

**Central Mississippi Civic
Improvement Association d/b/a
Jackson-Hinds Comprehensive
Health Center**

STAFF TRAINING

MANUAL

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d/b/a
Jackson-Hinds Comprehensive Health Center**

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Central Mississippi Civic Improvement Association, Inc.
d/b/a
Jackson-Hinds Comprehensive Health Center
EXCLUSION FROM PATIENT CARE

Policy: The Agency is committed to providing quality patient care to all persons, regardless of race, creed, color, gender, national origin, disability, sexual preference, or lifestyle. Any employee may request to be excused from participating in a specific aspect of patients' care or treatment when the prescribed care or treatment presents a conflict with the employee's cultural, ethical, or religious beliefs. In order to honor these personal values and beliefs of employees, while ensuring that in no case is the care of treatment of patients compromised, staff members are asked to inform their supervisors, confidentially and in advance, of specific aspects of patient care which may conflict with their beliefs.

- Procedure:**
- (1) The staff may request in writing an exclusion from performing specific aspects of patient care or treatment that conflict with their cultural, ethical or religious beliefs. If possible, this request should be made in advance and include the specific care or treatment from which the employee is requesting to be excused and the reasons for the request. The supervisor will maintain this request and a copy will be placed in the staff's personnel file.
 - (2) Staff may not refuse to participate in the care or treatment of a patient based solely on the patient's specific diagnosis. Such refusal is deemed to be insubordination and the employee may be subject to disciplinary action.
 - (3) The staff's supervisor will make the decision whether to accommodate the request.
 - (4) If the request is granted, the supervisor will make reasonable effort to provide alternative scheduling and/or placement to avoid potential conflicts, which may compromise patient care.
 - (5) In the event that the request cannot be accommodated, the employee can request a transfer to another area or position in which conflict of care issues are less likely to occur.

(6) If the employee refuses to resume patient care responsibilities after denial of his/her request or unsuccessful accommodation of his/her requests, disciplinary action, up to and including termination, may result.

**Central Mississippi Civic Improvement Association, Inc.
d/b/a**

Jackson-Hinds Comprehensive Health Center

Sexual Harassment Policy

It is the policy of Jackson-Hinds Comprehensive Health Center to discourage the use of sexist language and encourage mutual respect. The most forms of sexual harassment occur in situations where a supervisory or managerial employee uses the power of his/her position to control, influence or affect the career, salary or job or another employee or prospective employee in exchange for sexual favors. This practice shall not be condoned. This behavior shall result in punitive action up to and including termination of any employee who is found guilty of sexual harassment activities. This form of discrimination exists in various forms on the job.

In general, ethnic or racial slurs, jokes and other verbal or physical conduct relating to any of the following characteristics constitute harassment when they unreasonably interfere with the person's work performance or create an intimidating work environment: age, sex, race, color, creed, national origin, religion, disability, ancestry or any other prohibited basis of discrimination under applicable local, state or federal law.

It is important to note that sexual harassment does have to involve conduct of sexual nature in order to constitute unlawful behavior. For example, abusive, offensive or behavior that is directed to members of one gender only (whether male or female) may be deemed a form of sexual harassment, even though the conduct was not motivated by sexual desire or gratification.

Sexual harassment also includes continuing to express sexual or social interest after being told the interest is unwelcome.

In addition, harassment of a male by another male or female by another female also constitute an unlawful form of sex discrimination.

Employees are required and encouraged to report all acts of sexual harassment as soon as possible. He/she shall report incidents to the Chief Executive Officer, Personnel Director or any department director. All complaints will be thoroughly investigated.

Central Mississippi Civic Improvement Association, Inc.
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Computer Usage Procedures

Jackson-Hinds Comprehensive Health Center (JHCHC) expects all employees to use these information technologies solely for business purposes JHCHC maintains the right and ability to enter these computer systems to access, review and monitor any information or activities.

This policy applies to all Jackson-Hinds Comprehensive Health Center employees, contractors, vendors and agents with owned or personally owned computer/workstation or devices used to connect to the JHCHC network.

Disciplinary action will occur whenever a breach of security or hacking is detected and determined intentional or negligent. Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

1.0 Employee Authorization and Authentication Security

To protect the information contained on the JHCHC enterprise network there have been a number or security measures implemented. Each user is issued an account and password.

The username is use to track accountability and the password is used to authenticate the user. If an employee believes his or her password is known by another user, change it immediately. The employee password may not be given or shared with anyone. If an employee requires assistance, please contact the MIS Department. For security purposes, the user password must be strong and a combination of letters, numbers and symbols that are 8 character or more.

If a person has requested the use of your network or computer account, you may direct them to your supervisor or the MIS Department. In addition, using another's account or representing another user is prohibited. You may be held responsible for any abuse if you knowingly let someone use your account.

2.0 Fraudulent Use or Behavior

Users must respect the integrity of computing and network systems; for example, users shall not

intentionally develop or use programs that harass other users or infiltrate a computer, computing systems, or network.

Tampering with JHCHC or patients data or attempting to circumvent the flow of data is strictly prohibited.

3.0 Software and Hardware

3.1 Software Piracy

The illegal use of software is prohibited. Pirated software is prohibited. In order to use a computer program JHCHC must possess the license.

3.2 Games

All segments of the computer systems remain the JHCHC's property and are furnished to employees for business use only. Entertainment through the use of computer games is not permitted.

3.3 Installing and/or downloading Software

You may not install software onto the computer or onto the network. You may not download any software without the permission of the MIS department. Permission must be obtained prior to beginning the process of downloading software. Software can only be installed by the MIS department.

3.4 Installing computer related hardware

You may not install hardware. Only the MIS department can install hardware. Devices such as wireless access points, storage devices and network hardware may present a security or impede operations.

3.5 USB Flash (Thumb) Drives

Devises such as USB storage devices may present a security risk because of thief, misuse and damage to sensitive information. A justification and approval is needed from the CEO and MIS before using this device.

3.6 Viruses

The threat of a virus infection can arise from downloading files from the Internet, loading data into your computer from a diskette, USB flash drive or running an e-mail attachment. If you question the authenticity of data, you have the MIS scan it for viruses. Please note that your computer is not immune from a virus so we encourage you to take caution when downloading information. If you suspect that your computer is infected, please notify your supervisor and contact MIS immediately.

4.0 Email Use Policy

4.1 Purpose

The purpose of this policy is to ensure the proper use of JHCHC's email system and make users aware of what JHCHC deems as acceptable and unacceptable use of its email system. JHCHC reserves the right to amend this policy at its discretion. In case of amendments, users will be informed.

4.2 Scope

This policy covers appropriate use of any email sent from a JHCHC email address and applies to all employees operating on behalf of JHCHC.

4.3 Prohibited Use

JHCHC email system shall not be used for the creation or distribution of any disruptive or offensive messages, including offensive comments about race, gender, hair color, disabilities, age, sexual orientation, pornography, religious beliefs and practice, political beliefs, or national origin. Employees who receive any emails with this content from any JHCHC employee should report the matter to their supervisor immediately.

Sending chain letters or joke emails from a JHCHC email account is prohibited.

Employees are prohibited from using personal e-mail software (e.g., Gmail, Yahoo, Hotmail, or AOL) for JHCHC business.

Employees are prohibited from using e-mail to operate a business, conduct an external job search, solicit money for personal gain, campaign for political causes or candidates, or promote or solicit funds for personal cause.

4.4 Personal Use

Using a reasonable amount of JHCHC resources for personal email is acceptable, but non-work related email shall be saved in a separate folder from work related email.

Personal use of email should not interfere with work.

Personal emails must also adhere to the guidelines in this policy.

Personal emails are kept in a separate folder.

Do not send mass email.

The forwarding of chain letters, junk mail, jokes and spam is strictly forbidden.

4.5 Requirement

Signatures must include your name, job title and center's name
Use the spell checker before sending an email.

4.6 Email Legal Risk

Email is a business communication tool and users are obliged to use this tool in a responsible, effective and lawful manner. Although by its nature email seems to be less formal than other written communication, the same laws apply. Therefore, it is important that users are aware of the legal risks of email:

If you send or forward emails with any libelous, defamatory, offensive, racist or obscene remarks, you and JHCHC can be held liable.

If you unlawfully send or forward medical, employee or any confidential information, you and JHCHC can be held liable. Please acquire proper permission before sending or forwarding confidential information.

If you unlawfully forward or copy messages without permission, you and JHCHC can be held liable for copyright infringement.

Do not send email messages using another person's email account.

Do not disguise or attempt to disguise your identity when sending email.

Do not use cc: or bcc: fields unless the cc: or bcc: recipient is aware that you will be copying a mail to him/her and knows what action, if any, to take.

Do not download attachments from unknown senders. This attachment may contain a virus or other malicious codes that can harm JHCHC.

Encrypt or password protect medical, employee, confidential or any sensitive information before sending via email. Please contact MIS for the proper procedures.

4.7 Monitoring and Enforcement

You must have no expectation of privacy in anything you create, store, send or receive on the company's computer system. Your emails can be monitored without prior notification if the Center deems this necessary. If there is evidence that you are not adhering to the guidelines set out in this policy, JHCHC reserves the right to take disciplinary actions, including termination and/or legal action.

4.8 Misuse of email

Could lead to breach of confidentiality, unauthorized disclosure, damage to the Center's reputation, legal liabilities, and damage to IT systems and sensitive data files.

