



BASIC ORIENTATION

Welcome to Pomona Valley Hospital Medical Center. PVHMC is a 437-bed, fully accredited, acute care hospital serving eastern Los Angeles and western San Bernardino counties.

A nationally recognized, not-for-profit facility, the Hospital's services include Centers of Excellence in oncology and cancer care, cardiac and vascular care, women's and children's services, and kidney stones. Specialized services including centers for breast health including 3D mammography, sleep disorders, a Neonatal ICU, a Perinatal Center, physical therapy/sports medicine, full-service Emergency Department and Level II Trauma center, robotic surgery and the Family Medicine Residency Program affiliated with UCLA.

In efforts to keep you and all our guests safe, Pomona Valley Hospital Medical Center requires that all new Associates complete this packet prior to starting their work assignment.

"BASIC ORIENTATION" PACKET

This packet must be completed on your first day of work. Please read through the entire packet. It contains vital safety information that all Associates are required to know. Please ask your manager about any information that you have questions on. Once you have completed this packet please sign and date it and turn it in to your manager.

OUR VALUES

The values we stand for at PVHMC, are condensed into a single acronym: the word CHANGE

C-customer satisfaction
H-honor and respect
A-accountability
N-new ideas
G-growing continuously
E-excellence

MISSION STATEMENT

PVHMC, is a not-for-profit, Regional Medical Center dedicated to providing high quality, cost effective, health care services to residents of the greater Pomona Valley. The Medical Center offers a full range of services from local primary acute care to highly specialized regional services. Selection of all services is based on community need, availability of financing and the organization's technical ability to provide high quality results. Basic to our mission is our commitment to continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious, and cultural community.

HEALTH EQUITY, DIVERSITY, AND INCLUSION (HEDI)

PVHMC values, health equity, diversity and inclusion, and works to create a culture of excellence in which all patients, families, visitors, stakeholders, and Associates feel valued, connected, treated fairly and safe, and where differences are both respected and supported.

We always welcome opportunities to LISTEN, LEARN, ACT. We aim to ensure that our Associates, patients and partners reflect the incredible mosaic of people and communities we so proudly serve.

PVHMC is committed to building a workforce through the use of equity and inclusion that reflects the diversity of the community we serve, that provides equal opportunities, and a collaborative, empowering work environment, and that is free of discrimination and harassment.

We are also committed to developing and implementing programs and initiatives to promote health equity, diversity and inclusion in all areas of employment and in patient care.

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A.I.D.E.T – Every Patient, Every Time!

AIDET is an acronym developed by the Studer Group® that stands for **Acknowledge, Introduce, Duration, Explanation, and Thank You**. It is a set of five fundamental objectives to be met in the context of your interaction with others. AIDET functions in **all** departments and disciplines.

When AIDET is utilized consistently it brings significant results by *improving patient perception of communication, quality of care, and dialogue* between staff and physicians.

Why use AIDET?

The AIDET tactic is a framework for Associates to communicate with patients and with each other. This powerful yet simple key word technique allows anyone at PVHMC to connect with a patient or customer to let him/her know they are in very good hands. AIDET improves clinical outcomes and patient satisfaction by:

- 1.) Showing respect to the patient and establishing trust.
- 2.) Helping to reduce patient anxiety.
- 3.) Helping to manage patient expectations.
- 4.) Allowing for thorough explanation of the care plan.
- 5.) Showing patients that they are appreciated.

How to use AIDET: The acronym is your guide!

1. **Acknowledge** —Acknowledge the patient by name. Make eye contact, smile, and acknowledge everyone in the room including the patient's family.

2. **Introduce** —Introduce yourself, your role in the hospital, your skill set, your professional certification, and experience. Use language to assure the patient/family of your personal commitment to their care so that it becomes a personal and memorable experience. Thus the patient experiences trust and feels sincerity in your dedication to improving the patient outcome.

3. **Duration** —Give an accurate time expectation for test results, physician arrival, wait times, etc., and identify/communicate next steps. Provide specifics when explaining the duration. Words like "soon" "not long" or "as soon as possible" do not achieve desired outcomes with patients. When specifics times are *not* possible, provide a time range/time interval using key words such as "In my experience, the wait for this is generally between....." Then, give a time in which you will update patient on progress/status.

