Resources, Patient Rights, & PHI Outline

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Logistics for Day-to-Day Work

- Badges: must be worn at all times, face out, above the waist
    - Available in Human Resources
    - Swipe badges to gain access to secured areas (OR, Birth Center, ED, etc.)
- Parking: designated physician parking areas accessible with punch code
- Medical Staff Lounge: accessible with badge, across the hall from Medical Staff Services
- Cafeteria: Lower level, open for breakfast, lunch, and dinner. Menu available on the Intranet.

Electronic Resources

- Intranet - 'home' page on any hospital computer
    - Policies and Procedures – Compliance 360
        - Administrative and clinical
    - Access to clinical resources
        - Medical calculator, pharmacy resources, PubMed
    - Access to Medical Staff resources
        - E journals, directory, secure texting
- Remote Access through the MobilePass+ App to access systems remotely
- Secure Texting available through Imprivata
    - See policy on Intranet for when/how to use secure texting

EHR Downtime (Policy IS-05.01)

- This policy addresses issues concerning ordering of patient tests/procedures, obtaining patient result information and documentation of patient care in the event of downtime.
- When the EHR is down, all patient orders will be documented on paper Order forms
- On the Intranet under 'Forms and Documents' you can find:
  - approved Order Sets
  - discharge information will be documented via the Provider Notes
- When the downtime period is completed, data entry into EHR is the responsibility of the individual who entered data or their designee on the downtime form. **All downtime documentation is to be entered into EHR.**
- For more detailed information, please review policy IS-05.01

Corrections to Paper Medical Records (Policy MR-08)

In the event that an error has been identified on a paper medical record, the individual who made the error should also make the correction. To correct the error:

- Draw a single line through the error
- Write "error" next to the erroneous entry
- Sign, date, and time the correction (date/time that the correction is being made)
- Enter any corrected information beside or below the error if space permits
- Sign, date, and time the new entry

Guide to Joint Commission Readiness

- The 2023 Joint Commission Readiness Guide is located in the **Quality & Risk Management** section on the intranet

- A link to the guide is also located in the orientation materials

- Booklets are also available in the Quality & Risk Management Department
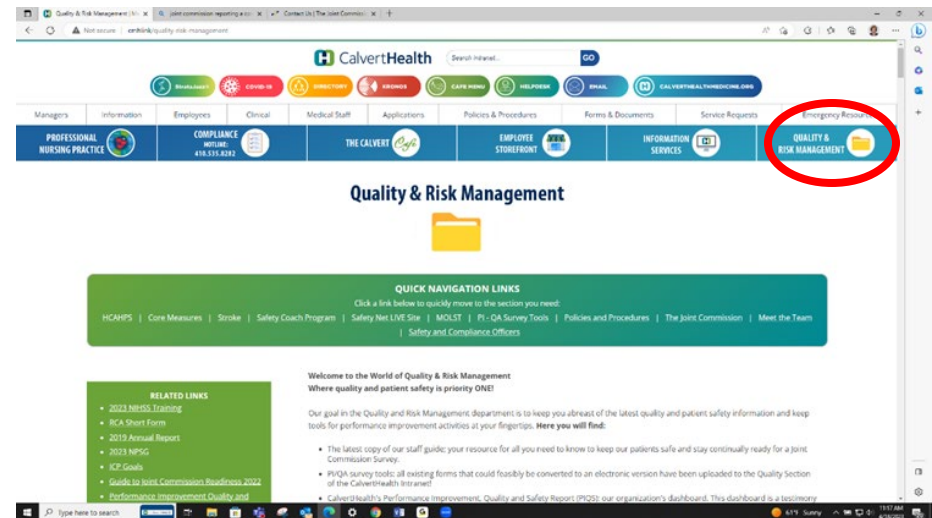
Patient Rights and Responsibilities

It is your responsibility to inform patients of their rights and responsibilities AND to involve the patient in their care. See Policy GA-80 for more details.

Maryland Patient Bill of Rights

Every hospital patient, support person and/or surrogate decision-maker has the right to:

1. Receive considerate, respectful, and compassionate care;

2. Be provided care in a safe environment free from all forms of abuse and neglect, including verbal, mental, physical or sexual abuse.

3. Have a medical screening exam and be provided stabilizing treatment for emergency medical conditions and labor;

4. Be free from restraints and seclusion unless needed for safety;

5. Be told the names and jobs of the health care team members involved in the patient's care if staff safety is not a concern;

6. Have respect shown for the patient's personal values, beliefs, and wishes;

7. Be treated without discrimination based on race, color, national origin, ethnicity, age, gender, sexual orientation, gender identity or expression, culture, physical or mental disability, religion, language, or ability to pay;

Patient Rights and Responsibilities (cont.)