5.0 Internet Browsing

Members of the non-medical staff are permitted to browse the Internet for professional use in relationship to JHCHC including, but not limited to, research, professional development and communication with coworkers.

Members of the non-medical staff are asked to limit Internet browsing for personal purposes to a reasonable amount of time. Recreational use of internet is prohibited.

Members of the medical staff are permitted to browse the Internet for professional use including, but not limited to, research, professional development and communication with coworkers, patients, and other health care professionals. Members of the medical staff are asked to limit Internet browsing for personal purposes to a reasonable amount of time. Recreational use of internet is prohibited.

5.1 Prohibited Use

Sexually explicit or sexually suggestive (obscene/pornographic) material access and/or viewing is prohibited.

Seeks to gain unauthorized access to the resources compromise the privacy of users is prohibited.

Downloading copywriting music, images, videos, or documents is prohibited.

Wastes of resources (computer bandwidth) by streaming music or video not related to business purposes is prohibited.

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Privacy Procedures

Monitoring

The employee's work output, whether it be paperwork, computer files, products, customer calls or customer interaction, belongs to Jackson-Hinds Comprehensive Health Center. As such, that work output is always subject to review by Jackson-Hinds Comprehensive Health Center, whether it is stored electronically, on paper or in any other form. In addition, business equipment, including computers, desks and lockers belong to Jackson-Hinds Comprehensive Health Center and are subject to search or investigation.

E-Mail and Computers

E-Mail and other computer files provided by Jackson-Hinds Comprehensive Health Center are to be used for business purposes only. Use of Jackson-Hinds Comprehensive Health Center computer equipment for personal reasons is strictly prohibited and all computer pass codes must be available to Jackson-Hinds Comprehensive Health Center at all times. Jackson-Hinds Comprehensive Health Center reserves the right to enter, search and monitor the computer files or e-mail of any employee, without advance notice, for business purposes, such as investigating theft, disclosure of confidential business or proprietary information, personal abuse of the system or monitoring workflow or productivity.

**Central Mississippi Civic Improvement Association, Inc.
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Overview of Information Management Plan

Goal

The ultimate goal of any information system and by implication any information management plan is the timely, accurate and secure transmission of data to individuals who need it to perform their job functions and maintain continuity of care for the patients served.

Governing Standards

The published standard of the American Health Information Management Association, the Joint Commission and applicable state and federal laws shall be the guiding principles upon which these procedures are based. Copies of these standards shall become a permanent part of these procedures and will be updates as necessary, but at least every two years.

Responsibility

The responsibility leading and maintaining the organization's Information Management Plan is the Director of Medical Records supervised by the Chief Information Manager. Individuals at each care delivery site will also be delegated the responsibility for monitoring and maintaining the integrity of the patient specific data and information at their location. These individuals will also be responsible for providing feedback to the Medical Record Director on appropriate staffing levels.

Scope

This information management plan is inclusive of all information system at work within this organization, whether paper, electronic, and verbal, etc. The need for information system upgrades and modifications will be continually assessed using the following information and resources as a basis:

- Organization's mission
- Organization's goal
- Services provided or planned to be provided by the organization
- Staffing, personnel, and expertise available
- Mode(s) of service delivery available

Resources (i.e., capital, human, other) available, as well as
Organization's access to affordable technology

The organization's evolving information management plan will include input from internal users of the system, as well as, external consultants with expertise in information management.

Ownership of Medical Records & Other Patient Information

The medical record and other patient specific data and information document the nature of the patient's illness and their treatment at the organization. Therefore, this information is considered the property of Jackson-Hinds. The medical record and other patient specific data and information is kept for the benefit of the patient, the physician, and Jackson-Hinds. This information is restricted by the confidential relationship that exists between the patient and medical provider. This confidentiality is essential to maintaining the relationship between the medical provider and the patient. Therefore, ensuring that the best possible communication is occurring resulting in the most complete patient assessment, care, continuity and education possible.

The organization has an obligation to protect the patient from unauthorized release of medical information. However, the information contained in the medical record belongs to the patient and is therefore, subject to review by the patient or their legal representative and copies may be obtained through several procedural means.

Confidentiality, Security & Integrity of Data and Information

Confidentiality, security and integrity of data and information are integral to the practice of medicine in today's world. It is extremely important that information be available in a timely manner to those (and only those) who need the information to perform their job functions. The ultimate goal is the efficient and effective provision of health care services. Therefore, the organization has designed a process, which maintains a balance between the need for information to be shared with the need to keep potentially sensitive information as confidential as possible. This process defined:

- Individual(s) having access to confidential information
- Types of information to which an individual has access
- Individual's obligation to keep information confidential
- Organizations policy on releasing information and removing the medical record
- Methods for protecting the information against unauthorized intrusion, corruption or damage
- Process followed when confidentiality, security and integrity are violated

The organization will always take each of these issues into account whenever new data and information systems are being developed and implemented.

The clinic systems use passwords to safeguard against unauthorized intrusion **into confidential** clinic information.

Training and Education

Medical record staff will be updated on all changes within the medical record field as it happens. The Medical Record Director will make sure medical record staff are educated regarding new laws and procedures. The Medical Record Director will hold meetings with the medical record staff. Medical record problems and concerns will be discussed and these problems and concerns will be directed toward the risk management team. Immediate problems and concerns will be directed to the Chief Information Manager.

Periodic inservice training will be given to all staff about the need to maintain confidentiality and also the need to maintain the security and sanctity of all information. During clinical training staff will be educated on the confidentiality of patient information.

Timely, Accurate and Standardized Transmission of Data

It is extremely important for the effective and efficient provision of care that health care providers have data and information, which is accurate, standardized, and available in a timely manner. Therefore it is the policy of this organization that every effort will be made to provide information to those who need it in a manner that promotes the effectiveness of care without significantly compromising confidentiality. Additionally, it is the policy of this organization to promote communication between providers and users of that information to further cater the transmission processes to optimize the provision of health care services.

Specifically, special attention will be paid to the results of laboratory testing, x-ray results, special treatment procedures and other diagnostic testing to ensure that this information is being reviewed by caregivers and responded to when appropriate. The organization will establish protocols and systems that track and ensure that:

- Appropriate tests/procedures are performed in an effective and timely manner,
- Results are provided to the individuals who need it in a timely manner to promote continuity of care,
- Caregiver acts upon information, as appropriate.

The above information is reviewed, evaluated and acted upon by the Medical Staff as a component of their peer review process. The Billing Director meets with the Medical Staff at least annually to review new codes, ruling and requirements.

Integration and Interpretation of Data

As part of the ongoing management and performance improvement activities, the organization will generate a number of reports, which track financial, utilization and clinical processes. These

reports will be integrated, wherever possible, to promote effective management of organization resources and to identify opportunities to improve the organization's performance over time.

In order to promote the most effective use of information within the organization, the information management processes will be designed to:

- Coordinate the collection of information,
- Integrate clinical, financial and operational information whenever possible,
- Organize, analyze and interpret data,
- Generate access to trend data.

Ideally, the information management process would provide the capability to integrate;

- Patient care and other relevant information over time
- Internal and external information sources
- Patient care data and clinical literature
- Organizational data and management literature

Retention of Medical Records

The organization will maintain medical records in accordance with applicable law and regulation, as well as , its appropriate use by the organization. However, for the purpose of this organization, the medical record will be maintained for a period of not less than the latter of following criterial:

- 1) seven(7) years from the date of service, or
- 2) seven (7) years after the patient reaches adulthood as prescribes by law (currently age 18).

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Overview of Medical Equipment Management Plan**

Goal

The goal of the Medical Equipment Management Plan is to assure that all medical equipment used in this organization will be safe, effective and used by staff that are trained and qualified in the use of such equipment.

Scope

The plan embraces all medical equipment used in any clinical setting within the organization.

Responsibility

The responsibility for implementation of the Medical Equipment Management Plan rests with the Executive Director, Director of Nursing and the Purchasing Director. All employees are authorized to intervene whenever conditions pose an immediate threat to life, health or threaten to damage equipment or buildings.

Elements

Inventory

A separate inventory is maintained for each clinical site of all medical equipment, regardless of ownership, if it is used in the care of the organization's patients.

This inventory is maintained in the Administrative Offices.

Monitoring

Each item of medical equipment identified in the inventory is monitored to assure proper calibration, electrical safety, operator competence, and history failure.

Clinical staffs that use the equipment on a day-to-day basis are responsible for reporting any problems with the functioning of equipment.

Annual Inspections

All equipment used in patient care will be inspected on an annual basis by a biomedical technician for proper functioning and preventive maintenance will be performed. If a problem should occur between these annual checks, the problems should be documented and a report sent to the Purchasing Director. Once this has been done, administration will make arrangements to repair or replace the equipment.

If the equipment problem poses a threat to patients or staff, the report should be made by phone and the use of this equipment should be halted immediately until it can be repaired or replaced.

Staff Training and Orientation

As a part of new employee orientation and as periodic in-services, staff will be provided with training that addresses:

Capabilities, limitations and special applications of equipment,
Basic operating and safety procedures for equipment use,
Emergency procedures in the event of equipment failure,
Information/skills necessary to perform assigned maintenance responsibilities and Processes for reporting equipment problems, failures and user errors.

Emergency Procedures

Emergency procedures will be developed for any medical equipment in which failure will compromise patient safety. Such procedures will address when and how to perform emergency clinical interventions, the availability of back up equipment and how to obtain repair services.

