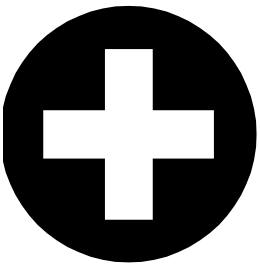
References: Medical Center Directive No. 138-XX-39, Emergency Preparedness Plan

Contact Person for Questions: Safety Officer, Ext.7059

Emergency Preparedness Test Questions

(Choose the one best answer for each question, using the ANSWER SHEET provided)

Q1. The role of the medical center in a disaster is to:



A. Immediately activate the emergency preparedness plan.
B. Provide for prompt medical care, protection of property, patients and staff.
C. Allow staff to leave to go home.
D. Respond to the community disaster center.

Q2. There are two plans that the medical center uses depending on the type of emergency, they are:

A. Code Red and Code Yellow
B. Code Blue and Code Red
C. Code A-Internal or Code B-External
D. Code Alert and Code Assist

Q3. Services are required to have service specific emergency preparedness plans:

A. True
B. False

Q4. Services are expected to designate a meeting place for employees to report to in the event that their work site is evacuated.

A. True
B. False

Q5. If you do not have a specific work assignment during an emergency situation you are to:

A. Report to admitting for instructions.
B. Leave work and go home.
C. Report to the Manpower Pool, Building 88, Extended Care Unit
D. Keep working your usual assignment.

Infection Control

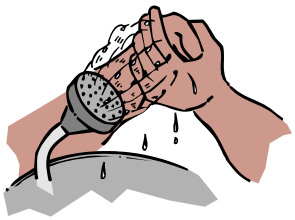
There is a need to take certain precautions in your job to protect not only the patient, but yourself from infection. The key to infection control, for any infectious disease, is to stop the germs or organisms that caused the disease, from being spread to you or to the patient. All infection control procedures such as washing your hands or wearing gloves break the "chain of infection" and means of spreading these organisms.

Drown a Germ!

Hand Hygiene still remains the most important Infection Control practice.

Hand *hygiene* means hand *washing* with *plain soap and water, antimicrobial hand disinfectant soap, or alcohol-based foam, liquid, or gel to decrease the amount of organisms on our skin.*

Most sinks on station will have an antiseptic lotion soap designed to be gentle to the skin. All you need is 15 seconds of soap and friction, then wash those germs down the drain.



In areas where patients are immune-compromised or in isolation precautions, we have special medicated soaps and/or hand-wash solutions. Please ask your supervisor about the differences in these products and their benefits and limitations.

If you have soap or latex allergies, please inform your supervisor. We have special gloves and soaps that may prevent you from experiencing skin breakdown.

Intact skin is one of the most effective barriers to infection.

Guidelines for Hand Hygiene

When should hand hygiene be used?

1. Before and after patient contact.
2. After contact with a source of microorganisms (body fluids and substances, mucous membranes, non-intact skin, inanimate objects that are likely contaminated).
3. After removing gloves.
4. Before and after contact with all wounds or invasive devices.
5. Before eating and after using the toilet.
6. Before preparing, handling, or serving food and before feeding patients.
7. Before leaving work to go home.

Handwashing with soap and water:

Wash hands thoroughly with soap and water when hands are visibly soiled. If possible, use sinks primarily used for hand washing. Avoid those sinks used for disposing of liquid waste.

1. Wet hands thoroughly with warm running water.
2. Apply a quarter-size amount of antimicrobial soap.
3. Lather for 15 seconds or longer, using friction to all surfaces of hands.
4. Rinse hands thoroughly under running water.
5. Thoroughly dry hands with paper towels.
6. Use the paper towels to turn off the faucets.
7. Hand lotions or creams will be available to minimize the occurrence of irritated skin associated with hand hygiene techniques.

Handwashing with alcohol-based handrubs

Alcohol-based handrubs significantly reduce the number of microorganisms on the skin and are fast acting, and cause less skin irritation than soap and water. Use an alcohol-based handrub to remove transient flora when hands are <u>not</u> soiled with dirt, blood, or other organic materials. Alcohol foam can be used up to <u>10 times</u> between soap and water handwashing procedures.

1. Use a golf-ball-size amount of foam.
2. Apply to the palm of one hand and rub hands together, covering all surfaces of hands and fingers.
3. Rub until hands are completely dry.

When is hand antisepsis necessary?

Hand antisepsis involves a longer, more involved hand-cleaning process, and should be used:

1. Before the performance of invasive procedures.
2. When persistent antimicrobial activity on the hands is desired.
3. When it is important to reduce numbers of resident skin flora in addition to transient microorganisms.

When should gloves be used?

1. Gloves are an addition to, not a substitute for, hand washing.
2. Gloves will be used for all hand-contaminating activities. Gloves will be removed and hands washed when such activity is completed, when the integrity of the gloves is in doubt, and between patients.
3. Disposable gloves will be used only once and not washed for reuse.
4. Vinyl and Nitrile gloves are available for employees with latex sensitivity.

What about fingernails?

1. Artificial acrylic nails or extenders will not be allowed for healthcare workers providing direct patient care.
2. Nails will be kept short enough to allow for thorough cleaning underneath them and not casue glove tears (less than ¼ inch).
3. Unchipped nail polish is acceptable.

When infections do occur:

The Infection Control Practitioner reviews all hospital acquired infections and those from which patients die, to evaluate if Hand Hygiene and/or other procedures may have been reasons for the death or the change in function. This meets the National Patient Safey Goal #7.

Can't Touch This!

Infection control is everyone's responsibility.

Standard Precautions

All patients' (and others') blood and body fluids are considered infectious and are treated accordingly.

Standard precautions are an approach to properly manage body substances from all patients at all times. Body substances include blood, urine, feces, sputum, wound drainage, secretions, cerebral spinal fluid, semen, vaginal secretions, etc. In general, contact with body substances from patients should be avoided. When this is impractical, Personal Protective Equipment (PPE) barriers such as gloves, gowns, face shields, and/or masks may be used to protect against infection.

If you find a patient has an infectious condition that requires more than Standard Precautions, there is a higher level of protection available for use.

Transmission-based Precautions

Precautions are tailored to fit the needs of the patient and the modes of transmission of the infectious agent.

- Airborne: for TB
- Droplet: for Influenza, R/O meningitis
- Contact: MRSA, VRE, Clostridium difficile, Varicella zoster, Group A Streptococcus, Impetigo, Scabies, Pediculosis

These Transmission-based Precautions can also be used in combination with each other while based on the Standard Precautions foundation.

Isolation

When you see an Isolation sign on a patient door, this will generally mean the patient inside has an infectious condition. For most employees, the room is off limits. If you do not have a specific need to take care of the patient, please do not enter the room. If you do need to take care of the patient, enter only after you have donned the Personal Protective Equipment (PPE) as shown on the Isolation card. If you have questions, please contact the patient's nurse or the Infection Control Practitioner.

Bloodborne Pathogens:

(BBP) regulation is an OSHA Standard to protect you from bloodborne pathogens such as the Human Immunodeficiency Virus (HIV), Hepatitis B (HBV) and Hepatitis C (HCV) viruses. These viruses can be spread person-to-person through blood exposure. This regulation requires you be taught the concepts and location of the following policies and procedures which should be in the hospital Directives Manual.

- Exposure Control Plan
  - Work Practice Controls
  - Engineering Controls
  - Personal Protective Equipment
  - Needle Stick Prevention

- Standard (or Universal) Precautions

Ask your supervisor

- Where your policy book is located in your work area.
- Know what tasks you are expected to perform and what the risks are.
- Locate any Personal Protective Equipment (PPE) you will need to be using.
- Know how to put on, remove and dispose of your PPE in the appropriate manner.
- Should blood or other potentially infectious material splash, splatter, poke or soak through to your skin, remove it ASAP and report it to your supervisor and Employee Health or the ER.

Never take personal clothing, soiled with blood or body fluids, home. These articles must be disinfected/laundered by the Medical Center before they are taken home.

Tuberculosis:

Airborne Precautions for tuberculosis

The VA patient population is at high risk for active TB, but Idaho is a very low risk state unless patients come from foreign countries where TB is frequently seen. All health care workers have a responsibility to screen patients for TB. If you have a concern about a patient's undiagnosed chronic cough, or other suspicious symptoms for TB, please make your concerns known to the patient's physician and health care team. Some common TB symptoms:

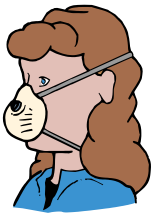
* Bloody Sputum* Anorexia
* Night Sweats * Weight Loss

Not all employees will be provided with respirators for TB, or fit tested for the special masks needed for Airborne Precautions. So…

Do not enter rooms under Airborne Precautions unless you have been fit tested and have your respirator with you. If you do not have it, you may obtain one from SPD (Supply).