4. **Explanation** —Explain step by step what will happen, answer questions, and leave a way to contact you, such as a nurse call button or direct department phone number. Use language a patient can understand; avoid acronyms and medical jargon.

5. **Thank/Take Questions** —Thank the patient. You may thank them for choosing PVHMC or for their communication, cooperation, or patience if you know they have been waiting. Thank the family for assistance and being there to support the patient. Ask open ended questions such as "What questions do you have for me?" to give the patient/family the impression that you are not rushed.

- Manage up co-workers, hospital, support services, physicians (shows coordination of care and enthusiasm for job, and decreases complaints and anxiety of patients).
- One of the best forms of **A - Acknowledgement** is using the 10/5 rule in hallways and elevators, which is a visual manifestation of PVHMC's commitment to excellent communication by everyone. When within 10 feet of someone, make eye contact and provide a gesture such as a smile or head nod. When within 5 feet, provide a greeting.

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FIRE SAFETY

Pomona Valley Hospital Medical Center's plan involves the use of the acronym R.A.C.E. This acronym helps you remember what order of activities to follow during a fire. If a fire were to happen at Pomona Valley Hospital Medical Center first you should Rescue those closest to the fire, then those easiest and quickest to remove. Secondly you should Activate the Alarms. The alarms are located strategically throughout the Hospital and are on the walls. To activate the alarm, just pull the lever down. In addition to activating the alarm, call the Hospital emergency number (only works in the hospital) 5555 to report a Code Red and the location. Third, contain the fire by closing all doors, windows and fire doors. Do not go through closed fire doors unless it is to escape a fire. Damp linen may be placed under the door to block air from getting into the area. Lastly, Extinguish the fire with a fire extinguisher. The fire extinguishers are located throughout the hospital. To operate the fire extinguisher the acronym P.A.S.S. may be helpful,

Pull the pin, Aim at the base of the fire, Squeeze the trigger, Sweep the fluid past the edges of the fire to extinguish thoroughly.

Rescue
Alarm
Contain
Extinguish

Pull the pin
Aim
Squeeze
Sweep

EVACUATION:

If the fire is confined to one floor, it may be necessary to perform a horizontal evacuation. A horizontal evacuation is moving all patients and/or staff across fire doors. If the fire is spreading and is not confined to one location, it may be necessary to perform a vertical evacuation. A vertical evacuation involves moving people to another floor, typically a lower level. **If you are assigned to work in an off-site department of the hospital, please ask the manager or supervisor if there are any variations in the safety plan.**

Remember never to use elevators during a fire.

ELECTRICAL SAFETY

Electrical problems are the top cause of fires in hospitals. Please be conscious of all electrical equipment at all times. Patients are NOT allowed to bring any electrical equipment into the hospital under any circumstances. Associates may bring certain electrical devices for use at the hospital only if the equipment has been approved through the Biomed Department.

If you suspect that a piece of electrical equipment is faulty (has been dropped, loose or exposed wires, bent prongs, smokes or sparks etc.) that piece of equipment must be "tagged" immediately. To "tag" a piece of electrical equipment please follow the following 4 steps: Turn off the device, Unplug the device, Affix "Do Not Use" sign to the device, report the device to Biomed Department. It is very important that you do these 4 steps immediately because someone may come behind you and use the equipment.

INFECTION CONTROL

Please use standard precautions at all times. This includes hand hygiene and the use of personnel protective equipment (PPE) such as gloves, gown and eye protection.

Hand Hygiene is one of the most important things you can do to protect yourself and others from infection. Waterless compound dispensers are placed at locations throughout the facility where there is

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not ready access to sinks. Artificial nails, acrylic or other material applied over the nail are prohibited for direct care givers and support staff which are directly involve in patient care.

Material saturated with body fluid and/or blood is considered Bio-hazardous material. These materials are to be disposed of in the RED bags. Please do not put any non-Bio-hazardous material in the red bags.

If a patient is placed in an isolation room, an Isolation sign will be placed on the door. Do not enter the room until you have read and followed all precautions on the sign. If you are not sure, please ask a nurse at the desk

SAFETY DATA SHEETS (SDS) and CHEMICAL LABELS

Safety Data Sheets (SDS) contain information on every hazardous chemical used at Pomona Valley Hospital Medical Center.