Central Mississippi Civic Improvement Association, Inc.
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Overview of Security Management Plan

Goal

The goal of this security management plan is to protect staff, patients and visitors from harm. The Security Management Plan addresses security issues related to staff, visitors, patients and property.

Responsibility

The responsibility for the implementation of the Security Management Plan rests directly with the Safety Officer. The Facility Manager is responsible for the supervision of the day-to-day execution of the Security Management Plan. All managers and employees are authorized to intervene whenever conditions pose an immediate threat to life or health or threaten damage to equipment or buildings.

Reporting

Any event, activity or incident involving the security of patients, visitors, staff or property will be reported and investigated using the Incident Report Form. Such reports will be filed immediately with the Site Manager or Supervisor and forwarded to the Executive Officer, Safety Officer and Facility Manager. Incident reports will be presented to the Environment of Care, and Safety Committee for review and action at the next scheduled meeting or earlier, if necessary.

Identification

All staff will be identified when present in the work place, with a Photo ID badge. Students, visitors that are not patients, who are present in the clinic must also wear a name badge that identifies them and indicates that he/she is a student or visitors..

Restricted Area

Any area, which may be considered hazardous, will be clearly marked. Warning signs, denoting the type of hazard (i.e. biohazard, radiation, microwave use, etc.) will be clearly placed in view of those attempting to enter the area. Patient access areas are defined as waiting rooms, manager's

offices, examination rooms, laboratories, designated restroom, and providers's offices (while the provider is present).

Patients are not permitted access to drug rooms and staff lounge areas. Family and friends of personnel are restricted from patient care areas and may visit only briefly in the staff lounge or the employee's private office (even visitation of this type is discouraged).

Employees should also be especially attentive to any strange behavior which may be demonstrated by visitors and are to strictly limit access by securing doors and locks to sensitive areas of each facility (including medical records and staff areas).

As an added safety measure, employees are encouraged to leave the building together at the end of the day.

Emergency Security Procedures

Security Incident (Violence or the Threat of Violence)

Staff in the immediate vicinity of the security incident will act to protect other staff, patients, visitors and themselves. The telephone intercom system should be used to request assistance from support staff in other locations. If necessary, the local police/emergency service will be called.

Civil Unrest/Disturbance

Any form of community unrest, which effects the facilities, personnel, patients, visitors or operations of one of our clinics, whether on a mass or individual basis, carries with it the possibility of mandating the closing of the clinic.

If such a disturbance is confined to areas outside of the clinic, doors should be locked immediately and patients, instructed to remain in the building. Both this type of disturbance and those which may occur inside one of our clinics are to be reported immediately to the police. The assistance of the local police force will be requested to escort staff, patients and visitors to a safe area.

VIPs and/or Media

Should VIPs or the media arrive, unannounced, they will be directed to the Site Manager. The Site Manager will then contact the Chief Executive Officer. Statements will not be made to the media by the staff nor will the media be permitted to take pictures or use video cameras without the specific permission of the Chief Executive Officer.

Vehicular Traffic During Disasters

In the event of a disaster at or near the health center, the Chief Executive Officer or designee will secure additional personnel to control human and vehicular traffic in and around the health center. The activities of this staff will be coordinated with the local civil authorities.

**Central Mississippi Civic Improvement Association, Inc.
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Jackson-Hinds Comprehensive Health Center

**Overview of Hazardous Materials and Waste Management
Plan**

Goal

The goal of the Hazardous Material and Waste Management Plan is to establish and maintain procedures to safely control hazardous materials and waste generated by the organization.

Scope

The scope of this plan includes the handling, storing, using and disposing of hazardous materials from receipt or generation through use and/or disposal. This also takes into consideration staff orientation, education and monitoring.

Hazard Communication Program

The number one purpose of the Hazard Communication Program is to ensure that information regarding the hazards of materials/chemicals in the workplace is transmitted to the employees. This includes container labeling and other forms of warning, MSDS sheets and employee training.

The Hazard Communication Program teaches the hazardous nature of the substance with which employees work, proper and safe handling procedures, and the steps employees should take to protect themselves from harm during normal working conditions and/or in emergency situations in the workplace.

Responsibilities

The Director of Nursing and Safety Officer for this organization is responsible for the communication and implementation of our program with all employees. The Safety Officer will compile a list of all hazardous chemicals used in each office and will update that list if new chemicals are obtained. The chemical list will be placed in the Exposure Control Manual. The hazard determination will be based on information contained in the Material Safety Data Sheet (MSDS) supplies by the manufacturer of each chemical.

Any person exposed to chemicals will be taken to an area available to be decontaminated. Chemical contamination in the laboratory may be decontaminated by using the eye wash equipment, if appropriate.

In the event of a chemical spill, the employee will remove patients from the area, and alert the maintenance and housekeeping to provide proper clean up prior to moving patients or employees back into the area consistent with OSHA guidelines.

The MSDS are referred to for information concerning the hazard of the chemical, treatment of any person exposed, and for the proper clean up. Housekeeping will provide appropriate decontamination and cleanup.

An Incident Report is completed and submitted to the Safety Officer for immediate investigation and followup.

Central Mississippi Civic Improvement Association, Inc.
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Overview of Utilities Management Plan

Goal

The goal of the Utility Management Plan is to assure that all utility systems used in this organization will be safe, effective and will be used by staff who are trained and qualified in the use of such systems.

Scope

This plan embraces all utility systems used or relied upon in any clinical setting within the organization.

Elements

Criteria

Each system is assessed for system function, physical risks associated with use, maintenance requirements and incidents of system failure.

Monitoring

Each utility system component is monitored by maintenance and by completion of the monthly safety checklist to assure proper functioning, safety and operator competency.

Staff Training and Orientation

As a part of initial employee orientation, and periodic in-service education, as needed, staff will be provided with training that addresses:

1. Utility system capabilities, limitations and special applications,
2. Emergency procedures in the event of equipment or system failure,
3. Information and skills necessary to perform assigned maintenance responsibilities,
4. Location and instructions for use of emergency cut-off controls, and
5. Processes for reporting utility system management problems, failures and user efforts.

Performance Standards

Performance standards for the Utility Management Plan include the following items:

1. Observed competency by operators of any utility systems
2. Tracking of any utility or utility equipment related incident reports.

Emergency Procedures

Emergency procedures will be developed for any utility system whose failure will compromise patient safety or a course of treatment currently underway. Such procedures will address when and how to perform emergency clinical interventions, the availability of back-up equipment and /or utilities, and how to obtain repair services.

Cut-off valves for gas, water and electricity will be located and identified by the Safety Officer and communicated to all staff in the event that staff needs to tell the emergency personnel where the cut offs are.

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Emergency Preparedness and Life Safety Management
Plan**

The objective of the Emergency Preparedness and Life Safety Management Plan is to design proactive processes to prevent fires and protect patients, employees, visitors and property in the event of a fire or dangerous weather conditions.

Protocol for Code Storm and Fire Emergency

In the event of a fire or storm, employees are instructed to act quickly and expeditiously as trained when you hear code storm, code red or the fire alarm.

When code storm is announced, employees are instructed to make sure patients and/or visitors seek protective shelter away from windows, preferable on the lowest floor to an interior room. This locations should not include an outside wall. Instruct the patients and visitors to sit on the floor against the wall. All offices and waiting rooms that border the outside of the building are to be evacuated promptly and doors closed. The doors should remain closed until an all clear is announced.

When code red is announced, you are instructed to exit the building expeditiously. Instruct patients and visitors to exit the building depending on what department they are located. All employees shall be familiar with the appropriate exit they are to take. In the event of a fire, you should rescue patients immediately from the fire or smoke area. Contain the smoke or fire by closing all doors to rooms and corridors. Extinguish the fire when it is safe to do so. Make sure that emergency response personnel is notified. All employees should be familiar with the location and operation of fire extinguishers throughout the clinic.

Supervisors should send one front desk personnel from their department to the front of the building to let the Safety Officer, Chief Executive Officer, or Designee know that their department has been evacuated as soon as a patient and employee head count is complete.

Remember, do not panic but act quickly and expeditiously.

Bomb Threats

Any notice of a bomb threat or discovery of a potential bomb must be reported to the Executive Officer.

If the notice is by a telephone caller:

- a. Stay calm;
- b. Keep them on the line as long as possible and ask them to repeat. Give a note to the nearest person to call the operator and ask that the call be traced;
- c. Notify the Executive Officer to announce emergency code "Search" or, as appropriate;
- d. Take notes of everything that is said;
- e. Ask about the bomb location and gather as much information as you can;
- f. Advise the caller that the clinic is occupied and the detonation of a bomb can result in serious injury or death to innocent persons;
- g. Listen for any background sounds that might give a clue to the source of the call; and
- h. Listen for speech impediments, accents or vocabulary.

After the call, the person receiving the call will:

- a. Notify the operator to trace the call (follow up previous requested);
- b. Call the local police and fire department "911";
- c. Notify maintenance to be prepared in the event of evacuation to turn off utilities including electrical service, natural gas, water and compressed gas systems.

The Executive Director or Designee will assume responsibility for decisions related to the bomb threats, including evacuation of the building.

The local police authorities and or Fire Department only conduct searches.

Any item considered a potential bomb is not to be disturbed by the employee, only the local police or Fire Department personnel.