Fit-tested employees are instructed to label and keep their masks in a paper bag and stored in their locker when not in use.

DO <u>NOT</u>:



- **Just stick your head in the door**
- **Just hold your breath**
- **Borrow someone else's mask!**

This is against the OSHA recommendations

Exposures

Needle stick injuries remain the highest risk of exposure to blood or body fluids and the easiest way to transmit blood borne pathogens to Health Care Workers.

- Do not recap used needles.
- Place used needles in the appropriate needle disposal container.
- Do not let needle disposal containers be more than 3/4 full.
- If recapping is necessary, use the "one- handed" technique.

If you are moving from a low risk position to one with a higher risk potential, you will need further education as part of your orientation. Ask your new supervisor.

Needle Stick or other exposures need to be reported and treated **immediately**!

- First Aid — Soap and water
- Inform your supervisor
- Report to Employee Health or the Emergency Room – ASAP

Some needle exposures may require a follow-up post-exposure-prophylaxis (PEP) treatment to begin within 1-2 hours. Give Employee Health as much time as you can in order to accurately assess your case.

What are exposures?

◊Splashes ◊Splatters ◊Sprays ◊Pokes ◊Cuts ◊Gashes

To non-intact skin or mucous membrane

Policy Reference:
Infection Control Manual
Medical Center Directives:

Infection Prevention and Control Program	11-XX-14
TB Control Plan	11-XX-21
Exposure Control Plan	11-XX-19
Isolation	11-XX-02
Needlestick Management	11-XX-71

Contact Person For Questions:
Infection Control Practitioner, ext. 7190, pager 5-142

Infection Control Test Questions

(Choose the one best answer for each question, using the ANSWER SHEET provided)

Q1. What is the most important infection control practice?

A. Use of antibiotics
B. Hand hygiene
C. Sterilization of equipment
D. Wearing a mask

Q2. When utilizing "standard precautions" you assume that all patients' blood and body fluids are considered infectious and are treated accordingly.

A. True
B. False

Q3. If you see an Isolation sign on a patient room door, this means the room is off limits to you unless you need to take care of the patient and understand the type of infection and mode of transmission of the organism.

A. True
B. False

Q4. Our Medical Center's patient population is <u>not</u> at high risk for Tuberculosis.

A. True
B. False

Q5. Needle stick injuries are the highest risk of exposure to blood or body fluids for healthcare workers.

A. True
B. False

Q6. We can use alcohol-based handrubs to clean our hands between soap-and –water handwashings:

A. Up to 3 times
B. Up to 10 times
C. One time
D. As often as we'd like

DRUG-FREE WORKPLACE

All employees, trainees, & volunteers at the BVAMC need and deserve a drug-free environment. The Department of Veteran Affairs has established that testing for illegal drugs are part of the VA's comprehensive drug prevention program. The goal is to achieve a drug-free Federal workplace with due consideration for the rights of the employee and the government. The VA's employee testing policy includes both mandatory and voluntary drug testing.

Types of Testing

Random Testing. Positions throughout the VA system will be identified for random drug testing. Employees will be notified no later than 30 days prior to testing that their positions are testing designated positions.

Reasonable Suspicion Testing. An employee in a testing designated position can be directed to undergo drug testing if there is a reasonable suspicion that the employee uses or is impaired by illegal drugs either **on or off duty**. Employees who are not in testing designated positions can be directed to undergo drug testing if there is a reasonable suspicion that the employee is using or impaired by illegal drugs while **on duty**.

Testing Related With an Injury, Illness, Unsafe or Unhealthful Practice Investigation. Any employee involved in an accident or unsafe practice will be directed to take a drug test as part of the official investigation into the incident, when the accident or unsafe act meets the following criteria:

1) The accident results in death or personal injury requiring immediate hospitalization.
2) The accident results in damage to government or private property estimated to be over $10,000.

Follow-Up Testing. Any employee who undergoes a counseling or rehab program for use of illegal drugs will be subject to unannounced testing both during and after such a program.

Applicant Testing. Applicants who are tentatively selected for VA employment in a testing designated position are subject to drug testing.

Voluntary Testing. Employees may volunteer for unannounced random drug testing by notifying their Human Resources Management Officer.

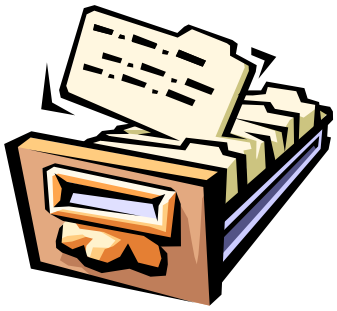
Consequences

Laboratory Testing / Interpretation of Results. The laboratory testing methods used are very accurate and reliable. In addition, a Medical Review Officer will interpret and review any positive results reported by the testing laboratory. Any employee testing positive will be given the opportunity to submit medical documentation of lawful use of an otherwise illegal drug.

Disclosure of Positive Results. Positive test results verified by the Medical Review Officer may only be disclosed to the employee, the appropriate Employee Assistance Program Coordinator, the appropriate managers necessary to process any disciplinary or adverse action against the employee, or a court of law or administrative tribunal in an adverse personnel action.

Assessment and Referral. Assistance is available to all employees through the Employee Assistance Program (EAP). EAP referral will be mandatory for employees found to be using illegal drugs. The EAP will provide assessment and referral to treatment or rehab as appropriate. Employees who want to seek assistance voluntarily may go through the EAP at their facility or their human resources management office.

Confidentiality. All medical records and EAP records are confidential "patient" records and may not be disclosed without the written consent of the patient.



For More Information

Policy Reference:

Drug-Free Workplace Program VA Handbook 5383.1

Employee Assistance Program MCD 05-XX-07

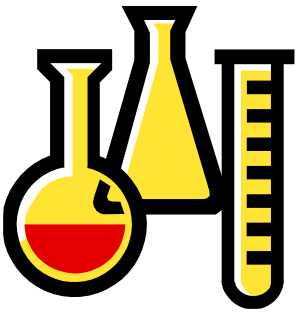
Contact Person for Questions:

EAP Coordinator Extension 1360

Extension 7155

Drug-Free Workplace Test Questions

(Choose the one best answer for each question, using the ANSWER SHEET provided)



Q1. Drug testing can be done:

a. Randomly, with employees in designated positions
b. When there is reasonable suspicion that the employee uses, or is impaired by illegal drugs
c. When an employee has been involved in an accident that resulted in death or personal injury, or the accident resulted in greater than $10,000 worth of damage
d. All of the above

Q2. If an employee has undergone a counseling or rehab program for illegal drug use, a drug test can be ordered at any time during and after the program.

a. True
b. False

Q3. An employee who is enrolled in the Employee Assistance Program (EAP) for illegal drug assessment and referral can be assured that their medical records will be confidential.

a. True
b. False

Q4. Positive drug test results can be given to:

a. Employee Assistance Program Coordinator
b. The employee
c. Managers who are in charge of taking disciplinary or adverse actions
d. All of the above

Weapons of Mass Destruction

All communities, including the Boise VA Medical Center, are vulnerable to acts of terrorism. These events can happen with little or no warning, cause extensive damage, and result in large numbers of casualties.

The effects of a terrorist act may overwhelm not only the resources of the VA Medical Center, but of the community as well. Therefore, each VA Medical Center must be prepared to deal with the potential consequences - whether the incident occurs at the VAMC or at another location in the community. We should plan to be self sufficient for the first *48 hours* following a terrorist event.

Security Considerations

Following a terrorist attack, there is likely to be confusion. There may be loss of utilities (electric, water, phone). There may be interruption of deliveries of supplies needed to operate. Streets to the VAMC may be blocked, and public safety services (police, fire, etc.) may not be able to respond. At the same time, there may be many victims of the attack trying to gain access to the VAMC for medical care.

To maintain order, Police Service will need our cooperation as they “lock down” the BVAMC campus to assure security. They will need to account for all patients and employees. Restricted areas will be established, and unauthorized persons will be removed from these areas. Entrance and exit routes for emergency vehicles will be established. In addition, Police will preserve any evidence related to the terrorist/WMD event (a criminal act under US. Law).