. The Hospital Intranet has the most up to date SDS information. Please use this link to access the complete SDS list at <https://intranet.pvhmc.org/>. This is the primary means for accessing Safety Data Sheets.

Chemical Labels are the primary and easiest source of Chemical Safety. All Associates are responsible to read and understand labels before using the chemical.

INCIDENT AND UNUSUAL OCCURENCES FORMS

To report an incident/opportunity for improvement (I/OFI), access the on-line incident report thru the hospital intranet, click on the "incident reporting" link under tools, and select the appropriate incident type that you are reporting.

The incident types that should be reported are: actual or potential medical error, Sentinel Event, near miss, unanticipated event, adverse drug reaction, privacy and data security events, hazardous condition and general recommendations regarding opportunities for improvement.

Occupational Injury/Illness Report Forms (33518 form) are used for any type of injury involving an Associate. The steps to follow if you are injured are: Report the incident IMMEDIATELY to your supervisor. Next, if it is a minor injury, fill out the *Occupational Injury/Illness Report Form* then seek treatment at the Associate Health Department or the Emergency Department. If is a major injury, seek treatment first then fill out the form. All injuries/illness must be reported within 24hours of the incident to avoid delays in treatment or possible Workers' Compensation benefits.

ADVANCE DIRECTIVES

Advance directives are documents that let the patient express his/her wishes when they cannot. Advance directives include a living will and durable power of attorney. In these documents are the patient's choices about DNR orders, having surgery and donating organs. The Admitting Department has information and the forms on advance directives.

RESPECT FOR THE PATIENT/PATIENT RIGHTS

PVHMC. will treat all patients with dignity, respect and courtesy. Patients (or their family/designated representative) will be involved in decisions regarding the care delivered to the extent that it is practical and possible. The Hospital will seek to ensure that all patients have had an opportunity to discuss with their physician(s) the therapeutic alternatives and the risks associated with their care. The Hospital will treat patients in a manner which respects their background, culture, religion and heritage, to the extent it does not interfere with patient care or the rights of others.

Both state and federal law require that patients be informed about their rights. In addition, the Joint Commission requires that patients be given information about their responsibilities while receiving care.

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Pomona Valley Hospital Medical Center provides patients a "For Your Information" brochure that outlines all their Rights and Responsibilities. In addition, we have posters throughout the hospital that also outline the various rights & responsibilities.

The state Department of Health Services has described certain patient's rights that must be protected in general acute care hospitals in Title 22, California Code of Regulations, Section 70707. This regulation requires hospitals to adopt a written policy on patient's rights. A list of these patient's rights must be posted in English and Spanish. This list may be given to patients as a handout, in addition to being posted as required.

NATIONAL PATIENT SAFETY GOALS

The purpose of the National Patient Safety Goals is to improve patient safety. The goals focus on problems in health care safety and how to solve them. You are expected to know and understand the National Patient Safety Goals. These goals are posted on all of the units and they are as follows:

Identify patients correctly

- NPSG.01.01.01 Use at least two ways to identify patients. For example, use the patient's name and date of birth. This is done to make sure that each patient gets the correct medicine and treatment.
- NPSG.01.03.01 Make sure that the correct patient gets the correct blood when they get a blood transfusion.

Improve Staff Communication

- NPSG.02.03.01 Get important test results to the right staff person on time.

Use Medicines Safely

- NPSG.03.04.01 Before a procedure, label medicines that are not labeled, for example, medicines in syringes, cups and basins. Do this in the area where medicines and supplies are set up.
- NPSG.03.05.01 Take extra care with patients who take medicines to thin their blood.
- NPSG.03.06.01 Record and pass along correct information about a patient's medicines. Find out what medicines the patient is taking. Compare those medicines to new medicines given to the patient. Make sure the patient knows which medicines to take when they are at home. Tell the patient it is important to bring their up-to-date list of medicines every time they visit a doctor.

Use Alarm Safely

- NPSG.06.01.01 Make improvements to ensure that alarms on medical equipment are heard and responded to on time.

Prevent Infection

- NPSg.07.01.01 Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Set goals for improving hand cleaning. Use the goals to improve hand cleaning.
- NPSG.07.03.01 Use proven guidelines to prevent infections that are difficult to treat.
- NPSG.07.04.01 Use proven guidelines to prevent infection of the blood from central lines.
- NPSG.07.05.01 Use proven guidelines to prevent infection after surgery,
- NPSG.07.06.01 Use proven guidelines to prevent infections of the urinary tract that are caused by catheters.

