



STUDENT PACKET: To Complete

Thank you for your interest in Kootenai Health as a clinical site. In this packet you will find several important forms to review, sign, and submit to Kootenai for your student record. They include:

- Student Role Description
- Statement of Purpose of Kootenai's Policies and Procedures
- Security Agreement
- Ethical Standards Form
- Confidentiality Agreement
- Emergency Code Orientation
- HIPAA Orientation
- Patient Rights
- Kootenai Health's Vehicle Registration Program
- Cleanliness and Quietness Bundle

Print out this packet and complete the forms. Submit this packet when you receive your Kootenai Student ID badge from Security (in some instances, your faculty member may collect these completed forms.)

You will be fully eligible to complete a Kootenai student experience by:

- 1) Completing a Kootenai Student Application online
- 2) Reading through the Student Packet: For Your Information
- 3) Completing this packet
- 4) Receiving a Kootenai student badge

If you have any questions about the material in this packet, they may be directed to Kootenai Student Services at 208-625-6078 or studentservices@kh.org.

Thank you



Kootenai Health Student Role Description

Role Title: Student

Department: As Assigned

Reports To: Student Services

Role Description:

Students will apply their knowledge and skills under the guidance of a program instructor and/or Kootenai Health designated preceptor. The Kootenai Health employee will be present at all times to provide guidance and assistance to the student to gain knowledge, skills and judgement necessary to perform competently in their educational program.

Student Minimum Qualifications:

The program will select and adequately prepare students for participation in the education experience at Kootenai Health. Eligible students must be in good standing within their program and remain compliant with the following items:

- Respects the safety and well-being of the clients in the learning experience
- Recognizes her/his knowledge, skills and abilities, limits of responsibilities, legislative authority and supervision requirements
- Becomes familiar with and follows all Kootenai Health policies, procedures and principles, including those concerning confidentiality of patient health care information (HIPAA).

Training Requirements:

- Student Orientation Training
- Ongoing orientation and education with designated Kootenai preceptor
- Medical Record training (if applicable to learning experience)
- Additional education may be required based on the assigned learning environment

Physical Requirements:

- Frequent reaching, stooping, bending and twisting.
- Able to use fine motor skills. Able to record activities, document interventions (if applicable)
- Ability to lift up to 25 pounds
- Communication with patients, physicians, families and Kootenai staff in person.
- Work with equipment and manipulate equipment settings as supervised by Kootenai staff.

Work Environment:

- Kootenai Health operates 24 hours per day each day of the year. The student will comply with the learning experience schedule as identified by the educational program and Kootenai Health. Regular and predictable attendance is required
- Education experience may be performed in a variety of locations inside/outside of Kootenai Health, such as outpatient Kootenai Clinics and offices.
- The educational experience is normally performed in a typical interior work environment
- Work environment involves exposure to potentially dangerous materials and situations that require following extensive safety precautions and may include the use of protective equipment.
- Potential exposure to hostile individuals

Role Duties:

- The academic program shall design and deliver in advance, the desired content, objectives, and outcomes associated with the experience, along with any documentation that would objectively validate the experience with regard to identified learning objectives.

Hospital Values:

- Student behavior will reflect the values of Kootenai Health at all times. Students will uphold Kootenai Health rules, policies, procedures, and standards of professional conduct.

Acknowledgement:

I, _____, acknowledge review of this role description and can perform the essential functions of the student role with or without accommodation. If accommodation is needed, I will take the responsibility to clearly communicate what I feel is reasonable to the manager of this position



Statement of Purpose of Kootenai Health’s Policies and Procedures

Welcome to Kootenai Health. We are pleased to have you join our team/family and want to make your association with Kootenai Health both rewarding and successful. We are confident that you will find Kootenai Health to be a dynamic place in which to work.

Because of continual changes, we have found that employee handbooks soon become out dated. Therefore, the most up to date Hospital Administration Manual (HAM) can be found on Kootenai Health intranet (<http://kmc-net.kmc.org>). The HAM is designed to communicate the policies, procedures and expectations of employees/contracted employees/travelers/students at Kootenai Health. During orientation and over the course of employment, Kootenai Health will make every effort to educate and inform employees/contracted employees/travelers/students on the content of the HAM. Since we cannot possibly cover everything, please consult your Department Director and/or Supervisor and/or the Human Resources Department when you have questions or need additional information. The HAM includes the following:

• EC – Environment of Care	• Forms
• HR – Human Resources	• IC – Infection Control
• IM – Information Management	• LD – Leadership
• MM – Medication Management	• MS – Medical Staff
• NR – Nursing	• PC – Provision of Care
• PI – Performance Improvement	• RI – Rights and Ethics
• SBHC	

There are several important things to keep in mind about the HAM manual.

