



Specializing in Healthcare Staffing Since 1995  
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## Abuse & Neglect Competencies

**In this packet you will find the answers to these Questions:**

- What is patient abuse?
- What kinds of patient abuse are there?
- What should I do if I suspect a patient is being abused?
- What should I do if I feel a patient is abusing me?

**Patient Abuse is defined as:**

“An act against a patient (whether provoked or not provoked) which involves physical, psychological, sexual or verbal abuse”.

A comprehensive list of patient’s rights is posted on each unit:

- Right to privacy
  - Right to treatment with dignity
  - Right to receive prompt and appropriate treatment
  - Patients will not be denied their legal rights while hospitalized
  - Right to communicate freely and privately
  - Right to receive unopened mail
  - Right to social interaction
  - Patients will be afforded opportunity to write letters and be assisted in doing so
  - Right to wear own clothes and to keep personal possessions
  - Right to religious worship
  - Right to keep and spend own money
  - All information is kept confidential
  - Right to make decisions involving health care
  - Right to have information to make decisions consistent with wishes
- Memorandum No. 00-7

There are many forms of Patient Abuse such as: Mental abuse and Physical abuse.  
Physical abuse is the type that often comes to mind first. Abuse may also be Non-Verbal

<b>Intimidation</b>	<b>Ridicule</b>	<b>Teasing</b>
<b>Harassment</b>	<b>Scolding</b>	<b>Harsh Speech</b>
<b>Threatening</b>	<b>Indifference</b>	<b>Rudeness</b>

Deliberately Provoking  
All are types of verbal abuse/sexual abuse. We have all heard nurses make comments like these to the patients in their care. Although we tend to overlook it, verbal abuse is more common than we like to admit.

### **Verbal Abuse**

- “Just look at the mess you’ve made!”
- “Can’t you do that yourself?”
- “You’d better drink this or we’ll put a tube down your throat!”



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### **Physical Abuse**

Physical abuse is described as contact, which may do bodily harm. Pinching, Striking, Unnecessary Roughness, and Feeding Patient too Fast

*Neglect is a form of patient abuse. This would be failing to attend to the patient's needs INTENTIONALLY.*

Leaving the patient unattended for long periods - Failing to check the patient in restraints - Not screening the patient to provide privacy Penalties for patient abuse depend on the seriousness of the offense and on the reasonably established evidence. Possible penalties include: Written counseling by supervisor, written reprimand which goes in the personnel record, Suspension, and Dismissal

What is your responsibility if you observe or suspect abuse of a patient of any probable or claimed occurrence of patient abuse?

First: Secure and protect the patient

Second: Report promptly to your immediate supervisor and give the facts

Third: Fill out an incident report

How do you deal with a patient who is **Abusive to staff????** The competent patient who is physically abusive may be subject to disciplinary action. If the patient is not competent, the Interdisciplinary Treatment Team must meet so that the treatment plan is appropriately modified.

How might be the best way to deal with a verbally abusive patient?

Keep your cool!

If the patient has asked a question, answer it calmly and objectively.

Make sure the patient will be safe.

Leave the room for a short time.

Be sure to tell the patient when you plan to return.

Document the behavior on the medical record.

Be sure that the patient has a good interdisciplinary treatment plan so that there is uniformity their care. This decreases the opportunity for manipulation by the patient.

**Keep in mind that the safety of the patient is a priority at all times!**



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## Age Specific Competencies

**By developing age-specific and cultural competencies, you can help your organization meet JCAHO standards.**

Age-specific and cultural competencies are tools for learning more about how to best meet each patient's unique needs as you care for him or her.

There are many ways to learn about each patient's specific needs. Depending on the patient and your job, it may be appropriate to:

Ask the patient questions (and talk with his or her family)

Ask your supervisor for information or training

Look for clues, such as what the patient wears or keeps in his or her room, or how he or she acts around others  
Talk with co-workers, community members or others who may know about the needs of people in a certain age or cultural group  
Read about the culture or age group (look for information in your organization's library or a local library).

**Each patient is unique.** Always keep in mind that: Growth and development follow general patterns. But every person grows and develops in his or her own unique way. Not every member of a cultural group may share all of its values, beliefs or practices. A patient may appear similar to you, but still be different from you in certain ways. Avoid stereotyping a patient - - consider all the factors that may affect his or her care needs.

### EDUCATION

Helps ensure that patients and families get the information they need to have healthy habits and to take part in care. It includes assessing learning needs, abilities, preferences and readiness to learn. Factors to consider may include: cultural and religious practices, language needs and any needs for access to schooling, for school-age patients. How are the education needs of patients and families assessed?

### IMPROVING ORGANIZATION PERFORMANCE

Helps ensure continued improvement in patient health outcomes. It involves:

Evaluating how well tasks are performed

Considering patients' and families' views about how well care meets their needs and expectations (for example, the helpfulness or education about safe medication use.)

How are patients' and families' views included in efforts to improve performance?

### MANAGEMENT OF HUMAN RESOURCES

Helps ensure that staff are competent to do their jobs. One key area is assessment of a staff member's age-specific competencies. What special skills and knowledge does my job require for the age groups I work with? How is my job competence assessed? What is my organization's policy about excusing an employee from a duty if his or her values or beliefs conflict with a patient's?

**Know the other JAHCO standards, too.** For each standard, ask yourself and your supervisor. How can I do my job better to help meet the age-related cultural and other care needs of our patients? By developing age-specific and cultural competencies, you can help your organization meet its goals for providing quality care to each patient.

Age-specific competencies involve understanding the development, and the health needs, of the age groups you work with. You may work with:

- Infants and toddlers
- Children
- Adolescents
- Adults



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Cultural competencies involve understanding and respecting the patient's cultural values, beliefs and practices. It's important to consider:

- Views about health and health care
- Family and community relationships
- Language and communication styles
- Ties to another country or part of the US
- Food preferences
- Religion
- Views about birth and death
- Other factors that may affect care needs

It can help to have some basic knowledge about the major cultural and religious groups your organization serves, to use as a starting point. What primary age groups does my organization serve? What other age groups do we work with in caring for our patients? What cultural groups do we serve? What religious groups do we serve? What languages do our patients speak?