Hazard Communications

We should all be aware of the hazardous products that we work with and how to protect ourselves from exposures. The Material Safety Data Sheets (MSDS) located in your work area explain:

- what hazardous chemicals are in a product
- signs and symptoms of exposure
- special precautions for storage, use, & disposal
- what to do in case of exposure or spills

Employees should be aware of the markings, colors, and labels used for hazardous materials. We should be alert to the presence or release of hazardous materials in our work place, visual appearance or strange odors released. This applies to both usual workplace chemicals and suspected

terrorist-released chemicals. For immediately dangerous exposures, we should respond as we would for a fire:

Rescue: others - if you can do so without endangering yourself
Alarm: pull the fire alarm. Call 7333 to explain the emergency exposure
Control: prevent others from entering the area
Evacuate: Move people away from the area

If you observe an event that could be a terrorist act, report this information to the Medical Center Director at 1100, or, after hours, to the Officer on Duty (OD) or Administrative Officer on Duty (AOD) at 1109. They will determine when it is appropriate to activate the Emergency Preparedness Plan. If an event takes place within the Medical Center, it is announced as “Code A – Internal”. If an event takes place in the community, it is called “Code B – External.” When a Code A or B are announced, we should follow our service level emergency plan. We should not give out information about the event to the media (newspaper, radio, or TV crews), but should refer them to the Public Information Officer (Chief of Voluntary Services at Extension 1176).

Mail-Handling Procedures

All VA employees are advised to have a high state of awareness regarding mail threats. Common features of threat letters (including threats of Anthrax exposure) are:

- No return address
- Excessive postage
- Hand written or poorly typed address
- Misspelling of common words
- Restrictive markings such as "Confidential," "Personal," etc.
- Excessive weight and/or feel of a powdery substance
- Stained or discolored envelope

If you receive a letter or note threatening Anthrax contamination, try to relax and remain calm. Although any threatened use of a biological agent must be treated as though it is real, experience has shown that these are often a hoax.

Set the letter down gently where you first read it. Do not pass the letter or note for others (except for emergency response forces) to look at. Do not disturb the contents of the letter or note.

Stay in the area, but move to a space that will minimize your exposure to the letter, and avoid contact with others. Have a co-worker call VA Police (at 7333) - VA Police and/or public health and safety responders will come to you.

When possible, the building's ventilation system should be shut down and any fans in the immediate area turned off – contact Facility Management (at 1370) for assistance.

Do not allow others into the area. If anyone enters, other than VA police or other emergency responders, they should stay until told to leave by public safety or health responders.

Remain calm. Exposure does not mean that you will become sick. Public Health responders will provide specific information and instructions about the symptoms and effective treatment. Usually, hand washing/showering and limiting access to the immediate area will suffice until the specimen can be tested.

Do not ignore the threat. It **must** be treated as real until properly evaluated.

Recognizing a Potential Terrorist Threat

Terrorist acts may include the use of Weapons of Mass Destruction (WMD), such as bombs, chemical or biological agents, nuclear/radioactive materials, and may also include hostage taking, threats, and other criminal activities. Clues at the scene of a terrorist event include: people running from the area; people collapsed; fire; vapors; unusual colors or odors; loud roar or increased pitch of a valve.

Attacks fall into four major types: 1) explosives & fire, 2) biological agents, 3) chemical agents, and 4) radiological agents.

Explosives and fires create mass casualties immediately. Expect to see:

- broken bones
- internal injuries
- skin damage –burns &lacerations (cuts)
- other bodily injuries

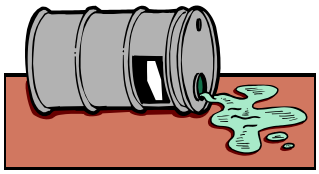
Biological events (Anthrax, Botulism, Plague, Smallpox, Tularemia) usually have little immediate effect. When symptoms begin to develop, victims can quickly overwhelm the emergency response and health care system. Be alert to:

- Groups of people becoming sick about the same time, especially in those who attended a same public event, or who live in the same area
- A sudden increase of illness in previously healthy people
- Symptoms of flu, fever, pneumonia, unusual bleeding, unexplained rashes and skin irritation, weakness, paralysis or changes in mental status

Chemical attack (cyanide, nerve, blister and pulmonary agents). Symptoms can develop within seconds up to 24 hours, depending on the agent used.

Watch for:

- Groups of people becoming sick about the same time, especially in those who attended a same public event, or who live in the same area
- A sudden increase of illness in previously healthy people
- Sudden weakness
- Drooling, tearing, diarrhea
- Eye, nose, throat, chest irritation & shortness of breath
- Skin changes - redness, blisters, itching, peeling



Chemically exposed patients must be decontaminated prior to entry in to a healthcare facility, and healthcare workers must protect themselves from exposure.

Radiological incidents (nuclear explosion, or nuclear "dust" incident, or reactor "meltdown"). Symptoms vary depending on how much radiation a person was exposed to and for how long (less than 1 hour to 48 hours).

Watch for:

- Nausea & vomiting (for as long as 2-3 weeks)
- Skin burns
- Unusual infections
- Bleeding disorders (nose, gums, bruising)
- Hair loss
- Respiratory damage

Victims must be decontaminated prior to entry into a healthcare facility.

Response Procedures

As employees of the Boise VA Medical Center, we are all responsible to know what to do in the event of a terrorist disaster.

When the Medical Center Director (or designee) announces a Code A (Internal) or Code B (External) disaster, the Emergency Preparedness Plan goes into effect. We should all be familiar with Medical Center Directive Emergency Management Plan 138-XX-39. Appendix V of the Directive holds the *Job Action Sheets*, which outline the role of specific individuals (Medical Center Director, Chief of Police, Chief of Nutrition, etc.).

Each Service has its own emergency preparedness plans. Know the designated meeting place for your service, in the event of evacuation. Check with your supervisor to know what responsibilities your service has during a disaster. Know your service plan for reporting to work and call-back

procedures. Keep call-back procedure information with your phone book at home. If you do not have a specific role in an emergency event, you should report to the Manpower Pool, Building 88 (Extended Care Unit), for assignment.

Preparing and Protecting Your Family

Acts of terrorism can confine you to your home, or it can force you to evacuate your home. Make a disaster plan with your family, and review it frequently.

1) Emergency communications. Choose an out-of-town contact your family can call or e-mail to check on each other. E-mail may be more effective than the phone system, and it is often easier to make long distance than local calls.
2) Establish a meeting place. Right outside your home, and someplace outside your neighborhood. Plan how to take care of your pets – do not leave them unattended.
3) Assemble a disaster supplies kit: first aid supplies; a change of clothing for each person; sleeping bags; battery powered radio or TV; flashlight; extra batteries; food and bottled water to last 72 hours; tools; cash; copies of important documents (birth certificates, passports, licenses).
4) If you have school-age children, know the school emergency plan.

If a Chemical, Biologic, or Radiological disaster strikes while you are at home

- Remain calm & patient
- Follow the advice of local emergency officials
- Listen to the radio or TV for instructions
- Give first aid to victims that are near you
- Check for damage with a flashlight. Do not use matches or candles. Look for fires & extinguish, if able. Sniff for gas leak (if you suspect a gas leak, open windows, and get everyone outside). Turn off damaged utilities. Clean up spills.
- Secure your pets
- Call your family contact, then, *only* use the phone for emergencies.
- Check on your neighbors *if* it is safe to leave your home.
- If directed to stay in your home, move to the highest and most interior room of the house.
- Close and lock all windows, vents, doors, fireplaces, etc.
- Seal door thresholds with a wet towel.
- Sit by an inner wall and away from outer walls and windows.

In the case of evacuation

- Wear long-sleeved shirts, pants, & sturdy shoes
- Take your disaster supplies kit with you
- Take your pets with you
- Lock your home
- Use travel routes as directed
- Stay away from downed power lines
- Move upwind and away from any smoke or aerosol clouds.
- Avoid contact with any droplets or residues.
- Remove contaminated clothing as soon as possible, place in a sealed bag, and shower with soap & water.
- Seek medical care for any exposures or injuries.

If you are caught in your motor vehicle

- Pull over – stop the engine
- Shut off the heater, air conditioner and vents, and roll up the windows
- Listen to the radio for instructions.

Resources

Boise VAMC Medical Center Directive 138-XX-39
VA/DoD Pocket Guide: “Biological Terrorism.”
VA/DoD Pocket Guide: “Chemical Terrorism.”
VA/DoD Pocket Guide: “Terrorism with Ionizing Radiation.”
VISN 20 “Comprehensive Emergency Management Program”, June 3, 2002.

http://10.163.119.10/Training/2002%20Annual%20Review/bioterrorism.htm
http://www.va.gov/visns/visn02/emp/safety/security/anthrax.stm
http://www.hazmatforhealthcare.org/index.cfm
http://www.redcross.org/services/disaster/keepsafe/unexpected.html

Weapons of Mass Destruction Test

(Choose the one best answer for each question, using the ANSWER SHEET provided)

Q1. In the event of a terrorist attack, we should plan to be self sufficient for 16 hours.