1. It contains only general information and guidelines. It is not intended to address all the possible applications of, or exceptions to, the general policies and procedures described. For that reason, if you have any questions concerning eligibility for a particular benefit, or the applicability of a policy or practice to you, you should address your specific questions with your department Director and/or Supervisor and/or the Human Resources Department (ext. 2050).
2. Neither this manual nor any other Kootenai Health document confers any contractual right, either expressed or implied, to maintain your employment. Nor does it guarantee any fixed terms and conditions of your employment. Your employment by Kootenai Health is not for any specific time and may be terminated at will, with or without cause and without prior notice. On the other hand, you may also resign for any reason at any time. No Supervisor or other representative had the authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the above.
3. The procedures, practices, policies and benefits described within the manual may be modified or discontinued from time to time. We will inform you of any changes as they occur as soon as reasonably possible.
4. Some of the subjects described in the HAM are covered in expanded detail in official policy documents. For example, insurance plan summaries, retirement plan descriptions and other official documents. You should refer to these documents for specific information, since the manual only briefly summarizes these benefits.
5. It is the employee’s/contracted employees/travelers/students responsibility to learn about, and comply with, the policies and procedures of employment at Kootenai Health. Every effort is made to educate you regarding applicable rules. However, a violation of a policy, for whatever reason, may result in disciplinary action up to and including termination.



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Statement of Understanding

I acknowledge that it is my responsibility to know the location of the Hospital Administration Manual (HAM) in my assigned department and to refer to its contents when I have a policy question. I have read and understand the purpose of the HAM. I agree that if there is any policy or provision in the HAM that I do not understand I will seek clarification from my Department Director and/or Supervisor and/or the Human Resources Department.

Signature

Date



Security Agreement for Employees, Students & Contractors

Approved March 2015

The following agreement governs the use of access privileges and electronic information stored and transmitted via the Kootenai Health network or connected devices and does not cover non-electric information that is the responsibility of hospitals, providers or other associates.

The purpose of this agreement is to help you understand your duty regarding confidential information while at Kootenai Health. These are considered the minimum standards to assist in maintaining patient confidentiality. Policies cannot tell what to do in every situation. Protecting confidentiality is everyone's responsibility, which requires an understanding of the issues and sound judgment.

Confidential information includes patient/family member information, employee/volunteer/student information, financial information, medical information or other information relating to place of employment. Patient and personnel information from any source, including paper records, oral communications, audio recordings, and electronic displays, is strictly confidential. Computer access or direct access to any patient/employee information that does not directly relate to the completion of your contract or employee functions will be considered a breach of confidentiality and subject to contract cancellation or employment termination. In addition, repeating or in any way relaying such information will also be considered a breach of confidentiality.

I (undersigned) do hereby agree to comply with the following policy while exercising access privileges granted to me.

I agree that I will:

1. Access only the information I need to know to perform my job functions.
2. At all times maintain the confidentiality of all electronic patient health information and/or individually identifiable information that I come in contact with.
3. Not reveal any electronic information that is proprietary or business confidential/organizational to any third-party without express written authorization from the CFO/CIO or designee.
4. Not attempt to access any electronic information to which I have not been granted access authorization, including but not limited to application modules, programs, patient health information and/or individually identifiable information, payroll and personal records.
5. Utilize this access only for business related purposes necessary to performance of my job.
6. Ensure the confidentiality, integrity and security of all accesses made by me (remote or otherwise) by not allowing unauthorized persons to utilize business related computer equipment under my control or to otherwise access or view my computer sessions.
7. Safeguard any mobile computing devices under my control by a) maintaining physical hands-on control or b) maintaining sight and c) not leaving unattended or out of sight except as required in the performance of my job or only in a secured facility such as my cubicle, or office or home; d) not leaving unattended in a vehicle, e) not taking offsite to an unsecured facility except as required by my job.
8. Ensure that all data transmissions, involving any device or network (wireless or otherwise) that terminates or originates in my area, use appropriate encryption and are protected with appropriate password protection (if under my control).
9. Not attempt to connect to the Kootenai Health computing network with any device other than those issued and approved by Kootenai Health as a part of my job or except as approved by the CFO/CIO, designee, or hospital policy.
10. Not allow others the use of my password or other access privileges and will not attempt to use the password or access privileges of another.
11. Use and keep my password and all other electronic information (including IP addresses, SSID's or any other type of authorization code I'm given) in strict confidence and report to my supervisor (excepting

MD's) and Information Systems if I suspect that my password or any other individual's password has been compromised in any manner.

12. Change my password or request a new password if I suspect mine has been compromised in any manner.

13. Not use a password that contains a name, a pet's name, any real word or repetitive/consecutive string of characters (too easily guessed) and will use only randomly selected passwords, Meditech passwords are to be 6 alpha and 2 numeric (aaaaaann) in makeup.

14. Only copy or save electronic patient identifiable health information and/or individually identifiable information to Information Systems Manager/CFO/CIO approved drives/locations. Note: NO patient identifiable health information and/or individually identifiable information may be saved to personal computer hard drives or removable media (diskettes, CDs, USB drives, any other removable media). Exceptions to this policy must be approved in advance by CFO/CIO or designee.

15. Handle business related data and electronic information stored on removable media (diskettes, CDs etc.) with the utmost care and sensitivity as it is particularly vulnerable to damage, theft, and other potential loss taking all precautions as referred to in numbers 7, 8, and 9 above related to mobile computing devices.

16. Verify the appropriateness of any printer (selected as the destination for any print output that I am directing to a printer) prior to routing each and every print job that I am in control of.