Identify Patient Safety Risks

- NPSG.15.01.01 Find out which patients are most likely to try to commit suicide.

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Prevent Mistakes in Surgery

- UP.01.01.01 Make sure that the correct surgery is done on the correct patient and at the correct place on the patient's body.
- UP.01.02.01 Mark the correct place on the patient's body where the surgery is to be done.
- UP.01.03.01 Pause before the surgery to make sure that a mistake is not being made.

Improve health care equity

NPSG.16.01.01 Improving health care equity is a quality and patient safety priority. For example, health care disparities in the patient population are identified and a written plan describes ways to improve health care equity.

UNIVERSAL PROTOCOL

The Organization meets the expectation of the Universal Protocol.

- 1) Conduct a pre-procedure verification process
- 2) Mark the procedure site
- 3) A time-out is performed immediately prior to starting procedures.

INFORMATION SYSTEMS DOWNTIME

Policy: Information Systems Downtime Procedure

Policy#: HW#10.200

In the event of unplanned downtime of 30 minutes or more in a critical clinical system a Code Black downtime will be announced through the PBX operator. Designated downtime workstations are labeled with a green stick label and connected through an uninterrupted power supply (UPS). Each downtime workstation has a Summit downtime recovery system application that is accessible from the desktop. Directions on how to access Summit are adhered to the back of the downtime workstations. The following reports are backed-up on a regular schedule and are available for viewing and/or printing:

1. Patient census
2. Medication Administration Record (MAR)
3. Health Record Report – includes orders, results, vital signs, and other documentation
4. Critical Care validated vital signs, detailed and summary I&O
5. Associate directory
6. Downtime forms
7. Downtime policy & procedure

Documentation:

Essential forms for all patient areas will be kept in a specified bin and in a visible central location at each nursing unit. In the event of a downtime, appropriate forms will be copied and admission/discharge packets will be used for paper documentation. The staff will place a hard copy of the downtime forms in the patient's medical record. Staff must apply patient identification stickers/labels, if available, and two of the three following patient identifiers must be written on the form side and backside of every form. Downtime Medication Administration Record (MAR) will be used to document medication administration.

1. Patient first name and last name
2. Patient account (admit/account/visit) number
3. Patient date of birth

If the financial and clinical CareConnect systems are down, Nursing will handwrite ALL ancillary orders, discharges/transfers on Downtime order form #30992 (E-forms). There will be no CPOE orders and orders will be written on paper forms.

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Safe Patient Handling Movement (SPHM)

“I’ve Got Your Back” is a Safe Patient Handling and Movement (SPHM) Program at PVHMC. To ensure safe and effective patient care while maintaining a safe working environment for Associates at PVHMC through the use of proper handling and mobility procedures. Safe patient handling and mobility requirements are to avoid hazardous patient handling and mobility tasks whenever possible. If unavoidable, assess them carefully prior to completing the task. Mechanical lifting equipment and patient handling aids will be used for high risk patient handling and mobility task, when appropriate. EXCEPT when absolutely necessary, such as medical emergency, equipment or other approved patient handling aids will be used to minimize the manual lifting and handling of patients.

CUSTOMER SATISFACTION

It is important that you demonstrate behaviors consistent with the Hospital’s customer standards and patient satisfaction goals. It is your responsibility to be friendly to customers, including patients, visitors, doctors, volunteers, and Associates. You are expected to greet and acknowledge customers with a smile and welcoming words, e.g., "Good morning." You should always answer the phone by stating "Good (morning or afternoon or evening), state your name and state your department."

You are required to respond to customer’s needs in a timely and courteous manner. Do not use responses such as the unit is busy or short-staffed as a reason for not responding to their requests in a timely manner.

You are expected to anticipate and solve customers’ issues and needs by escorting lost patients and/or asking customers if they need any assistance. You are expected to assist customers in a professional and friendly manner. Always respect the privacy of our customers when talking or socializing.

It is your responsibility to ensure service recovery. You are to acknowledge mistakes or incidents. Listen with empathy and correct the situation. Make sure that you follow-up to make sure appropriate recovery steps were taken even if handing an incident off to another Associate or department.

