

Mandatory Training for Trainees

Introduction.....	2
Mission of VA/Patient Population/Customer Service/Constitution.....	3
Trainee Supervision	13
Information Security.....	18
Privacy	33
Safety/Occupational Health/Fire and Other Emergencies.....	43
Patient Safety	51
Government Ethics	60
Documentation of Health Records.....	66
Violence in the Workplace and Handling Disruptive Behavior	70
Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act	75
Reporting Abuse and Neglect.....	87
Torts Claims Protection	91
Patient Rights	97
VHA Career Opportunities.....	105

Introduction

Welcome

Welcome to the VHA Mandatory Training for Trainees course. As a trainee in a Veterans Affairs (VA) facility, paid or unpaid, you are required to fulfill Federal requirements for training. Consisting of 14 modules, this course was designed to meet your informational needs and allow you to function safely and effectively in your trainee role. The course also provides links to source documents and policies that may be useful to you in specific circumstances. To be most effective, the course should be completed prior to the start of your VA rotation.

To complete this educational activity participants must:

- participate in 100% of the course activities;
- complete the web-based training program;
- complete each lesson exam with a minimum score of 80% or greater, if you do not pass the first time you may retake the exam; and
- complete the program evaluation.

Important Note: A certificate of completion will be generated upon completion of the entire course and **must be printed and hand-carried, mailed, or emailed to your individual VA facility** for you to receive credit for the required training. It is strongly recommended that you retain a copy for your records.

The course does not need to be completed in a single sitting. The bookmark feature will allow you to start where you left off, even if you are accessing the course from a different computer, and will allow you to navigate to different lessons in the course using the main menu.

Mission of VA/Patient Population/Customer Service/Constitution

Introduction to: Mission of VA/Patient Population/Customer Service Constitution

Goal Statement

Welcome to the Mission of VA/Patient Population/Customer Service/Constitution lesson. In this lesson, you will learn how VA's unique history evolved to serve veterans' needs, and you will discover how VA's core values and service standards were designed to serve this unique group of people.

Objectives

After completing this lesson, you will be able to:

- identify the major characteristics of VA customers;
- list VA customer service principles, including the core values and service standards;
- describe the most common medical illnesses and mental health issues associated with military service, including the signature injury of OIF/OEF Veterans; and
- describe the importance of PTSD and suicide prevention in our Veteran patients.

Mission of VA/Patient Population/Customer Service/Constitution

Mission of VA/Patient Population/Customer Service/Constitution Overview

Serving over 5 million veterans a year, the Veterans Health Administration (VHA) provides medical and rehabilitative treatment of all kinds, from acute to long term care. The Department of Veterans Affairs (VA) plays a preeminent role in educating physicians, nurses, and other healthcare professionals. More than half of the clinicians currently practicing in the United States received some part of their training in a VA facility.

The VA became a cabinet level department in 1989 and is part of the executive branch of the government defined in the Constitution of the United States. The Secretary of Veterans Affairs serves in the President's cabinet. All people working in the VA system should be familiar with the VA's stature as a cabinet-level agency, and its place in the executive branch of the US government.

Explore the [Constitution of the United States](http://72.32.50.200/constitution/) [http://72.32.50.200/constitution/].

Mission of VA/Patient Population/Customer Service/Constitution

VA Mission

Today's modern VA is a dynamic partnership with a shared mission divided between three administrations:

- The VHA manages one of the largest healthcare systems in the world.
- The Veteran Benefits Administration (VBA) supplies compensation and vocational assistance to disabled veterans.
- The National Cemetery Administration (NCA) honors veterans with a final resting place and lasting memorials that commemorate their service to our Nation.

Working as One VA, these administrations proudly provide responsive, timely, and compassionate service to those who served our Nation.

VA Mission

"To care for him who shall have borne the battle and for his widow and his orphan."

Abraham Lincoln made that pledge to America's Civil War veterans during his Second Inaugural Address, in 1865. Nearly a century and a half later, the VA is still making good on President Lincoln's promise.

Mission of VA/Patient Population/Customer Service/Constitution

Whom Do We Serve?

Eligibility for most veterans' health care benefits is based solely on active military service in the Army, Navy, Air Force, Marines, or Coast Guard (or Merchant Marines during WW II), as long as the veteran was honorably discharged. There are also other categories of eligibility:

- reservists and National Guard members who were called to active duty by a Federal Executive Order may qualify for VA health care benefits; and
- returning service members, including Reservists and National Guard members, who served on active duty in a theater of combat operations have special eligibility for hospital care, medical services, and nursing home care for two to five years following discharge from active duty.

Remember that health care eligibility is not just for those who served in combat. Other groups may be eligible for some health benefits. Also, veteran's health care facilities are not just for men. VA offers full-service health care to women veterans as well.

Generally, a service-connected disability is one that was incurred or aggravated while on active duty in the military. Veterans may be eligible for additional benefits related to their service connected condition, but veteran's health care is not just for service-connected injuries or medical conditions.

Mission of VA/Patient Population/Customer Service/Constitution

Customer Service in the VA

VA's key customers are veterans and their families. All trainees must treat veterans and their families with the care and respect they deserve. Equally important are your interactions with internal customers, including VA employees, volunteers, contractors, and other trainees. The VA's core values and service standards can be used to guide the behavior of all VA employees and trainees. Most of these concepts follow common sense and courtesy, and reflect the way most people would like to be treated.

VA Core Values:

- Trust: the basis for the caregiver–patient relationship and fundamental to all that we do in health care, it is based upon having confidence in the honesty, integrity, and reliability of the caregivers and the VA system of health care
- Respect: honoring the dignity and worth of our patients, co–workers, and the systems we are a part of
- Commitment: a pledge to assume responsibility for our individual and collective actions
- Compassion: demonstrating empathy and caring in responding to our patients and co–workers
- Excellence: performance of the highest quality.

To learn more refer to: [VA Core Values](http://www.va.gov/JOBS/VA_In_Depth/mission.asp#2) [http://www.va.gov/JOBS/VA_In_Depth/mission.asp#2]

VA Service Standards:

- Staff courtesy toward patients, families, visitors, and co–workers
- Timely access to health care
- One healthcare team is in charge of each patient's care and is in charge of the coordination of care
- Respect for patient preferences and the provision of physical comfort and emotional needs
- Access to specialty care in a timely manner when required

To learn more refer to: [VA Service Standards](http://www.cem.va.gov/cem/anca/css.asp) [http://www.cem.va.gov/cem/anca/css.asp]

All VA treatment team members are expected to act as first–line patient advocates, ensuring that patient rights are provided for and respected for each patient, and problems or complaints are addressed. Because of the importance of patient satisfaction to the VA healthcare mission, you may be contacted by a patient care advocate to provide assistance in resolving a patient's complaint. If this happens, you and your supervisor are encouraged to cooperate with the patient advocate in the resolution of the complaint. Veteran customer service programs measure veterans' experiences and opinions of the care they receive at VA by systematically collecting and evaluating veteran satisfaction information. Targeted actions are taken based on data collected by VA's Office of Quality and Performance, Patient Advocate Complaint and/or Compliment data, feedback from Veterans' organizations, and data about waiting times for appointments. Facilities utilize this data in strategic planning and veteran satisfaction initiatives. Veteran satisfaction is also measured at each VA facility, including patient waits and staff courtesy, through a variety of mechanisms such as direct patient interviews, mystery shoppers, surveys, and comment cards. Overall patient satisfaction varies between individual facilities, but is usually above 85%.

Mission of VA/Patient Population/Customer Service/Constitution

Service Specific Medical Illnesses and Mental Health Issues

VA has seen a wide range of common service-connected medical injuries. Health risks associated with specific military actions or periods include:

WWII/Korea

- Cold Injury
- Exposure to nuclear weapons (including testing or cleanup)
- Chemical warfare agent experiments

Cold War

- Nuclear testing

Vietnam

- Agent Orange exposure
- Hepatitis C

Gulf Wars

- Smoke exposure
- Leishmaniasis
- Immunizations
- Chemical or biological agents
- Depleted uranium (DU)

Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF)

- Traumatic brain injury (TBI) or spinal cord injury
- Combined penetrating, blunt trauma, and burn injuries (blast injuries)
- Mental health issues
- Vision loss
- Traumatic amputation
- Multi-drug resistant acinetobacter
- Leishmaniasis
- Depleted uranium (DU)

All eras

- Post-traumatic Stress Disorder (PTSD)

Traumatic Brain Injury

Thousands of service members are returning with TBI, deemed by many as the "signature injury" of the OEF/OIF conflicts. The signs and symptoms of TBI may not be readily apparent. All returning OEF/OIF veterans should be screened for TBI and potentially related consequences, which may be physical, cognitive, emotional, or social.

Post-traumatic Stress Disorder

PTSD is a common diagnosis in our veterans, regardless of service era. Although PTSD symptoms can begin right after a traumatic event, PTSD is not diagnosed unless the

symptoms last for at least one month, and either cause significant distress or interfere with work or home life. To be diagnosed with PTSD, a person must have three different types of symptoms: re-experiencing symptoms, avoidance and numbing symptoms, and arousal symptoms. Nightmares, flashbacks, and insomnia are common symptoms of PTSD. All veterans in our system should be screened for PTSD.

Mission of VA/Patient Population/Customer Service/Constitution

Suicide Prevention

Unfortunately, suicide in the veteran population is a significant and growing problem and is often related to military experiences and other related or unrelated social problems. As a trainee in the VA system, you may encounter someone who is considering suicide or who demonstrates several warning signs of potential suicide. Suicide is preventable; therefore it is important to be able to recognize the warning signs of suicide and know what action to take if you encounter someone who has suicidal tendencies or is making threats of suicide. Signs of suicide include:

- threatening suicide;
- talking about death or suicide;
- seeking access to, or obsession with, drugs, guns, weapons, or other means of personal harm;
- substance abuse;
- depression and expression of hopelessness;
- withdrawal from friends, family, or work;
- giving away possessions that have family or personal meaning; and
- making statements like "they will understand or miss me when I am gone".

If you encounter someone demonstrating any of these warning signs, do not be judgmental or confrontational. Always notify your supervisor if a patient is exhibiting any warning signs of potential suicide. Working with your supervisor, ask if they are thinking about suicide (For example: Are you feeling hopeless about the present/future? If yes ask...Have you had thoughts about taking your life? If yes ask...When did you have these thoughts and do you have a plan to take your life? Have you ever had a suicide attempt?). You should also work with your supervisor to assure the patient's immediate safety and determine the most appropriate treatment setting. Possible options include:

- refer for mental health treatments or assure the follow-up appointment is made;
- inform and involve someone close to the patient;
- limit access to means of suicide; and/or
- increase contact and make a commitment to help the patient through the crisis.

Most VA medical facilities have a Suicide Prevention Coordinator who may be contacted to intervene, determine the level of threat, and begin the referral process for treatment. Be aware of the warning signs of potential suicide; as a person with direct patient contact, you may be the first link in the recognition and prevention process.

Mission of VA/Patient Population/Customer Service/Constitution

Honoring Our Veterans

Please remember: Military service is distinct among all vocations. It deserves our respect and gratitude, whether or not a veteran saw combat action, was called to foreign soil, or was injured in battle.

Any man or woman who has served in active duty in the military can tell you:

- about the pain of being away from loved ones;
- about the physical and emotional stress;
- about the fear of being called to make the ultimate sacrifice; and
- about the camaraderie and the pride.

Please honor our nation's veterans during your training time in VA.

Mission of VA/Patient Population/Customer Service/Constitution

Summary for: Mission of VA/Patient Population/Customer Service/Constitution

In this lesson, you learned about the mission and background of VA. You also learned about the people served by VA and the core values and service standards.