17. EXIT completely or activate a password protected screen saver, when leaving any workstation or device unattended.

18. Immediately report any known or suspected security violations to Information Systems.

19. Understand that my unique password constitutes my digital signature and that it must be treated as confidential information.

20. Understand that my digital signature authentication privileges will be withdrawn if I allow any other individual to utilize my password to access the system.

This portion of the agreement applies to all users who access email, have a mobile device (private or employer supplied) and use the Kootenai Health network to obtain access to the Internet.

BROWSING

I understand:

1. Software for browsing the Internet such as WWW, Google, etc. is provided to employees primarily for business use.

2. Not to interfere with normal business activities, must not involve solicitation, must not be associated with any for-profit outside business activity, and must not potentially embarrass Kootenai Health.

3. Not to transmit or download material that is obscene, pornographic, threatening, or racially or sexually harassing.

4. Web browsers leave "footprints" providing a trail of all site visits.

5. Only Kootenai Health approved versions of browser software may be used or downloaded. Non-approved versions may contain viruses or other bugs.

6. Any user suspected of misuse might have all transactions and material logged and will be subject to disciplinary action.

MOBILE COMMUNICATION DEVICES:

1. On hospital issued devices, calls to area code 900 are prohibited. Employees who make such calls will pay for any charges associated with the calls and also may be subject to disciplinary action.

2. Do not leave messages containing PHI or other sensitive information on answering machines or voicemail systems.

3. Do not use speakerphones, microphones, loudspeakers, tape recorders, cameras, video recording or similar technologies unless the consent of all parties has been granted.

4. Do not discuss PHI or other sensitive information on speakerphones unless all participating parties ensure that no unauthorized persons are in close proximity such that they might overhear the conversation.

5. PHI may be discussed on cordless phones, and private cellular telephones through PBX and IP-based wireless phones with encryption. Employees are discouraged from discussing PHI on cellular telephones,

wireless microphones, walkie-talkies and other unencrypted radio transmissions without voice-line encryption as conversations may be intercepted.

6. Do not use Internet telephone facilities for the transmission of PHI unless they are encrypted.
7. Internal telephone books will not be distributed to third parties without specific authorization of a department manager, as hackers could use telephone books to identify modem numbers and other system-related numbers (e.g. help desk). Contractors, consultants, temporaries and other third parties working for the organization may receive telephone books in order to perform their jobs.
8. Videoconferencing sessions may not be recorded unless communicated in advance to all participants and the recording has prior management approvals.
9. Video conference sessions are to be attended by invited personnel only. Any unauthorized access to a live or recorded video conference is prohibited.
10. Conference bridges may only be activated when needed and will be disabled when not in use.
11. Team Members must immediately notify Security and/or IT if their mobile devices are lost, stolen, accidentally damaged or faulty.
12. Mobile devices cannot be transferred to another employee.
13. Any and all additional accessories, such as holsters, batteries, headsets, etc, must be acquired by the employee at his own expense.

ACCEPTABLE

1. Employees should take reasonable precautions to protect the phone from loss or theft (and report any loss or theft as quickly as possible).
2. Abuse of the cell phone privileges, upon the discretion of the supervisor/director/HR will result in loss of the cell phone stipend.
3. The device must be returned upon employee's termination, if provided by the employer. All employer information must be removed upon termination.
4. Employees wanting to upgrade devices must:
 - a. Return the device into IT if provided by the employer.
 - b. Must ask the mobile device service provider to "erase" all data on the old device.
 - c. Devices should not be given away or given to the provider until verified by IT that all PHI has been removed.
5. Texting falls under the category of "email". The contents are the property of the hospital and may be viewed by the employer at any time (employer furnished device).

EMAIL

I understand:

1. Use of electronic mail services for purposes constituting clear conflict of Kootenai Health interests or in violation of Kootenai Health information security policies is expressly prohibited, as is excessive personal use of email.
2. Electronic mail is provided to employees for business purposes. Limited personal use is acceptable.
3. Use of email to participate in chain letters or moonlighting is not acceptable.
4. The use of email in any way to facilitate the conduct of a private commercial purpose is forbidden. Confidential, Patient Information, or Kootenai Health proprietary information will not be sent by email.
5. Only authorized email software may be used.
6. Kootenai Health or designee reserves the right to review all employee email communications.
7. Kootenai Health or designee may retrieve email messages even through the sender and the reader has deleted them. Such messages may be used in disciplinary actions.

SOCIAL NETWORKING:

Social networking that occurs from any location, on any social network tool, whether on or off campus, during working hours or off hours related to patients and/or their families or Kootenai Health employees is covered under this policy.

ACKNOWLEDGEMENT

Further, I understand that a breach of these policies constitutes grounds for disciplinary or other such actions as may be appropriate including but not limited to termination of employment and/or of my access to Kootenai Health computer systems.

Additionally, I acknowledge that my computer activity may be logged and/or monitored by Kootenai Health for security or other purposes and therefore cannot be considered personal, private or confidential to me. Resulting activity reports may be shared with my employer, law enforcement or other authorities and be the grounds for such actions as may be appropriate.

Signature

Date

Name (Please Print First, Middle Initial, Last)



ETHICAL STANDARDS

To provide patient safety, well-being, and comfort to the greatest possible extent.

- To be honest, fair, respectful, confidential and trustworthy in all of my Kootenai Health activities and relationships.