A. True
B. False

Q2. If you observe a potential terrorist act during regular business hours, you should report this information to the Medical Center Director.

A. True
B. False

Q3. During a terrorist event, the Medical Center campus is “locked down” by VA Police to:

A. Account for all patients, employees, & visitors
B. Establish restricted areas
C. Preserve any evidence related to the attack
D. All of the above

Q4. Any of us can give out information to the media during a terrorist event.

A. True
B. False

Q5. If you receive a letter or note threatening Anthrax contamination, you should do all of the following EXCEPT:

A. Stay in the area, but move to a spot that will decrease your exposure to the contaminated mail.
B. Have a co-worker call VA Police
C. Pass the letter to all of your co-workers to make sure it is a real threat
D. Do not allow others in the area

Q6. Which of the following events results in immediate mass casualties with injuries such as cuts, burns, broken bones, and internal injuries?

A. Explosives and fires
B. Biological events
C. Chemical events
D. Radiological incidents

Q7. Victims of a biological event usually don’t have any symptoms immediately after exposure.

A. True
B. False

Q8. Victims from which of the following events must be decontaminated before entering the healthcare facility:

A. Explosives and fires
B. Chemical and Biological
C. Radiological and Chemical
D. Biological and Radiological

Q9. Which of the following causes symptoms including: nausea & vomiting for as long as 2-3 weeks; skin burns; unusual infections; bleeding disorders; and hair loss?

A. Explosives and fires
B. Biological events
C. Chemical events
D. Radiological incidents

Q10. When setting up an emergency communication plan for your family, you should choose an out-of-town contact:

A. True
B. False

Q11. If you are at home when disaster strikes, you should do all of the following EXCEPT:

A. Seal all windows and doors, unless you suspect a gas leak.
B. Call everyone you know to make sure they are all right.
C. Turn off damaged utilities.
D. Move to the highest, most interior room.

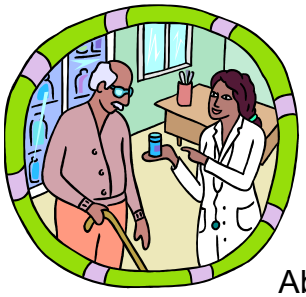
Q12. If you are caught in your motor vehicle, during a disaster event, you should keep driving as fast as you can to your destination.

A. True
B. False

Q13. If you are evacuated from your home, you should do all of the following EXCEPT:

A. Take your disaster supplies kit with you.
B. Move away from smoke/aerosol clouds.
C. Leave your pets at home.
D. Wear long-sleeved shirts, pants, & sturdy shoes.

PREVENTION OF PATIENT ABUSE & RESPECT FOR PATIENT RIGHTS



At the Boise VAMC, we strive to provide a supportive climate for our patients and families. Staff needs to be aware of what constitutes abuse, so that they can avoid engaging in abusive behaviors, and also so that they can observe for any signs of abuse while patients are in their care.

Abuse is defined as 'any mistreatment of a patient.' Patient abuse can take many forms: physical, mental, sexual, verbal, financial, or just plain neglect.

Recognizing Abuse

Type of Abuse	Example
Physical	Willful infliction of physical pain or injury, including: hitting, slapping, shoving, or other physical violence, as well as intentional neglect or omission of care. Observe for skin tears, swelling, burns, broken bones, scratches, unusual bruises, weight loss, refusal to eat, dehydration, or immobility.
Psychological abuse	Deliberately provoking a patient, laughing at or ridiculing a patient; isolating the patient. Observe for withdrawal or fearful behavior.
Sexual abuse	Inappropriate touching; taking physical advantage of a patient. Observe for irritation or tears around private parts.
Verbal abuse	Cursing at a patient, speaking rudely, yelling angrily at a patient. Observe for withdrawal or fearful behavior.
Financial exploitation	Recent change in power of attorney, title to home, or patient's will when patient unable to comprehend nature of the action. Refusal of caregiver to spend money on patient's care, or to pay patient's bills on time. Missing patient belongings, such as jewelry, clothing.

Reporting Patient Abuse by Family or Caregiver

If you witness abuse of any kind toward a patient, you must report it immediately:

- During regular hours of operation, contact the social worker responsible for your work area to initiate a Report of Contact (ROC).

- During other hours, report non-emergent incidents to the appropriate social worker on the next regular business day. Emergent incidents should be reported to the physician on duty in your area. The physician will report the situation to the Health and Welfare Emergency Crisis Team at: 334-0808. For severe cases involving rape and/or assault, facility Police & Security Service shall notify local law enforcement.

Staff Abuse of a Patient

Patient abuse is not consistent with the mission or vision of our Medical Center, and such occurrences are destructive to the public trust needed by health care organizations. Staff intent is *not* a requirement for patient abuse. Even if a staff member didn't mean to be abusive, that does not mean abuse did not occur. Abuse is a forbidden behavior, and, as such, there is no acceptable excuse for its occurrence. (Not even "I was frustrated," or "I was upset," or "The patient started it.") Patients' perception and interpretation of how they were treated is an essential component of the determination as to whether abuse occurred.

Reporting Staff Abuse of a Patient

If you witness another staff member abusing a patient, you should report it to your immediate supervisor. The supervisor responsible for the individual implicated will promptly review the allegation with them.

Patient Rights

This Medical Center is committed to ensuring that we are the provider of choice for our veteran patients' health care, and as part of that philosophy, patients have certain rights afforded to them.
It is the responsibility of every employee to assure that no patient's rights are violated.

Some of the key rights that our patients have are listed below:

- To be treated with dignity as an individual, with compassion and respect, with reasonable protection from harm, and with appropriate privacy.
- To be informed about, to consent to, or to refuse treatment
- To receive prompt and appropriate treatment for physical or emotional disorders or disabilities.
- To receive care in the least restrictive environment necessary.

To retain their legal rights while hospitalized (except where State law provides otherwise).

Policy References:
Release of Information, Patient Records, and Mandated Reporting Laws MCD 136-XX-09
Patient Advocate Program MCD 00-XX-16

Contact Person for Questions:
Patient Advocate Ext 1034

Prevention Of Patient Abuse / Patient Rights Test Questions

(Choose the one best answer for each question, using the ANSWER SHEET provided)

Q1. Any VA staff member who witnesses any abusive behavior toward a patient must promptly report it.

A. True
B. False

Q2. Even though staff did not intend to be abusive, this does not excuse an occurrence of abuse. Staff intent is not a requirement for patient abuse.

A. True
B. False

Q3. Which of the following is NOT considered a type of abuse?

A. Physical
B. Verbal
C. Sexual
D. Geographical

Q4. Which of the following is a right of patients at this Medical Center?

A. To be informed about, to consent to, or to refuse treatment
B. To have their medical record and information about them kept confidential
C. To present a grievance if they feel their rights have been violated
D. All of the above

Q5. Which of the following behaviors is NOT considered abusive?

A. Laughing at or ridiculing a patient
B. Willful infliction of physical pain or injury
C. Giving firm directions to a patient in a calm manner
D. Speaking rudely to a patient

Prevention of Violence in the Workplace

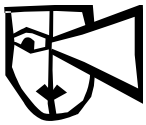
Zero Tolerance

Boise VA staff want, need, and deserve a safe working environment. The Medical Center has a zero tolerance policy for staff violence in the workplace. Workplace violence or threats of violence will not be tolerated. Consequences for violation of this policy will result in appropriate administrative/legal response and by definition of "zero tolerance" will command the more severe penalty as allowed by policy. This may include disciplinary action up to and including removal, and/or arrest and prosecution. Past misconduct of this type, documented in the employee's Official Personnel Folder (OPF), or other official trainee / staff record, may be cited in support of actions taken under this policy.

Violence Definitions

- Workplace violence: an incident, in which an individual is threatened, verbally or physically, assaulted, harassed, injured of killed.
- Threat of violence: A credible declaration of intent to harm at the time or in the future. Any words, racial slurs, gestures or display of weapons which could reasonably be expected to be perceived by an individual as a clear and real threat to their safety and which causes fear, anxiety, or inability to perform job functions.
- Assault: Any violent attack causing physical or emotional harm to another (i.e. Hitting, kicking, pushing, biting, scratching, or sexual attack).
- Injury: Physical or emotional harm to an individual resulting in broken bones, lacerations, bruises or contusions, scratches, bites, breaks in the skin, strains, sprains, or other emotional or physical pain and discomfort, whether immediate or delayed.
- Emotional harm: Reasonable anxiety, fear, depression, inability to perform job functions, inability to sleep or other manifestations of adverse emotional reactions to a threat or an assault.