**Central Mississippi Civic Improvement Association, Inc
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Jackson-Hinds Comprehensive Health Center

OSHA MANAGEMENT PLAN**

As you carry out your job duties, you may come in contact with infections in a patient's blood or other infectious materials. This training program is designed to help you prevent getting an infection from a patient and to know what to do if you do come in contact with the patient's blood or other infectious materials.

Why are staff and patients at risk for acquiring communicable bloodborne diseases in the Center?

Staff performs many job duties that involve direct patient contact every day.

In many situations, the patient and staff may not know that the patient is infected with a pathogen, therefore assume all patients are infected. However, the pathogen is always present in the affected body site (example: wound, gum abscess) or substance (example: blood, vaginal secretions) before a diagnosis is made. Transmission of communicable bloodborne disease may occur:

- Between patients
- Between patient and staff
- Between staff
- Between staff and patient

Without being aware, staff may handle blood and body fluids or items that are infectious with bloodborne pathogens. Staff wants to reduce their risk of becoming infected and infecting others while caring for patients.

What is being done to ensure a safe center environment and protection in the workplace against communicable blood diseases like HBV, HCV and HIV?

Patients want assurance that treatments in the Center do not put them at risk. Center must provide appropriate safeguards for staff who may be exposed to blood and body fluids, or items contaminated with blood and body fluids. Using universal precautions is one way to protect staff from exposure to bloodborne pathogens. Universal Precautions mean doing certain job duties in a certain way in order to prevent bloodborne pathogens from entering the staff's blood system, mucous membrane, and broken skin.

The center and its staff have agreed to follow universal precautions. Universal precautions are to be used by all staff who expect to be in contact with bloodborne pathogens. Regulated waste must be disposed of in such a way as to prevent the exposure of staff and provide a safe working environment for other staff members. Regulated waste means 1.) containers that could leak blood or body fluids if the containers were handled incorrectly, 2) items that are caked with blood or human body fluids, and 3) contaminated sharps.

In addition to using universal precautions, the staff can also protect themselves by taking the HBV vaccine. If the staff member does receive an “occupational exposure,” he/she should promptly report the exposure to his/her supervisor. Each staff member is responsible for complying with center policies and recommended guidelines in order to protect him/herself from communicable bloodborne diseases like HBV, HCV and HIV.

Is HIV the major communicable bloodborne disease in the health care industry today?

No, Hepatitis B is considered the major communicable bloodborne disease in the health care industry. Hepatitis B is viral illness that can cause serious liver damage. Each year 300,000 new cases of HBV are diagnosed. About ten percent of those new cases are health care workers who were exposed through their job duties. The employee may have to be hospitalized or have to quit work. Sometimes death occurs.

One of the most common ways health care workers are exposed to HBV is through needlesticks. The HBV, HCV, and HIV viruses can be avoided by attention to universal precautions, protective barriers and work practices. All clinical staff at the center is considered to be at high risk for exposure to bloodborne diseases.

Fortunately, there is a vaccine available free of charge to all staff who are at risk for exposure to blood and body fluids. The best way to prevent Hepatitis B is to receive the Hepatitis B vaccine. The vaccine is generally effective in preventing Hepatitis B and is safe. There is no risk of developing HBV from the vaccine. The vaccine is given by injection into the arm. Three injections are required: the initial injection, one month from the first dose, and 5-12 months after the second dose.

Within 10 days of beginning work in a job category where staff is likely to be exposed to Hepatitis B, the staff member is given the opportunity to have blood work done to see if he/she has any immunity to HBV. The lab test is free of charge to the staff member.

If the staff member's tests are negative, the HBV vaccine will be offered to the staff member free of charge. The immunization series consists of three doses of vaccine, the first dose, the second dose one month later and the third dose in 5-12 months). The doses are given by injections. If a staff member does not want the immunization, he or she will be asked to sign a form (Declination Form). However, the staff member may change his/her mind and decide to take the immunization.

What happens if staff is stuck by a needle that has penetrated (gone through) another person's skin?

First, the exposed staff will wash the wound with soap and water, and then alert the Safety Officer or the supervisor if the Safety Officer is unavailable. The Safety Officer or supervisor will initiate the injury reporting system.

Complete the following steps:

Fill out an incident report and notify your supervisor as soon as possible.

Determine the Hepatitis B status of the patient.

Determine your vaccination status.

The Center will have you see a doctor at the clinic at no cost to you.

Determine the HIV status of the patient.

The medical provider will recommend lab work and may recommend taking the HBV vaccine.

The following steps will be taken for a mucosal splash:

If the splash is to the eye, nose or mouth, flush or rinse the area with saline or water. If the splash is to the skin or an open wound, wash with soap and water. Fill out an incident report and notify your supervisor as soon as possible.

What do I do if a spill occurs or equipment is contaminated?

Spills of regulated waste must be cleaned with paper towels and the area must be disinfected with a solution such as a 1 to 10 mix of bleach and water. Protective eye wear, scissors and clamps contaminated with blood and body substances should be washed with soap and water and wiped with a 1 to 10 bleach solution prepared fresh daily, or an EPA approved disinfectant with HIV and HBV efficacy.

Non-disposable supplies and equipment used in procedures or coded should be bagged and sterilized for reuse.

If Hepatitis B is the number one occupational hazard in the health care industry, what exactly is the risk of acquiring HIV?

The risk is small but the risk is still there. Studies show that the risk of acquiring AIDS from needlesticks is less than 1%. The HIV virus can lead to AIDS. Most people injected with the virus will develop AIDS. This is a serious condition affecting the body's ability to fight infection. HIV is highly contagious. Transmission usually requires repeated sexual contact or intravenous inoculation.

How are HIV and HBV transmitted?

Both HIV and HBV are transmitted the same way. The routes are 1.) sexual contact , 2) mucous membrane or parenteral (such as IV or needlestick) exposure to infected blood and body fluids/substances, and 3) mother-infant (before or during birth). The most likely way staff will come in contact with HBV or HIV is through infected blood or blood fluids/substances, a needlestick injury (or other sharp instrument), or through the mucous membranes.

What factors influence the likelihood of infection after exposure to bloodborne pathogens?

How concentrated the virus is, the length of time of the contact, if open sores are on the hands of the health care worker and if the employee is immune to HBV.

Therefore, upon exposure, immediately and thoroughly wash hands and skin surfaces that have been contaminated by blood, body fluids/substances containing visible blood, or other body fluids to which universal precautions apply. Remember to wear protective clothing and equipment for any anticipated contact with blood, body fluids/substances containing visible blood, or other body fluids to which universal precautions apply.

What body fluids/substances should universal precautions be used for?

Body fluids/substances apply to the following: blood, body fluids containing visible blood/human tissues, cerebrospinal fluids, amniotic fluid, semen, vaginal secretions, feces, nasal secretions, sputum, sweat, tears and urine.

How does exposure to blood and/or body fluids/substance occur?

Exposure to blood and/or body fluids/substances require very specific conditions: The infectious agent must be directly introduced into the person's body. This means blood and/or body fluids/substances must be introduced through the skin or by contact with mucous membranes such as the eye, mouth or nose.

Exposure through the skin occurs by being injured by a needlestick, sustaining a cut by a sharp object, or having blood and/or body fluids/substances contaminate broken skin where there is an existing wound, sore, broken cuticle, or chapped skin.

Exposure to the mucous membrane occurs when blood and/or body fluids/substances are splashed into the eye, mouth or nose. There are no known cases of HIV developing after mouth-to-mouth resuscitation. HIV, HBV and HCV are not transmitted by casual contact or through intact skin. Using universal precautions limits exposure of staff to blood and body fluids/substances.

Why use universal precautions? Why not test all patients at the time of admission to the center (particularly for HIV, HBV and HCV)?

For HIV, the pathogen may be present but may not show up in the blood for 14 months, but transmission may occur during this time. For HBV, the pathogen may be present but may not show up in to the blood for 90 days, but may occur during this time.

If Staff, did not routinely use precautions, they could be exposed even when the patient's blood work did not show HIV, HBV, or HCV. Therefore , blood and body fluids/substances must always be considered potentially infectious for bloodborne pathogens.

Which staff should be tested for HIV?

Testing should occur:
To determine a diagnosis;
To track an occupational exposure; and
When staff request testing

Written consent is obtained before testing. It is important to recognize the extreme sensitivities associates with HIV for both patients and Staff and their right to privacy and confidentiality.

What steps should Staff take if they are exposed to HIV?

If he Staff member's skin or mucous membrane is exposed to the blood or bodily fluids/ substances of a patient infected with HIV, the employee must:

- Wash hands immediately with soap and water for at least 15 seconds.
- Report the exposure to the supervisor and the Occupational Health and Safety (OHS) department.
- Seek medical attention as soon as possible, ideally within 72 hours of exposure.
- Inform the patient's healthcare provider of the exposure.
- Document the exposure in the employee's personnel file.
- Follow up with the OHS department for further guidance and support.

If routine testing is not recommended, then what can be done to adequately protect staff from communicable bloodborne diseases?

Because it is possible to know when an individual may be infected, it is important to always use universal precautions to reduce the chances of direct contact with blood or bodily fluids/substances. Universal precautions may provide additional protection to staff and patients from other diseases.

What exactly are universal precautions?

Universal precautions are procedures for treating all blood and body fluids/substances as if they were infected with bloodborne pathogens and taking protective measures. Universal precautions for blood and body fluids will be used for all patients. The main factor in universal precautions is hand washing. Hands and skin surfaces should be washed after contact with blood and body fluids/substances and after removing gloves.