You should now be able to:

- identify the major characteristics of VA customers;
- list VA customer service principles, including the core values and service standards;
- describe the most common medical illnesses and mental health issues associated with military service, including the signature injury of OIF/OEF Veterans; and
- describe the importance of PTSD and suicide prevention in our Veteran patients.

Trainee Supervision

Introduction to: Trainee Supervision

Goal Statement

Welcome to the Trainee Supervision lesson. In this lesson, you will learn how VA's trainee supervision standards and guidelines help to ensure safe patient care.

Objectives

After completing this lesson, you will be able to:

- explain the core principles of current VA trainee supervision guidelines;
- recognize that there are local supervision monitoring requirements for each facility; and
- locate the mandated supervision requirements for a particular clinical setting and type of trainee.

Trainee Supervision

Trainee Supervision in VHA

VA has a statutory mission embedded in legislation to train health professionals "for VA and the Nation." VA takes this commitment to train health professionals very seriously. In a health care system where patient care and the training of health care professionals occurs simultaneously, there must be a clear delineation of responsibilities to ensure that safe patient care is delivered. During the care of our veteran patients, you, the trainee, will learn your discipline–appropriate knowledge, skills, and behaviors.

Whether the sponsor of your program is the VA itself or an educational partner institution like a medical school, nursing school, associated health professions school, or teaching hospital, VA programs follow all of the standard requirements of accrediting and certifying bodies for health professions education.

Trainee Supervision

General Principles About Supervision Guidelines

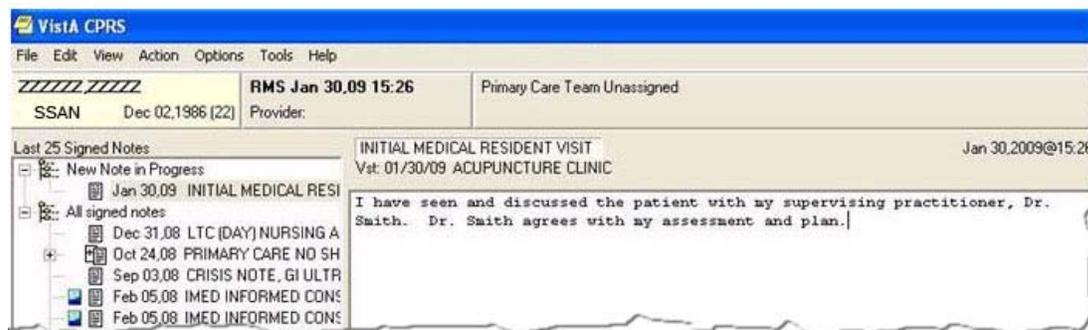
There are some general principles about supervision that each trainee should understand:

1. Your supervisor has the ethical and legal responsibility to personally care for the patients you are involved with. Because of that, your supervisor should be kept up to date on **all** clinical developments, positive or negative. Your supervisor should be familiar with each patient, either directly through face-to-face contact, or indirectly through substantial conversation and discussion.
2. Your supervisor should be clearly identified in the medical record so that all readers of the medical record recognize your supervisor's personal involvement and input. One easy way to [document supervision](#) is to add a [few sentences](#) to your own note explaining how your supervisor was involved. The documentation must state that your supervisor was involved and describe the degree of his/her involvement.
3. You will be allowed progressively more independence in patient care only as you demonstrate success in the attainment of your core competencies. As you acquire the knowledge and judgment that accrue with experience, you are allowed the privilege of increased responsibility for patient care in a gradual and systematic way.
4. Trainee supervision will occur wherever patient care is delivered — including, but not limited to inpatient care, outpatient care, community and long-term care, emergency care, and the performance and interpretation of diagnostic and therapeutic procedures.

Documentation of supervision may take four forms:

1. Independent Progress note by the supervisor;
2. Addendum to a trainee note by the supervisor;
3. Co-signature of a trainee note by the supervisor; and
4. Documentation of involvement by a supervisor is reflected in the trainee note.

Example Supervision Involvement Statement:



Trainee Supervision

Supervision Guidelines

For physician, podiatry, optometry, and dental residents, there is a VA policy that describes the rules about supervision (see [Resident Supervision Handbook](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1289) [http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1289]). Note that the physical presence of your supervisor is required when care is delivered in:

- all outpatient clinics;
- extended care settings;
- emergency department;
- all OR cases; or
- all non-routine, non-OR procedures

A policy for the [Supervision of Associated Health Trainees](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1754) [http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1754] is also available online. This policy contains supervision rules for those health professionals not covered by the Resident Supervision Handbook with the exception of medical and dental students. The principles of supervision for associated health trainees are generally the same or similar to those for physician, podiatry, optometry, and dental residents. Further information regarding clinical trainee guidelines and opportunities may be found at <http://www.va.gov/oaa>.

VA does not yet have a written policy governing the supervision of medical students and dental students. However, one is anticipated by spring of 2009. Medical and dental students can place documentation in the medical record; however, any documentation authored by students may not be used for medical, legal, or billing purposes, unless it is accompanied by an addendum from the supervising practitioner. Co-signature alone is insufficient documentation of supervision of medical and dental students. The attending or resident who is operating under the same attending must perform and document an independent assessment and plan for the patient. A medical/dental student note without an addendum or accompanying independent attending or resident note cannot be taken to be an official record of patient care. Individual facilities may have specific guidelines about student documentation and your supervisor should inform you of these.

Trainee Supervision

Summary for: Trainee Supervision

VA is committed to training health professionals "for VA and the Nation." The trainee supervision standards and guidelines that you learned in this lesson help to ensure that safe patient care is delivered. You should now be able to:

- explain the core principles of current VA trainee supervision guidelines;
- recognize that there are local supervision monitoring requirements for each facility; and
- locate the mandated supervision requirements for a particular clinical setting and type of trainee.

Information Security

Introduction to: Information Security

Goal Statement

Welcome to the Information Security lesson. In this lesson, you will learn some key techniques for keeping VA's information secure.

Objectives

After completing this lesson, you will be able to:

- identify the principles of computer and data security, including encryption, password protection, authorized use of computers, and data transmission/usage including appropriate use of thumb drives, laptops, email and text messaging;
- identify the circumstances when the facility Information Security Officer should be contacted; and
- define "limited personal use" of government computers and systems.

Information Security

Information Security Overview

Congress mandates that all VA employees, contractors, and all other users of VA information and VA information systems complete computer security training, including trainees, even if you come to VA for a brief rotation! Information security helps you understand what you need to do to ensure:

- confidentiality, integrity, and the protection of veterans' Personally Identifiable Information (PII);
- timely and uninterrupted flow of information throughout VA systems; and
- the protection of VA information and information systems from fraud, waste, and abuse.

Information Security

Confidentiality

Confidentiality at VA means information is available only to those people who need it to do their jobs to take care of patients. To maintain confidentiality you must:

- understand what information you have access to and why;
- read and follow remote access security policies;
- only access information systems through approved hardware, software, solutions, and connections;
- take appropriate steps to protect information, network access, passwords, and equipment;
- control access to patient files or information saved on disks or other media (such as thumb drives or CDs); and not use automatic password-saving features found on web sites.

Promptly report to your ISO (Information Security Officer) if you are concerned that **any** personally identifiable information (PII) has been compromised. If you do not know your ISO, ask your supervisor. Every VA facility has an ISO who can help you with any questions you may have.

Information Security

What are the VA National Rules of Behavior?

Prior to being granted access to VA's information and information systems, you must agree to the [VA National Rules of Behavior](#)

[http://www.va.gov/oaa/Archive/VA_Handbook_6500_appd_G.pdf], stating you have read, understand, and will abide by these security rules. The VA National Rules of Behavior must be read and signed each year. The education office at your VA facility will inform you of the process for completing the Rules of Behavior. The VA National Rules of Behavior also contain the consequences of inappropriate behavior. Consequences may include a written reprimand, being asked to leave your VA rotation, etc. depending upon the violation.

Information Security

Electronic Transfer of Data or Files

E-mail

Electronic mail (e-mail) helps us do our jobs faster. But using e-mail also has risks. Since e-mail is not private, never use e-mail to send VA sensitive personal information about veterans unless the e-mail can be encrypted according to Federal guidelines (sometimes referred to as FIPS 140-2 approved). Because most trainees at VA will not be assigned a personal VA computer or VA encryption certificates, trainees should not send veteran personally identifiable information (PII) by e-mail.

Text Messaging

Text messaging that is not encrypted according to Federal guidelines should not be utilized to send VA sensitive information about veterans.

Removable Storage Media

Removable storage media may be convenient, but certain security requirements must be followed when using them. All removable storage devices that connect to VA's resources via USB ports (thumb drives, external ports, etc.) must be encrypted with FIPS 140-2 approved encryption. Only VA approved and issued thumb drives are allowed within VA. In certain circumstances, trainees may be required to use Removable Storage Media within the VA system to perform activities related to their educational program. Ask your supervisor how to apply for this permission.

Peer-to-Peer Programs

Public peer-to-peer (P2P) file sharing refers to programs that let anonymous files be shared between computers. There are times when using P2P is helpful. But most of the time, these programs break the law by sharing copyrighted music, videos, and games. Freewire is one example of a public P2P program. P2P programs also can be used to spread viruses and "spyware". For example, someone could use spyware to get information that could be used to steal your identity, buy items on a veteran's credit card, or collect personal financial information about a VA employee. Public peer-to-peer is not allowed at VA and most P2P networks are blocked. If you think your computer may have P2P software or spyware, tell your ISO.

Information Security

Social Engineering

Social engineering is when a person tries to gain your trust in order to get information and resources which he or she can use for harm. This is an important information security issue.

If people ask you for VA personally identifiable information, such as your password, or information about VA patients or employees, make sure you know who they are and whether they have permission to obtain the information as part of their job. A social engineer posing as an IT specialist, for example, can gain access to patient and employee information if you give them your password. Contact your supervisor prior to giving any information if you are in doubt.

Information Security

Passwords

Passwords are an essential part of any security program. VA systems require you to use strong passwords. Strong passwords must:

- Have at least eight characters (i.e., Gabc123&).
- Use at least three of the following four kinds of characters:
 - o Upper–case letters (ABC...)
 - o Lower–case letters (...xyz)
 - o Numbers (0123456789)
 - o Special characters, such as #, &, *, or @

When you log into a VA system, the combination of your user name and password identifies YOU as the person accessing the system and information. All actions taken after you log into the system are identifiable back to you, so it is important that you **never** share your log in information. If someone else uses your account information, you are responsible. **Never** use another person's password for any reason, even if your password is forgotten, inactive, not working, or if someone asks you to log on for him or her.

Other important points about passwords:

- Don't use words found in a dictionary
- Don't use personal references (names, birthdays, addresses, etc.).
- Change your passwords at least every 90 days. If you suspect someone may know your password, change it immediately and inform your ISO.
- Don't allow others to view the keyboard when you type your password.
- If you have several passwords to remember you may write them down, but keep them in a locked place so no one else can get to them.

For more information about passwords, ask your supervisor or ISO.

Information Security

Remote Access to VA Information Systems

In certain circumstances, trainees may require and obtain remote access to the VA system to perform patient care or other activities. You are only allowed to access VA systems while off site if you have your supervisor's permission. This special access is called "VPN" or "RESCUE." Ask your supervisor how to apply for this permission.

Wireless Networks

Due to wireless technologies' convenience, it is being used by many federal agencies. An important item to note here is that the only time a computer is permitted to connect to the VA network wirelessly, is if the connection is encrypted using VA-sanctioned encryption software (i.e. "FIPS 140-2 compliant"). Improperly used wireless technologies can introduce a multitude of vulnerabilities to the VA's network. If as a VA trainee, you need to use a wireless network to perform your VA duties, make sure that you receive guidance from your supervisor and/or your facility ISO for further information.