The Medical Center Director is responsible for assuring a safe and secure workplace. Supervisors are responsible for assuring violence prevention training, understanding unacceptable behaviors as well as prevention strategies and reporting procedures; ensuring immediate reporting, assisting in assessment of each incident, necessary medical attention and referral to Employee Assistance Program (EAP).



Employees and volunteers are responsible for adhering to peaceful work practices, reporting suspicious, threatening or violent behavior to supervisor immediately; participating in educational activities on violence awareness and prevention, counseling, EAP or other recommended care. Additionally, employees not reporting workplace violence information will be held responsible and subject to counseling and/or disciplinary action as appropriate.

Targeted staff working in areas identified with high risk exposure to violent events will be trained in the Prevention and Management of Disruptive Behavior (PMDB). This training focuses on both talk-down (effective communication techniques) to reduce the risk of the disruptive event escalating. Trained staff will participate as members of the facility Code Yellow response team to assist as needed. The VA police will be responsible for any physical interventions involving a disruptive individual.

The Code Yellow response team will: respond to all behavior emergencies, document details of the incident, and submit all required reports and notifications.

The facility Disruptive Behavior Committee is responsible to develop of violence prevention programs and to oversee the risk assessment and annual evaluation of the program.

Prevention of violence and appropriate response to violence in the work place is the business of every Medical Center employee for the preservation of safety. This requires awareness and recognition of the potential for violent and disruptive behavior originating from employees, non-compensated employees (e.g., volunteers, students, and interns), visitors or patients. The Patient Record Flagging program is an important part of this process (see the module on "Confidentiality and the Law").

Any employee witnessing violence or threat of immediate violence or who is a victim of violent behavior will report the incident immediately to their supervisor, Administrative Officer of the Day (AOD) or dial the operator to announce a Code Yellow. The best deterrent to violence is prevention.

Policy Reference:

Violent Behavioral Health Program	MCD 116A-XX-09

Contact Person For Questions:

Disruptive Behavior Program Chair	ext. 7273
Safety Officer	ext.7059, pager 5-178
Chief of Police	ext 1122

Prevention Of Violence In The Workplace Test Questions

(Choose the one best answer for each question, using the ANSWER SHEET provided)

Q1. Which of the following are possible employee consequences for violent behavior, in our zero tolerance organization?

A. Removal
B. Arrest
C. Prosecution
D. All of the above

Q2. The definition of workplace violence is an incident in which an individual is threatened (verbally or physically), assaulted, harassed, injured or killed.

A. True
B. False

Q3. Every employee is responsible for:

A. Peaceful work practices
B. Immediately reporting suspicious, threatening, or violent behavior
C. Participating in educational activities related to violence awareness and prevention
D. All of the above

Q4. Targeted employees at this Medical Center are trained in the Prevention and Management of Disruptive Behavior**:**

A. True
B. False

Q5. The Disruptive Behavior Committee develops the violence prevention program and oversees the risk assessment and annual evaluation of the program.

A. True
B. False

Q6. What is the code word for response needed to a violent event?

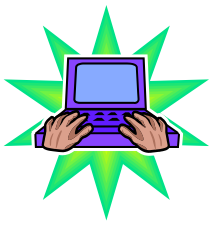
A. Code Red
B. Code Yellow
C. Code Blue
D. Code Purple

PATIENT SAFETY

A prime concern of the Boise VAMC is patient safety. Along with VA's National Center for Patient Safety (**NCPS**), we are committed to reducing and preventing errors while enhancing the care given our patients. The Boise VAMC has a patient safety program with a dedicated patient safety coordinator. The BVAMC Patient Safety Committee, made up of representatives from several services, meets on a regular basis to address patient safety issues.

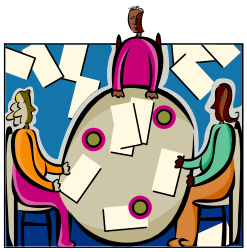
Why all this fuss about patient safety? It has been reported in the medical literature that as many as 180,000 deaths occur in the United States each year due to errors in medical care, many of which are preventable. In order to take actions that will improve this situation, it is necessary to have a clear picture as to what is actually happening so that we can take steps to prevent these errors**.**

When an actual incident happens, it must be reported in VISTA:



- Type in "incid" (for incident) to access the incident reporting program
- Select the "b" (for brief) incident report
- Enter "??" to view and select the type of incident that you are reporting.
- Be sure to enter the date AND time of the incident
- Follow the prompts in the program to complete your report

It has been said, "Experience is the best teacher" but it is one of the most expensive teachers as well. We can reduce these costs by reporting on *close calls* where things *almost* go awry, but no harm is done. Use the incident report in VISTA, OR contact the Patient Safety Coordinator by phone, e-mail, or written message. Close calls are important to report – we can take steps to prevent a potentially serious and costly event from actually happening. All reported incidents are reviewed and analyzed to form the most accurate picture possible of what went wrong.



The reviewed incidents are scored, and those at a certain level are explored using a **Root Cause Analysis** (RCA). People on the frontline are usually in the best position to identify issues and solutions, and are active participants in the RCA team. The team is chartered to formulate solutions, test, implement, and measure outcomes in order to improve patient safety. Findings from the teams are shared locally, regionally, and nationally.

Only by viewing health care as a *system* can truly meaningful improvements be made. A systems approach that emphasizes **prevention, not punishment** is the best method to accomplish this goal. Other high-risk industries/companies such as airlines and nuclear power have used this approach to accomplish safety.

The NCPS has provided Patient Safety Reporting System (PSRS) forms throughout our Medical Center. This is a voluntary system for use by VA staff and others to report safety-related events and situations that happen in medical settings, and which could happen at other facilities, also. No record is kept of the reporting person's identity to encourage increased (blame-free) reporting.

Joint Commission

The Joint Commission is also highly involved in patient safety efforts. Standard LD.5.2 requires facilities to select at least one high-risk process for proactive risk assessment each year. This assessment is called a **HFEMA** (Healthcare Failure Mode & Effect Analysis). The Safety Manager and representatives of several services select a process used in their facility that is associated with a high risk for error. They then use a systematic approach to identify and prevent potential problems (with the selected process). The HFEMA has us look for problems *before* they occur.

In addition, Joint Commission publishes Sentinel Event Alerts so that we can learn from mistakes that have happened across the nation. A **Sentinel Event** is an unexpected health care incident involving a patient's death or serious physical or psychological injury, or the risk of such an event. Each year, the Joint Commission identifies **National Patient Safety Goals**, based on issues identified by the Sentinel Event Alerts.

This is really at the core of what we mean by building a *culture of safety*. This kind of cultural change does not happen over night. It can only happen as a result of effort on everyone's part to take a different approach to the way we look at things. We must constantly question if we can do things in a better, more efficient, and safer manner. We must never let 'good enough' be good enough. We must be relentless in our pursuit of finding ways to improve our systems. **We don't believe people come to work to do a bad job or make an error, but given the right set of circumstances any of us can make a mistake.** We must force ourselves to look past the easy answer that it was someone's fault - to answer the tougher question as to why the error occurred. It is seldom a single reason.

Through understanding the real underlying causes we can better position ourselves to prevent future occurrences. Establishing a culture of safety where people are able to report both adverse events and close calls without fear of punishment is the key to creating patient safety.

National Patient Safety Goals (NPSGs)

In 2002, The Joint Commission established its **National Patient Safety Goals** program and the first set of NPSGs was effective January 1, 2003. The **NPSG**s were established to help accredited organizations address specific areas of concern in regards to patient safety. The development and annual updating of the NPSGs is overseen by an expert panel of widely recognized patient safety experts, as well as nurses, physicians, pharmacists, risk managers, and other professionals who have hands-on experience in addressing patient safety issues in a wide variety of health care settings. Each year, the Patient Safety Advisory Group works with Joint Commission staff to undertake a systematic review of the literature and available databases to identify potential new NPSGs. Following a solicitation of input from practitioners, provider organizations, purchasers, consumer groups, and other parties of interest, the advisory group determines the highest priority NPSGs and makes its recommendations to The Joint Commission. In order to maintain the focus of accredited organizations on the most critical patient safety issues, the Patient Safety Advisory Group may, as part of its annual review, recommend the retirement of selected NPSGs.