You must knock upon entering patient rooms. You should introduce yourself to patients and explain the purpose for your visit. When you exit any patient or customer interactions you should ask if there is anything else the customer needs.

EMERGENCY CODES

Please review the emergency code sheet. This sheet includes the code names, type of emergencies, who responds and how staff is notified. In the event of an emergency please dial 5555 in the Hospital. All emergencies are announced over the Hospital paging system.

Code Black Internal	Internal Disaster
Code Black External	External Disaster
Code Red	Fire
Code Blue	Medical Emergency Adult
Code White	Medical Emergency Pediatric
Code Pink	Infant Abduction
Code Purple	Child Abduction
Code Yellow	Bomb Threat
Code Gray	Combative Person
Code Silver	Person with a Weapon and/or Hostage Situation
Code Orange	Hazardous Material Spill/Release
Code Green	Missing Patient

CULTURAL DIVERSITY TIPS

- Learn about the beliefs and practices of patient populations served.
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- Patient's values and beliefs will influence their behavior.
 - Patients must be allowed to exercise their cultural and religious beliefs if they do not interfere with the wellbeing of others and do not interfere with their medical treatment.
 - Include family members in patient teaching, if the family member will be caring for the patient at home.
 - Develop a tolerant, accepting attitude about views different from your own.
 - Realize that lack of eye contact in some cultures indicates respect.
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- Respect a patient's concern for modesty. Some cultures will require a care-giver of the same sex assigned to the patient's care.
 - Do realize that not every patient believes that germs cause an illness.
 - In some cultures, healthcare decisions are made by the family or by the husband.
 - Keep in mind that there are always individual variations within a group.

POPULATION SPECIFIC CARE

Neonates/Infants The neonate/infant must be provided a safe and warm environment that promotes trust. Basic needs include feeding, bathing, sucking, and affection. Unmet needs will cause mistrust. The neonate's skin is thin and body temperature must be closely monitored. Do everything possible to avoid exposing the neonate to infection and teach the parents to do the same. Provide education and information to the parents so they can participate in the care of their neonate/infant.

Child: Safety issues are a priority in the care provided to the child. Assisting the families to maintain safety measures at all times is necessary. Speaking to children and their families in a soft, calm voice will provide them with a level of comfort needed as they go through the stress of being hospitalized.

Toddler: (One to three years of age) Give brief explanations in words the toddler can understand. Give one direction at a time. Make sure you are at eye level with the toddler when you speak to him/her. The toddler needs the security of routine and is upset by changes in the environment and activity. Encourage the parents to stay with the toddler.

Pre-school: (three to five years of age) Need a great deal of praise and encouragement. Child will imitate the behaviors of adults. Allow child to have favorite toys or belongings with him/her. The pre-school child has a limited attention span. Answer questions honestly and briefly. Do not use abstract statements. Encourage parents to stay with the child.

School-age: (six to twelve years of age) Allow child to participate in decision making when possible. Explain procedures and why they are necessary in simple terms. Having friends is very important to this age group.

Adolescent: Because this age group is concerned with body image, it is important to respect and guard their privacy. Allow the adolescent patient to choose whether or not parents will be present for the interview process. Be sensitive that the patients may want friends to visit. Refrain from treating the adolescent like a child. When discussing treatments or plan of care involve them as much as possible and do not "talk down to them". Avoid being judgmental.

Adult: Adult patients have many concerns on their mind when admitted to the hospital. Concerns could include missed work, finances, care of family members. Allow the patient to have control and involve the significant other/family as appropriate. Be sensitive to the adult that may be having diminished senses, ie., hard of hearing, need to wear glasses or dentures. Be alert to the possibility of domestic violence/abuse by being able to detect, assess and report it. Show respect to the patient by using their last name and asking permission to use their first.

Geriatric: Geriatric patients need to be allowed as much independence that is safe for their hospital stay. Alterations in care may have to occur in order to provide changes in their mobility and ability to understand. Explanations may have to be repeated; speak slowly and avoid high-pitched sounds. The geriatric patient may be at risk for falls so keep things in the room close at hand and check them frequently. The elderly patient may need additional blankets and/or room temperature adjustments, as



they frequently feel cold. Sensory changes in these patients must be accommodated including changes in vision, hearing, tactile etc. The patient's skin and veins may be fragile so paper tape and smaller gauge needles may need to be utilized. Treat the patient with respect by using their last name and asking permission to use their first name.