When should hands be washed?

Studies show that professionals wash their hands only about 30% of the time that they should. Routine, brief patient care job duties such as shaking hands do not require hand washing. Recent Centers for Disease Control studies show that use of hand sanitizers are effective for controlling spread of infection when hands are not contaminated, such as between patients contacts.

Hand sanitizers should be used between patient contacts when hands are not contaminated. Use a dime size portion of hand sanitizer and rub over hand and finger surfaces until dry. Hands are to be washed when coming on and going off duty, when soiled, before performing an invasive procedure, before and after contact with wounds, after contact with a source that is likely to be contaminated with pathogens, after using the bathroom, before and after meals or snacks, after removing gloves, and before preparing and administering medications or preparing food. When in doubt, wash your hand.

Appropriate use of hand sanitizers and hand washing are the most effective ways to prevent the spread of pathogens. Wearing gloves does not cut down on the number of time that hands should be washed

How should hands be washed?

The following steps should be followed:

Use running water and soap. Make a good lather and rub all hand surfaces together for 10 to 15 seconds. Hold hands down so that the water drains from the fingertips onto the sink rather than running back towards the elbows. Rinse well and dry with a paper towel. Do not contaminate your hands after washing by turning off the faucet or raising the lid of the waste receptacle with hands, if necessary use a paper towel for this purpose.

How do I determine what protective equipment and clothing to use?

The following should be considered in order to determine what protective barriers are appropriate:

- The type of procedure being performed;
- The type of exposure anticipated;
- The type of potentially infectious body fluids/substances (blood, body fluids containing blood tissues, and other body fluids to which universal precautions apply);
- The total amount of blood and/or body fluids likely to be encountered; and
- The probable route of exposure (through the skin or the mucous membrane) and the likelihood of exposure.

Gloves should be worn for touching:

- Blood and body fluids/substances;
- Mucous membranes;
- Broken skin or skin with sores and
- Items or surfaces contaminated with blood or body fluids/substances.

Gloves are not routinely required for injections or phlebotomy unless staff is likely to be exposed to blood or other infectious materials. However, gloves will be made available for staff who wish to use them for phlebotomy or injections.

Although gloves can reduce the incidence of exposure, they cannot prevent penetrating injuries from needles and other sharp instruments. Gowns and/or aprons should be worn during procedures that are likely to soil clothing or generate splashes of blood and body fluids/substances such as surgical procedures. Masks and protective eyewear should be worn during procedures that are likely to generate splashes or droplets of blood and body fluids/substances such as some wound irrigations or dental procedures.

Safe needle devices are mandated for use rather than exposed needles.

Needles and sharp objects should be correctly handled and disposed of.

Resuscitative devices should be used in emergencies.

Staff with rashes, weeping sores or draining sores should not perform direct care.

Spills should be cleaned up using a brush, a dustpan and paper towels.

Regulated waste should not be mixed with regular waste.

Where are protective barriers (gowns and equipment) located?

Protective barriers, including masks, gowns and gloves are located in each department.

A one to ten bleach solution will be kept in each department and a fresh supply will be mixed daily. Sharps containers will be readily accessible in all central areas where needles/sharps are used.

How do I protect myself from exposure during an emergency code?

Gloves are located in every treatment room and should be used to protect yourself from potentially infectious body fluids. Carry your pocket mask with you at all times. The mask should be discarded after one use on a patient.

What is regulated waste? What is non-regulated waste?

Non-regulated waste is garbage or rubbish that is not contaminated with blood or other potentially infectious substances. Examples are typing paper, envelopes and lunch snacks. Regulated waste is garbage or rubbish that is contaminated with blood or other potentially infectious substances. Examples are blood, body fluids containing visible blood, human tissues, cerebrospinal fluid, semen, vaginal secretions, feces, nasal secretions, sputum, sweat, tears, urine and vomitus. Items contaminated with blood and body fluids are considered to be regulated waste. Examples are needles, scalpels, dental instruments, speculums and linens.

How is regulated waste disposed of?

Regulated waste is disposed of immediately or as soon as possible. Place waste in containers that are closeable, leak proof on the sides and bottom and labeled or color-coded. If labels are used, the labels must be fluorescent orange or orange-red or predominately so, with lettering or symbols in a contrasting color and affixed as feasible to the container by string, wire adhesive or other method that prevents their loss or unintentional removal. If color-coded containers are substituted for labels, the containers must be red.

Needle/sharps containers are located in areas where needles and sharps are used. Containers should never be over three-fourths full. Place uncapped needles and syringes in containers that are closeable, puncture resistant, leak proof on the sides and bottom and labeled or color-coded.

The containers should be labeled with a biohazard label or red in color. Containers should remain upright. Containers lined should be placed in containers that are closable, puncture-resistant, leak proof on the side and bottom and labeled or color-coded.

Blood is the most important source of HIV, HBV, HCV and other bloodborne pathogens in the occupational setting. Efforts to reduce exposure to HIV, HBV HCV and other bloodborne pathogens must focus on preventing exposure to blood, body fluids/substances containing blood and other body fluids to which universal precautions apply, as well as HBV immunizations.

How is non-regulated waste disposed of?

Non-regulated waste is disposed of in regular trash containers.

How should I dispose of sharp objects such as needles and scalpels?

Do not recap, bend or break needles. Discard contaminated sharps immediately or as soon as possible in sharps containers. The sharp containers must be labeled with biohazard label or be red in color.

What should I tell patients about universal precautions?

Assist patients in understanding that both patients and staff are protected from the transmission of bloodborne pathogens.

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Advance Directives

Purpose: To assist those patients who wish to do so to formulate advance directives, to allow the patient's provider to participate in the decision making process and to provide the staff with specific instructions for implementations.

Policy: In the ambulatory health care setting it is the patient's right to receive information and assistance in the formulation or development of an advance directive. Health center staff should refer patients to the Social Services Department who will provide information and assist the patient.

An advance directive presented by the patient will be reviewed with the patient by the appropriate staff and placed in the medical records. Upon transfer to another facility, the advance directive will accompany the patient. However, Jackson- Hinds Comprehensive Health Center **will not honor** advance directives in the clinic. It is JHCHC's policy to stabilize and transport patients to an emergency facility for further evaluation. Each patient who files an advance directive with the organization will be made aware of this policy.

Procedure: Upon entry into the organization's services, each patient completes a registration form which asks whether or not the patient has an advance directive in place and if not, whether or not they are interested in an advance directive. This form is updated on an annual basis.

If a patient requests information regarding an advance directive, the employee should refer the patient to the Social Services Department for further assistance. Social Services should then assist the patient by providing them with both verbal and written information regarding advance directives and durable powers of attorney for health care in the state of Mississippi, and provide instructions for the filing process.

If a patient presents with an advance directive, the employee should inform the patient's provider, who will ensure that it is noted in the patient's record. The provider will then review the advance directive with the patient and explain the organization's policy and then scan it in the patient's record.

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Jackson-Hinds Comprehensive Health Center

**Protocol for Identifying Potential Victims of Abuse
and Neglect**

All employees of Jackson-Hinds Comprehensive Health Center should report any suspected child abuse/neglect and/or elderly abuse neglect to the social service department. If a social worker is not available, the employee should report the case to their immediate department supervisor, and the supervisor will proceed with the proper protocol.

CHILD ABUSE AND NEGLECT

In accordance with Section 43-21-105 of the Mississippi Code of 1972, Annotated, "Abused Child means a child whose parent, guardian or custodian or any person responsible for his care or support, whether legally obligated to do so or not, has caused or allowed to be caused upon said child sexual abuse, sexual exploitation, emotional abuse, mental injury, non-accidental physical injury or other maltreatment. Provided, however, that physical discipline, including spanking, performed on a child by a parent, guardian or custodian in a reasonable manner shall not be deemed abuse under this section."

In regard to physical abuse, it is important to understand that although parents, guardians and custodians are legally allowed to utilize corporal punishment, they are not allowed to cause bruises, marks, or other injuries to children when utilizing corporal punishment. Any evidence of such will constitute abuse by the Mississippi Department of Human Services.

Who is considered to be a child?

A person who has not reached his/her eighteenth birthday.

Who may report a suspected case of child abuse?

Anyone

Do people who are reporting a suspected case of child abuse have to identify themselves?

No, however if reporting from the health center, a name and/or title will be asked for to ensure accurate reporting and follow-up.

Whom do I call to make a report?

A report may be made to the Hotline, 1-800-222-8000, a statewide toll- free 24 hour line that is answered seven days a week or 601-432-4570. The website for reporting abuse, neglect and exploitation in the State of Mississippi is www.msabusehotline.com

What will happen if you know of abuse and don't report it?

Upon being found guilty, the individual shall be punished by a fine not to exceed Five Thousand Dollars (5,000.00), or by imprisonment in jail not to exceed one (1) year, or both. Mississippi Code of 1972, Annotated Section 43-21-353(7).

(1) In accordance with Section 43-21-353 of the Mississippi Code of 1972, Annotated, "Any attorney, physician, dentist, intern, resident, nurse, psychologist, social worker, family protection worker, family protection specialist, child caregiver, minister, law enforcement officer, public or private school employee or any other person having reasonable cause to suspect that a child is a neglected child or an abused child, shall cause an oral report to be made immediately by telephone or otherwise and followed as soon thereafter as possible by a report in writing to the Department of Human Services."