### **Age-specific competencies for infants, toddlers and young children.**

#### **Infants and toddlers (birth to age 3)**

Healthy growth and development

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

Ways to provide age-specific care

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

#### **Young children (ages 4 to 6)**

Healthy growth and development

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

Ways to provide age-specific care

- Continue to stress to parents the need for checkups, screenings and immunizations.
- Explain procedures and objects in ways the child can understand. Avoid words that might be scary. Show how equipment is used. Use toy equipment or other visual aids. Give the child chances to help.



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- Reassure the child that the procedure is not a punishment.
- With a younger child, explain the procedure just before you perform it.
- Give the child chances to express feelings and ask questions (through talk and play). Encourage a younger patient to bring a security object, such as a blanket.
- Ask parents about any concerns they may have (for example, with setting limits). Ask the child questions, too (about school or friends, for example). Teach about healthy eating, hygiene and safety, as the child grows more independent.

How does my job support my organization's work with infants and toddlers? How do I help meet the unique needs and values of parents and their infant or toddler? How do I involve parents and their child in care? How does my job support my organization's work with young children? How do I help meet the unique needs and values of parents and their young child? How do I involve parents and their child in care?

#### **Age-specific competencies for older children and adolescents**

##### **Older children (ages 7 to 12)**

Healthy growth and development

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

Ways to provide age-specific care

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

##### **Adolescents (ages 13 to 20)**

Healthy growth and development

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

Ways to provide age-specific care

- Emphasize the continued need for checkups, screenings, and immunizations.



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

**How does my job support my organization's work with older children? How can I help meet the unique needs and values of older children and their family? How do I involve older children and their parents in care? How does my job support my organization's work with adolescents? How can I help meet the unique needs and values of adolescents and their family? How do I involve adolescents and their parents in care?**

#### **Age-specific competencies for adults ages 21 to 64**

##### **Young adults (ages 21 to 39)**

###### Healthy growth and development

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

###### Ways to provide age-specific care

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

##### **Middle adults (ages 40 to 64)**

###### Healthy growth and development

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

###### Ways to provide age-specific care

- Continue to encourage checkups, screenings and immunizations.
- Encourage as much self-care as possible.



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

How does my job support my organizations work with young adults? How can I help meet young adults' unique needs and values? How do I involve young adults and their families in care? How does my job support my organization's work with middle adults? How can I help meet middle adults' unique needs and values? How do I involve middle adults and their families in care?

### **Age-specific competencies for adults ages 65 and older**

#### **Adults ages 65 to 79**

##### Healthy growth and development

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

##### Ways to provide age-specific care

- Stress the need for immunizations, checkups and screenings. Encourage healthy habits (nutrition, exercise, hygiene, etc.) and social activity.
- Educate about safety measures (including fall prevention, safe medication use and using caution with hot water).
- Provide a safe, comfortable environment (night light, proper temperature, etc.). Allow time for rest. Adapt procedures to physical changes (fragile skin, for example).
- Give the patient chances to reminisce, to help promote a positive self-image.
- Encourage the patient and family to take an active role in care. Discuss concerns. Talk about family and other support systems.

#### **Adults ages 80 to older**

##### Healthy growth and development

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

##### Way to provide age-specific care

- Continue to stress the need for screenings, checkups, and immunizations.
- Encourage physical and social activity. Encourage reminiscing.
- Promote, and assist with, self-care and independence as much as possible. Assist with end-of-life planning.
- Monitor age-related risks, such as skin problems. Adapt techniques as needed (for example, using extra caution when moving or touching the patient, to avoid bruising). Allow for frequent periods of rest.
- Ensure safety measures to prevent falls and burns. Educate about home safety and safe medication use.



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- Educate in an appropriate environment with suitable materials. Involve the patient and family or other caregiver. Teach while the patient is at peak energy. Avoid rushing.

How does my job support my organization's work with adults ages 65 to 79? How can I help meet the unique needs and values of adults ages 65 to 79? How do I involve adults ages 65 to 79, and their families, in care? How does my job support my organization's work with adult's ages 80 and older? How can I help meet the unique needs and values of adult's ages 80 and older? How do I involve adult's ages 80 and older, and their families, in care?



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## **Protective Devices Restraints & Restraint Alternatives Competencies**

### **Protective Devices Restraints – Restraints Alternatives**

**Purpose:** The purpose of this module to acquaint new nursing staff concerning the restraint-proper environment.

**Introduction:** Nursing service discourages the use of restraint devices except in instances where patients could harm themselves or others without the devices. When the use of a restraint device is deemed necessary as part of the treatment plan, it is important that nursing staff understand how to use them correctly for the safety of patients/residents and to protect themselves professionally and legally.

#### **Instructions:**

- Read the objectives of the module
- Read the content of the module
- Read “Use of restraints and Seclusion”
- Read each section
- Complete the posttest within the appropriate section and submit your answers

#### **Objectives:**

1. Identify the components of a valid order for restraints.
2. List alternatives to restraints.
3. Identify observation and documentation requirements with the use of restraints.
4. State the least restrictive restraint that should be used within a given situation.

#### **Definition of Restraint:**

A restraint is any method (physically or chemically) of restricting a person’s freedom of movement, physical activity, or normal access to his/her body and in which the individual cannot remove easily.

### **PROTECTIVE DEVICES RESTRAINTS – RESTRAINTS ALTERNATIVES EFFECTS OF RESTRAINT USE**

Restraints can be useful by allowing needed treatment for combative or confused patients but they can cause serious harm.

#### **Negative physical effects include:**

- Pressure sores
- Skin abrasion
- Incontinence
- Decreased muscle strength and muscular atrophy
- Constipation
- Nerve compression
- Pneumonia

#### **Psychosocial Adverse Effects Include:**

- |                         |                |
|-------------------------|----------------|
| Social isolation        | Panic and fear |
| Agitation and confusion | Anger          |
| Apathy                  | Withdrawal     |



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### **ASSESSING THE PATIENT IS THE FIRST**

Ask why the restraint is needed for the patient.