Information Security

Additional Safe Use Guidelines

Please remember some additional basic information security concepts that help to protect patients' information:

- Lock or log off your computer when you walk away from it. This will prevent an unauthorized user from performing tasks or accessing information using your account.
- When sending a fax, you must confirm that the fax was received at its destination. You should follow up a fax with direct contact to the receiving individual to assure that the fax was received.
- Never talk about a veteran's case in a public place or to anyone who does not have the need to know.
- If you print PII, make sure you take it from the printer right away and keep it stored in a secure place. Make sure to print to the correct printer in a secure location.
- Protect all information and only access information you need to do your job.
- You may only access, use, or send VA information from a VA-owned laptop, handheld computer, or storage device that is encrypted according to Federal guidelines. You may only use your home computer, personal laptop, or personal storage device if it meets specific requirements and you have received special permission to do so.
- You may not share VA information with anyone else.
- You must not share your user name or password—or instructions on how to access the VA network—with anyone else.

Information Security

Viruses

Follow these guidelines to prevent viruses from infecting VA computers:

- Most virus protection software on VA computers within facilities is maintained by VA information technology staff, but if you are ever issued a VA computer, you should make sure to keep the virus protection software up to date.
- Always be cautious when opening e-mail from people you don't know. Since most computer viruses are spread by e-mail, do not open e-mail attachments that are from people you do not know.
- Never forward or reply to chain mail or hoax messages. Delete them, preferably without opening them. If you accidentally open the e-mail, close it and delete it.
- Never open e-mails with inappropriate subject lines.
- Learn to recognize the signs of a virus infection, such as a computer reacting slowly, failing to start, losing files, or degradation of memory capacity.

If you think a security incident has occurred, you should:

- write down the date, time, and location the incident took place as well as the computers that may have been affected;
- write down any error messages that showed up on your computer screen;
- write down any Web addresses, server names, or IP addresses involved in the incident;
- document what happened, when, and the computer's ID number; and
- tell your ISO what happened.

Information Security

Backups

You may be given VA network space where you can save VA work done in word processing programs, etc. Information saved on network spaces and information entered into the Computerized Patient Record System (CPRS) is routinely backed up. However, if you are saving information on a local hard drive (C: drive), it is important to remember to back up your information. Options for back-up include an individual's VA network space and VA encrypted portable storage media.

If you have any concerns about how the information on your C: drive should be backed up, contact your supervisor or local IT staff.

Information Security

Limited Personal Use of Government Computers and Systems

You may have the privilege of some limited personal use of certain Government resources, such as computers, e-mail, Internet access, and telephone, and fax services. This benefit is available only when it:

- does not interfere with official VA business;
- is performed on your own non-work time;
- involves no more than minimal expense to the Government; and
- is legal and ethical.

Information Security

Inappropriate Use of Government Computers and Systems

Personal use may be limited or eliminated at any time, especially if you abuse these privileges. Restrictions for personal use of resources can vary between VA facilities.

Examples of misuse or inappropriate use include the following:

- Any personal use that could cause congestion, delay, or disruption of service to any Government system or equipment. For example, continuous data streams, video, sound, or other large file attachments that degrade performance of VA's network. If you are streaming music to your team room to have background music, that is a violation. But if you are downloading large image files for your radiology rotation, that is acceptable.
- Using VA systems as a staging ground or platform to gain unauthorized access to other systems.
- The creation, copying, transmission, or retransmission of chain letters or other unauthorized mass mailings regardless of the subject matter.
- Activities which are illegal, inappropriate, or offensive to fellow employees or the public. Such activities include hate speech or material that ridicules others on the basis of race, creed, religion, color, sex, disability, national origin, or sexual orientation.
- The creation, downloading, viewing, storage, copying, or transmission of sexually explicit or sexually oriented materials. In fact, accessing some of these materials may be a criminal offense and prosecutable under state or federal law.
- The creation, downloading, viewing, storage, copying, or transmission of materials related to gambling, illegal weapons, terrorist activities, and any illegal activities or activities otherwise prohibited.
- Use for commercial purposes in support of for profit activities or other outside employment or business activity (e.g. consulting for pay, sales or administration of business transactions, sale of goods or services).
- Engaging in any outside fundraising activity, endorsing any product or service, participating in any lobbying activity, or engaging in any prohibited partisan political activity.
- Posting VA information to external newsgroups, bulletin boards, or blogs without authority, including any use that could create the perception that VA endorses the content.
- Posting revealing patient details.
- Any use that could generate more than minimal additional expense to the government.
- The unauthorized acquisition, use, reproduction, transmission, or distribution of any controlled information including computer software and data, that includes privacy information; copyrighted, trademarked, or material with other intellectual property rights beyond fair use; proprietary data; or export-controlled software or data.

To protect yourself, you should discuss your limits and responsibilities with your supervisor or ISO. More can be read about limited personal use of government equipment in VA Directive 6001.

Information Security

VA Information Security Policies and Links

VA Directives

[VA Directive and Handbook 6500, Information Security Program](#)

[VA Directive 6300, Records Information Management](#)

[VA Directive 6301, Electronic Mail Records](#)

[VA Directive and Handbook 0710, Personnel and National Information Security](#)

[VA Directive 6001, Limited Personal Use of Government Office Equipment Including Information Technology](#)

[VA Directive 6502, VA Enterprise Privacy Program](#)

[VA Directive 6371, Destruction of Temporary Paper Records](#)

[VA Handbook 6500.2, Managing Security and Privacy Incidents](#)

Federal Policies

[Federal Information Security Management Act \(FISMA\) Title III, 2002 E-Gov Act](#)

[OMB Circular A-130, Appendix III, Security of Federal Automated Information Resources](#)

[Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#)

[Clinger-Cohen Act of 1996](#)

[OMB Memorandum M-06-16, Protection of Sensitive Agency Information](#)

[OMB Memorandum M-06-20, FY 2006 Reporting Instructions for the Federal Information Security Management Act and Agency Privacy Management \(July 17, 2006\)](#)

[NIST Special Publications – Computer Security Resource Center – CSD – 800 Series](#)

[Privacy Act of 1974 \(5 USC 552a\)](#)

Information Security

Summary for: Information Security

In this lesson, you learned the importance of keeping information secure. Following the VA's Cyber Security guidelines helps to keep veterans' information private and prevent loss of data. You should now be able to:

- identify the principles of computer and data security, including encryption, password protection, authorized use of computers, and data transmission/usage including appropriate use of thumb drives, laptops, email and text messaging;
- identify the circumstances when the facility Information Security Officer should be contacted; and
- define "limited personal use" of government computers and systems.

Privacy

Introduction to: Privacy

Goal Statement

Welcome to the Privacy lesson. In this lesson, you will learn which types of patient information may be shared and methods for protecting patients' privacy.

Objectives

After completing this lesson, you will be able to:

- list the following three important facts related to privacy:
 - individually identifiable information related to drug abuse, alcoholism, sickle cell anemia, and HIV have special protection and regulations for disclosure;
 - each facility has a Privacy Officer and a Release of Information Office, available to clarify types of information and to whom it may be conveyed; and
 - all patient information transmitted to a school or an educational program institution should be de-identified.
- identify what information may be released with or without signed, written authorization by the patient and what information can be disclosed to another provider for treatment; and
- identify what constitutes a violation of privacy/confidentiality and how to prevent them (email, text messaging, fax, computer screen, printers, telephone conversation, and hallway conversation), as well as, how to report violations.

Privacy

Privacy Overview

VA patients have a right to know that their personal and clinical care information is protected. It is, therefore, of utmost importance that you follow regulations regarding privacy in the performance of your duties at the VA.

There are several statutes, including the Freedom of Information Act, the Privacy Act (FOIA), and the Health Insurance Portability and Accountability Act (HIPAA) that govern the use of identifiable patient information. Many of these statutes are applicable in both VA and non-VA facilities, but the VA has additional statutes to follow.

Both inside and outside of VA, serious penalties (i.e. criminal and civil penalties such as fines or imprisonment) may be incurred for privacy violations. Misuse of or improperly guarding patient information is a serious matter.

Example Statute

For example, 38 U.S.C. 7332 provides special protection of information relating to treatment of drug abuse, alcoholism, sickle cell anemia, and HIV.

Privacy

Individually Identifiable Information

Usually, a code that includes the first initial of the last name, and the last four digits of the social security number (such as Z1234), **in the absence of other personally identifiable information**, is not considered personally identifiable.

Individually identifiable information is protected under the privacy statutes. Examples of individually identifiable information include a patient's full name, full social security number, birth date, or any combination of personal (ex: room number) or clinical elements (ex: diagnoses) that could allow identification of the specific patient.

Privacy

Check Your Knowledge 1

An employee from another VA Medical Center calls your VHA facility requesting Joe Veteran's health information for the purposes of coordinating treatment. Should you provide Joe's information?

Select Yes or No

Feedback:

- **Yes:** Individually identifiable information can be used by VHA employees on a need to know basis in the performance of their official duties for the purposes of treatment, payment, and healthcare operations without written authorization from the patient; therefore, you would provide the requested information after confirming the identity of person on the phone.
- **No:** Sorry, that's incorrect. Individually identifiable information can be used by VHA employees on a need to know basis in the performance of their official duties for the purposes of treatment, payment, and healthcare operations without written authorization from the patient; therefore, you would provide the requested information after confirming the identity of person on the phone.

Privacy

Sharing Identifiable Patient Information with Other Providers for Treatment

With a few exceptions, sharing individually identifiable information with a provider within or outside of the VHA system for the purposes of treatment (or payment of healthcare operations) does not require prior written authorization of the patient.

The exceptions, for which prior written authorization is required, include:

- Information related to VA treatment of **Drug abuse, Alcoholism, Sickle cell anemia, and diagnosis or treatment of HIV ("DASH")** (38 U.S.C. 7332) (if communicated outside of VA facilities or to non-VA providers) Exception 1 — DASH
- Psychotherapy notes (even between VA facilities) Exception 2 — Psychotherapy

Exception 1 – DASH

If information about VA treatment of drug abuse, alcoholism, sickle cell anemia, or diagnosis or treatment of HIV must be provided to a non-VA provider, please have your supervisor, clerical staff in your area, or your facility Release of Information Office (or equivalent) assist you. A patient or his or her legal representative must sign VA Form 10-5345 (Request for and Authorization to Release Medical Records of Health Information). Completed forms must be taken to the Facility's Release of Information Office (if not completed by them). Because veterans have the right to inquire about all requests for their records, the facility must keep track of all information requests.

Exception 2 - Psychotherapy

Please contact your supervisor, the facility Release of Information Office, or your facility Privacy Officer about regulations regarding release of psychotherapy notes.

Privacy

Procedures When an Individual or Third Party Requests that their Information be Released

Limited portions of patient records, such as lab tests or a recent progress note, may be printed and given to the patient for the purpose of patient education. Exceptions to this rule include information related to treatment of drug abuse, alcoholism, sickle cell anemia, and diagnosis or treatment of HIV and psychotherapy notes.

All other requests for patient information from an individual or third party require signed authorization and should go through your VA facility's Release of Information Office.

Remember that releasing information to the patient's spouse or close relative is not permitted unless done with the patient's consent.

If you have a question about releasing VA patient information to a patient or an outside party, including family members of veteran, refer to your supervisor or the facility Release of Information Office (or equivalent).

Release Forms

- Form 10-5345a; Individual's Request for a Copy of their Own Health Information
- VA form 10-5345 Request for and Authorization to Release Medical Records of Health Information

Privacy

Check Your Knowledge 2

A person calls a VA Medical Center requesting a copy of their spouse's medical record. The veteran has not completed a written authorization. Should the required information be provided?

Select Yes or No

Feedback:

- **Yes:** Sorry, that's incorrect. The VA Medical Center personnel cannot provide the spouse a copy of the medical record without the signed written authorization of the veteran (except in rare circumstances).