A written report should be done in the next 48 hours. A copy of the written report should become a part of the regular medical record.

(2) Any report to the Department of Human Services shall contain the names and the addresses of the child and his parents or the other persons responsible for his care, if known, the child's age, the nature and extent of the child's injuries, including any evidence of previous injuries and any other information that might be helpful in establishing the cause of the injury and the identity of the perpetrator.

What are some indicators of abuse?

Emotional/Verbal Abuse is anything said or done that is hurtful or threatening to a child and is the most difficult form of maltreatment to identify:

Name calling, "You're stupid"

Belittling, "I wish you were never born"

Destroying child's possessions or pets

Threatens to harm child or people they care about, "I'm going to choke you" or "I'll break your arm"

Locking a child in a closet or box
Rejecting a child
Isolating a child

Sexual Abuse: Subjection by the child's parents, guardian, or other person responsible for the child's care to any act of incest, rape, sodomy, intercourse, indecent liberties, and/or sexual exploitation involving minor child or involvement of a minor child in prostitution. Signs of sexual abuse include torn, stained or bloody underclothing, pain or itching in the genital area; difficulty walking or sitting; bruises or bleeding in the external genitalia; venereal disease; frequent urinary or yeast infections.

Neglect : Not meeting the basic needs of the child and is the most common form of maltreatment:

Medical - not giving a child life-sustaining medicine, overmedicating, not obtaining special treatment devices deemed necessary by a physician.

Supervision- leaving child/children unattended and leaving child/children in the care of other children too young to protect them (depending upon the maturity of the child)

Clothing and good hygiene- dressing children inadequately for weather, persistent skin disorders resulting from improper hygiene

Nutrition- lack of sufficient quantity of food, letting a child consistently complain of hunger and allowing the child to rummage for food

Shelter- having structurally unsafe housing, inadequate heating, and unsanitary housing conditions

ELDERLY ABUSE AND NEGLECT

You can take a big step in combating elderly abuse by learning to recognize what forms it may take when it occurs. Although elderly abuse is an emotional difficult issue, you need to stay informed for the sake of your elderly loved one.

You may think of elder abuse as physical violence or sexual abuse, but it is more than that. Violations of the elderly's rights may also include emotional and verbal abuse, neglect, threats, financial fraud, or even invasion of privacy.

The following is a description of the different types of elderly abuse:

Physical Abuse
Sexual Abuse
Emotional Abuse
Neglect
Financial Exploitation

What can I do if I see signs of elderly abuse?

If you suspect any type of elderly abuse, you must ask questions and do whatever you can to ensure the health and safety of your loved one. If you have any concerns about the legal rights of your of your elderly relative, please feel free to contact the Child/Abuse Health Abuse Hotline with the State Department of Health at 1-800-222-8000(statewide) or 601-359-4991. If abuse or neglect is suspected involving a licensed care facility, the Mississippi Department of Health should be contacted at 1-800-227-7308.

Police and Adult Protective Services

The local sheriff, police or adult protective services generally addresses elderly abuse that occurs in the community or in the elderly’s apartment or home. However, if you encounter an emergency situation in a long-term care facility (for example, physical violence, sexual abuse, assault, rape), the local policing agencies should be notified.

The Eldercare Locator (National Center on Elderly Abuse) provides a list of emergency telephone numbers to report abuse that occurs in domestic settings and institutions.

Federal Agencies

The Center for Medicaid and Medicare (formerly the Health Care Financing Administration or HCFA) oversees state inspections of long-term care facilities that accept Medicare or Medicaid. You may contact the agency to report a deficiency in a nursing home that the state agency has not resolved. The telephone number is 1-800-HHS-TIPS (1-800-447-8477).

Most states have Medicaid Fraud Control Units, which are usually within the state Attorney General’s Office. These units will investigate abuse neglect in Medicaid-certified long-term care facilities. You can report actions of individual employees or the facility.

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Jackson-Hinds Comprehensive Health Center
Adverse, Unusual or Sentinel Event Procedures

To minimize the opportunity for confusion, Jackson-Hinds Comprehensive Health Center has a combined process for reporting all adverse, unusual or sentinel events. This process allows staff to report any such occurrence to a Single Point of Contact and have it properly assessed, tracked and resolved.

Definitions:

Incident/Occurrence: Any event that includes adverse or unusual outcomes to either people or property on Jackson-Hinds Comprehensive Health Centers grounds.

Patient Complaint/Suggestion: A comment from a patient written or otherwise, that refers to Jackson-Hinds Comprehensive Health Center staff, facilities or processes in a negative fashion.

Staff Complaint/Suggestion: A comment from a Jackson-Hinds Comprehensive Health Center employee written or otherwise, that refers to the organization staff, facilities, or processes in a negative fashion.

Sentinel Event: An unexpected incident or occurrence involving death or serious physical or psychological injury, or the risk thereof.

Single Point of Contact: An individual (Medical Director for medical issues; Safety Officer for non-medical), who is assigned the responsibility of receiving incident/occurrence reports and properly assessing, following, and ensuring resolution of the identified root causes.

Adverse or Unusual Event Response

Jackson-Hinds Comprehensive Health Center staff observing or otherwise becoming aware of a potential adverse or unusual event should attempt to resolve the immediate needs or threats to people and property by doing one or more of the following:

Resolving the need or threat yourself if safe and within your power or authority to do so,

Involving the Safety Officer or appropriate management in the resolution,

Invoking the appropriate Environment of Care Contingency Plan.

These approaches should be utilized until the staff have successfully resolved the adverse or unusual event to the best of their capabilities or are in the recovery phase of the Environment of Care Contingency Plan.

Initiation of Review

Staff involved in the adverse or unusual event shall immediately report the occurrence to the Single Point of Contact (Medical Director/Safety Officer) within the organization. The reporting staff member should also attempt to complete the Occurrence Report. Jackson-Hinds staff shall not be responsible for making a determination of the type of event. The form should then be forwarded to Single Point of Contact (Medical Director/Safety Officer) either in person or in an enclosed envelope labeled “Confidential” and addressed to the Single Point of Contact. All adverse or unusual events should be considered confidential and not for general discussion until notified otherwise by appropriate supervisors.

Occurrence Report

The beginning of any Root Cause Analysis is to determine the principle people and systems involved in the occurrence or event. This can be accomplished initially by identifying the Who, When, What, Where and Why issues involved in the adverse or unusual event. The following is a quick summary of the key issues that must be documented on the Occurrence Report:

The person(s) involved in the occurrence including the individual making the report.

The Date and time of the occurrence.

A thorough description of the circumstances leading up to and including the occurrence as well as injuries and potential threats to the health and well being of individuals.

The specific location of the occurrence including a basic description of the layout of the area and the placement of furniture, fixtures, and individuals involved.

An exhaustive identification of all of the relevant systems involved in the occurrences as well as systems that should have been involved but either failed or were absent during the occurrence.

The reporting individual will be responsible for initiating the Occurrence Report and completing it to the greatest extent possible once the risk has been eliminated or the recovery phase has begun with the relevant Environment of Care Contingency Plan. The Single Point of Contact (Medical Director/Safety Officer) shall then be responsible for completing and signing the Occurrence Report and conducting the preliminary investigation. In the event that there is a “quick fix” or easy solution to the problem, such corrective actions shall be taken immediately. If the issue is not easily resolvable or will cost more than \$500 to repair, then appropriate risk management activities must occur until corrective actions can be taken. Such actions may include but are not limited to the following:

- Quarantining or isolating the high risk area
- Terminating the function being performed
- Increasing proper protective equipment requirements
- Redirecting patient or workflows to avoid the high risk area
- Many other appropriate responses.

Single Point of Contact Review and Investigation

The Single Point of Contact shall be responsible for securing the Occurrence Report from the individual reporting the event and completing any remaining omissions. Once the Occurrence Report has been secured and completed, the Single Point of Contact shall gather all necessary information and whenever possible, will conduct interviews of key individuals involved in the event. The information collected in the investigation will be summarized and attached to the Investigation Report. The Investigation Report requires the following:

A summary of the adverse or unusual event (based on the Occurrence Report, staff and patient interviews, as well as other available sources of information,

The identification of all the relevant system failures that contributed or failed to prevent or mitigate the occurrence,

The identification of suggested corrective action(s) or risk management options available to the organization, and

Any other relevant observations, recommendations or opportunities to improve that the Single Point of Contact has for addressing the problem or related issues.

Processing of Information

The Single Point of Contact then follows the Adverse or Unusual Event & Sentinel Procedure Flowchart and routes all documentation collected during the investigation to the appropriate committee. The flowchart details the order of questions and routing of information in order to maximize the effectiveness of the evaluation. The flowchart process is also designed to match the expertise of the reviewers with the skills sets needed to properly evaluate the related systems. Furthermore, it is designed to promote confidentiality by minimizing the number of individuals to the absolute minimum necessary to evaluate the applicable systems.

Please note that the Occurrence Report, Investigation Report and other related materials could eventually become legal documentation and as such must be complete, precise and be capable of standing on its own with little or no explanation. Also, note that these documents should be considered and handled in an **EXTREMELY CONFIDENTIAL** manner. Copies of the documents should be made only when necessary to share information during:

- Committee meetings,
- Consultations with legal counsel, or
- Demanded under a legitimate court ordered subpoena (after consultation with an attorney).