ABUSE REPORTING

It is the Hospital Wide policy of PVHMC that any abuse of patients in our care will not be tolerated (Hospital Wide Policy 1A.700).

Health professionals are mandated by law to report all known or suspected instances of abuse of a child, abuse of an elder/dependent adult, or instances of domestic violence in which a patient states he/she is receiving medical treatment for a non-accidental physical condition or injury inflicted on the patient or by another person.

"Abuse means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish." (42 CFR 488.301) This also includes the deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental, and psychosocial well-being. This presumes that instances of abuse of any patient, even those in a coma, cause physical harm, or pain or mental anguish.

TYPES OF ABUSE:

- **Physical abuse** including hitting, slapping, pinching, biting and kicking.
- **Verbal abuse** is defined as the use of oral, written or gestured language that includes disparaging and derogatory terms to patients or their families, or within hearing distance, regardless of their age, ability to comprehend, or disability. Examples of verbal abuse include but are not limited to: threats of harm; saying things to frighten a patient, such as telling a patient that he/she will never be able to see his/her family again.
- **Sexual abuse** includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault. Sexual assault includes but is not limited to sexual battery, rape, incest, sodomy, oral copulation, and penetration of genital or anal opening by a foreign object.
- **Mental abuse** includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.
- **Involuntary seclusion** is defined as separation of a patient from other patients or from her/his room or confinement to her/his room (with or without roommates) against the patient's will. This does not include emergency or short term monitored separation used as therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the patient's needs.
- **Neglect** is the negligent failure of any person having the care or custody of an elder/dependent adult or child to exercise that degree of care which a reasonable person in a like position would exercise. Such as, failure to assist in personal hygiene, or in the provision of food, clothing, and shelter. Failure to prevent malnutrition. Neglect can be self-imposed as well.
- **Fiduciary abuse** includes but is not limited to any person who has the care or custody of an elder/dependent adult and takes, secretes, or appropriates their money or property for any use or purpose not in the lawful execution of his/her trust.
- **Isolation** is acts intentionally committed for the purpose of preventing the patient from receiving her/his mail, phone calls or visitors. Telling the caller or prospective visitor that a patient is not present or does not wish to talk with the caller or meet with the visitor, where the statement is false, is contrary to the express wishes of the patient, whether or not she/he is competent, and is made for the purpose of preventing the patient from having contact with family, friends, or concerned persons is known as **false imprisonment**, as defined in Penal Code Section 236.
- **Abandonment** is the desertion or willful forsaking of an elder/dependent adult or child by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.



Upon identification of abuse violation(s), appropriate agencies/persons will be notified via telephone/fax immediately or as soon as reasonably possible. A written report using the appropriate report form will be sent within 24 hours (See attachments in Hospital Wide Policy manual).

COMPLIANCE PROGRAM

Compliance is Everyone's Job! Compliance is a self-governing system of checks and balances to ensure that everyone consistently follows all applicable laws relating to everyday business practices. Any concerns about a compliance or code of conduct issue should be addressed to the Compliance Officer, at extension 9192 Monday through Friday. If the issue is after hours you can also leave a message on voice mail or report on line via the PVHMC's Home page under "PVHMC's Anonymous Compliance Issue Reporting (Alertline).

Another option available to you is the PVHMC Confidential Alertline, which is a toll free number that can be called 24 hours a day, 7 days a week to report concerns or ask questions about possible improper actions or violations of the Code of Conduct. Callers may remain anonymous. PVHMC wants to know about potential problems and concerns. When in doubt, you can always call the Confidential Alertline at 1-877-874-8416.

PVHMC has a policy that prohibits retaliation or harassment of any kind against an Associate for reporting concerns. The Hospital recognizes that its Associates are its best asset in monitoring compliance matters.