- To adhere to applicable laws, regulations and policies.

- To Identify and prevent conflicts of interest between work and personal affairs.

- To accept responsibility to improve all services.

- To provide a safe work place and to protect the environment.

- To provide equal and fair opportunity to every member of the Kootenai Health community.

- To provide a personal work environment that is free from verbal, physical and sexual harassment.

- To protect Kootenai Health resources and assets.

- To be responsible for and contribute to a culture where ethical conduct is recognized, valued and exemplified by everyone.

How I can support these standards...

1. Strive to do the right thing for the right reason.
2. Understand and apply the components of Kootenai Health's Standards in my day-to-day work.
3. Always obey the law.
4. Maintain the integrity of my coworkers, physicians, agents, consultants and others by helping them to understand Kootenai Health's ethics.
5. Share information only with those who have a need to know.
6. Refuse bribes, kickbacks, and inappropriate referrals.
7. Seek answers to questions and concerns by talking to a supervisor, department director, Kootenai Health's Compliance Officer, a Human Resource Representative or call the Ethics hotline (1-877-631-0019).
8. Know and follow my rights as an employee to pursue any ethical concerns.

My signature indicates that I have reviewed and understand the ethical standards and I will conduct myself and perform my duties in a manner that supports Kootenai Health's ethical standards.

Signature

Date

Name (Please Print First, Middle Initial, Last)



WORKFORCE CONFIDENTIALITY AGREEMENT

I _____ understand that Kootenai Health has a legal and ethical responsibility to maintain patient privacy, including obligations to protect the confidentiality of patient information and to safeguard the privacy of patient information.

In addition, I understand that during the course of my employment/assignment/affiliation at Kootenai Health, I may see or hear other Confidential Information such as financial data and operation information that Kootenai Health is obligated to maintain as confidential. As a condition of my employment/assignment/affiliation with Kootenai Health I understand that I must sign and comply with this agreement. By signing this document I understand and agree that:

- I will disclose Patient Information and/or Confidential Information only if such disclosure complies with Kootenai Health's policies and is required for the performance of my job. My personal access code(s), user ID(s), access key(s), and password(s) used to access computer systems or other equipment are to be kept confidential at all times. (If applicable)
- I will not access or view any information other than what is required to do my job. If I have any question about whether access to certain information is required for me to do my job, I will immediately ask my supervisor or the HIPAA Privacy Officer for clarification. I will not discuss any information pertaining to the practice in an area where unauthorized individuals may hear such information (for example, in hallways, break rooms, on public transportation, at restaurants, and at social events). I understand that it is not acceptable to discuss any patient information in public areas even if specifics such as a patient's name are not used. I will not make inquiries about any practice information for any individual or party who does not have proper authorization to access such information.
- I will not make any unauthorized transmissions, copies, disclosures, inquiries, modification, or purging of Patient Information or Confidential Information. Such unauthorized transmission include, but are not limited to removing and/or transferring Patient Information or Confidential Information from Kootenai Health computer system to unauthorized locations (for instance, home). Upon termination of my employment/assignment/affiliation with Kootenai Health I will immediately return all property (e.g. Keys, documents, ID badges, etc.) to Kootenai Health Human Resources Department.
- I agree that my obligations under this agreement regarding Patient Information will continue after the termination of my employment/assignment./affiliation with Kootenai Health and /or suspension, restriction, or loss of privileges, in accordance with Kootenai Health's HIPAA policies, as well as potential personal civil and criminal legal penalties.
- I understand that any Confidential Information or Patient Information that I access or view at Kootenai Health does not belong to me.

Statement of Understanding

I have read the above agreement and agree to comply with all its terms and conditions.

Signature

Date



EMERGENCY CODE ORIENTATION

The purpose of emergency code calls is to communicate an emergency quickly and to mobilize expert assistance. Physicians and staff often work in multiple hospitals, each with their own emergency code designations. It is easy to become confused and use the wrong code in an emergency. This has resulted in harm to patients in several states.

The American Hospital Association has recommended a set of codes for hospitals across the nation to use. Kootenai Health has adopted these uniform codes and for greater clarity will add plain language to many of these code calls.

1. **CODE BLUE** - when Heart or Respirations Stop
2. **CODE RED** – for Fire
3. **CODE ORANGE** – for Hazardous Spill
4. **CODE SILVER** – for Weapon or Hostage situation
5. **INTERNAL TRIAGE** – for internal emergency
 - Bomb or bomb threat
 - Computer network down
 - Major plumbing problems
 - Power or telephone outage
6. **EXTERNAL TRIAGE** – for external disaster
 - Mass casualties
 - Severe weather
 - Massive power outage
 - Nuclear, biological, and chemical accidents
7. **CODE GRAY** – for a combative person
8. **AMBER ALERT** – for infant/child abduction
 - No one is permitted to enter or leave the hospital
 - Detain visitors
9. **CODE WHITE** – for patient elopement (when an adult patient has gone missing)
10. **RAPID RESPONSE TEAM** – when a patient’s medical condition is declining and needs emergency medical team at the bedside, prior to heart or respiration stopping.
11. **TRAUMA CODE RED** – for emergencies requiring immediate surgical intervention
12. **CODE CLEAR** – When the codes are clear, the hospital operator will page the “Code Name” and then announce “Clear” to indicate the emergency situation is over. Example: “Code Red, All Clear”

Statement of Understanding

I have read and received the training on Emergency Code Orientation 2015 including a copy of the Security Management Plan, and I agree to comply with all its terms and conditions.