The Patient Safety Advisory Group is charged with reviewing draft patient safety suggested actions for potential publication in The Joint Commission's *Sentinel Event Alert* patient safety advisory. The Group also advises The Joint Commission as to the evidence for and face validity of these suggestions, as well as their practicality and cost of implementation. The Advisory Group's recommendations for annual NPSGs are forwarded to The Joint Commission's Standards and Survey Procedures Committee and Board of Commissioners for approval prior to the year in which they are to be implemented. All Joint Commission accredited health care organizations are surveyed for implementation of applicable NPSGs—or acceptable alternatives—as appropriate to the services the organization provides.

NPSGs are established for ambulatory health, behavioral health, home care, hospital, laboratory, long term care and other areas and programs.

Each unit and service has a copy of the National Patient Safety Goals and they are available at the Joint Commission website. If you have questions or concerns regarding these goals contact the facility Patient Safety Coordinator or Quality Manager.

Policy References:

Patient Safety Improvement Program	MCD 00- XX-58

Contact Person for Questions:

Patient Safety Coordinator	Extension 7929
Quality Manager	Extension 6000

National Contacts:

Joint Commission	1-800-994-6610	www.jointcommission.org

Patient Safety Test Questions

(Choose one best answer for each question, using the standard ANSWER SHEET)

Q1 If an actual incident happens at work, it is sufficient to report it with a phone call to your supervisor.

A. True
B. False

Q2 Incident reports that are reviewed and score at a particular level must be reviewed by:

A. The Environmental Review Board
B. The Patient Safety Committee
C. The Quality Manager
D. A Root Cause Analysis (RCA) team

Q3 A HFEMA looks at potential problems BEFORE they happen.

A. True
B. False

Q4 According to the Joint Commission, an "unexpected health care incident involving a patient's death or serious physical or psychological injury, or the risk of such an event" is called a:

A. HFEMA
B. Sentinel Event
C. Root Cause Analysis
D. Critical Case

Q5. Which of the following does NOT apply to National Patient Safety Goals?

A. They are updated each year.
B. New goals are developed as a result of a systematic review.
C. The Patient Safety Advisory Group recommends changes to the NPSGs to the Joint Commission.
D. NPSGs are established for specific areas and programs that apply to the medical center.
E. NPSGs are not related to accreditation of our programs.

Age-Specific Competencies

What are age-specific competencies?

They're skills you use to give care that meets each patient's unique needs.

Every patient is an individual. Each has his or her own:

- Like and dislikes.
- Feeling, thoughts, and beliefs.
- Limitations and abilities.
- Life experiences.

But, everyone grows and develops in a similar way.

Experts generally believe that people:

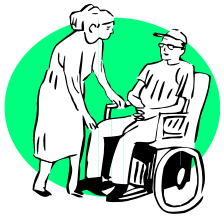
- Grow and develop in stages that are related to their age.
- Share certain qualities at each stage.

Understanding these age-specific stages is the key to age-specific competencies.

Age-specific competencies benefit you, your patients, and your facility.

They help to ensure quality of care.
With age-specific competencies, each patient:

- Gets the individual care he or she needs and expects.
- Becomes a partner in his or her own health care.



They improve job performance and satisfaction
Putting age-specific competencies into practice can be a challenge. But the rewards are great—improved patient care, relationships, and teamwork.

Young adults (ages 21 to 39 years) build connections.

Healthy growth and development

- Physical—reaches physical and sexual maturity; nutritional needs are for maintenance, not growth.
- Mental—acquires new skills, information; uses these to solve problems.
- Social/emotional—seeks closeness with others; chooses lifestyle community; starts own family.

Key health-care issues

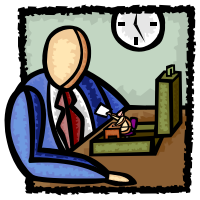
- Communication—be supportive and honest; respect personal values.
- Health—encourage regular checkups; promote health lifestyle; inform about health risks; update immunizations.
- Safety—provide information on hazards at home and work.

Examples of age-specific care for young adults

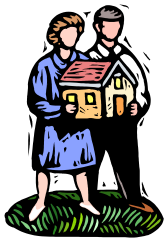
- Support the person in making health care decisions.
- Encourage health and safety habits at work and home.
- Recognize commitments to family, career, and community (time, money etc.)

Middle adults (ages 40 to 64 years) seek personal growth.

Healthy growth and development



- Physical—begins to age; experiences menopause; may develop chronic health problems.
- Mental—uses life experiences to learn, create, and solve problems.
- Social/emotional—hopes to contribute to future generations; stays productive to avoid feeling stuck; balances dreams with reality; plans for retirement; may care for children and parents.



Key health-care issues

- Communication—keep a hopeful attitude; focus on strengths, not limitations.
- Health—encourage regular checkups and preventive exams; address age related changes; monitor health risks; update immunizations.
- Safety—address age-related changes (effects of aging on senses, reflexes, etc.)

Examples of age specific care for middle adults

- Address worries about the future –encourage talking about feelings, plans, etc.
- Recognize the person's physical, mental, and social abilities and contributions.
- Help with plans for a healthy, active retirement.

Older adults (ages 65 to 79 years) enjoy new opportunities.

Healthy growth and development

- Physical—ages gradually; experiences natural decline in some physical abilities and senses.
- Mental—Continues to be an active learner and thinker; memory skills may start to decline.
- Social/emotional—takes on new roles (grandparent, widow/er, etc.); balances independence and dependence; review life.

Key health-care issues

- Communication—give respect; prevent isolation; encourage acceptance of aging.
- Health—monitor health closely; promote physical, mental, and social activities; guard against depression and apathy; update immunizations.
- Safety—promote safety, especially preventing falls.

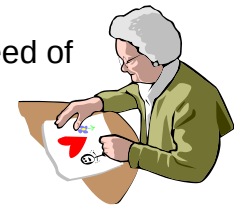
Examples of age-specific care for older adults

- Encourage the person to talk about feelings of loss, grief, and achievements.
- Provide information to make medication use and home safer.
- Provide support for coping with any impairments (avoid making assumptions about loss of abilities).
- Encourage social activity with peers, as a volunteer, etc.

Adults ages 80 and older move to acceptance.

Healthy growth and development

- Physical—continues to decline in physical abilities; is at increasing risk for chronic illness and major health problems.
- Mental—continues to learn; memory skills and/or speed of learning may decline; confusion often signals illness or a medication problem.
- Social/emotional—accepts end-of-life and personal losses; lives as independently as possible.

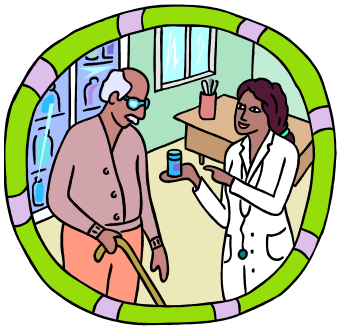


Key health-care issues

- Communication—encourage the person to express feelings and thoughts and avoid despair; use humor; stay polite.
- Health—monitor health closely; promote self-care; ensure proper nutrition, activity level, and rest; reduce stress; update immunizations.
- Safety—prevent injury; ensure safe living environment.

Examples of age-specific care for adults ages 80 and older

- Encourage independence – provide physical, mental, and social activities.
- Support end-of-life decisions — provide information, etc.
- Assist with self-care – promote medication safety; provide safety grips, ramps, etc.



Understanding Age-Specific Stages is Key to Age-Specific Competencies

Age-Specific Competencies Test Questions

(Select the one correct answer for each question, using the standard ANSWER SHEET.)

Q1. Addressing concerns about family, money, or job issues is NOT a factor when caring for young adults.

A. True
B. False

Q2. Middle adults need to feel productive and avoid feeling stuck.

A. True
B. False

Q3. Older adults should be encouraged to talk about their feeling of loss.

A. True
B. False

Q4. For adults 80 and older, confusion is a definite sigh of permanent loss of mental abilities.