If the patient has a history of falling, the following needs assessed:

- What time of the day does the patient fall
- Where do the falls occur
- Does the patient experience any symptoms prior to falling
- What was the patient attempting to do prior to the fall

### **Intrinsic risk factors related to falls**

- Impaired vision
- Lower extremity dysfunction
- Cognitive impairment
- Bladder dysfunction
- Medications
- Postural hypo tension

### **Extrinsic factors related to falls**

- Elevated bed height
- Bedside rails compromising bed exit
- Low seated chairs
- Low seated toilets without grab rails
- Poor lighting
- Slippery floors
- Bedroom and hallway clutter
- Improper walking device
- Faulty footwear
- Medical assistance devices (IV pole)

### **Psychosocial factors to consider**

- Recent admission (can be very stressful)
- Memory/recall ability (can not remember that he cannot walk independently)
- Problem behaviors (wandering, disruptive)

### **PROTECTIVE DEVICES RESTRAINTS – RESTRAINTS ALTERNATIVES CONSIDER ALTERNATIVES**

Alternatives to restraints foster maximum patient functioning. Identifying successful restraint alternatives requires an individualized team approach.

### **Consider environmental changes**

- Adjust bed height to reduce risk of falls
- Place often used items within easy reach
- Apply non-slip strips to flooring where needed
- Improve lighting
- Put stop signs or other visual barriers at restricted doorways for wanderers



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#### **Attend to physiological needs**

- Medicate for pain
- Avoid constipation
- Provide for incontinence, check often to see if they need toileting
- Prevent dehydration
- Stimulate senses if sensory deprived
- Decrease noise if agitated/provide for naps
- Observe for adverse medication effects

#### **Use supportive devices for patients with poor balance/posture control**

- Use wedge cushions or posey grip to prevent sliding out of chair
- Provide lateral/anterior torso supports and cushions to prevent leaning while sitting in chair
- Have patients wear non slip footwear

Note: Any supportive device that a patient cannot remove and wants to remove in order to ambulate or have free movement of his/her extremities is considered a restraint.

#### **Provide for activity**

- Enroll in walking program
- Give patient small chores to do if appropriate
- Arrange for group activities
- Use volunteers, friends or family members to provide companionship

#### **Consider the use of alarms**

- Personal alarms
- Bed/wheelchair alarms - These devices are available through our SPD

Re-evaluate the need for a medical device such as an IV or nasogastric tube if the patient keeps pulling at these devices.

**NOTE: Mittens are often used with patients who have a nasogastric tube. If the mitten is NOT tied down to an immovable object it is NOT considered a restraint in the medical/surgical or intensive care units. However, ANY use of mittens either tied down or not IS considered a restraint in the nursing home care units.**

#### **CARE OF THE AIMLESS WANDERER**

The aimless wanderer paces without purpose. This patient is often found in and out of other patients' rooms. He/She has a short attention span and is easily distracted.

When managing the aimless wanderer:

- Observe frequently
- Keep the hallways free of obstacles
- Provide adequate lighting
- Use half-sided bedrails
- Provide safe footwear
- Electronic alarms may be helpful
- Provide regular toileting

#### **PROTECTIVE DEVICES RESTRAINTS – RESTRAINTS ALTERNATIVES**



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### **CARE OF THE PURPOSIVE WANDERER**

The purposive wanderer is more difficult to manage because this patient becomes easily agitated and may have co-existing behavior problems. The purposive wanderer has a specific goal or objective that he/she is attempting to reach.

When managing the purposive wanderer:

- Early identification of this type of patient is important
- Provide a structured/consistent approach
- Focus on the emotion or need expressed, not the action
- Walk with the patient
- Do NOT attempt to orient to reality
- Do NOT argue
- AVOID restraining

### **CARE OF THE AGITATED/DISRUPTIVE PATIENT**

When managing this patient:

- Prevent the behavior if at all possible
- Include family input in care plan
- Provide liberal visiting with loved ones
- Ensure continuity of staff
- Convey calmness/friendliness
- Do NOT rush patient

### **EDUCATE PATIENTS AND FAMILIES**

Patients and families need to receive education concerning alternatives to restraint use, the correct application of restraints and attention to the special needs or restrained individuals. Families may often act as an alternative to restraint use while family members are present with the patient.

### **THE USE OF SIDE RAILS**

Side rails on beds are used extensively in hospitals and nursing homes. A misconception is that side rails are an effective and/or benign safety device. Depending upon the patient's status, all types of side rails pose an increased risk to safety. This risk is increased regardless of the patient's condition when side rails are used in combination with any physical restraint attached to the body such as vest/chest, waist, and leg/arm.

The most common form of injury to persons enclosed by side rails occurs when the patient climbs over the rails and falls to the floor. A second type of injury relates to injuries caused when patients are trapped between the side rails and the mattress or bed frame in a way that can cause death. These injuries are more common when there is miss-sizing of bed and mattress and/or when patients are confused, restless, agitated, ambulatory and/or partially independent in transferring. Finally, side rails can cause adverse effects related to immobility and deleterious psychological effects.

NOTE: Any use of side rails for patients in a nursing home is considered a restraint. However the use of side rails for patients in the medical/surgical or intensive care units are NOT considered a restraint.

**REMEMBER! RESTRAINTS ARE A LAST RESORT.**

**ONLY THE LEAST RESTRICTIVE RESTRAINT IS USED.**



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## **HIPAA Lesson 1**

What Information Is Protected by HIPAA Privacy Regulations?

### **Introduction**

This lesson will help you understand what information the HIPAA privacy regulations protect. Agencies/facilities have established both organization and departmental policies and procedure on handling protected health information (PHI) to help you comply with the law.

To help you recognize PHI in all its forms, we'll tell you what the law requires and give you seven rules for identifying PHI. There's a quiz at the end of the lesson to help you test your understanding of PHI.

### **Definition of PHI**

Let's review the definition of PHI.

Information is Protected Health Information (PHI) if it:

- is created or received by a health care organization subject to HIPAA
- identifies an individual or there is a reasonable basis to believe it could be used to identify an individual; and
- is related to the individuals past, present, or future physical or mental health or condition.

**Forms of PHI** - Information can be protected health information (PHI) regardless of whether it is:

- spoken (for example, a conversation between a doctor and a nurse),
- on paper, or
- electronic

**7 Rules** - There are seven rules you can use to identify what information constitutes PHI. Each rule will be discussed in detail.