Signature

Date



HIPAA ORIENTATION

As a worker in the healthcare industry, you are affected by the Administrative Simplifications Requirements of HIPAA (Health Insurance Portability Act). You are required by law to follow these rules.

An organization must follow HIPAA if the organization's business activities involve:

- Sending protected health information (PHI) electronically
- Receiving PHI electronically
- If the organization uses any third party vendors who send or receive PHI electronically.

Organizations that must follow HIPAA are called "covered entities".

Protected Health Information (PHI) relates to:

- Person's past, present, or future health
- Healthcare given to the person
- Past, present, or future payment for healthcare given to the person
- And identifies the per or could reasonably be used to identify the person

Business associates are also covered by portions of HIPAA, and must properly safeguard PHI. Examples of business associates are Physicians and Vendors.

In general, penalties for violating HIPAA are criminal and civil penalties.

- Civil monetary penalties include unknowingly, reasonable cause, willful neglect with correction, and willful neglect not corrected and apply to Kootenai Health and its business associates.
- Violating patient privacy under HIPAA has criminal penalties as well which apply to Kootenai Health, our business associates, and any employee who obtains PHI without authorization.

Patients must be notified of any unauthorized activity if their information is improperly accessed, used or disclosed.

The HIPAA security rule establishes national standards for protecting the confidentiality of electronic PHI, the integrity of this information, and the availability of this information. Kootenai Health must ensure the confidentiality, integrity, and availability of electronic PHI, protect against threats to the security of PHI, and protect against any unauthorized use or disclosure of PHI. There are three established security standards:

- Administrative Safeguards-under HIPAA, Kootenai Health must prevent security violations, detect violations, contain violations, and correct violations. Steps for complying with this standard are policies and procedures for:
 1. Risk Analysis-looking at how the organization's electronic PHI might be at risk.
 2. Risk Management-taking steps to address the risks found in the analysis.
 3. Employee Sanction-the organization must punish staff members who do not follow security rules.
 4. Information System Activity Review-looking at records of activity within information systems. For example, the following should be reviewed regularly: Audit logs, Access reports, Security incident tracking records.

Kootenai Health must also have a specific security officer for health information who is in charge of the policies and procedures for keeping PHI safe.

- Physical Safeguards-limit physical access to facilities where electronic PHI is stored making sure only authorized employees have access to these facilities.
 1. All workstations that access electronic PHI should have physical protections, and these protections should ensure that only authorized users have physical access to the workstation
 2. Monitoring the movement of hardware and electronic media with PHI both into and out of the facility, and within the facility.



- Technical Safeguards-only authorized employees should have access to electronic PHI, and Kootenai Health must have ways to record and analyze the activity within information systems that contain electronic PHI.
 1. Kootenai Health must protect electronic PHI from being changed or destroyed improperly
 2. Kootenai Health should have ways of checking that the electronic PHI has not been changed or destroyed without authorization.

The HIPAA Privacy Rule sets the first national standards for protecting the confidentiality of PHI. The goal is to balance two important aspects of healthcare: protecting the privacy of patients, and allowing the flow of health information when needed to ensure high quality healthcare and protect public health. Under HIPAA, Kootenai Health **must** disclose PHI in only two cases:

- When the patient requests access to his or her PHI
- When the Department of Health and Human Services (DHHS or HHS) is doing an investigation

Kootenai Health may use or disclose PHI only when the patient authorizes the use or disclosure in writing or when the use or disclosure is allowed by the Privacy Rule. The Privacy Rule allows disclosure of PHI to the patient, and allows use/disclosure of PHI by Kootenai Health for its own treatment activities, its own payment activities, and its own healthcare operations activities.

Examples are:

1. Treatment Activities
 - Consultation between providers
 - Referral from one provider to another
2. Payment Activities
 - PHI may be used/disclosed by a health plan to obtain premiums, determine responsibility for coverage/benefits, fulfill responsibilities for coverage/benefits, or give or receive payment for healthcare provided to a patient
 - PHI may be used disclosed by a provider to obtain payment for providing care to a patient or to obtain reimbursement for providing care
3. Healthcare Operations Activities
 - PHI may be used/disclosed when Kootenai Health is doing quality assessment and improvement, evaluating provider competency, conducting or arranging for medical services/audits/legal services, performing certain insurance functions, and planning/developing/managing/administering business activities

In all uses/disclosure of PHI Kootenai Health must use/disclose the minimum amount of PHI necessary to achieve the purpose of the use/disclosure.

The Privacy Rule allows use/disclosure of PHI, without the patient's permission, for 12 purposes in the public interest in the following categories:

- Required by law
- Public health activities
- Victims of abuse, neglect, or domestic violence
- Health oversight
- Judicial and administrative proceedings
- Law enforcement
- Decedents
- Organ donation
- Research



KootenaiHealth

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- Serious threat
- Essential government functions
- Workers' compensation

Kootenai Health must inform patients of their privacy practices and:

- include how the organization may use and disclose PHI
- the organization's duty to protect patient privacy
- how the organization protects and does not protect privacy
- the patient's right to complain about a possible violation of privacy rights, including contact information for making complaints. Kootenai Health provides this for every patient on admission or point of contact.