8. Be provided a list of protective and advocacy services when needed;

9. Receive information about the patient's hospital and physician charges and ask for an estimate of hospital charges before care is provided and as long as patient care is not impeded;

10. Receive information in a manner that is understandable by the patient, which may include:

  a. Sign and foreign language interpreters;

  b. Alternative formats, including large print, braille, audio recordings, and computer files; and

  c. Vision, speech, hearing, and other temporary aids as needed, without charge;

11. Receive information from the patient's doctor or other health care practitioners about the patient's diagnosis, prognosis, test results, possible outcomes of care, and unanticipated outcomes of care;

12. Access the patient's medical records in accordance with HIPAA Notice of Privacy Practices;

13. Be involved in the patient's plan of care;

14. Be screened, assessed, and treated for pain;

15. Refuse care;

Patient Rights and Responsibilities (cont.)

16. In accordance with hospital visitation policies, have an individual of the patient's choice remain with the patient for emotional support during the patient's hospital stay, choose the individuals who may visit the patient, and change the patient's mind about the individuals who may visit;

17. Appoint an individual of the patient's choice to make health care decisions for the patient, if the patient is unable to do so;

18. Make or change an advance directive;

19. Give informed consent before any nonemergency care is provided, including the benefits and risks of the care, alternatives to the care, and the benefits and risks of the alternatives to the care;

20. Agree or refuse to take part in medical research studies and/or clinical trials, without the agreement or refusal affecting the patient's care;

21. Allow or refuse to allow pictures of the patient for purposes other than the patient's care;

22. Expect privacy and confidentiality in care discussions and treatments;

23. Be provided a copy of the Health Insurance Portability and Accountability Act Notice of Privacy Practices; and

24. File a complaint about care and have the complaint reviewed without the complaint affecting the patient's care.

Additional Patient Rights

- Have a family member or representative of the patient's choice and the patient's own physician notified of admission to the hospital;

- Be told in advance about the plan for discharge or transfer to another level of care;

- Participate in the consideration of ethical issues that arise during the hospital stay;

- Be notified of the existence of any business relationship among the hospital, educational institutions, other health care providers, and/or payers that may influence treatment and care;

- Be provided care in an environment free of harassment and exploitation;

- Receive treatment without regard to socioeconomic status; and

- A written copy of the patient rights.

Patient Privacy and HIPAA

- Protecting patient privacy is a CHMC Core Value **AND** it's the law!

- Personal Health Information (PHI) is any information that can be used to identify a patient – whether living or deceased – that relates to the patient's past, present, or future physical or mental health or condition, including healthcare services provided and payment for those services

- See Policies GA-085, GA-086, GA-087, GA-088 and GA-043 for details on patient privacy

Personal Health Information (PHI)

When PHI May be Used

- Treatment: Activities related to patient care

- Payment: Activities related to paying for or getting paid for health care services.

- Health Care Operations: Refers to day-to-day activities of a provider, such as planning, management, training, improving quality, providing services, and education

When PHI may be Disclosed

- When discussing their condition directly with the patient

- When discussing options for treatment, payment or healthcare operations with other practitioners, insurance providers, etc.

- When required by law (i.e., public health reporting of diseases, child abuse/neglect cases, etc.)

PHI and Social Media

- It is against hospital policy to record any patient interaction or procedure on personal devices
- It is against hospital policy to post any details of any patient encounter on any social media platform. Even if no personally identifiable information is shared

Protecting Privacy

- When talking with patients
  - Fully or partially close doors to minimize opportunity to be overheard by people in the hallway
  - Pull room separators and speak quietly when the patient is in semi-private room
  - Ask permission to discuss medical care in presence of others, including family members
  - Ask if patient would like someone else to be made aware of their medical condition
- When talking with other practitioners
  - Be conscious of who is around you when talking about patient care in hallways, at nurse's station, in elevators

Practice Portable Safety

- Only connect to the Hospital network through a secure method.
  - Hospital intranet
  - Secure remote access
- Do not keep patient information on your personal laptop or unencrypted smartphone

PHI Breach Notification, Policy GA-121

Protected Health Information Breach is any incident of unauthorized acquisition, access, use or disclosure of unsecured protected health information (PHI) or data containing personal information that compromises security or privacy of that information and which also poses a risk of financial, reputational, or other harm to an individual.

- The purpose of this policy is to facilitate timely notification, risk analysis, and resolution of all breach events. Please refer to Policy GA-121 for additional information.

- All breaches or suspected breaches should be reported to the Information Privacy Officer (Director of Health Information Management) ext. 8273.

- Examples of PHI Breaches include:

  - Lost or stolen unencrypted laptop with patient information

  - Social security number stolen & used by another individual

  - Medical records sent to the wrong person and information is stolen and used by another individual

- PHI Breaches **Do Not** include:

  - Any unintentional access or use of patient hospital information by an employee that does not result in disclosure.

  - Any inadvertent disclosure where the unauthorized person does not keep or use the information.

Health Equity, Diversity and Inclusion

2023 Annual Mandatory Requirement for all staff at CalvertHealth

Click on the link below:

Health Equity, Diversity and Inclusion – YouTube