Patient Privacy and Confidentiality

- PVHMC recognizes the need to maintain all patient information in a confidential manner. Patient information (computerized or hard copy) will not be shared in an unauthorized manner. Sensitive information concerning Associate and management issues will be maintained in the strictest confidence and utilized only by those individuals to review and act upon such information.
- HIPAA is the Health Insurance Portability and Accountability Act of 1996. Pomona Valley Hospital Medical Center respects the rights of patients and will make all reasonable efforts to ensure that a patient's medical information is kept confidential and be used only to effect appropriate treatment, payment, internal operations or a specifically pre-authorized by the patient. It is the intent of PVHMC to fully comply with all applicable HIPAA Privacy Regulations. The Hospital understands that medical information about our patients is personal and we are fully committed to protecting the integrity of such information. Protecting patient privacy is the highest area of concern and focus.
- Both federal and state laws govern data security, privacy and confidentiality in the healthcare environment. California has the strictest patient privacy laws in the entire country, mainly due to highly publicized celebrity patient privacy breaches in the last five years or so.

All of these laws recognize the importance of, and allow for, communication with the patient and their families/decision makers for care continuity and other information, so don't be afraid of speaking with family members or other decision makers about a patient's care as long as you have the patient's permission to do so. Sometimes this is just a matter of informing the patient that someone is inquiring, and asking for their permission to discuss care. PVHMC does encourage families to elect a spokesperson so that information does not have to be repeated multiple times.

Breaches of privacy simply for the sake of curiosity or related to family members, friends, or co-workers are now reportable to California's Department of Public Health, which can then refer the breach to California's Office of Health Information Integrity and result in personal fines and disciplinary action against personal professional licenses. Unauthorized accesses are also subject to disciplinary action.



Bottom Line: If you access records related to your job functions and duties, you are fine. DON'T access records that are not related to your job functions and duties, or at the request of others. PVHMC routinely conducts patient privacy audits and analyzes record access patterns.

UNLAWFUL DISCRIMINATION & HARASSMENT

The Hospital is committed to providing a work environment that is free of unlawful discrimination and harassment. In keeping with this commitment, the Hospital maintains a strict policy prohibiting all forms of unlawful harassment of any kind, including sexual harassment and harassment based on disability, age, race, national origin, religion, gender, sexual orientation, and any other characteristic protected under local, state, or federal law. Sexual harassment or harassment on any other protected basis by any Hospital Associate, manager, physician, vendor, volunteer, patient, or any other person associated with the Hospital may be a violation of state and federal law and Hospital policy. It will not be tolerated or condoned under any circumstances.

Sexual Harassment is defined as unwelcome, offensive conduct of a sexual nature that makes someone feel uncomfortable or embarrassed. Even if the person who acted in such a way did not intend to offend or intimidate, such conduct is still illegal sexual harassment. Specific examples of sexual harassment include but are not limited to:

- Making written, verbal, physical and/or visual contact of a sexual nature
- Making reprisals, threats of reprisals, or implied threats of reprisal against an Associate who complains of sexual harassment
- Engaging in implicit or explicit coercive sexual behavior which is used to control, influence or affect the career, salary, and/or work environment of another Associate
- Offering employment benefits, such as promotions, favorable performance evaluations, favorable assigned duties or shifts, recommendations, reclassification, etc., in exchange for sexual favors
- Regular, persistent use of sexually offensive language, jokes, suggestions of a sexual nature, gestures or comments
- Displaying sexually graphic calendars, graffiti, sexual objects, and pictures

An Associate ("complainant") who believes he/she has been sexually harassed on a protected basis by anyone associated with the Hospital is obligated to promptly report the facts of the incident or incidents and names of the individuals involved to his or her manager. If this is not appropriate, for example, if the manager is the source of the problem, the complainant is required to report such complaint to the Director of Human Resources or designee. All Associates shall be assured that they will not be retaliated against for having exercised their rights under this Policy by making a complaint of harassment. A manager who receives a complaint of harassment directly from an Associate or customer must immediately report the incident to the Director of Human Resources or designee. Please see HR policy 3.04 for further details.

WORKPLACE VIOLENCE PREVENTION

The Workplace Violence Prevention Program promotes the practice of safety awareness, reporting measures, and security through the development of guidelines and policies for a safe working environment for Associates, visitors, and general public. Resources, tools, and reporting link can be found on the Hospital Intranet page.





I have completed the "Basic Orientation" packet. I fully understand that I am responsible for all components included in this packet.

Student Name _____
Print

Student Signature _____

College/University _____

Instructor Name _____ Date Completed _____
Print

Instructor Signature _____