### **Rule 1 – PHI Can Be Written or Oral**

Written PHI: A patient's medical record is an obvious example of PHI. However, there are many other written materials around the agency/facility that you may not think of as being particularly sensitive but could, in fact, be considered PHI. Here are a few examples of written items that could be considered PHI under the right circumstances:

- A sign-in sheet in a reception area if it includes the patient's name and the reason for her visit;
- A code that documents a specific health procedure or test received by an individual; and
- A patient identification bracelet or badge or an insurance card

Oral PHI: Oral communications, too, can be considered PHI, including:

- A conversation with a colleague in the hallway about a patient's health
- An appointment reminder message left on an answering machine;
- A telephone call to verify health insurance coverage;
- A patient's medical record dictated onto a tape; and
- Calling out a patient's name in a waiting room**

### **Rule 2 – PHI Can Be Recorded on Paper, Computer or Other Media**

PHI can be information that is written or:

- typed on paper,
- recorded on or sent by a computer
- it can also be information in any other media, such as X-ray films



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PHI can include, not just paper documents stored in a patient's medical file, but also:

- Physician dictation on tape that hasn't yet been transcribed;
- Patient status boards;
- Eligibility printouts such as information sheets printed by facility outlining if an individual's health plan covers a requested health care service;
- Patient or member financial records;
- Face sheets or cover sheets on health records, such as copies of patient demographic information on files;
- X-ray films, pathology slides or monitor strips; and
- Test results

**Computerized PHI** can include health information:

- appearing on computer monitors and screens;
- transferred by magnetic or optical devices from one location to another;
- stored or communicated on the Internet;
- stored on electronic memory chips, magnetic tapes, discs, or CDs.

### **Rule 3 – Information that Reveals the State of a Person's Health Can Be PHI**

As you have learned, health information is considered PHI:

- if a person is identified and the information is about the past, present, or future physical or mental health or condition of that person.
- Health or condition can include a variety of situations beyond what you might typically expect.

**Example:** "condition" isn't limited to illnesses; being healthy is also a condition for the purposes of the HIPAA privacy regulations.

### **Information that Reveals the State of a Person's Health Can Be PHI cont'd**

The following examples include information related to an individual's health or condition and would be considered PHI under the HIPAA privacy regulations:

- An announcement sent to a local newspaper by a hospital naming babies born that day – since birth information is information on a health condition;
- A postcard from a fertility clinic reminding a patient of her next treatment since the reminder discloses that the patient has been and will be receiving treatment;
- A list of patients who received immunizations as part of preventive care;
- Information about the sale or dispensing of drugs, or the sale of medical equipment and devices, like crutches or to a particular individual.

Even a seemingly insignificant piece of information may provide a lot of information about an individual's condition, or health status.

**Example:** The simple fact that Mrs. Jones has an appointment with Dr. Ross does not seem like a big deal. But if Dr. Ross happens to be an AIDS specialist, this piece of information suggests that Mrs. Jones may have, or think she has, AIDS. As a result, it could be considered PHI. Information regarding payment for health care services is also considered PHI. Billing, coding, claims, and financial information created or received by Presbyterian is PHI. That means PHI is used or disclosed when:

- A billing clerk from Doctor X's office calls a clerk from Doctor Y's office to get coding information for a patient they've both treated;



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- A claim for payment from Medicare, Medicaid, or a children's health insurance program.
- 

#### **Rule 4 – Information Must Be ‘Individually Identifiable’ to Be PHI**

Not all health information is considered PHI. According to the law, the information must:

- relate to health; and
- also be “individually identifiable”

Generally, this means that someone seeing or hearing the health information can identify the person and the information is about.

Certain information like Social Security numbers and patient account numbers are unique to an individual and can be used alone to identify a person. Health information that can be linked with their unique identifying numbers or codes that relate to either the individual their relatives, employers, or household members is considered PHI.

**Example 1:** A medical record number is assigned to a specific patient. A blood test result lists the patient’s medical record number, so the report can be filed in the appropriate patient chart. Even though it may not contain a patient name, the report is considered PHI since it contains an identifying number.

**Example 2:** After a patient is discharged from a hospital, an empty prescription bottle is found in her room. The bottle label shows patient’s name, the doctor’s name, the drug’s name, and dosage instructions.

The label is considered PHI because it discloses both the patient’s name and information about her health or condition; namely, the she takes a certain drug.

#### **Rule 5 – Health Information Can Be PHI If There Is a Reasonable Basis to Believe It Could Be Used To Determine a Person's Identity**

Sometimes, one item of information alone won't identify a person, but a combination of items will:

**Example:** A ZIP code, by itself, does not reveal a patient's identity. But a combination of items, like a ZIP code and a street address, may give you a reasonable basis for linking health information to a particular person. If it does, the health information is considered PHI. A reasonable basis for determining a person's identity means that, without taking any extraordinary measures, someone could link health information to a specific person.

In order for PHI to be considered de-identified the following identifiers of the individual, his or her relatives, employers, or household members must be removed:

- Names;
- Social Security numbers;
- Driver's license numbers or vehicle license plates;
- Telephone or fax numbers;
- Addresses or part(s) of an address that reveal a geographic subdivision smaller than a state-for example, a street address, city, county, precinct, or ZIP code;
- E-mail address, internet Protocol address (IP) or URL;
- Birth dates, hospital admission or discharge dates, date of death or any other dates that are "directly related to an individual";
- Medical record numbers;
- Account numbers;
- Health plan beneficiary numbers;
- Device identifiers and serial numbers;



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- License or certificate numbers;
- Biometrics identifiers, including finger or voiceprints;
- Full face photographs or comparable images;
- Any other unique identifying number, characteristic, or code that could be used alone or in combination with other information to identify an individual; and
- There is not actual knowledge that the information could be used alone or in combination with other information to identify the person who is the subject of the information.

*Example:* A hospital billing clerk overhears two nurses discussing a patient discharged that day after a serious asthma attack. The nurses remark that the patient had trouble arranging transportation home, mention her neighborhood, and refer to the patient as "she." None of the items of information by itself, the neighborhood, the patient's sex, the date of discharge, or the health information (the asthma attack) would be enough alone to identify the patient. But together, they may provide a reasonable basis to identify the individual. The billing clerk may be able to identify the patient by using a Presbyterian computer system to search by particular fields, such as ZIP code and discharge date.

**Rule 6 – Health Information Created or Received by Presbyterian Can Be PHI**

*Example:* Individually identifiable health information created or received by health care providers or insurers covered by the HIP AA law (such as Presbyterian Healthcare Services, Albuquerque Ambulance or Presbyterian Health Plan) is PHI.