Patients also have a right to review and obtain a copy of their PHI except psychotherapy notes, information put together for legal proceedings, certain lab results, and certain research information.

Patients have the right to ask to have their PHI amended when PHI is inaccurate or incomplete. If the covered entity agrees to amend PHI, the entity must provide the amendment to anyone who needs it for the wellbeing of the patient.

Statement of Understanding

I have read and received the training on HIPAA for New Employees 2015 including a copy of the Confidentiality and Sanction Policy for HIPAA Violations, and I agree to comply with all its terms and conditions.

Signature

Date



Patient Rights

Patients are provided several rights under the new HIPAA law. These include:

- **Right to notice of privacy practices – Kootenai Health** has a privacy notice that covers all of the patient's rights. It lets them know how their records are used, and whom Kootenai Health will disclose PHI to. At Kootenai Health, patients are given a copy of the privacy notice in Admitting. Patients then sign that they have received this notice. Notice of Privacy Practice for Kootenai Health is also available on the web.

- **Right to an accounting of disclosures** – Patient's have a right to know when and where their confidential information was released beyond use for treatment, payment and healthcare operations. They can obtain this information from the Medical Records Department.

- **Right to access** – Patients have the right to access, inspect or get a copy of their health care record. If a patient of Kootenai Health requests a copy of their record, contact Medical Records, Patient Relations or the House Supervisor. The patient will need to sign an authorization for a written copy of their record.

- **Right to amend** – Patients have a right to request an amendment or change in what was written in their record. This amendment from the patient will then be put in their record with a note of agreement or disagreement from the healthcare provider. Amendments will be done through the Medical Records Department.

- **Right to request restrictions** – Patients have a right to request that the hospital restrict the release of their confidential information. In other words, they can ask that their hospital stay be kept confidential. This means that we will not tell visitors, clergy, etc. that they are at this facility. Patients that make this request at Kootenai Health will have a "C" next to their name on the computer, and they will not be included in the hospital directory. Patients have the right to request additional restrictions on the use of their PHI for payment and healthcare operations. However, the hospital does not have to agree to the request.

- **Right to file a complaint** – A patient has the right to file a complaint if they feel that their privacy rights have been violated. Complaints may be directed, the Privacy Officer at Kootenai Health, or to the Secretary of the Department of Health and Human Services.

- **Right to request alternative communications** – The hospital must accommodate a reasonable request to receive information by alternative means and locations.

- **Right to request an electronic copy of their records.**



Maintain Confidentiality

There are several things that you can do to maintain a patient's confidentiality. For example:

- When caring for a patient, share only the information that the caregiver needs to know to provide safe care to the patient. We call this the "need to know" basis.
- Do not discuss PHI on a phone where the public can overhear the conversation.
- Avoid discussions about patients in the elevator or cafeteria.
- Do not leave messages on answering machines regarding the patient's condition.
- Avoid paging patients or family members over the PA system.
- Go to a private place and close doors when you need to talk with a patient or their family.
- Do not post computer passwords on walls, monitors or leave in any easily seen place. Do not share your password with anyone else.
- Use the "confidential" cover sheet when you fax PHI. If PHI is faxed to the wrong number, tell the facility that received the PHI to shred it or return it, fill out an incident report for tracking purposes and notify Patient Relations for follow-up.
- Do not send PHI on email unless it is encoded. Our Kootenai Health email is NOT encoded and therefore should not be used to send PHI.
- Keep your computer screen pointed away from the public.
- Always exit a program before leave the computer.
- Keep patient's charts turned upside down at the nursing station or in the bedside chart stand.
- Be sure to shred or throw any papers with PHI on it in a wastebasket away from public access. Do not take home report sheet notes you have written regarding your patients.
- Do not post information about patients on social media outlets (face book, MySpace, etc.)

Summary

Protecting a patient's private health information is the job of everyone who works at Kootenai Health. So, be sure to keep yourself informed about HIPAA. All of the confidentiality and HIPAA policies and procedures are on the Intranet under "HIPAA." Contact your supervisor, Patient Relations or the HIPAA privacy officer if you have any questions or are concerned that there has been a HIPAA violation.

My Signature indicates that I have reviewed and understand the Health Information Portability and Accountability Act (HIPAA) and will conduct myself and perform my duties in a manner that supports and upholds these standards.

Name/Date: _____

Signature: _____



VEHICLE REGISTRATION PROGRAM

10/27/2015

Kootenai Health is launching a vehicle registration program to provide an added safety measure to all personnel. The program will help to easily identify the owner of a vehicle in case of emergency; such as lights left on, if a break-in occurs, flat tire, etc. This new registration program will be mandatory for all staff, students and physicians. *Please see the hospital parking policy in the Student Packet: For Your Information.*

The vehicle registration is a 1-inch square vinyl decal that can be adhered to a vehicle on the driver's lower left side bumper or back windshield. The decal is specially designed to be paint friendly and will not cause damage or transfer paint.