Refer the spouse to the Release of information (ROI) Unit to obtain additional information on how to appropriately obtain a copy of the significant other's medical record and to confirm that other authority (e.g., Power of Attorney) is not present.

- **No:** The VA Medical Center personnel cannot provide the spouse a copy of the medical record without the signed written authorization of the veteran (except in rare circumstances).

Refer the spouse to the Release of information (ROI) Unit to obtain additional information on how to appropriately obtain a copy of the significant other's medical record and to confirm that other authority (e.g., Power of Attorney) is not present.

Privacy

Sharing VA Patient Information with your School or Educational Program

Your school or educational program may ask you to share information in the form of a procedure or case log, as part of a conference presentation, in written work, etc. Remember that information about VA patients that is transmitted to your school or educational program should not contain specific patient identifiers.

Example

The patient's last initial (e.g., Mr. S.) may be used in a log turned into your school or program, but the patient's full name (e.g., Mr. John Smith) may not.

You should contact your supervisor if your school or educational program requires that specific patient identifiers be included in information transmitted to the school. If you have a question about a privacy issue or ever need to report a privacy violation, contact your supervisor or the facility Privacy Officer.

Privacy

Disposal of Documents or Media Containing Personally Identifiable Information

It is important to remember that paper containing personally identifiable information (such as sign-out lists, copies of patient records, test results, etc.) be shredded or placed in approved, locked paper disposal containers. Do not leave patient information on work tables, at nursing stations, etc. Notify your supervisor if there is no container or shredder available in or near your work place. If you need to dispose of information on portable media or on computers, contact your supervisor or ISO.

Privacy

Summary for: Privacy

This lesson discussed the privacy regulations involved in the performance of your duties at the VA. Specifically, you learned how to protect individually identifiable information and how to respond to requests for information. You should now be able to:

- list the following three important facts related to privacy:
 - individually identifiable information related to drug abuse, alcoholism, sickle cell anemia, and HIV have special protection and regulations for disclosure;
 - each facility has a Privacy Officer and a Release of Information Office, available to clarify types of information and to whom it may be conveyed; and
 - all patient information transmitted to a school or an educational program institution should be de-identified whenever possible.
- identify what information may be released with or without signed, written authorization by the patient and what information can be disclosed to another provider for treatment; and
- identify what constitutes a violation of privacy/confidentiality and how to prevent them (email, text messaging, fax, computer screen, printers, telephone conversation, and hallway conversation), as well as, how to report violations.

Safety/Occupational Health/Fire and Other Emergencies

Introduction to: Safety/Occupational Health/Fire and Other Emergencies

Goal Statement

Welcome to the Safety/Occupational Health/Fire and Other Emergencies lesson. In this lesson, you will learn critical procedures for ensuring a safe environment for yourself, fellow VA staff, and patients.

Objectives

After completing this lesson, you will be able to:

- state that the VA strives to provide a safe and healthful work environment, which includes providing trainees with appropriate tools to perform their jobs safely (safe needles, personal protective equipment);
- describe the trainee's role in responding to a fire or other emergency; and
- describe what to do in the event of a blood/body fluid exposure.

Safety/Occupational Health/Fire and Other Emergencies

VA's Safe and Healthful Work Environment

The VA strives to maintain a safe and healthful work environment, which includes:

- Providing trainees with the appropriate equipment to enable them to safely perform their roles
- Having procedures in place to assure that trainees get the proper evaluation and treatment should an exposure, injury, or occupational illness occur
- Having procedures in place for dealing with fires and other emergencies

The VA Occupational Safety and Health (OSH) Program is a national initiative whose main objective is to prevent occupational injuries and illnesses in all VA Healthcare Facilities. As a part of this program, all VA facilities must have programs to monitor and reduce or eliminate work-related injuries and illnesses.

Prevention

As a trainee at a VA facility, you will be provided with the proper materials to safely perform your job. Personal protective equipment available at no cost includes:

- Eye and face shields
- Gloves
- Gowns
- Needles (where possible with guards, i.e., "safer" devices)
- Respirators (disposable N95s, or powered air purifying respirators)

If you do not have or do not believe that you have the proper materials to safely perform your job, contact your supervisor or the unit supervisor in your area to assist you with requesting or locating the necessary equipment or materials.

Safety/Occupational Health/Fire and Other Emergencies

Blood and Body Fluid Exposure

Blood and body fluid exposure is of particular concern to those working in clinical areas. Remember to use personal protective equipment whenever it is indicated. Also remember that, to prevent accidental needle stick injury and potential exposure to infectious agents, place all needles and needle-containing devices in a marked puncture proof container. Needles should not be recapped, placed in the regular trash containers, nor be placed on a tray or table top for later disposal.

Safety/Occupational Health/Fire and Other Emergencies

Procedures When Exposed to Blood or Other Body Fluids

Despite the best preventative measures, accidental blood or body fluid exposure may still occur. If you are exposed to blood or other body fluids, follow these procedures:

- Wash the affected area and remove any contaminated clothing
- Go to the Occupational Health Office for evaluation as soon as is possible
- Report the exposure to your supervisor. Your supervisor or the Occupational Health Unit will initiate recording of the injury to meet Federal reporting requirements.
- Prophylactic medications are available for the appropriate circumstances. Someone from your team will be asked to request that viral blood work be obtained from the patient involved if this information is not already available.

Note: Your school or educational program may require or encourage you to report any exposures to them since it has potential impact on disability and workman's compensation programs supplied by them. Please be sure that you are aware of your school or educational program's requirements.

Be sure to follow through with your VA Occupational Health Office as directed after you leave VA to assure that all follow-up and monitoring has been completed.

Safety/Occupational Health/Fire and Other Emergencies

Fire and Other Emergencies: RACE

In the event of a fire or other emergency, follow the instructions of your supervisor, the unit supervisor in your area, or other VA staff member.

The basic procedures to follow in the event of a fire may be remembered using the acronym RACE.

Select each letter of the acronym to learn more.

Race — R–A–C–E

The **R** in race is for Remove. Remove all persons in immediate danger to safety. This action may include moving patients to another zone on the same floor, another floor, or outside the building. Please check with your supervisor or the unit supervisor in your area about whether or not you may assist with relocating patients.

The **A** in race is for Activate. Activate closest alarm.

The **C** in race is for Close. Close fire doors and windows to prevent the spread of smoke and fire.

The **E** in race is for Extinguish. Extinguish the fire.

Safety/Occupational Health/Fire and Other Emergencies

Fire and Other Emergencies: PASS

You should be familiar with the procedure for using a fire extinguisher if you are asked to assist in extinguishing a fire. Procedures may be remembered using the acronym.

Select each letter of the acronym to learn more.

Pass — P–A–S–S

The **P** in pass is for Pull. Pull the pin breaking the plastic seal.

The **A** in pass is for Aim. Aim at the base of the fire.

The first **S** in pass is for Squeeze. Squeeze the handles together.

The second **S** in pass is for Sweep. Sweep from side to side.

Safety/Occupational Health/Fire and Other Emergencies

Procedures in the Case of an Injury, or Illness

Each VA facility has procedures in place to assure that trainees get the proper evaluation and treatment in the case of an injury or occupational illness. If you experience an injury or occupational illness during your VA rotation, immediately notify your supervisor and report to your facility's Occupational Health Office (or equivalent) for evaluation and documentation of the event. In most VA facilities, trainees should report to the Emergency Room for evaluation and care during non-business hours. The VA will assess your condition, stabilize you if necessary, and arrange for your care to be continued with your chosen medical provider.

Safety/Occupational Health/Fire and Other Emergencies

Summary for: Safety/Occupational Health/Fire and Other Emergencies

In this lesson, you learned general procedures for performing your job safely and ensuring a safe environment for both workers and veterans. You should now be able to:

- state that the VA strives to provide a safe and healthful work environment, which includes providing trainees with appropriate tools to perform their jobs safely (safe needles, personal protective equipment);
- describe the trainee's role in responding to a fire or other emergency; and
- describe what to do in the event of a blood/body fluid exposure.

Patient Safety

Introduction to: Patient Safety

Goal Statement

Welcome to the Patient Safety lesson. This lesson will help you become more aware of the concepts of patient safety and the VHA patient safety program.

Objectives

After completing this lesson, you will be able to:

- describe your role in VA's patient safety program;
- define adverse events and close calls and the difference between expected outcomes and adverse events;
- recall that adverse events and close calls should be reported to the your supervisor;
- describe the importance of good communication (e.g. read backs, handoffs);
- recall that the Joint Commission Patient Safety Goals are a VA priority; and
- describe the key infection control practices and procedures at VA (to include hand washing).

Patient Safety

Promoting Patient Safety

Patient safety is the foundation of quality patient care. Each VA Medical Facility is dedicated to the identification and correction of unsafe practices and conditions that may affect patient health and safety. As a trainee in the VA system, you are responsible for joining your supervisor and all VA staff to ensure the safety of patients by reporting any condition or event that results in harm to a patient or may have the potential to cause harm. Any unsafe practice, event, or condition should be reported to your supervisor or the facility patient safety manager. Unsafe practices, events, or conditions may include:

- patient falls;
- medication errors;
- procedure errors or complications;
- missing patients, assaults;
- suicidal behaviors;
- reactions to medications;
- unexpected deaths; and
- close calls.

View the [VHA National Patient Safety Improvement Handbook](http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1695)
[http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1695].

Patient Safety

Patient Safety Goals

Patient safety and patient safety goals are a priority in the VA system. Patient safety is a very important part of hospital accreditation requirements necessary for the operation of healthcare facilities. The Joint Commission is a nationwide accrediting body that inspects healthcare facilities to ensure compliance with patient safety goals and regulations.

There are several [Joint Commission National Patient Safety Goals \(NPSG\)](http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/09_hap_npsgs.htm) [http://www.jointcommission.org/PatientSafety/NationalPatientSafetyGoals/09_hap_npsgs.htm] that most trainees should be aware of in their day-to-day activities. The following is a list of some of the things you should remember about the Joint Commission NPSG's for 2008 and 2009

Patient Identification

Identify the patient using at least two patient identifiers when providing care, treatment, or services. For example, ask the patient for both a name and telephone number. The patient must recite the information themselves, not merely affirm the information.

Communications

Read back of Verbal Orders: For verbal or telephone orders or for telephonic reporting of critical test results, verify the complete order or test result by having the person receiving the information record and then read back the complete order or test result, which is then confirmed as correct by the person who gave the order. This should be done in a timely manner.

Abbreviations: Only use allowed abbreviations, acronyms, symbols, and dose designations for your facility. Many older abbreviations, especially the Latin abbreviations, have been banned because they are not clear or are easily confused with other words. For all hospitals, the list of abbreviations not to be used includes at a minimum the following:

- U,u
- IU
- Q.D., QD, q.d., qd
- Q.O.D., QOD, q.o.d, qod
- Trailing zero (X.0 mg)²
- Lack of leading zero (.X mg)
- MS
- MSO4
- MgSO4

Hand Offs: Each VA facility has a standardized approach to hand off communications about a patient when another person will be covering for a time. The transfer of a patient between caregivers, departments, or wards is a key time for patient safety errors. The sending and receiving persons should engage in a patient handoff, in which all current patient data such as their name and identifier, address, lab values, known allergies, condition, present treatments, and medications are exchanged and examined by both the sending and receiving caregivers or unit personnel. Good communication between caregivers and patients is important in preventing errors that can endanger patients. Each handoff includes an opportunity to ask and respond to questions. There is a standardized software package that has been deployed for this purpose. Please check with your supervisor about the standard that has been defined in your VA facility.

Medication Safety

- All Joint Commission accredited facilities must take initiatives to prevent errors involving the interchange of look-alike/sound-alike drugs and use of anticoagulation therapy.
- All medications, medication containers (for example, syringes, medicine cups, basins), or other solutions on and off the sterile field must be labeled.