Health care organizations covered by the law include:

- Hospitals;
- Doctor's offices;
- Health plans;
- Dental offices;
- Pharmacies;
- Laboratories;
- Chiropractors;
- Home health agencies;
- Hospices;
- Ambulance services; and
- Nursing homes.

*Example:* A physician gets copies of individually identifiable health information from a lab. That information is PHI that must be protected according to the same standards as any PHI the physician collects directly from the patient while under his care.

**Rule 7 – 'De-Identified' Health Information is No Longer PHI**

Two Methods of De-Identifying PHI:

Health information that does not identify an individual or cannot reasonably be used to identify an individual is considered 'de-identified'. Once health information has been de-identified, it's no longer PHI and is not subject to HIP AA privacy law.



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There are only two methods to de-identify PHI:

Method	Explanation
<p>1. Get an expert's determination that the risk is very small that the information could be used to identify an individual.</p>	<p>A person who has expertise in “generally accepted statistical and scientific principles and methods” can determine that there’s only a very small risk that the information could be used alone or in combination with other reasonable available information to identify a person.</p> <p>The expert must document the methods and reasons for making this determination. The only person with the appropriate knowledge and expertise authorized to make this determination for our organization is the actuary employed by agency/facility.</p>
Method	Explanation
<p>2. Strip all the identifiers out of the information.</p>	<p>The second way to de-identify health information is to strip all 16 of the identifiers listed in the discussion III Rule #5, above.</p> <p>In addition, if Presbyterian knows of any other item of information that could be used alone or in combination with other information to identify the individual, even though it's not one of the listed 16 identifiers, it must remove that item, too. Whichever method it uses to de-identify health information, the health care organization may want to assign a code to make the de- identified information re-identifiable later.</p> <p>This is okay if:</p> <ul style="list-style-type: none"> <li>• The code isn’t derived from or related to information about the individual (i.e.: a patient’s Social Security number in reverse order) and isn’t otherwise capable of being translated so as to identify the individual; and</li> <li>• The health care organization keeps the code secret and doesn’t use or disclose it for any other purpose</li> </ul>



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### **The 7 Rules for Identifying PHI at a Glance**

Use these 7 Rules to help identify PHI:

Rule #	Rule
1	PHI Can Be Written or Oral.
2	PHI Can Be Recorded on Paper, Computer, or Other Media.
3	Information that Reveals the State of a Person's Health Can Be PHI.
4	Health Information Must Be 'Individually Identifiable' to Be PHI.
5	Health Information Can Be 'Individually Identifiable' and Therefore, PHI, if It Gives a Reasonable Basis for Determining a Person's Identity.
6	Health Information Can Be PHI Whether Your Organization Creates It or Receives It.
7	Health Information that Is PHI Can Be Turned Into Non-PHI if it's 'De-Identified'.



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## **HIPAA in a Nutshell** **Privacy Regulations**

### Introduction

New federal privacy regulations require health care organizations to protect the privacy and confidentiality of patients or members' health information or face severe penalties:

- Individuals, who work for, or volunteer at, healthcare organizations and who have or may later gain access to patients or members' health information will play a critical role in ensuring agency/facility compliance with the privacy regulations.
- Every employee and volunteer needs to be familiar with what the regulations say because they may also face fines and penalties individually if they violate the law.

This overview of the HIPAA Privacy Regulations will be followed by a series of lessons that explain in more detail specific aspects of the HIPAA regulations and policies that may affect your job.

### Objectives

At the end of this lesson, learners should be able to:

1. Identify what the acronym HIPAA stands for,
2. Describe the type of information covered by the HIPAA privacy regulations.
3. List some examples of "protected health information" (PHI).
4. Describe who must comply with HIP AA privacy regulations,
5. State the compliance effective date,
6. Describe the penalties for non-compliance for individuals,
7. Locate and discuss the eight key points of the HIP AA privacy regulations,
8. Describe when a state law would supersede HIPAA Privacy regulations,
9. Follow the tips for keeping computerized information private.

### HIPAA Includes More than Privacy Regulations

In 1996 Congress passed the Health Insurance Portability and Accountability Act, a federal law referred to as "HIPAA". Although this training focuses on the privacy regulations, you should be aware that HIPAA covers a number of different health insurance issues in addition to privacy:

1. HIPAA establishes national standards that all health care organizations and insurers must use when they exchange health information electronically.
2. HIPAA also includes two sets of regulations to safeguard the privacy and confidentiality of patients and members' health information.
  - One set is the *health information security regulations*, which deal with how you protect electronic health information from unauthorized access; and
  - The other set of regulations is the *privacy regulations*.

This training will cover the *privacy regulations*.



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**HIPAA and Other Privacy Laws** Other long-standing privacy laws exist, at both the state and national level. Federal

health insurance programs like Medicare and Medicaid include rules and standards to protect patient and member privacy, as do accreditation agencies like JCAHO and NCQA. HIPAA will impact the health care industry more than any previous federal or state privacy laws for several reasons:

- HIPAA is the first national law to include privacy protections for all kinds of patients;
- HIPAA privacy regulations affect virtually any person or organization that provides health care or health insurance (or handles medical information on behalf of a person or organization that provides those services, and
- HIP AA privacy protections for patients and members are more sweeping and detailed than anything in previous laws.

**What Information Do the Privacy Regulations Cover?**

The privacy regulations cover what's called "*protected health information*" (PHI). Information is Protected Health Information if it:

- is created or received by a health care organization subject to HIPAA;
- identifies the individual or there is a reasonable basis to believe it could be used to identify the individual; and is related to the individual's past, present, or future physical or mental health or condition.

Information can be protected health information (PHI) regardless of the form it is in:

- spoken (for example, a conversation between a doctor and a nurse),
- on paper, or
- electronic

**Who Must Comply?**

Two kinds of organizations are affected by the HIPAA privacy regulations:

1. *Covered entities* – HIPAA privacy regulations apply directly to Covered Entities. There are three kinds of covered entities:

- Health plans - an HMO or a group health plan that provides health benefits to the company's employees;
- Health care clearinghouses - a billing company or repricing company; and
- Health care providers such as, physicians, hospitals, and home health agencies. Health care providers are covered if they electronically transmit certain health insurance transactions, such as billing, eligibility, or referral transactions. Health care providers are also covered, even if they keep only paper records, if they hire a third party to transmit those electronic transactions on their behalf.