Complete the Kootenai Health Vehicle Registration form. When onsite for your badging appointment, take the completed form to:

Hope Cooper
Security Administration Assistant
Kootenai Services Building, 1st floor
(208) 625-6204
HCooper@kh.og

Her office is located next door to the security department.

Kootenai Health Vehicle Registration Form



PERSONNEL INFORMATION

Last Name (Please Print) _____	First _____	Employee ID# _____
Address _____		Apt # _____
City _____	State _____	Zip _____
Local Phone # (____) _____	Email address _____	

VEHICLE INFORMATION

Check one: <input type="checkbox"/> Car/Truck	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> RV	<input type="checkbox"/> Other
Make _____	Model _____	Year _____	Color _____
License Plate Number _____	State _____	Vehicle 1 Permit # _____	

SECOND VEHICLE INFORMATION (If applicable)

Check one: <input type="checkbox"/> Car/Truck	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> RV	<input type="checkbox"/> Other
Make _____	Model _____	Year _____	Color _____
License Plate Number _____	State _____	Vehicle 2 Permit # _____	

I hereby affirm that the vehicle registration information listed above is accurate. I have checked all information for accuracy and understand that incorrect or false information may result in the loss of permit (s). I understand the permit holder and vehicle owner are responsible for all parking citations. I have been advised of all the employee parking areas. Non-compliance with Kootenai Health Parking Policies may be subject to vehicle impound and disciplinary action. Kootenai Health Parking Regulations require a parking decal to be affixed in the lower left corner, of either the back driver's side windshield or the bumper, of the vehicle it is registered to.

Signature _____

Date _____

FOR OFFICE USE ONLY

Special Permit # _____ Additional Special Permit # _____

Type of permit: (Circle one)	Staff/Student VIP	Rideshare Loading/Unloading	Vendor	Volunteer Provider/Physician	Temporary
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STATEMENT OF UNDERSTANDING

My signature indicates that I reviewed and understand the policies and procedures given to me in the Student Packet: For Your Information, which include the following:

- Professional Appearance Policy
- Hospital Access Control Badges
- Confidentiality Agreement
- Kootenai Health Main Campus Parking Policy
- Infection Prevention Education
- Smoke Free & Tobacco Free Environment
- Patient Bill of Rights and Responsibility
- Event Notification Report
- Safety Orientation
- Notice of Non Discrimination
- Language Translation
- Restraint and Seclusion
- Clinical Communication ISBARD

I also have reviewed the forms and agreements in the Student Packet: To Complete, and I agree to comply with all its terms and conditions.

Signature

Date

Cleanliness and Quietness Bundle Education and Roll-Out Communication Tool

Case Statement:

The Kootenai Health Way includes Safety, Compassion, and Engagement as key elements of our cultural work to improve our patient's experience. Recently, a Compassion Steering Committee was formed to guide our efforts to improve our communications, responsiveness and cleanliness/quietness on our patient units. Our HCAHPS data show that we are well below average in these areas. In turn, a sub-committee has developed a bundle of initiatives to help us focus specifically on the following questions:

During this hospital stay, how often was the area around your room quiet at night?

During this hospital stay, how often were your room and bathroom kept clean?

Currently 58.7 percent of patients answer "always" to these questions. This puts us at the 23rd percentile when compared to other hospitals. Our goal is to dramatically improve this score by creating a *noticeably* clean and quiet environment.

Pilot Success:

The Cleanliness and Quietness Bundle has been piloted on 2 South since April 4th, 2016. While it's too early for HCAHPS data results early indicators are promising. There have also been many anecdotal wins such as comments from patients and staff about how noticeably quiet it is on 2-South. The culture has changed and staff are identifying opportunities to reduce the noise further and are reminding visitors and each other of the need to speak softly. The bundle will continue to be monitored and improved and will be rolled out to all units on July 1.

Bundle Elements:

1. **Housekeeping Touchpoints** – Housekeeping will converse with each patient three times a day to make sure we are meeting their cleanliness expectations.
2. **Creation of a Culture of Whisper** – Standards, such as using soft voice tones/whispering, silencing alarms and cell phones, no cart noise, closing patient doors when appropriate, etc., will be monitored and maintained to create a *noticeably* quieter environment (see the Culture of Whisper standards and descriptions).
3. **Key Words at Key Times** – Proactive Rounding and Managerial Rounding will include a reference our efforts to maintain a *clean* and *quiet* environment. Staff will also reinforce when washing hands, closing doors, during report, when silencing an alarm, when straightening the patient's room/belongings or at other key moments of service (see the sample key words at key time reference guide).
4. **Engineering Rounds** – Engineering will complete regular rounds to ensure we are correcting chips, dents, scratches, ceiling tiles and other facility repairs.
5. **Quiet Champions** - The unit will appoint a champion each shift to help remind us all if we get a little too noisy.

Your Role:

As you cross onto any patient care unit or area recognize you are entering a clean and quiet zone. Slow your travel, quiet your voice, silence your cell phone, eliminate any cart noise, pick up any trash or clutter and help promote a culture of whisper and a clean environment.