Infection Control

- As you enter and leave a patient's room, or between patient contacts, cleanse your hands using an alcohol-based rub and/or antibacterial soap and water.
- To perform a moderately invasive procedure, such as the insertion of a central intravenous catheter, wash and disinfect your hands before putting on sterile gloves and again after the procedure **and** follow proper techniques (e.g., site preparation, drapes, etc.). Contact your supervisor regarding any questions about the proper procedures.
- Contaminated materials (i.e. the presence or the reasonably anticipated presence of blood or other potentially infectious materials on an item) such as gloves, drape, and sponges or any solid waste that is generated in diagnosis, treatment, or immunization are potential sources for spreading infectious agents and should be disposed of in appropriately labeled containers.

Medication Reconciliation

All Joint Commission accredited facilities must have a process for comparing the patient's current medications with those ordered for the patient. You must communicate a complete list of the patient's medications to the next provider of service when a patient is referred or transferred to another setting, service, practitioner, or level of care within or outside the organization. The complete list of medications is also provided to the patient on discharge from the facility.

Fall Risk

All Joint Commission accredited facilities must implement a fall reduction program including an evaluation of the effectiveness of the program.

Patients' Active Involvement

Encourage patients' active involvement in their own care as a patient safety strategy. Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.

Universal Protocol for Procedures

Joint Commission's Universal Protocol is intended to ensure that procedures are performed on the correct patient and at the right site. Required elements of the universal protocol include a pre-procedure verification process, marking the procedure site, and performing a time-out with the procedure team. Trainees who are expected to perform or participate in procedures should view the VHA's Ensuring Correct Surgery Directive. You should receive additional information about how the universal protocol is implemented from your VA facility.

Patient Safety

Adverse Events

Adverse events, untoward incidents, therapeutic misadventures, iatrogenic (procedure related) injuries, or other adverse occurrences directly associated with care or services provided within the jurisdiction of a medical center, outpatient clinic, or other VHA facility. Adverse events may result from acts of commission or omission (e.g., administration of the wrong medication, failure to make a timely diagnosis or apply the appropriate therapeutic intervention, adverse reactions or negative outcomes of treatment). Some examples of more common adverse events include:

- patient falls;
- adverse drug events;
- procedural errors or complications;
- completed suicides;
- parasuicidal behaviors (attempts, gestures, and threats); and
- missing patient.

Patient Safety

Close Calls

A close call is an event or situation that could have resulted in an adverse event, but did not, either by chance or through timely intervention. Such events have also been referred to as "near miss" incidents. An example of a close call would be a surgical or other procedure almost performed on the wrong patient due to lapses in verification of patient identification, but caught prior to the procedure. Close calls are opportunities for learning and afford the chance to develop preventive strategies and actions; they receive the same level of scrutiny as adverse events that result in actual injury. They require reporting and documentation in the Patient Safety Information System (PSIS).

VA and other healthcare institutions have internal and external processes for monitoring and addressing issues that contribute to adverse events and close calls to prevent them from happening again. These processes include Root Cause Analyses (RCA's) and Healthcare Failure Mode and Effect Analyses (HFMEA's). Trainees can participate in promoting VA's culture of patient safety by following VA policies designed to promote patient safety and by reporting close calls and adverse events to supervisors as soon as they are observed.

The next page describes RCA's and HFMEA's in more detail.

Patient Safety

Processes for Monitoring Issues Contributing to Close Calls

RCA and HFMEA are processes for monitoring and addressing issues that contribute to adverse events and close calls.

Root Cause Analyses (RCA)

RCA is a process for identifying the basic or contributing causal factors that underlie variations in performance associated with adverse events or close calls. An RCA is a specific type of focused review that is used for all adverse events or close calls requiring analysis. In an RCA, an interdisciplinary team evaluates multiple possible contributing factors and systematically determines the 'root cause' of the adverse event or close call. Actions and outcome measures are developed and implemented to address the root cause(s).

Healthcare Failure Mode and Effect Analyses (HFMEA)

HFMEA is a tool that is to proactively evaluate health care processes. HFMEA uses an interdisciplinary team, process and subprocess flow diagramming, failure mode and failure mode cause identification, a hazard scoring matrix, and a decision tree algorithm to identify system vulnerabilities. As part of the process, actions and outcome measures are developed and implemented.

Patient Safety

Check Your Knowledge 3

Example Scenarios

The following are examples of adverse events and close calls that should be brought to the immediate attention of your supervisor so proper action may occur and ultimately the safe care we provide to our patients will be enhanced. Think about each scenario and then match the appropriate label.

Case 1

The nursing staff was providing a patient with routine a.m. care, which consisted of showering the patient in the shower room on the ward. The patient was seated in a chair being washed when he slid off the chair and hit his face, hip, and shoulder. The patient was examined by the doctor and had x-rays ordered. No fractures were noted. The patient was followed closely and neurological status remained normal.

Select Adverse or Close Call

Adverse

That's correct! This case is an example of an Adverse Event.

Close Call

Sorry that's incorrect. A close call is an event or situation that could have resulted in an adverse event, but did not, either by chance or through timely intervention.

Case 2

The YXZ brand monitor did not trigger an alarm in the SICU when it should have. The nurses observed the monitor failure and reported it. No patient injury occurred.

Adverse

Sorry that's incorrect. An adverse event is an untoward incident, therapeutic misadventure, iatrogenic injury, or other adverse occurrence directly associated with care or services.

Close Call

That's correct! This case is an example of a Close Call.

Case 3

An older patient was noted to have a tourniquet on his left arm above the wrist. The tourniquet was immediately removed; the patient's hand was deep purple. The patient was unable to complain to the nursing staff due to his mental status.

Adverse

That's correct! This case is an example of an Adverse Event.

Close Call

Sorry that's incorrect. A close call is an event or situation that could have resulted in an adverse event, but did not, either by chance or through timely intervention.

Patient Safety

Summary for Patient Safety

In this lesson, you learned the importance of joining your supervisor and all VA staff to ensure the safety of patients by reporting conditions or events that could harm patients. You should now be able to:

- describe your role in VA patient safety program;
- define adverse events and close calls and the difference between expected outcomes and adverse events;
- recall that adverse events and close calls should be reported to the trainee's supervisor;
- describe the importance of good communication (e.g. read backs, handoffs);
- recall that the Joint Commission Patient Safety Goals are a VA priority; and
- describe the key infection control practices and procedures at VA (to include hand washing).

Government Ethics

Introduction to: Government Ethics

Goal Statement

Welcome to the Government Ethics lesson. In this lesson, you will learn how to avoid ethically questionable situations in your work for the government.

Objectives

After completing this lesson, you will be able to:

- recall that acceptance of gifts or favors are restricted by federal government ethics policy.

Government Ethics

Ethics Guidelines

As a trainee in a federal facility, be very careful to avoid unethical behavior and conflicts of interest. The following video demonstrates a few scenarios that could happen in your facility.

Jane Walsh: These are the faces of ethics most wanted tonight. These government employees have crossed the line. The line between ethical behavior and the land of deception and guilt, and when you cross that line once, you begin that trip down a slippery slope, to a place where no V.A. employee should ever be found.

I'm Jane Walsh. Welcome to Ethics Most Wanted. Some violations are committed out of love, hate, or passion. But others are committed out of greed and ignorance. And Mr. Jim Miles has plenty of both.

Vendor Rep: I knew Jim from his work at V.A. he was just the kind of person we wanted at our conference in Trouble, Oklahoma.

Jim: Hi. Well thank you very much. So glad you guys had me down here. I got a brother who lives just on the edge of Trouble. He happens to have an extra ticket for tomorrow's game.

Vendor Rep: Great, why don't you take him out to dinner on the way to the game, and here are some gift certificates to use.

Jim: Well okay then.

Vendor Rep: and also –

Jane Walsh: Jim Miles was also given a free brief case but taking these things was just the beginning of his mistakes.

Jim: You guys have done so much for me already.

Vendor Rep: Come on, what are you talking about? It's nothing.

Jim: Well, flying me in, paying for my hotel room. You didn't have to do that. But, while I'm here, I'll get a chance to look at that new high-speed server you're selling.

Vendor Rep: He knew what it was. It was the annual customer training conference for my company. We do it all the time. Dinner for two is part of the standard practice. So is the free brief case. It is a great way to thank our best customers and get future business.

Jim: You should join us tomorrow when we go out to the game.

Vendor Rep: Perhaps I will. Perhaps I will.

Jane Walsh: But Mr. Miles wouldn't be doing business with anyone for long.

Jim's Supervisor: Hey, Jim, how was that conference last week.

Jim: Oh, um, um – pretty good.

Jim's Supervisor: Tell me about it.

I wouldn't say he lied to me, but I had no idea it was a vendor promotional training conference. He just never told me that.

Jane Walsh: Mr. Miles should have told his supervisors this before he sought approval. But in that case, he knew his plan would have been shot down even though the government wasn't footing the bill.

Jim's Supervisor: Well, I hear they have great steakhouses down in Trouble.

Jim: I heard that too, but I didn't really get out much. I mostly stayed in my hotel.

Jane Walsh: Again, Mr. Miles didn't say a word about his new brief case or his brother's free meal. Big mistake.

Jim's Supervisor: Jim Miles knew there were rules about accepting personal gifts from vendors. If I had known the whole story on this trip, I never would have approved it.

Jim: You know boss, you ought to fly out to Trouble yourself some time. I think you'd enjoy it.

Jim's Supervisor: Maybe someday but spending all that time in those tiny cramped airline seats, not a lot of fun.

Jim: Well, I enjoyed it.

Jim's Supervisor: Well, good, I'm glad. Don't miss the 12 o'clock meeting.

Jim: Okay, I'll see you there

Jim's Supervisor: Okay, see you Jim. He never mentioned the vendor had upgraded him to first class.

Jane Walsh: That was Mr. Miles' final mistake. His lies had caught up with him.

Jim's Supervisor: The truth finally came out. Jim lost his job.

Jane Walsh: Mr. Miles had a chance to do all of this legally. Full disclosure of all of these details to his supervisor or the ethics attorneys would have saved him.

Ethics Attorney: We could have steered him in the right direction and made sure he didn't violate the statute so he didn't get into trouble in Trouble. We could have found a use for that brief case too.

Jane Walsh: The last anyone heard from Mr. Miles, he packed his bags and bought a one-way ticket back to Trouble. But this time, it was on his own dime.

Our next case tonight involves a V.A. pharmacist, drugs and a violation of the standards of conduct.

Pharmaceutical Rep: Hi

Mr. Free Drug: Hey Pat.

Pharmaceutical Rep: I was doing regular rounds and I stopped by the pharmacist house to offer him samples. So how are things going? How is your wife doing?

Mr. Free Drug: Oh, a little better, thanks. Hopefully I'll be back in the office soon.

Pharmaceutical Rep: That's good to hear. There was nothing new about this. I normally dropped off the samples, yes at the VAMC, but his wife had been sick for a while, so I went to his house. He used those samples at work.

Jane Walsh: But this day was different. Mr. Free Drugs was at the end of his rope. His wife still had not improved and now, her doctor had prescribed a new and very expensive wonder drug, named Cure-All.

Pharmaceutical Rep: Listen, I don't know want to take much of your time but I do want to leave with you an Accutane sample. A little stronger dosage on those.

Mr. Free Drug: Well, you know, we don't get many adolescents with acne in our medical center but your company manufactures Cure-All, doesn't it?

Pharmaceutical Rep: Yes. We do. Have you read any of the...

Jane Walsh: In this seemingly harmless moment of truth Mr. Drug is in danger of violating the standards of ethical conduct.

Mr. Free Drug: Got any samples?