**Business associate** – An organization (or individual) that's not a covered entity may still be indirectly affected by the privacy regulations if it is a "business associate" of a covered entity. The regulations require covered entities to have contracts with business associates that protect PHI.

**Definition:** A business associate is an individual or organization that "performs or assists in the performance of" an activity that involves the use or disclosure of protected health information on a covered entity's behalf. For example:

- billing companies,
- claims processing companies,
- attorneys,



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- accountants, and
- practice management companies.

Compliance Effective Date: The HIPAA privacy regulations become effective on April 14, 2003.

**Penalties for Noncompliance**

There are stiff penalties for violating the privacy regulations of HIP AA, including possible fines and jail time. It is not just the organization that's subject to penalties. Members of health care workforce who commit violations may also have to pay fines or go to jail.

Here are some of the potential consequences of committing a privacy violation:

<u>Types of Penalties</u>	<u>Consequences of Committing Privacy Violations...</u>
Civil Penalties	Civil penalties include fines of up to \$100 per violation per person, with a maximum total fine of \$25,000 for all violations of the same requirement or prohibition in a calendar year.
Criminal penalties	Criminal penalties can include fines and jail time as follows: <ol style="list-style-type: none"> <li>Knowingly releasing PHI in violation of HIPAA can result in a fine of up to \$50,000, up to a year in prison, or both;</li> <li>Gaining access to PHI under false pretenses (for example, misrepresenting yourself as a physician so you can see a patient's medical file) can result in a fine of up to \$100,000, a maximum five-year prison sentence, or both; and</li> <li>Releasing PHI with harmful intent or selling PHI (for example, selling PHI about a famous patient to the media) can result in a maximum fine of \$250,000, a prison sentence of up to 10 years, or both.</li> </ol>

Enforcement: The US Department of Health and Human Services' Office of Civil Rights (OCR) can investigate health care organizations and impose civil penalties.

<u>Types of Penalties</u>	<u>Consequences of Committing Privacy Violations...Continued</u>
Other Consequences	Violating the privacy regulations can also hurt agency's/facility's reputation and ham to its competitive position.

On a more personal level, violating the law or agency's/facility's policies may subject you to disciplinary action up to and including the loss of your job. *Most of all:* It hurts the person whose privacy was violated. Key Points of the HIPAA Privacy Regulations & Regulation Requirements.

The HIPAA privacy regulations require organizations to protect the confidentiality of patients and

members' health information. Here are eight key points to remember regarding the regulations:

Key Point #	Privacy Regulation	Description and Examples
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1	A patient or member authorization isn't required for uses of disclosures of PHI for treatment, payment, or health care operations.	<p>The regulations generally allow the use or disclosure of a patient's or member's PHI without the patient or member's authorization, or permission, when the use or disclosure is for:</p> <ul style="list-style-type: none"> <li>• Treatment,</li> <li>• Payment for healthcare services, or</li> <li>• Health care operations purposes.</li> </ul> <p><i>Exception:</i> Health care organizations may be required to get a patient or member's authorization to use psychotherapy notes for these purposes.</p>
Key Points #	Privacy Regulation	Description and Examples
2	A patient or member authorization isn't required for certain other uses or disclosures.	<p>The use or disclosure of a patient or member's PHI without a patient or member's authorization is allowed in situations involving:</p> <ul style="list-style-type: none"> <li>• Public health activities;</li> <li>• Reporting abuse, neglect, or domestic violence; . Health oversight activities;</li> <li>• Court cases and administrative hearings;</li> <li>• Law enforcement activities;</li> <li>• Helping coroners determine the identity of a dead person and cause of death;</li> <li>• Eye or tissue donations;</li> <li>• Certain kinds of medical research;</li> <li>• Certain fundraising activities;</li> <li>• Certain, very limited marketing activities such as face-to-face conversations;</li> <li>• Efforts to avoid serious threats to health or safety; and</li> </ul> <p>Certain government functions such as intelligence, national security, and workers' compensation.</p>
3	A patient or members must authorize other uses and disclosures.	The HIPAA privacy regulations specify certain uses and disclosures that do require a patient or member authorization before the use or disclosure. The regulations also list the specific elements that must be in a valid authorization.
4	Covered entities must use and disclose the minimum necessary PHI.	The privacy regulations generally require organizations to make reasonable efforts to limit their use and disclosure of, and requests for, PHI to the "minimum necessary" to accomplish the intended purpose of the use or disclosure.
Key Points #	Privacy Regulation	Description and Examples
6	Patients and members have new privacy rights.	<p>The regulations give individuals six new privacy rights, including the right to:</p> <ul style="list-style-type: none"> <li>• Receive a notice describing an organization's privacy practices;</li> <li>• Request restrictions on how an organization uses and to whom it discloses their PHI;</li> <li>• Request that an organization communicate their PHI to them by alternative</li> </ul>



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		<p>means (for example, by telephone instead of U.S. mail) and/or to alternative locations (for example, to their work rather than home address, or in a private area at the hospital instead of a busy waiting room);</p> <ul style="list-style-type: none"> <li>• Inspect and get a copy of the PHI an organization maintains in records used to</li> <li>• make decisions about them;</li> <li>• Request that an organization make amendments (i.e., changes or corrections) to their PHI; and</li> <li>• Get an accounting, or report, of certain disclosures of their PHI in the past six years.</li> </ul>
7	Health plans must restrict employers' access to employees' PHI	<p>Before an employer can receive PHI from a health plan, it must certify in writing to the health plan that it will only use that PHI for certain purposes allowed by law.</p> <p><i>Example:</i> An employer may not use PHI in connection with any employment-related actions or decisions.</p>
8	Covered entities must make administrative changes to protect privacy of PHI	<p>Examples of administrative requirements required by HIPAA include:</p> <ul style="list-style-type: none"> <li>• Appoint a privacy officer;</li> <li>• Train workforce about privacy policies;</li> <li>• Maintain and retain documentation regarding compliance efforts</li> <li>• Establish a procedure for handling privacy complaints; and</li> <li>• Establish a policy to punish privacy violations</li> </ul>

**HIPAA and State Law: How Does HIPAA Affect State Law?** The general rule is that a federal law, like the HIPAA Privacy regulations supersedes or "preempts" state law. This means that federal law is usually followed, rather than state law. However, if a state law is more protective of privacy than HIPAA, the state law applies. If it is possible to comply with both federal and state law, then both laws must be followed.