In the case of committee meetings, the copies must be destroyed by shredding or other means at the close of the meeting. Members of the committee should not be allowed to carry copies of the Occurrence Report or other relevant documents from the meeting. The Single Point of Contact shall retain the original documents and shall keep them in a separate locked cabinet or other secure storage device when not in use.

In some circumstances, the information may indicate that information needs to go to multiple committees. In such circumstances, the information will be submitted to the highest ranking committee according the following rating:

- Peer Review
- Risk Management
- Safety
- Performance Improvement
- Appropriate Management Staff

This will ensure that the committee receiving the information will maintain the highest level of confidentiality. Any information needing review by other committees will be extracted and submitted separately at the discretion of the committee reviewing the

Occurrence Report.

Committee Investigation of Occurrence

The appropriate committee shall review both the Occurrence and Investigation Reports, and shall evaluate the following:

- The completeness of the occurrence report,
- The comprehensiveness of the investigation itself,
- Whether the suggested improvements are comprehensive and systematic in nature,
- Whether the committee concurs with the findings of the investigation, as well as,
- Whether the committee agrees in whole or in part with the recommendations regarding appropriate Risk Management Options.

It should be acknowledged that this is a risk management process, not a risk elimination process. As such, the committee will have to make decisions and recommendations for corrective action that take into account the costs, benefits, and legal implications. This means that occasionally, no action will be taken due to the cost prohibitions or a lack of any real measurable benefits from taking action.

Root Cause Analysis

It is Jackson-Hinds Comprehensive Health Center's procedure to conduct a root cause analysis on ALL or unusual events regardless of whether they qualify as a sentinel event by any official standard. By taking such a proactive stance, it is anticipated that the organization will be able to become a safer place to work, visit, and receive care.

The committee reviewing the Occurrence and Investigation Reports shall then conduct the root cause analysis. The first step in the root cause analysis is to determine if the information presented to the committee is complete, accurate, comprehensive and systematic in nature. Once the information meets each of these conditions, the committee can conduct the root cause analysis by evaluating the information contained within the reports and making an informed decision as to the proximate factors, special cause variations, and ultimately the root cause(s) of the occurrence.

Each identified root cause will be evaluate by the committee and a determination shall be made based on the available information as to the following:

- Whether each of the specific root causes can be resolved,

An explanation of the corrective action plan or rationale for its exclusion, as well as,

An identification of measurable indicators of success and the regularity of the review.

Once the Root Cause Analysis has been complete the finds of the committee will be submitted to the relevant management members in the form of recommended actions only. The specifics of the Root Cause Analysis shall be considered **EXTREMELY CONFIDENTIAL** and therefore will not be shared outside of the committee structure. Organization staff will only be notified of changes in policy, procedure or relevant system changes.

Tracking & Trending of Root Cause Analysis Findings

Once the Root Cause Analysis have been completed, summary data shall be provided to and obtained by the Performance Improvement Committee for tracking and trending purposes. The information provided to the committee shall include:

- Aggregate and comparative data;
- Systems evaluated and results; and
- Changes made to correct identified deficiencies.

The information **SHALL NOT INCLUDE** patient specific information or the identity of medical staff involved in the adverse or unusual events(s). Such information is reserved exclusively for the relevant committee conducting the Root Cause Analysis and those permitted under the Human Resources policies for specific causes of action. **IT IS THE EXPRESSLY STATED INTENT OF THIS PROCEDURE TO MAINTAIN THE HIGHEST LEVEL OF PEER REVIEW PROTECTION(S) ALLOWED BY LAW.** Nothing in this procedure should be construed to suggest that Peer Review and related clinical data be made available to staff outside of the Peer Review Committee.

Annual Evaluation

An Environment of Care evaluation shall be conducted annually to determine the areas in which the organization can best focus its resources to minimize the risks to people and property within Jackson-Hinds. The safety management plan portion of the evaluation shall include a determination of risks associated with the data collected regarding adverse or unusual events, including sentinel events. This determination shall include an evaluation of the possible risks and any further recommended changes that will enhance the safety of the organization.

The evaluation shall be submitted to the Board of Directors for review.

Sentinel Event Reporting

It is the policy of Jackson-Hinds to not report Sentinel Events or any other type of adverse or unusual events to outside authorities such as the Joint Commission , the Bureau of Primary Health Care or any other external organization, unless as required by law. In the event that such occurrences are reported to such agencies by outside parties or through other means, the organization shall retain legal counsel to handle requests for information regarding these occurrences. The only exception to this shall be in compliance with the Federal Torts Claim Act once a malpractice or other relevant type of legal claim has been made.

Central Mississippi Civic Improvement Association, Inc.
d/b/a
Jackson-Hinds Comprehensive Health Center
Performance Improvement Program

Purpose

Jackson-Hinds Comprehensive Health Center's Performance Improvement Program is designed to identify opportunities to improve organizational and individual staff performance and to increase the probability of desired or optimal patient outcomes. The risk management activities seek to minimize the potential for financial loss associated with accidents and untoward events by utilizing identified risk control and risk financing measures.

Goals

The goals of Jackson-Hinds's Performance Improvement Program are to:

Provide patients with the highest level of professional, safe and cost effective care.

Optimize clinical performance of all providers of care through ongoing peer review.

Implement measurement systems to identify benefits and positive outcomes as well as potential harms and variations with attendant consumption of resources associated with negative outcomes.

Provide the framework for the systematic, ongoing, objective monitoring and evaluation of the quality and appropriateness of patient care services.

Resolve identified problems and focus on opportunities to improve care through continual examination of the systems and processes whereby patient care is provided.

Implement risk control measures to protect assets and resources of the community health center.

Objectives

The following objectives are set forth to facilitate the realization of the overall goals of the Performance Improvement Program:

Emphasize the role of leadership in improving performance.

Emphasize communication and cooperation between and among functional areas of Jackson-Hinds.

Establish and maintain effective organization-wide performance improvement assessment to identify opportunities to improve care and control consumption of resources.

Expand the scope of assessment and improvement activities beyond the strictly clinical areas to the interrelated governance, managerial, clinical, support, and facility management processes that effect patient outcomes through team participation and empowerment.

Identify and correct unacceptable practices or deficient patterns of care that could lead to injury or financial loss.

Implement performance improvement outcome measurement system that evaluates the effectiveness of particular interventions and interactions and identifies variations and the impact of those variations.

Establish a system for the dissemination of information throughout the organization relative to changes in processes and effectiveness of monitoring and evaluation. The system will include follow-up to determine that corrective action is effective.

Performance Improvement Process

The organization uses the **Plan, Do, Study, Act (PDSA)** approach.

P- Plan- Plan specific projects based on organizational priorities

D -Do-Make system changes and measure the outcomes

S - Study -Assess the outcomes through aggregation and analysis

A- Act - Implement

This process allows the Performance Improvement Team to take an issue or problem from initial identification all the way to implementation and hopefully to a more

desired outcome.

Central Mississippi Civic Improvement Association, Inc.
d/b/a
Jackson-Hinds Comprehensive Health Center

HIPAA Training

The Health Insurance Portability and Accountability Act (HIPAA)

What is HIPAA?

The Health Insurance Portability and Accountability Act of 1996 is the first comprehensive federal law that addresses the privacy and security of individually identifiable health information as well as the simplification of transactions. HIPAA was enacted by Congress in order to address a variety of issues including:

1. Health Insurance Coverages and Portability designed to ensure that employees and their families can obtain and maintain health insurance coverage when they change jobs or leave employment;
2. Administrative Simplification designed to standardize the transmission, collection and storage of individually identifiable health information;
3. Privacy standards designed to protect the confidentiality of personal and individually identifiable health information; and
4. Security standards designed to encourage electronic transactions by adding safeguards to protect the confidentiality in the interchange of electronic data and transactions.

What is the purpose of HIPAA?

1. **Protects Personal Health Information**

HIPAA protects the confidentiality of personal Protected Health Information (PHI) provided to Covered Entities such as health plans, health care clearinghouses, hospitals, pharmacies, physicians, and other health care providers, including community health centers. The HIPAA privacy standards were developed by Department of Health and Human Services and provide patients with access to their medical records and more control over how their PHI is used and disclosed.

2. Sets Minimum Federal Standards for Privacy and Security

HIPAA seeks to establish national minimum standards to protect and enhance the rights of patients by providing access to and controlling use of their PHI, to improve the quality of care by restoring trust in the health care system, and to improve the efficiency and effectiveness of the health care system by simplification of transactions. HIPAA governs the confidentiality of individually identifiable PHI for billing services, health plans, and providers who bill for health care services by any means.

Who Must Comply with HIPAA?

HIPAA applies to Covered Entities such as health plans, health care clearinghouses, hospitals, pharmacies, physicians, and other health care providers who transmit electronic information (e.g., claims) and conduct certain financial and administrative transactions (e.g., enrollment, billing and eligibility verification) electronically. Centers are Covered Entities under HIPAA.

What happens to an employee who violates the HIPAA law?

An employee who obtain the PHI of another employee or patient or who disclose this personal information can receive a fine up to \$50,000.00, placed in prison for one year, or both. If an employee “knowingly” violates HIPAA he or she can be imprisoned for five years, fined up to \$100,000 or both. A person who “knowingly” violates HIPAA with the intent of selling the PHI or using this information for his commercial advantage can be imprisoned for 10 years, fined up to \$250,000 or both.