Pharmaceutical Rep: Uh, yeah actually. I'm sure I do. You need to make sure that you have your patients take that with a full stomach.

Mr. Free Drug: You know, on second thought, I probably shouldn't take this. I wanted to give them to my wife, but I'm not supposed to take gifts of more than 20 bucks, and these are worth a lot more than that.

Pharmaceutical Rep: Well, they might cost \$100 retail but they cost us 15 bucks to make.

Mr. Free Drug: Oh, well, that's probably okay then.

Jane Walsh: But it's actually not okay. In one moment, Mr. Drug unknowingly crossed the line by asking the rep for a drug for personal use. He's gone from law abiding government employee, to ethics violator.

Mr. Free Drug: Hi, hon. Have you left yet? Don't stop by the pharmacy. I got some samples for you. Yep -

Jane Walsh: Shortly after he was caught, Ethics Most Wanted interviewed the disgraced pharmacist and asked, "What were you thinking?"

Mr. Free Drug: I didn't think it was such a big deal at the time. Doctors and pharmacists receive samples from the pharmaceutical industry all the time. So this time the rep includes a sample of a drug that my wife needed, I mean, it was under 20 bucks in value. So I asked for some. I mean, what's the harm?

Ethics Attorney: The harm is a violation of the standards of conduct which prohibit employees from soliciting gifts from those seeking or doing business with V.A. Hence, the V.A. doctors and pharmacists are prohibited from requesting drug samples for their own personal use. Now, if Free Drugs had not asked for the drug Cure-All and instead the drug had just been offered to him, then an exception could have applied. In that case, he could accept an individual gift for personal use, of a value of \$20 or below, and a total of \$50 worth of gifts from any one company combined in one year. But the value is the fair market value, not wholesale.

In addition to this, VHA Directive prohibits employees from using any drugs donated directly to the VHA for their own personal use. So even acting for the best reasons like Mr. Free Drugs was, you still can get in trouble.

Mr. Free Drug: It was a lapse in judgment, and it cost me a lot. It's been an embarrassment to me and my family. It threatened my livelihood, ruined my reputation, and for what? A few lousy samples? I was stupid. It wasn't worth it.

Jane Walsh: If you're ever face-to-face with a dilemma like this consult your ethics professionals for advice on what you should do. Don't make the same mistake Free Drugs did.

I'm Jane Walsh for Ethics most wanted. Tune in next time and remember, we need your help to put an end to all Ethics Violations.

Government Ethics

Prohibited or Restricted Source

As you saw in the video, you are prohibited from accepting a gift from a "prohibited or restricted source." A prohibited or restricted source is any private individual or non-federal organization that:

- is seeking official action by VA;
- does or seeks business with VA;
- conducts activities that are regulated by VA; and
- has interests that may be affected by the performance of your own official duties

Government ethics regulations create an exception to the general prohibition for gifts with a value of \$20 or less per source on any given occasion, with a limit of \$50 total per year for gifts that can be accepted from any one source. A gift is any item of monetary value, including any gratuity, favor, service, discount, entertainment, or hospitality. Examples of gifts include tickets to events, clocks, notebooks, reference books, product samples, or meals. Note that sales representatives may provide food items of nominal value (e.g., soft drinks, coffee, donuts, and other light refreshments are permissible; meals are not) to VA employees when incidental to a scheduled meeting or legitimate educational interchange and are not otherwise prohibited by government ethics rules and/or education accreditation requirements.

Note: This lesson on government ethics reflects VA national policy. Your local policy may be more restrictive. Check with your supervisor to learn more about your local VA policy. The best solution is to not accept gifts from sales representatives and to refer them to your supervisor.

Government Ethics

Summary for: Government Ethics

In this lesson, you saw some examples of unethical behavior and learned how to avoid conflicts of interest. You should now be able to:

- recall that acceptance of gifts or favors are restricted by federal government ethics policy.

Documentation of Health Records

Introduction to: Documentation of Health Records

Goal Statement

Welcome to the Documentation of Health Records lesson. In this lesson, you will learn how proper health record documentation promotes excellent patient care.

Objectives

After completing this lesson, you will be able to:

- describe the trainee's role in the importance of complete and accurate documentation;
- explain the importance of timely documentation and the need to assure that there are no incomplete health record entries prior to the end of the trainee's rotation or training period; and
- identify who to contact when there are questions regarding health record documentation and correction.

Documentation of Health Records

Documentation Guidelines

Properly documenting health records is a key component in the VHA's mission to provide excellence in patient care to our Veterans. Health record documentation is also used for legal activities, research, performance measurement, and payment. The VHA Health Information Management Program Office is responsible for maintaining health record documentation guidelines and requirements and has published them in [VHA Handbook 1907.01, Health Information Management and Health Records](#)

[http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1469].

When documenting in a health record, do your part to support the VHA's mission by following these guidelines:

- All notes and other entries into the health record should be timely, accurate, comprehensive, professionally-composed and complete.
- Only use abbreviations in the health record that are approved by your medical facility. Do not use the unapproved abbreviations identified by the Joint Commission and as identified by your facility.
- Exercise extreme care in copying and pasting information in a patient's health record and avoid it whenever possible. Do not copy and paste anything that could be considered misrepresentation of history you have taken or exams you have performed including progress notes from other practitioners (without attributing the note to the original writer), the signature block of another provider, and physical findings from another clinician that you have not verified yourself.
- Complete all entries in the health record in a timely manner, preferably as close to the point of service or observation as possible (typically no later than by the end of a shift or on the same business day). Check with your supervisor about your VA facility's policy regarding timely health record completion.
- As a healthcare professional in training, remember that the health record is a key means of communication between healthcare workers. It is your professional responsibility to complete all health record entries (ex: progress notes, procedure notes, operative reports, and discharge summaries) for which you are responsible prior to completion of your VA rotation.
- All procedures performed should be documented in the patient health record. A procedure note should always be written.

Documentation of Health Records

Documentation

Each VA Medical Center has a Health Information Management Office. If you have a question regarding documentation guidelines or procedures for correcting a record, contact the Health Information Management Office at your facility.

Each VA Medical Center has a Compliance Officer. If you have a question regarding a compliance concern, such as suspicion of illegal or unethical documentation or business procedures being used in your VA Medical Facility, contact your supervisor and, if appropriate, your VA facility's Compliance and Business Integrity Officer. For more information about VHA Compliance and Business Integrity (CBI) please see below for referenced Web Sites.

For more information about VHA Compliance and Business Integrity (CBI) please see below for referenced Web Sites.

- [VA Policy on CBI Committees](http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1271) [http://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=1271]
- [Search for VA forms and Policies](http://www.va.gov/vhapublications/) [http://www.va.gov/vhapublications/]

Documentation of Health Records

Summary for: Documentation of Health Records

In this lesson, you learned how to properly document health records for patient care, legal activities, research, performance measurement, and payment. You should now be able to:

- describe the trainee's role in the importance of complete and accurate documentation;
- explain the importance of timely documentation and the need to assure that there are no incomplete health record entries prior to the end of the trainee's rotation or training period; and
- identify who to contact when there are questions regarding health record documentation and correction.

Violence in the Workplace and Handling Disruptive Behavior

Introduction to: Violence in the Workplace and Handling Disruptive Behavior

Goal Statement

Welcome to the Violence in the Workplace and Handling Disruptive Behavior lesson. This lesson will help you recognize, avoid, and address potentially violent situations in your workplace.

Objectives

After completing this lesson, you will be able to:

- recognize healthcare as an industry with a high degree of workplace violent behavior;
- define disruptive behavior;
- identify the special ways to identify potentially violent patients in the electronic medical record (CPRS); and
- describe how to handle a patient who is manifesting potentially violent or disruptive behavior, and the importance of knowing the physical area of work and its avenues of escape if needed.

Violence in the Workplace and Handling Disruptive Behavior

"All employers have a general duty to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm." — OSHA Act of 1970

Violence in the Healthcare Industry

Healthcare workers experience the highest rate of injuries from workplace assault in the United States according to the Occupational Safety and Health Administration (OSHA). Employers, such as VA, must promote hazardous-free work environments for all employees and trainees.

Violence in the Workplace and Handling Disruptive Behavior

Addressing Violence in the Workplace

The National Institute for Occupational Safety and Health (NIOSH) defines workplace violence as "violent acts (including physical assaults and threats of assaults) directed toward persons at work or on duty."

Most of the violent situations at the VA involve mentally ill or confused patients directing violence toward a healthcare worker. Delays in registration, admission, discharge, treatments, and appointments, or mistakes or delays in receiving benefits, appointments, and prescriptions may cause anger.

To find out if a patient has had a history of violent behavior, look for a "patient record flag" in the patient's medical record. The flag is a notice (progress note) generally placed on the cover sheet of the patient's electronic record and will alert you to a history of violent behavior.

Note: Disruptive behavior by a patient, family member, employee, or trainee is generally considered a vocalization or action out of the norm of usual conversations and actions that may impede patient care and may lead to or involve workplace violence. Disruptive behavior is not necessarily physically violent. For example, a patient refusing to take his or her medicine can be considered disruptive behavior. Family members arguing in a raised voice with hospital providers or being verbally abusive to the patient or staff also constitute disruptive behavior.

Violence in the Workplace and Handling Disruptive Behavior

Preventing Violence in the Workplace

There can also be cases of staff-on-staff violence. When confronted with a VA employee or patient who brags about past violence, who handles a weapon (or simulates handling a weapon), or who has outbursts in the facility, excuse yourself from the situation and notify your supervisor as soon as possible.

An active workplace violence prevention program, such as the one in VA, includes three key activities:

1. documenting incidents when they occur;
2. knowing the procedures to take in the event of violence; and
3. maintaining open communications between employers and workers, supervisors and trainees.

All workers and trainees should assess the risks for disruptive behavior and violence in their workplaces and take appropriate action to reduce those risks. A good start is to discuss these issues with your immediate supervisor.

Websites for further information:

U.S. Department of Labor / Occupational Safety & Health Administration

- <http://www.osha.gov/SLTC/workplaceviolence/index.html>
- <http://www.osha.gov/Publications/OSHA3148/osha3148.html>

National Institute for Occupational Safety and Health

- <http://www.cdc.gov/niosh/violcont.html>
- <http://www.cdc.gov/niosh/homepage.html>

Violence in the Workplace and Handling Disruptive Behavior

Summary for: Violence in the Workplace and Handling Disruptive Behavior

As a healthcare trainee, you must be aware of the potential for violence in the workplace. In this lesson, you learned how to recognize potentially violent situations and patients, and how to take steps to prevent violence. You should now be able to:

- recognize healthcare as an industry with a high degree of workplace violent behavior;
- define disruptive behavior;
- identify the special ways to identify potentially violent patients in the electronic medical record (CPRS); and
- describe how to handle a patient who is manifesting potentially violent or disruptive behavior, and the importance of knowing the physical area of work and its avenues of escape if needed.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Introduction to: Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Goal Statement

Welcome to the Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act lesson. In this lesson you will learn about your rights to a workplace that is free from retaliation and reprisal and does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability.

Objectives

After completing this lesson, you will be able to:

- describe the type of behavior/conduct that constitutes workplace harassment and sexual harassment; and
- describe trainee's rights with regard to whistleblower protection and prohibition of retaliation.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Federal Equal Employment Opportunity (EEO) Laws

VA prohibits discrimination and is responsible for ensuring that the workplace is free from retaliation and reprisal and does not discriminate against employees or applicants with respect to the terms, conditions, or privileges of employment on the basis of race, color, religion, sex, national origin, age, or disability.

Prohibited workplace harassment has different characteristics and is not just limited to sexual harassment. The courts and the Equal Employment Opportunity Commission (EEOC) have defined discriminatory harassment as:

1. any conduct which is based on race, color, sex, religion, national origin, age, mental or physical disability, sexual orientation, or reprisal for prior EEO activity; and
2. any such conduct that is so severe or pervasive, it interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Civil Rights Act of 1964

Harassment because of someone's race, sex, religion, color, or national origin violates the Civil Rights Act of 1964.