A. True
B. False

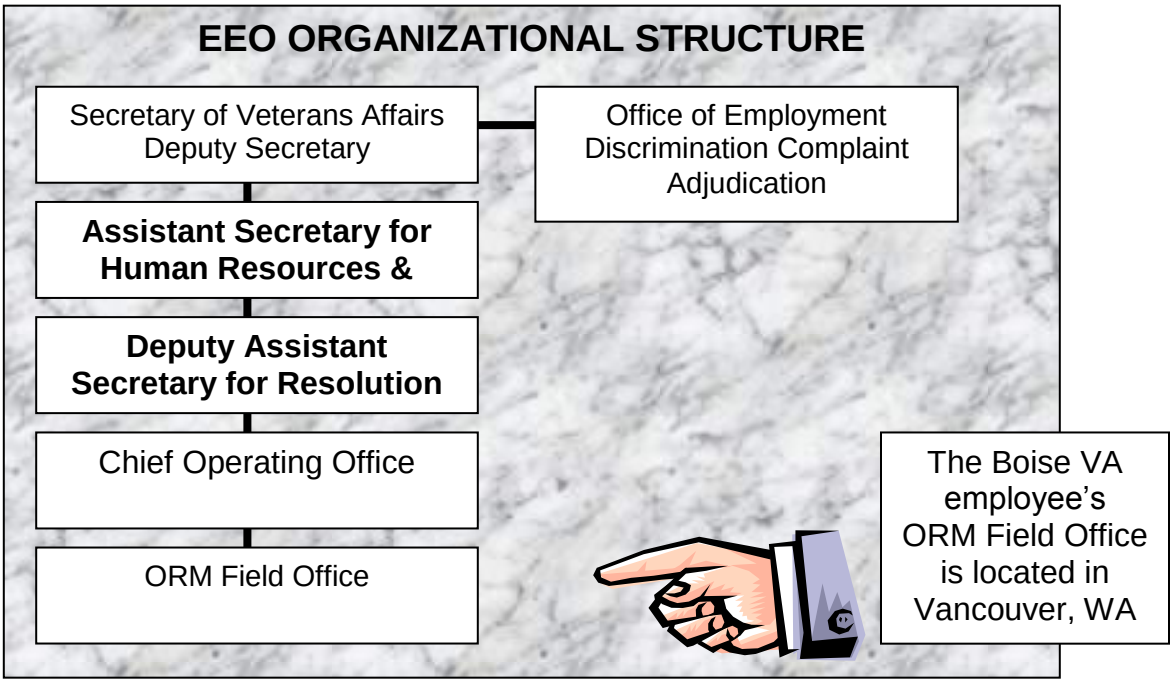
Q5. “Age-specific competencies” means treating every patient the same.

A. True
B. False

EEO / ORM / ADR

Equal Employment Opportunity / Office of Resolution Management / Alternative Dispute Resolution

Who Makes Up The EEO / ORM

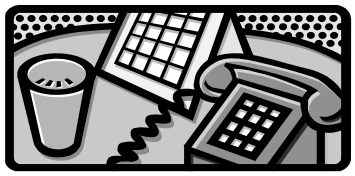


What Does the EEO / ORM Do

The EEO/ORM handle complaints from employees, former employees, and/or applicants for employment who believe that they have been discriminated against on the basis of: **race, color, religion, sex, national origin, age (40 years and above), disability,** or reprisal based on **prior EEO activity**.

An incident or action takes place at work, and an employee believes that they have been discriminated against.

What Happens Next?



EEO Discrimination Complaint Process

Informal Stage

The employee must contact an EEO Counselor within 45 days of the discriminatory event or action. The employee may seek EEO counseling by calling 1-888-737-3361 OR they may visit their area ORM Field Office.

The EEO Counselor will advise the employee that they must have their dispute(s) resolved informally EITHER through Alternative Dispute Resolution (ADR) OR through the EEO complaint process.

- **EEO complaint process:** The EEO Counselor looks into the complaint and attempts to informally resolve the dispute. The EEO Counselor must complete counseling with the employee within 30 days of the initial contact. After counseling is completed, the EEO Counselor issues a *Notice of Right to File a Discrimination Complaint* to the employee.

- **ADR process:** ADR involves the use of mediation in an attempt to reach a solution that is mutually satisfactory to both parties. Persons who wish to file a grievance must first contact their bargaining unit representative, or, if not covered by the bargaining unit, the Human Resources Office - they will offer the grievant mediation. If the employee has begun by filing a complaint with the EEO office, they will also be offered the opportunity for resolution through mediation. A team of two trained mediators will conduct the ADR. Both parties must voluntarily agree to participate in the ADR process. Decisions reached through ADR result in a signed agreement that is binding for both parties.

- If the complaint is not resolved by Alternative Dispute Resolution methods within 90 days, the EEO Counselor must issue a *Notice of Right to File a Discrimination Complaint* to the employee on the 90th day.

Formal Stage

The employee must submit a formal written complaint to the local ORM Field Office (preferably on VA Form 4939) within 15 days of receiving the *Notice of Right to File a Discrimination Complaint.* The ORM Field Office determines if the complaint is acceptable for processing.

Investigative Stage

Once a complaint has been accepted for processing, an EEO Investigator is assigned to the case. The investigator can take statements from witnesses under oath and gathers other evidence needed to prepare a case report.

Advisement of Rights

After the investigation is completed, the employee is given a copy of the report and is advised of the right to request an EEO Commission hearing or final decision by the Office of Employment Discrimination Complaint Adjudication (OEDCA).

Hearing Stage

If the employee requests a hearing, the investigative case file is sent to the nearest EEO Commission District Office. An Administrative Judge may conduct a hearing that would be transcribed word-for-word. Witnesses may be called to testify and be cross-examined, and all submitted, accepted investigative documents are entered into the record. Within 180 days of receiving the investigative case file, the Administrative Judge will issue a decision and return the file to the agency.

Final Agency Decision Stage

After receiving the Administrative Judge's decision, the agency must implement the decision within 40 days, OR appeal the decision to the EEO Commission. If an employee is dissatisfied with the Judge's decision or the final action taken by the Agency, they may appeal to the EEO Commission's Office of Federal Operations. IF there has been no hearing, the OEDCA addresses all issues in the complaint, and advises the employee of their right to appeal the decision or to file a civil action in Federal District Court.

Appeal Stage

If the employee disagrees with the Agency's final decision, they may file an appeal with the EEO Commission's Office of Federal Operations, within 30 days of receiving that decision. The EEO Commission will adjudicate the complaint. The EEO Commission's appellate decision is final and binding for both parties (unless there is a request for reopening and reconsideration by members of the Commission).

Policy Reference:

Equal Employment Opportunity Advisory Committee, MCD 00-XX-26
Equal Employment Opportunity Policy Statement, MCD 00-XX-25
Alternative Dispute Resolution, MCD 00-XX-23

Contact Person for Questions:

EEO / ORM /ADR Contact: ext. 1493
http://vaww.va.gov/orm/Index.htm

EEO / ORM / ADR Questions

(Choose one best answer for each question, marking the standard ANSWER SHEET)

Q1. Which of the following statements about ADR is FALSE?

A. ADR involves the use of mediation
B. With ADR, both parties must voluntarily agree to participate
C. A team of two trained individuals facilitate the ADR process
D. Decisions reached in ADR cannot be enforced

Q2**.** The EEO / ORM handle complaints related to which of the following:

A. Religious beliefs
B. Age (40 years & above)
C. Disability
D. All of the above

Q3. An employee must contact an EEO officer within how many days of the discriminatory event?

A. 90
B. 14
C. 45
D. 120

Q4. The employee must provide a written complaint to the local ORM Field Office in order to be considered for processing at the Formal Stage.

A. True
B. False

Q5. After the Administrative Judge makes a decision at the close of the Hearing Stage, the case is closed, and the employee has no other options.

A. True
B. False

POLICE SERVICE

Police Service staff consists of the Chief, Sergeant and officers. Police Service provides 24 hour on-site Police coverage. Police operations is located in building 67, room 126. Extension 1122 is the non-emergent number. For emergencies call 7333. When calling 1122 let phone continue to ring. The phone will automatically transfer to the AOD if not answered by VA Police.

VA Police are Federal Police officers empowered to make arrest and/or issue U.S. District Court Violation Notices (tickets) on federal property and are supported by a legal framework of law enforcement agencies; i.e., City, County and State Police, DEA, FBI, VA/IGCI and the US Attorneys Office.

WHAT POLICE DO

Law Enforcement and Security:

- Responsible for maintenance of law and order and the protection of persons and property on Medical Center property.
- Responds and investigates all infractions, misdemeanors, felonies and traffic accidents. Enforces state and federal law.
- Provides emergency assistance for fire, bomb threats or disaster type situations.
- Oversees the Crime Prevention Program: Conducts investigative stops and issues property passes.
- Responds to calls involving violence in the work place and/or disruptive and/or disorderly behavior.

- Confiscates prohibited items on VA Property: Weapons (including knives with a blade longer than 3 inches), all firearms, alcohol and illegal drugs.

CUSTOMER SERVICE:

- Unlock vehicles when keys are locked inside. (Liability waiver required)
- Jumpstart vehicles when the battery is dead. (Liability waiver required)
- Provide escort service during hours of darkness to remote parking areas.
- Provide police surveillance in parking lot 7 during evening/mid shift change.
- Locks and unlocks the medical center daily. ER access is always available.
- Unlocks and locks doors for unusual circumstances.