Every member of the Workforce plays a critical role in keeping our business and patient information secure when using the computer. Please follow these tips for keeping computerized information private:

- Never share your password with anyone
- Do not write down your password and leave it in your work area
- Do not open unexpected email attachments
- Never open attachments from an unknown or suspicious source
- Never download freeware or shareware from the internet without express permission from the Information System (IS) department

**Practice Questions** - Now let's see if you can apply what you have learned in this lesson.

Instructions - Analyze the questions and select the answer you think is right. Good luck!

1. HIPAA is the acronym for:
  - a. Hugely Important People from the Automobile Association
  - b. Health Insurance Portability and Accountability Act
  - c. Healthy Individuals Prepare Actively Act
  - d. Health Information Privacy Auditing Act
  
2. The HIPAA privacy regulations cover what is called "protected health information" (PHI). PHI can be in many forms. Which of the following forms is considered PHI?
  - a. Oral information. For example, two medical staff members are talking about Mrs. Garcia's prognosis in an elevator.
  - b. Written information. For example, a consent form for a medical service is filed in a patient chart.



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- c. Electronic information. A claim image is on a computer monitor.
  - d. All of the examples above are forms of PHI.
3. The compliance effective date for the HIPAA privacy regulations is: December 31, 2002
- a. January 1, 2004
  - b. April 14, 2003
  - c. As soon as possible
4. Penalties for violating the HIPAA privacy regulations can impact:
- a. Only the facility
  - b. Only doctors
  - c. Facility and any member of facility's workforce (you)
  - d. Only health plan members
5. "Workforce" is defined as:
- a. Only employees of agency/facility
  - b. Facility's inpatients and outpatients
  - c. Facility employees, plus volunteers, trainees, and other persons whose conduct in the performance of work, is under the direct control of agency/facility, whether or not they are paid.
  - d. Agency/facility health plan members



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## **Annual Update Mandatory Competency Post Test – 2008**

### Section 1: HIPAA

1. HIPAA is an acronym for Health Insurance Portability and Accountability Act enacted in 1996 by the Federal government.
  - a. True
  - b. False
2. HIPAA's intent is to reduce fraud and abuse, improve quality and efficiency of healthcare, and protects the privacy and security of patient health information and to reduce administrative costs.
  - a. True
  - b. False
3. Validating fax numbers and available recipients is NOT necessary under HIPAA.
  - a. True
  - b. False
4. Examples of protected health information include name, address, social security number and date of birth.
  - a. True
  - b. False
5. Protecting health information requires cautious use of medical records, sign-in sheets, taking of medical histories.
  - a. True
  - b. False

### Section 2: OSHA / Infection Control/ Back Safety/Life Safety / Emergency Preparedness

6. Material Safety Data Sheets (MSDS) contain the following information on chemicals.
  - a. What the chemical is called and what is in it
  - b. What happens if you are affected by the chemical and what first aid steps to take
  - c. How to protect yourself and how to work safely with the chemical.
  - d. All of the above
7. OSHA requires that employers inform employees of the hazardous chemicals that are in the work place to which they may be exposed.
  - a. True
  - b. False
8. Chemicals enter the body through the following "routes of entry".
  - a. Lungs and skin
  - b. Swallowing and injection
  - c. A and B
  - d. None of the above



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9. Never use any container without a label describing its contents.
  - a. True
  - b. False
  
10. In the event of a blood or body fluid exposure.
  - a. Complete an Occurrence Report
  - b. Notify your supervisor immediately for instruction
  - c. Follow up with your employee health representative
  - d. All of the above
  
11. Standard Precautions means that all body fluids are treated as potentially infectious.
  - a. True
  - b. False
  
12. To prevent the spread of blood borne pathogens, you should:
  - a. Wash your hands every time you remove your gloves
  - b. Change sharps containers when they are 2/3's full
  - c. Dispose of all material contaminated with body fluids in a red bag
  - d. All of the above
  
13. You must notify your supervisor if you are exposed to any infectious disease, even if it occurred outside of the hospital.
  - a. True
  - b. False
  
14. To prevent the spread of Tuberculosis:
  - a. Wear a HEPA/N95 Respirator when caring for patients in special respiratory isolation
  - b. Complete your annual health screening
  - c. Notify your supervisor immediately in the event of an exposure
  - d. All of the above
  
15. OSHA mandates that the employee notify Employee Health annually, to be re-fit tested if which of the following has occurred:
  - a. Employee experiences greater than 20 weight change
  - b. Employee now has facial hair
  - c. Significant dental work
  - d. Significant facial plastic surgery
  - e. Change of address
  - f. All of the Above
  - g. A, B, C and D
  
16. Twisting your body when lifting a patient may result in a back injury.
  - a. True
  - b. False
  
17. Always ask for assistance when lifting or transferring a patient if there is any question on the patient's ability to assist or if the patient is too heavy.
  - a. True
  - b. False



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18. Electrical conductors include.
  - a. People
  - b. Water or Damp Floors
  - c. Metal
  - d. All of the above
  
19. When working around electricity:
  - a. Use a 3 prong plug as it prevents electricity from leaking through the wire
  - b. Inspect electrical equipment for damage before using
  - c. Take the equipment out of service if it is not working properly
  - d. All of the above
  
20. Emergency care of an unresponsive patient is done in this order:
  - a. Airway, breathing, circulation
  - b. Breathing, circulation, airway
  - c. Breathing, airway, circulation
  - d. Airway, circulation, breathing
  
21. You establish that a patient is unresponsive after calling HELP, which of these actions should you take?
  - a. Sweep the patient's mouth.
  - b. Administer three quick breaths to the patient
  - c. Open the patient's airway and check for breathing
  - d. Check the patient's pulse and initiate cardiopulmonary resuscitation

Section 3: Risk Management / Patient Safety

22. A new patient safety initiative for 2005/2006 is:
  - a. Reducing the risk of surgical fires
  - b. Completing your charting on time
  - c. Reducing the risk of influenza and pneumococcal disease in older adults
  - d. All of the above
  - e. A and C
  
23. Healthcare workers are required to report suspected abuse.
  - a. True
  - b. False
  
24. How many patient identifiers should be used when taking samples, giving medication or blood products?
  - a. 0
  - b. 2 or more
  - c. 1
  
25. One way to improve use of high alert medications is to remove these medications from patient care units.
  - a. True
  - b. False
  