Age Discrimination in Employment Act

Harassment based on age (over 40) violates the Age Discrimination in Employment Act (ADEA).

Rehabilitation Act of 1973

Harassment based on physical or mental disability violates the Rehabilitation Act of 1973, as amended.

Executive Order 11478

Harassment based on sexual orientation is prohibited by Executive Order 11478 and VA policy directives.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Discrimination

Trainees paid directly by VA are protected by all applicable EEO laws. Trainees at VA who are not paid directly by VA may also have some EEO protection. However, all trainees in VA facilities should be able to recognize conduct constituting discrimination or workplace harassment so that they can report it to their supervisor or other local VA officials.

A key point:

- Any employee, former employee, or applicant for employment, who believes discrimination occurred on the basis of race, color, religion, sex, national origin, age (over 40), disability, sexual orientation, or reprisal for prior EEO activities may initiate a discrimination complaint.

Sexual Orientation

Discrimination based on sexual orientation is not covered by Title VII of the Civil Rights Act and cannot be used as a basis for filing a complaint of discrimination before the EEOC. Such complaints may only be brought through an internal agency grievance process.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Characteristics of Harassment

Harassment is a form of discrimination and is a violation of law and policy. Harassment is defined as:

- unwelcome verbal or physical conduct based on one's membership in a protected category, as listed on the previous screen;
- conduct when the submission or rejection of such conduct is used as the basis for employment related decisions or actions; and
- conduct that has the intent or effect of unreasonably interfering with one's work performance or creating an intimidating, hostile, or offensive working environment (also known as a hostile work environment).

Petty slights, annoyances, and isolated incidents (unless extremely serious) do not rise to the level of prohibited harassment. To constitute harassment, the conduct must create a work environment that would be hostile or offensive to a reasonable person. Examples of behavior that may constitute harassment include:

- racial or ethnic jokes or slurs;
- pictures, objects, or graphic material containing offensive content;
- threatening words or gestures directed at a person because of his or her membership in a protected class;
- obscene, vulgar, or abusive language;
- notes or e-mails containing slurs, jokes, or abusive language;
- stalking (waiting for the employee in the parking lot; hanging out near an employee's home); and
- physical assault, such as twisting a co-worker's arm, brushing a hand across their buttocks

Hostile Work Environment

A hostile work environment exists when unwelcome comments or conduct based on sex, race, or other legally protected characteristics unreasonably interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment. Anyone in the workplace might commit this type of harassment — a management official, co-worker, non-employee such as a contractor, vendor, or guest. The victim can be anyone affected by the conduct, not just the individual at whom the offensive conduct is directed.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Characteristics of Sexual Harassment

- Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute [sexual harassment](#) when one of the three following circumstances is true:
 - Submission to such conduct is made either explicitly or implicitly a condition of successful and/or continued participation in a training program
 - Submission to or rejection of such conduct by a trainee is used as the basis for educational advancement decisions affecting the trainee
 - Such conduct has the purpose or effect of unreasonably interfering with the trainee's work performance or creating an intimidating, hostile, or offensive working environment

Behavior constituting sexual harassment falls into three categories. Select each category from the list below to see some

- Verbal
- Non-verbal
- Physical

Sexual Harassment

Sexual harassment is a form of harassment that constitutes sex discrimination. It can occur in a variety of circumstances, including the following situations:

- The harasser can be a man or a woman. The victim does not have to be of the opposite sex.
- The harasser can be the victim's supervisor, an agent of the employer, a supervisor in another area, a co-worker, or a non-employee.
- The victim does not have to be the person harassed but could be anyone offended by the offensive conduct.
- Unlawful sexual harassment may occur without economic injury to or discharge of the victim.
- The harasser's conduct must be unwelcome and/or unwanted.
- The harassment does not necessarily result in economic injury to or discharge of the victim.

Verbal Sexual Harassment

- Sexual innuendoes
- Suggestive remarks or whistling
- Pressure for dates
- Sexist remarks
- Sexual propositions

Non-verbal Sexual Harassment

- Suggestive or insulting sounds
- Leering, staring, or ogling
- Obscene gestures
- Obscene/graphic materials
- Written sexual jokes

Physical Sexual Harassment

- Touching
- Pinching
- Brushing up against someone intentionally
- Cornering
- Hugging
- Assault/rape

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Addressing Harassment in the Workplace

You are not required to have a witness to the offensive conduct before you can report it to a supervisor or management official. However, mere observance of behavior alone may not state an independent claim of harassment. If you are a victim of sexual or workplace harassment, follow these procedures:

- Tell the harasser that the behavior is unwelcome and must stop.
- Keep a record of any instances of harassment and follow-up actions.
- Ask co-workers if they observed the behavior.
- Tell your supervisor, someone else in your chain of command, or another manager about the incident.
- If the harasser is your supervisor, inform a higher-level supervisor.
- If you are a VA employee, you have the right to contact an EEO counselor at the Agency's Office of Resolution Management (ORM) to file a complaint. You must initiate contact with an ORM EEO Counselor within 45 days of the date of the incident.

All VA facilities have an EEO Manager who is available to answer questions about the complaint process or address grievances. Disclosures of workplace harassment may also constitute disclosure of abuse of authority under whistleblowing.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

The Notification & Federal Employee Antidiscrimination and Retaliation (NO FEAR) Act (1) Overview

The NO FEAR (Notification & Federal Employee Antidiscrimination and Retaliation) Act was enacted by Congress on May 15, 2002 to require Federal agencies to be accountable. The Act requires that Federal agencies be accountable for violations of anti-discrimination and whistleblower protection laws and requires VA to provide training to employees and applicants for VA employment on federal antidiscrimination, whistleblower protection, and retaliation laws.

Federal employees are prohibited from engaging in discrimination. If, as a VA trainee, you are personally impacted or observe such conduct, it should be reported to appropriate officials.

Anti-discrimination – 5 U.S.C § 2302(b)(1) and (b)(10)

It is a prohibited personnel practice to discriminate against an employee:

- Based on race, color, national origin, religion, gender, mental or physical disability, age, marital status, or political affiliation
- Based on "conduct which does not adversely affect the performance of the employee or applicant, or the performance of others."

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Whistleblower Protection

Federal employees must also follow the guidelines of Whistleblower Protection – 5 U.S.C § 2302(b)(8). Whistleblower reprisal refers to the actual or threatened taking or withholding of a personnel decision in retaliation for a protected disclosure against employees and applicants. Employees or applicants may disclose information that they reasonably believe shows evidence of the violation of law, rule, or regulation; gross mismanagement; gross waste of funds; abuse of authority; or substantial and specific danger to public health or safety. An employee or applicant is also protected if an employer **mistakenly** believes he or she is a whistleblower.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Check Your Knowledge 4

Consider this scenario: Janet Johnson, a clinical trainee, suspected that her supervisor was disclosing private patient information inappropriately. Janet reported her suspicions to a manager several levels above her supervisor, and that manager initiated corrective action. Now Janet's supervisor is threatening to give her a poor evaluation.

Is this disclosure protected under Whistleblower Protection?

Feedback:

The disclosure described in the scenario is protected because:

- The trainee has a reasonable belief that the disclosed information is true.
- There is no requirement that trainee go through chain of command.
- The whistleblower's personal motivation does not affect the reasonableness of a disclosure.
- The disclosure is made to a person in the position to facilitate corrective action.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

The Notification & Federal Employee Antidiscrimination and Retaliation (NO FEAR) Act

A protected disclosure falls into one of two categories:

1. disclosures made as part of normal duties outside of normal channels; or
2. disclosures made outside of assigned duties.

Disclosures made as part of normal duties through normal channels (e.g., to the alleged wrongdoer) are not protected by the Whistleblower Protection Act. Disclosures must be specific and detailed and may be made to the U.S. Office of Special Counsel (OSC), Office of Inspector General (OIG) or comparable official, the media, or other person in position to take or facilitate corrective action provided that the disclosure is not prohibited by law and the information does not have to be kept secret in the interest of national defense or the conduct of foreign affairs.

If an employee or applicant believes he or she has been the victim of whistleblower retaliation, he or she may report it to the VA OIG Hotline at 1-800-488-8244 or file a written complaint with the OSC or online through the [OSC](http://www.osc.gov/) [http://www.osc.gov/] web site.

Additional information regarding whistleblower protection can be found at the [Equal Employment Opportunity Commission \(EEOC\)](http://www.eeoc.gov/) [http://www.eeoc.gov/] web site.

Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Summary for: Federal Equal Employment Opportunity (EEO) Laws/Workplace Harassment/No Fear Act

Employees and trainees have the right to work in an environment that is free from retaliation and reprisal and does not discriminate on the basis of race, color, religion, sex, national origin, age, or disability. In this lesson, you learned the major points of the EEO laws and No Fear Act. You also learned how to address harassment in the workplace. You should now be able to:

1. describe the type of behavior/conduct that constitutes workplace harassment and sexual harassment; and
2. describe trainee's rights with regard to whistleblower protection and prohibition of retaliation.

Reporting Abuse and Neglect

Introduction to: Reporting Abuse and Neglect

Goal Statement

Welcome to the Reporting Abuse and Neglect lesson. This lesson will help you identify signs of abuse or neglect in patients.

Objectives

After completing this lesson, you will be able to:

- define abuse and neglect;
- identify general signs and symptoms of abuse and neglect including characteristics of injuries, inconsistencies (injury and explanations), and patient behaviors; and
- recall that the supervisor should be contacted in all cases of suspected abuse or neglect.

Reporting Abuse and Neglect

Reporting Abuse and Neglect Overview

Abuse and neglect are serious detriments to the health and safety of patients. By law, suspected abuse or neglect must be reported, although the procedures to report abuse are different in all US states and territories. The differing regulations may cause confusion or delays in reporting suspected abuse or neglect. VA facility policies regarding reporting such cases should reflect state law and may slightly differ between VA Medical Centers. Regardless, in all VA Medical Centers, all instances of suspected abuse and neglect must be reported to your local VA Social Work Service. Involve your supervisor in all suspected cases of abuse or neglect. They will evaluate the situation and gather the pertinent information and documentation to present to Social Work Service for follow-up.

Reporting Abuse and Neglect

Discovering Abuse or Neglect

Most cases of abuse or neglect are discovered in outpatients who are visiting a clinic, patients arriving in emergency departments, or in newly admitted inpatients. Signs and symptoms of abuse or neglect include:

- vague or inconsistent explanations of injuries (which may be the result of shame or fear of retaliation);
- acute or past chronic injuries such as bruising or broken bones;
- delayed medical care for injuries or illness;
- chronic abdominal pain;
- chronic depression and fatigue;
- poor nutritional status;
- bed sores;
- neglected oral health or dentition;
- inappropriate or soiled clothing; and/or
- poor hygiene.

Because the suspicion or discovery of patient abuse or neglect is a serious matter and may cause embarrassment to the patient or caregiver or may cause further harm to the patient by a caregiver, do not confront the patient or caregiver. Confronting a guilty caregiver may escalate into a dangerous situation.

In all circumstances of suspected or overt signs of patient abuse and neglect, notify your supervisor as soon as possible. The observation and reporting of suspected abuse or neglect is very important. You may be responsible for saving a life or preventing continued avoidable pain and suffering by being alert to the signs of possible patient abuse and neglect.

Reporting Abuse and Neglect

Summary for: Reporting Abuse and Neglect

In this lesson, you learned how to identify signs of abuse or neglect in patients. You should now be able to:

- define abuse and neglect;
- identify general signs and symptoms of abuse and neglect including characteristics of injuries, inconsistencies (injury and explanations), and patient behaviors; and
- recall that the supervisor should be contacted in all cases of suspected abuse or neglect.