TRAFFIC AND PARKING CONTROL:

- 23 parking areas available.
- Lot 1 is for patients and ECU & Bldg. 13 employees. Lots 4,5,6,7 and 14 are for all other employees. See MCD 00-XX-55 (Traffic and Parking Regulation)
- All employee motor vehicles must be registered with VA Police. Complete registration form and return it in person to police office for parking permit.

- Bicycles must be parked in a bike rack and are prohibited inside buildings or work areas.
- Speed limits are 20 mph on main roads, 10 mph on secondary roads and 5 mph in parking lots. Citations will be issued for parking/speeding violations.

- Boise VAMC is a smoke free medical center.
- Key Control. Reporting lost government keys.
- ID Badges: Report when lost or missing.

WHAT YOU CAN DO?

Report all suspicious activity to Police Service immediately. Your actions will make a difference.

We welcome you and your contributions to the total effort.

References:	
Medical Center Security Plan	MCD 07B-XX-05
Contact Person for Questions:	
Chief of Police	Ext. 1122

SECURITY TEST QUESTIONS
(Using the ANSWER SHEET, circle the one best answer)

1. **What are the non-emergent and emergency phone numbers for contacting VA Police?**
   a. 1102 – 7444
   b. 1122 – 7333
   c. 1002 – 7333
   d. 1122 – 7334

2. **The maximum speed limit on Medial Center property is:**
   a. 10 mph
   b. 20 mph
   c. 30 mph
   d. 35 mph

3. **VA Police are federal police officers empowered to make arrest and/or issue Court Violation Notices on federal property:**
   a. True
   b. False

4. **All employees must register their privately owned vehicles with VA Police as soon as possible after being hired:**
   a. True
   b. False

5. **Which of the following best describes those items prohibited on VA property?**
   a. Pocket knife with 4 inch blade
   b. Alcohol and illegal drugs
   c. Firearms
   d. All of the above

Women Veterans Program

Women have played a significant role in the history of our armed forces. Yet, it wasn't until 1992 that legislation began to address women's health care needs, and not until 1998 that guidelines for primary care services for women were established.

FEMALE VETERANS ON THE RISE

As of 2006 the total veteran population within the US and Puerto Rico was 23.9 million, and 1,731,125 of those veterans are women. In 2006 there were 9,660 women veterans in Idaho. Women make up approximately 10% of the total population of VISN 20 veteran users.

Currently 15% of the active force serving in all branches of the military are women. Projections show that by 2010 women will comprise well over 10% of the veteran population, an increase of 6% over current figures.

Women veteran use of VA medical facilities is also increasing.

CENTER FOR WOMEN VETERANS

In 1994 Public Law 103-466 established the Center for Women Veterans in the Department of Veterans Affairs. The primary mission for this center is to review VA Programs and services for women veterans and assure they receive benefits and services equal with male veterans, encounter no discrimination in their attempt to access the services and are treated with respect, dignity and understanding by VA providers.

Most VA medical centers, regional offices and vet centers have a designated Women Veteran Program Manager to assist women veterans in accessing VA benefits and health care services. Equal access to care and adequate privacy are emphasized within the Women Veterans Health Programs.

SERVICES FOR WOMEN VETERANS

Female patients receive complete physical examinations upon admission, including breast and pelvic exams. The VA women's health program supports regular mammograms for female veterans. As in the private sector, clinicians emphasize preventive health care and counseling, including contraceptive services, menopause symptom management and comprehensive gynecologic care.

SEXUAL TRAUMA – A SERIOUS PROBLEM

A study in the year 2000 (Skinner) indicated that more that half (55%) of a sample of 3,632 female veterans reported that they were sexually harassed while in the military, and almost on quarter (23%) reported they were

sexually assaulted. Women reporting sexual trauma have a three times higher rate of depression, and a two times higher rate of alcoholism than those not reporting sexual trauma.

The VA has been authorized to provide specialized counseling and treatment for the after effects of sexual trauma that occurred during military service. A national, toll-free phone line (1-800-827-1000) is designated as the contact number for veterans to receive information, assistance and referrals on issues related to sexual trauma in the military.

RESEARCH ON ISSUES RELATED TO WOMEN'S HEALTH

The VA conducts research on issues related to women's health care, including breast cancer, osteoporosis, mental health, post traumatic stress disorder and access barriers to health care. Results of these projects have contributed to improved health care for all veterans within the VA network.

CURRENT STATUS OF WOMEN VETERANS' HEALTH CARE

Despite this growing presence of women in the VA, evidence suggests that VA clinicians are generally less familiar with women's health issues, less skilled in routine gender-specific care, and often hesitate to perform exams essential to assessing a woman's health.

To better address women veterans' health, a VISN 20 (The Veterans Integrated Systems Network that Boise belongs to) Women Veterans Health Task Force was established in January of 2000. The Task Force has worked to recommend VISN-wide policies and measures to ensure a standard of care across the network. In addition, the Task Force recommends measures to track the success of these efforts. Targets of the Task Force are to:

- Provide a Women Veterans Coordinator at each network facility
- Ensure a Women's Health Clinic / Team be operational at each facility, prepared to meet the unique bio-psychosocial needs of female veterans
- Provide qualified clinicians, equipment, and a safe, private environment for performing complete female exams
- Place signs in primary care and mental health clinics, alerting patients and providers to pregnancy-related issues
- Disseminate information regarding female veteran benefits to administrative and clinical staff
- Develop patient-focused materials regarding women's health services and new benefits
- Provide ongoing education for clinical staff regarding urgent female healthy problems
- Provide adequate patient education materials and provider reference materials surrounding women's health issues
- Conduct post-partum surveys to measure performance of care

WOMEN'S HEALTH AT THE BOISE VAMC

A **Women's Health Clinic**, specifically designated for women veterans gynecologic and women's health care needs, has been established at the BVAMC. Annie Fife, MSN, WHNP-C is the Women Veteran Program Manager. It is available **Wednesday through Friday** from 8 AM – 4:30 PM and located in the **3rd floor of Building 85.** It can be accessed by taking the elevator near the canteen to the 3rd floor and then turn left and look for the clinic sign next to the door to the clinic.

A comprehensive gynecologic clinic is available for any female veteran patient wanting to receive women's healthcare. In addition to the WVPM/SHNP, the clinic staff includes an experienced LPN, physician assistant and consulting gynecologists who staff two mornings per week. Necessary gynecologic surgery is handled through the Women's Health Clinic. Clinic staff provides gynecology training time as requested with both Internal Medicine residents at the VA as well as medical students from the University of Washington.

The clinic includes a breast care clinic for veterans needing follow-up care after diagnostic mammogram or breast ultrasound. This clinic is available two afternoons per month for patient exams, review of reports and x-ray films with the female veterans by an experienced female staff surgeon.

Contact the Women's Health Clinic by calling 422-1000, extension 7758

HOW CAN WE HELP?

As employees of the Boise VA, we can all help by:

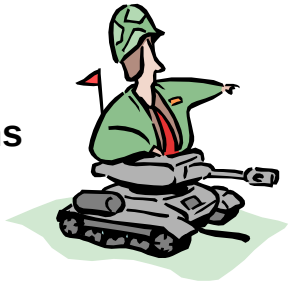
- Welcoming female veterans into our system
- Learning all we can regarding female health issues
- Being sensitive to women veterans unique health care needs and privacy issues.
- Assisting female veterans to access the services that they are eligible for

Policy References:

Chaperone Policy	MCD 11-04-38
Women Veterans Advisory Committee	MCD 00-XX-18
VA Women's Program http://www.1.va.gov/womenvet	

Contact Person for Questions:

Women Veterans Coordinator Ext 1324



Women Veterans Program TEST Questions

(Using the ANSWER SHEET, circle the one best answer)

Q1. During the time period of 1990-2010, the female veteran population is expected to decrease.

a. True
b. False

Q2. In general, VA clinicians lack familiarity with women's health issues.

a. True
b. False

Q3. The Boise VA does not have a Women Veterans Coordinator.

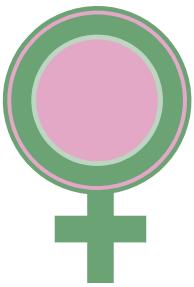
a. True
b. False

Q4. In a recent study of female veterans, more than half reported that they had been sexually harassed.

a. True
b. False

Q5. Women reporting sexual trauma have increased rates of depression & alcoholism.

a. True
b. False

Q6. Women veterans have the right to a chaperone during clinic visits and exams.

a. True
b. False