26. Medication related abbreviations have contributed to medical errors.
  - a. True
  - b. False
  
27. Ways in eliminating wrong-site, wrong patient, wrong-procedure surgery include:
  - a. Verification checklist process



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- b. Surgical site marking
  - c. Timeout
  - d. A and C
  - e. B and C
  - f. A, B and C
28. Research indicates that factors contributing to wrong site surgery include:
- a. Inadequate patient assessment
  - b. Emergencies
  - c. Use of abbreviations related to the surgical procedures, site or laterality
  - d. All of the above
29. Hand washing with alcohol-based hand rubs is the best way to kill bacteria.
- a. True
  - b. False
30. Refer to the Facility Policy prior to initiating a Restraint.
- a. True
  - b. False
31. The least restrictive measure for restraining a patient must be used.
- a. True
  - b. False
32. The licensed independent practitioner (LIP) order for restraints must specify: type of restraint, justification, date, time ordered and duration.
- a. True
  - b. False
33. Complications of restraints include: Poor circulation, pressure sores, increased agitation, inability to sleep.
- a. True
  - b. False
34. A fall risk assessment includes client and environmental factors that contribute to falls.
- a. True
  - b. False
35. The 7 rights of medication administration include, right dose, right medication, right patient, right route, right time, right education and right documentation scanned at point of administration.
- a. True
  - b. False

#### Section 4: Population Competencies / Pain Management

36. Care given to all patients in the hospital is based on what is appropriate to their age and developmental level.
- a. True
  - b. False
37. The experience of pain is influenced by:
- a. Sensory experiences



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- b. Cognitive abilities
- c. Behavioral processes
- d. All of the above

38. Pharmacological intervention for pain management can include all of the following except:

- a. Opioid analgesics
- b. Antibiotics
- c. Non-opioid analgesics
- d. Steroids

39. Non-Pharmacological interventions for pain management are appropriate for:

- a. Carefully screened patient populations
- b. Pediatric patient populations
- c. Geriatric patient populations
- d. All patient populations

40. Pain management in geriatric patients:

- a. Is often complicated by treatments for coexisting diseases
- b. Is impacted by diminished renal and liver function
- c. Can be complicated by cognitive deficits
- d. All of the above

41. Assess patients upon admission for actual or impending skin breakdown and note signs of impending breakdown, which include areas of discoloration, fluctuance (fluid filled feeling) and induration.

- a. True
- b. False

42. Patients who have decreased mobility of any part of their body may be at risk for pressure sores in those locations.

- a. True
- b. False

#### Section 5: Risk Management / Chain of Command

43. Occurrence report cannot be filled out by an Ocean to Ocean Healthcare, Inc employee.

- a. True
- b. False

44. Critical thinking:

- a. Is purposeful thinking that is outcome oriented
- b. Is based on nursing principles
- c. Is a one time thought process
- d. A and B

45. Chain of command is:

- a. A responsibility of the charge R.N.
- b. Continuing process of clarification with others
- c. Reporting of unexpected outcomes
- d. Physician having ultimate decision making authority
- e. All of the above
- f. B and C



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46. An Occurrence Report must be:
- Completed by the employee immediately
  - Given to the employee's supervisor before the shift ends
  - Factual, report only what happened or saw
  - All of the above

Section 6: Palliative Care/ End of Life Decisions and Cultural Competence

47. Individuals have the right to make medical decisions and to communicate those decisions through an advance directive.
- True
  - False
48. End of life goals include:
- Keeping the patient comfortable
  - Addressing physical, emotional, spiritual, social and financial needs
  - Understanding the patient's need to retain his or her dignity
  - Preserving the quality of life
  - Providing support and grief counseling
  - A, C and E
  - All of the above
49. The reason why cultural competence is important in healthcare is because:
- There are healthcare disparities across cultures
  - Population demographics are changing
  - None of the above
  - A and B
50. Hospitals must contract with an Organ Procurement Organization to address every potential donor of their option to donate or not to donate organs?
- True
  - False

Section 7: Age Specific Competencies

51. Involving family in care can be helpful with patients of all ages?
- True
  - False
52. It's best not to talk about procedures or equipment with a toddler?
- True
  - False
53. Older children are not yet concerned about body changes?
- True
  - False
54. Young adults evaluate information in terms of their experiences?
- True
  - False



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55. Young children will not be afraid of being apart from their parents?
  - a. True
  - b. False
  
56. It's important to provide adolescents with privacy during teaching and procedures?
  - a. True
  - b. False
  
57. Middle adults are in a stable period of little change?
  - a. True
  - b. False
  
58. Adults ages 65 up may need to receive information more than once and in segments?
  - a. True
  - b. False
  
59. A young child may view an illness or procedure as punishment?
  - a. True
  - b. False
  
60. Always discourage activity in adults ages 80 and older, to prevent injury?
  - a. True
  - b. False



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## Annual Update Mandatory Post Test Answer Sheet

Name: \_\_\_\_\_ Date: \_\_\_\_\_

SSN: \_\_\_\_\_

Please circle your answer.

- |                   |                 |                   |
|-------------------|-----------------|-------------------|
| 1. a b            | 20. a b c d     | 38. a b c d       |
| 2. a b            | 21. a b c d     | 39. a b c d       |
| 3. a b            |                 | 40. a b c d       |
| 4. a b            | 22. a b c d e   | 41. a b           |
| 5. a b            | 23. a b         | 42. a b           |
| 6. a b c d        | 24. a b c       | 43. a b           |
| 7. a b            | 25. a b         | 44. a b c d       |
| 8. a b c d        | 26. a b         | 45. a b c d e f   |
| 9. a b            | 27. a b c d e f | 46. a b c d       |
| 10. a b c d       | 28. a b c d     | 47. a b           |
| 11. a b           | 29. a b         | 48. a b c d e f g |
| 12. a b c d       | 30. a b         | 49. a b c d       |
| 13. a b           | 31. a b         | 50. a b           |
| 14. a b c d       | 32. a b         | 51. a b           |
| 15. a b c d e f g | 33. a b         | 52. a b           |
| 16. a b           | 34. a b         | 53. a b           |
| 17. a b           | 35. a b         | 54. a b           |
| 18. a b c d       | 36. a b         | 55. a b           |
| 19. a b c d       | 37. a b c d     | 56. a b           |



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57. a b

58. a b

59. a b

60. a b