Torts Claims Protection

Introduction to: Torts Claims Protection

Goal Statement

Welcome to the Torts Claims Protection lesson. This lesson will help you understand how you are protected legally in the case of a patient filing a claim against you.

Objectives

After completing this lesson, you will be able to:

- describe the Federal Government's self-insurance program against malpractice claims and identify the Act that covers "malpractice insurance" for all federal workers, including trainees; and
- recognize that, in the case of a law suit, the federal government is the defendant, not the trainee.

Torts Claims Protection

Introduction to: Torts Claims Protection Overview

It is likely that over the course of your health professions career, you will encounter a patient that feels he or she has been injured in the course of your care. The patient, or the patient's attorney, may decide to file a claim based on their alleged injuries. As a trainee in the VA system, you should understand your legal protections.

You might think that, because you are training in a federal government facility, you are immune from claims against you. This is not true. The Federal Tort Claims Act (FTCA), August 2, 1946, chapter 753, title IV, 60 Stat. 842, 28 U.S.C. § 1346(b) and 28 U.S.C. § 2671–2680), is a statute enacted by the United States Congress in 1946 permitting private parties to sue the United States in a federal court for most torts committed by persons acting on behalf of the United States. Liability under the FTCA is limited to "circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred." 28 U.S.C. § 1346(b).

However, as long as you were doing your job conscientiously, any claim against you will become a claim against the United States government. This "substitution" protects you from personal liability.

Torts Claims Protection

Federal Tort Compensation Act (page 1)

An important provision of the Federal Employees Liability Reform and Tort Compensation Act (FTCA) provides that "upon certification by the Attorney General that the defendant employee was acting within the scope of their office or employment at the time of the incident out of which the claim arose ... the United States shall be substituted as the party defendant." 28 U.S.C. § 2679(d)(1). The purpose of this amendment to the Federal Tort Claims Act was to 'remove the potential personal liability of Federal employees for common law torts committed within the scope of their employment, and ... instead provide that the exclusive remedy for such torts is through an action against the United States under the FTCA.' H.R. Rep. No. 700, 100th Cong., 2d Sess. 4 (1988)

Torts Claims Protection

Federal Tort Compensation Act (page 2)

Trainees must fulfill certain criteria to be covered by the FTCA:

- Trainees must have an active appointment to the VA under a trainee appointment authority. Nearly all trainees are appointed under a Title 38 appointment authority. That means that trainees must have filled out all relevant application papers, had their background screening including fingerprints performed, and in general satisfied all application procedures required of both VA and their training program. You should receive an appointment letter to verify that you have been appointed successfully.
- Trainees must act appropriately and conscientiously to keep their supervisor informed of their actions and the conditions of their patients.
- Trainees must act within the scope of their training programs and not be guilty of willful misconduct or gross negligence.

You do not need additional malpractice insurance while you train in the VA setting. There is no monetary or time limit to your protection. You are protected permanently, regarding those acts that occurred while you were training in VA. Claims protection via the FTCA is available for all types and specialties of trainees, providing the three criteria named above are satisfied.

Torts Claims Protection

Malpractice Claims

If you are named in a claim, be aware of the following facts:

- Malpractice claims filed in state court will be thrown out because the state court does not have jurisdiction in these matters. The claim may be moved to Federal District Court. Again, the case may be dismissed if the claimant has not first filed under the administrative processes required under the FTCA.
- If the claim is denied through the VA's administrative process, the case may then be brought to Federal District Court (FDC). The plaintiff has six months to file suit in FDC. At this point, the US Attorneys in the Department of Justice become the defense attorneys. The Justice Department has experience defending malpractice claims filed against the Department of Defense, Veterans Administration, National Health Service Corps, and other federal departments and agencies. They will substitute the federal government as the defendant. Then, working with VA's attorneys, and all of the witnesses (you, your supervisors, and other parties to the case such as involved nursing staff), they will develop the defense case.
- If a payment is made to the claimant either administratively or through the federal court system, this is similar to a malpractice settlement on your behalf. While it is possible that your name would be forwarded to the National Practitioner Data Bank, this is extremely unlikely. Your supervisor, being legally responsible for the care provided to the patient, is normally the person whose name is forwarded to the NPDB.

If an administrative claim is pursued, the VA will collect specific information regarding the case. It is best to cooperate with the information collection process. This information will be reviewed by practitioners (peers) to determine if the standard of care was met. The Office of General Counsel in VA, through a network of Regional Counsel, will determine if the claim has validity and if the claim should be paid or denied. If you are contacted by Regional or General Counsel in VA regarding a tort claim, provide accurate information to the best of your recollection. Because some claims take a long time to file and process, you are allowed to ask for a copy of the medical record to refresh your memory.

Torts Claims Protection

Summary for: Torts Claims Protection

As a healthcare professional and trainee in the VA system, you should understand your legal protections in the case of a patient claim against you. In this lesson, you learned about the type of coverage you have as a VA trainee and what to expect during claims procedures. You should now be able to:

- describe the Federal Government's self-insurance program against malpractice claims and identify the Act that covers "malpractice insurance" for all federal workers, including trainees; and
- recognize that, in the case of a law suit, the federal government is the defendant, not the trainee.

Patient Rights

Introduction to: Patient Rights

Goal Statement

Welcome to the Patient Rights lesson. In this lesson, you will learn to identify patient rights concerning respect and non-discrimination, information disclosure and confidentiality, participation in treatment decisions, the complaints process, and pain management.

Objectives

After completing this lesson, you will be able to:

- identify the rights of patients in VA; and
- recognize that pain management is a patient right and a priority of the VA.

Patient Rights

Reviewing Patient Rights

All patients have rights concerning their healthcare within the following elements:

- Respect and Non-discrimination
- Information Disclosure and Confidentially
- Participation in Treatment Decisions
- Complaints Process
- Pain Management

Continue to the next page to learn details about each element.

Patient Rights

Respect and Non-discrimination

- High quality patient care
 - Your first priority is to provide patients the medical care that they need with skill, compassion, dignity, and respect.
 - Patients have the right to know the identity of their caregivers and whether they are students, residents, or other trainees (please always introduce yourself correctly)
 - Patients should be encouraged to tell you if they are in pain or have other concerns about their plan of care
- Clean and safe environment
 - Always follow the special policies and procedures that are in place to avoid mistakes in care delivery and protect patients from abuse and neglect.
 - If an unexpected outcome or adverse event occurs, patients have a right to be told what happened and to have any changes that will have to be made in their plan of care discussed with them. (Trainees should immediately report this to their supervisor or attending practitioner).

Patient Rights

Information Disclosure and Confidentially

- Protection of veteran's privacy
- You must always respect the confidentiality of the provider–patient relationship with reference to the sensitive information that is obtained as part of the relationship.
- The medical record is to be kept confidential; information is not to be released unless authorized by law.
- Eligibility for services
- Veterans are to be given information about their health benefits entitlements in a way that they can understand.
- Veterans are to receive information about costs, i.e., co–payments, before they are treated.
- Assistance with submitting VA claims
- Veterans are to be informed of all outcomes of care, including any potential injuries.
- Veterans are also to be informed about how to request compensation for any injuries.

Patient Rights

Participation in Treatment Decisions

- Involvement in their care
 - It is critical for patients to have an opportunity to make informed decisions regarding their medical care. Ensure the patient or designated next of kin (if the patient is impaired) understands:
 - The risks, benefits, and alternatives of each proposed treatment
 - What they can reasonably expect from their treatment and any long-term effects that may alter their quality of life
 - What the patient and family will need to do after discharge

Patients have the right to refuse care, treatment, and services in accordance with law and regulation. This includes the right to refuse being examined or cared for by a trainee. When the patient is not legally responsible, the surrogate decision maker, as allowed by law, has the right to refuse care, treatment, and services on the patient's behalf.
- Assistance when they leave the hospital

Successful treatment often depends on the ability of the veteran to follow medication, diet, and treatment plans. The family is often integral to the success of this endeavor as well. Ensure that patients have had all of their questions answered as part of the discharge planning process.

 - The hospital addresses the wishes of the patient relating to end-of-life decisions.
 - Patients should be asked if they have an advanced directive and provided assistance in completing an advanced directive if they so desire (follow local hospital policy).
 - Patients have the right to review and revise their advance directives.
 - Patients wishes regarding organ donation should be honored.
- Research
 - Veterans have the right to know if a proposed treatment protocol is experimental or part of a research study.
 - Veterans have the right to choose whether they will participate in a research project.
 - Potential research risks are to be identified in advance and the veteran is not to be placed under any pressure to participate.

Patient Rights

Complaints Process

- Patients are to be encouraged to seek help from the treatment team or a patient advocate if they have problems or complaints.
- Patients are to be allowed to make complaints verbally or in writing, without fear of retaliation.

Patient Rights

Pain Management

Pain Management is a patient right and a priority of the VA. Pain is often referred to as the 5th vital sign. Pain includes not only the perception of an uncomfortable stimulus but also the response to that perception. About one-half of the persons who seek medical help do so because of the primary complaint of pain. Pain may arise in nearly any organ system and may have different characteristics in each.

Because pain is a subjective and intensely personal problem, sympathetic care is a key component of its relief. The manner in which patients express their pain is influenced by their mental and physical condition, cultural and ethnic background, and spiritual or religious beliefs. With this in mind, in addition to administering analgesic drugs, healthcare professionals should use a wide range of techniques to help relieve pain, including tactile stimulation, relaxation techniques, diversion, and active listening.

Patient Rights

Summary for: Patient Rights

In this lesson, you learned that patients have certain rights concerning respect and non-discrimination, information disclosure and confidentiality, participation in treatment decisions, the complaints process, and pain management. You should now be able to:

- identify the rights of patients in VA; and
- recognize that pain management is a patient right and a priority of the VA

VHA Career Opportunities

Consider a Career as a VA Healthcare Professional (page 1)

VA is dedicated to offering the best programs, scholarships, internships, work–life balance benefits, and competitive salaries it takes to attract and retain quality health care professionals. VA employment offers a stable work environment, dependable pay structure, and opportunities for career growth.

Becoming a VA healthcare professional provides a unique opportunity to care for a very special and deserving group of patients. In addition to having the privilege of caring for our nation's veterans, their family members, and their survivors, many VA hospitals can provide unique career opportunities for healthcare professionals as a result of their 107 medical schools and thousands of other associated health training program affiliations across the country.

VA Career Opportunities

Consider a Career as a VA Healthcare Professional (page 2)

Consider the benefits of VA employment.

- Work anywhere in the country with your current professional state license
- Competitive salaries
- Flexible scheduling
- Generous vacation, personal, and sick leave, as well as 10 Federal holidays
- 15 days annual military leave for active Reserve and National Guard members
- Excellent, stable health and retirement benefits
- Exceptional education support, scholarship programs, and student debt reduction programs
- Extensive upward mobility opportunities
- VA childcare subsidy programs available in several states (<http://www.va.gov/vachildcare/ChildcareCenters.htm>)
- Malpractice protection guaranteed by the Federal Tort Claims Act
- Nationwide job transfer opportunities
- Partnerships with academic institutions which provide expanded research and teaching opportunities

Information about VA careers can be found at <http://www.vacareers.va.gov>. We hope that, after exploring the pages of this website, you have learned that a career in the VA also means having abundant, nationwide opportunities at your fingertips, as well as working among the finest, most diverse group of health care professionals in the nation.

Contact your local facility: <http://www.vacareers.va.gov/networks.cfm> Call: 1 (800) 949-0002 Send an e-mail to: VAPlacementService@va.gov Write to: Department of Veterans Affairs Placement Service 1555 Poydras Street, Suite 1971 New Orleans, LA 70112

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