Your Commitment:

I agree to promote a culture of whisper and a clean environment: _____

Signature/Date

Clean and Quiet - Key Words at Key Times

Objective:

To support our efforts to improve our patients experience around Quietness and Cleanliness
 To verbally link our actions to our efforts to improve Quietness and Cleanliness

Roll Out:

Initially we will roll out KW@KT thought managerial and proactive rounding
 Subsequent phase will include evaluating for "all staff" roll-out

Key Time - When you do this:	Key Word - It's a great opportunity to say:
Admit a new patient	"We want to make your stay as pleasant as possible. It is important to us that your room is clean and restfull . Please let us know if you have any concerns or if we can make you more comfortable."
During Shift/Bedside report	"We want to make sure we are coordinating your care between shifts and care givers. Is there anything we can do to make your more comfortable?, is your room clean to your expectations? Are you able to rest appropriately? "
Wash your hands in front of the patient	"I am washing my hands because cleanliness and infection prevention is really important to us."
Shut the patient room door	"I want to close your door to make it as quiet as possible in your room."
Silence an equipment alarm	"These alarms are very important for your safety and care, we want to respond quickly to address them and quiet your room as soon as possible."
Move or adjust the over-bed table	"Is there anything I can reach for you or straighten up in your room? We want it to be clean and tidy for you."
Announce construction, maintenance or cleaning equipment noise	"We really want to make sure it's quiet in here for you. We are going to hear a little construction (maintenance, cleaning noise). The crews tell me it will take about XX minutes. In the mean time, may I close your door, get you a quiet kit or some ear plugs to make you more comfortable?"
Other ideas?	

Culture of Whisper - Standards

Objective:

To create a culture that creates and sustains a "noticeably quiet" environment on our patient units

To create a culture in which "excessive noise" is an abnormal variation and is not tolerated

Culture of Whisper Standards	Description
1. Staff - face to face communication in soft tones or whisper w/in 3-5ft	Close face to face communication is intended to reduce shouting and loud voices across the unit. A diminished, soft tone (even a whisper) can be heard between staff when within 3-5 feet. Social chatter and excessive laughter is kept to a minimum or reserved for break rooms, cafeteria or off-unit areas. Shift change and report may be times to be particularly aware of our voices and communication noise.
2. Patient doors are closed when appropriate	Closed doors will dramatically reduce the noise transmitted into patient rooms. The default should be to close the patient room door unless there are clinical or safety reasons to leave it open. This will be determined by the nurses on the floor. Ancillary and support staff will close the door upon leaving if it was closed upon entering. Also a good time to use "Key Words at Key Times".
3. No cart noise	Transportation carts will be well maintained and repaired to prevent squeaky wheels, rattles, rumbles and other noises. Staff will slow down over bumps, transitions and throughout the unit to minimize cart noise. Any staff transporting excessively noisy carts will be stopped and encouraged to immediately slow down and/or correct their equipment.
4. Alarms silenced quickly (w/in 20 secs)	Equipment, bed, nurse call and other alarms serve a vital purpose and help us respond to safety issues. To reduce the disturbance of these alarms to our patients, they should be acknowledged and silenced as quickly as possible (20 second goal). Our no pass zone efforts are intended to improve our responsiveness and silence alarms as well. Good Key Word at Key Time opportunity.
5. Cell phone/Cisco phone noise minimized and answered within 2 rings	Again our communication tools are vital for our ability to provide safe efficient care. However, loud or unusual ring tones can be very disruptive and create excessive noise. Likewise, unanswered phones become annoying. Cell phones should be set on vibrate or silent mode when ever possible and all phones should be answered within 2 rings.
6. No unannounced construction/cleaning noise	Unfortunately, as we grow and repair our facilities we will have construction noise. We also have floor scrubbers, vacuums and other loud cleaning equipment. Our objective is to provide advanced notice to our staff when excessive construction or cleaning noise is anticipated. Caregivers will then be responsible for notifying their patients. This is a great time to use "key words at key times" and reference our Quiet Kits/earplugs.
7. No slams, bangs, bumps or thumps	There are a variety of other sources of noise. We will all need to prevent slamming doors, gently close cabinets, drawers or hamper lids. Avoid sliding furniture on the floor or into walls. Don't drop heavy objects into the trash containers and gently place items onto counters or surfaces. Please be diligent about identifying other facility noises and other disturbances and reporting them for correction.
8. Dim the lights	Dimmed lighting promotes a quiet environment. The hallway lights should be dimmed during quiet hours (1:00 pm to 3:00 pm) and during the night (8:00 pm to 7:00 am). There are times that there may be exceptions if patient safety is a concern, however the default should be to dim the lights during these hours.
9. Watch your steps	It is important to be conscious of the noise you may make while walking through the unit. Certain shoes are louder than others. Jewelry, keys and other accessories may rattle. Please be aware of heavy footsteps and other noise.

Definition of "noticeably quiet":

- a. has the quiet feel and expectations of a library or movie theater environment
- b. the quietness is contagious and encourages others to talk in a whisper, to silence their phones, and respect our patients desire for peace
- c. when asked, our patients and visitors will immediately be able to say "my room was always quiet"

Definition of "excessive noise":

- a. would wake you from a light sleep
- b. would distract you from normal conversation
- c. would break your concentration if reading or watching TV