**Central Mississippi Civic Improvement Association, Inc.
d/b/a**

Jackson-Hinds Comprehensive Health Center

Patient Rights & Organization Ethics

Our Mission

To provide quality comprehensive primary and preventive healthcare and social services to the communities we serve... We are committed to serving the uninsured and underinsured.

Our Vision

Jackson-Hinds Comprehensive Health Center will be the first and best choice for primary healthcare in central Mississippi. We will be a fiscally sound organization, dedicated to the health of the underserved and the uninsured.

Our Values

We will treat our customers with dignity and respect in a non-judgmental manner.

We will treat our customers in a caring and courteous manner.

We will assure our staff will be proficient and skilled, grounded in the practice of good customer service.

We will value and promote integrity and expect staff to provide service of the highest ethical and moral standards.

We will value customer's rights to privacy and confidentiality.

We will be particularly dedicated to eliminating barriers to healthcare among the most vulnerable members of the communities we serve.

The organization protects the patient and respects his or her rights during research, investigation, and clinical trials.

Investigative studies are not a normal part of the activity of Jackson-Hinds Comprehensive Health Center. However, occasions may arise where participation in such a study may be of distinct benefit to the patients and the Board of Directors may therefore approve such studies.

In all such instances, the Board of Directors will require that:

- Patients receive information necessary to understand the risks and benefits of engaging in research and investigative activities including the purpose of the research, procedures to be followed and alternative procedures, if any, as well as the expected duration of the research. Medical records will document a comprehensive written consent signed by the patient. The consent form will inform the patient that refusing to participate or discontinue participation at any time, will not jeopardize his or her access to care, treatment, or services unrelated to the research. It will be documented on the consent form that the patient received information to help determine whether or not to participate in the research, **investigation** or clinical trials. The consent form describes the patient's right to privacy, confidentiality, and safety.
- Staff members are able to identify the policies and procedures governing research and investigative studies.

The organization addresses patient decisions about care, treatment, or services received at the end of life

In the ambulatory health care setting it is the patient's right to receive information and assistance in the development of an advance directive, upon request. Health center staff should refer patients to the Social Services Department who will provide information and assist the patient.

An advance directive presented by the patient will be reviewed with the patient by the appropriate staff and placed in the medical records. Upon transfer to another facility, the advance directive will accompany the patient. However, Jackson- Hinds Comprehensive Health Center will not honor advance directives in the clinic. It is JHCHC's policy to stabilize and arrange transport patients to an emergency facility for

further evaluation. Each patient who files and advance directive with the organization will be made aware of this policy.

1. Any patient who identifies, during the scheduling process, that he or she has an advance directive in place will be asked to bring a copy with them at the time of their examination.
2. An advance directive presented by a patient will be reviewed with the patient by the Social Services Department.
3. In the event that a patient request assistance in the formulation of an advanced directive, the following procedures will be followed.
 - A. The staff member from whom the patient requested assistance will refer the patient to Social Services to provide such assistance.
 - B. The Social Services Department will provide a copy of the **“Patient Self Determination Act: Written Description of the Law of the State of Mississippi”**
4. Social Services will then follow the state approved procedures for assisting an individual in establishing an advance directive.
5. The advance directive document(s) will be placed in the patient’s medical record during registration and the staff member who placed the directive in the medical record will place an identifying sticker on the outside of the patient record and advise all staffs who are involved in the care of the patient of the existence of the documents.
6. The patient’s provider will then review the advance directive with the patient and explain the organization’s policy.
7. It is Jackson-Hinds policy to stabilize and arrange transportation for patients to an emergency facility for further evaluation.
8. Upon transfer for care to another medical facility, the advance directive will accompany the patient.

The organization respects the patient’s right to receive information in a manner that he or she understands.

Handicapped/Impaired

Jackson-Hinds Comprehensive Health Center will assist and provide within our means

and scope of practice assistance to the Handicapped and Disabled Patients to insure quality care of treatment and services.

- **Persons with hearing impairment**
For persons who are hearing impaired and who use sign language as their primary means of communication, a verbal agreement with a consultant exists for him/her to interpret during regular office hours. Written materials may also be used for patient communication and education.
- **Persons with visual impairment**
Staff will be available to communicate the content of written materials concerning benefits, services, patient's rights and responsibilities, waives of rights, patient education and consent to treatment forms by reading the material to the visually impaired. Staff will also provide personal assistance and guidance through the clinic as needed. Audiotapes will be available for health education topics.
- **Person with speech impairments**
Writing materials will be available in order to facilitate communication of information concerning benefits, services, patient's rights and responsibilities, waivers of rights, patient education, consent to treatment forms and to answer any questions the patient may have.
- **Illiteracy**
Health center staff will offer personal assistance to facilitate communication of information concerning benefits, services, patient's rights and responsibilities, waivers of rights, patient education, consent to treatment forms and to answer any questions the patient may have. Audio and videotapes will also be available for health education.

The organization respects the patient's right to participate in decisions about his or her care, treatment, or services

Designation of a Surrogate Decision-maker

Jackson-Hinds Comprehensive Health Center involves patients in making decisions about their care, treatment or services. The center respects the patient's right to refuse care, treatment or services in accordance with law and regulation. Patients who feel unable, or in other ways, not prepared to make critical health care decisions have the right to designate a surrogate health care decision maker. This designation shall be done

in writing and retained in the patient's health care record. The patient has the option of terminating such designation at any time. The center will provide the patient or surrogate decision maker with information about the outcomes of care, treatment or services that the patient needs in order to participate in current and future health care decisions.

The organization respects the patient's right to receive information about the individual(s) responsible for his or her care, treatment or services.

Jackson-Hinds Comprehensive Health Center will inform the patient of the name of the physician or other practitioner who has primary responsibility for his or her care, treatment or services. The center also informs the patient of the name of the physician(s) or other practitioner(s) who will provide his or her care, treatment or services.

The patient and his family have the right to have complaints reviewed by the organization.

Resolution of Complaints

Complaints from patients regarding the services of Jackson-Hinds will be received by any staff member and forwarded to the Department Head and/or Compliance Officer for resolution and follow-up. Employees who are confronted by a dissatisfied patient should listen attentively to the patient and assure them that their comments are appreciated and should be addressed to the Department Head and/or Compliance Officer. The Department Head and/or Compliance Officer are expected to follow up on complaints within one working day.

If resolution cannot be attained with the Department Head and/or Compliance Officer, the complaint will then be brought to the attention of the Division Head. The Division Head will personally contact the patient to obtain viable information and attempt to solve the issue while reinforcing the organization's mission, vision and values. The Executive Director will also attempt to resolve the issue.

The Compliance Officer will maintain a file on all patient complaints and will give a summary to the Board of Directors regarding any unresolved grievance at the next regularly scheduled meeting.

The organization honors the patient's right to give or withhold informed consent.

It is the policy of our health care center to inform patients regarding the risk, options or alternatives to the suggested plan of treatment. Patients have the right and are

encouraged to seek further information from the health center staff or from other sources in order to make decisions based upon adequate and relevant information.

Jackson Hinds staff are instructed to fully disclose any information that is relevant to the suggested plan of treatment to assure the patient's choices are made based upon the most accurate information. All patients care provided by Jackson-Hinds Comprehensive Health Center will be provided with a written and signed patient consent. Consent is to be obtained directly from each patient, with the exception of children and adults who have impaired decision-making capacity. In response to securing the consent, Jackson-Hinds will provide the patient with the following information:

- The patient's condition
- Proposed treatments, procedures or research activities.
- Potential benefits or drawbacks of proposed treatments or procedures.
- Alternative treatments or procedures. This encompasses risk, benefits and side effects related to the alternatives, and the risk related to not receiving the proposed care, treatment or service.
- The provider that is primarily responsible for the patient's care.
- Other authorizing or performing procedures or treatments.
- Any business relationships among individuals treating the patient or between the organization and any health care service or educational institutions involved in the patient's care.

Upon receipt of the above information it is the patient's right to consent to treatment or to seek health care in another organization.

CODE OF ETHICS

The code of ethics for Jackson-Hinds Comprehensive Health Center serves as a guide for the board of directors, administration and staff in the conduct of day-to-day business and patient care operations. This code is derived from the basic principles of the organization's vision, mission statement, values and patient rights and responsibility statements. Policies and procedures and strategic planning support these principles in more specific details as they apply to each department.

Service

Services are provided to patients without regard to sex, race, age, religion, creed, national origin, or disability. It is the practice of this organization to provide the best possible care to patients in need of immediate treatment regardless of ability to pay.

In the event of a denial of payment of service by an external entity for continued treatment, the medical care needs of the patient shall dictate provision of care and not economic circumstances.

Referrals

Referral of patients for services not provided by Jackson-Hinds Comprehensive are not based on patient or organizational economics, but solely on services not available and on patient/family requests.

Billing

The patient has the right to examine and receive an explanation of his/her bill regardless of the source of payment.

The patient is accountable for assuring that the financial obligation of his/her health care is fulfilled as promptly as possible.

In accordance with its mission of service to the community and federal regulations governing grant money, Jackson-Hinds Comprehensive Health Center has in place an adjusted fee program for patients who meet certain required Federal financial guidelines.

All clinical sites of the organization enter charges for each chargeable service provided and all charges are made in accordance with the organization's approved fee schedule and contractual agreements.

Fee schedules are established based on a annual surveys of like providers in the local market. Consideration is given to coverage of operating expense, working capital, program expansion, and appropriate facility and equipment replacement.

The organization informs the patient about his or her responsibilities related to his or her care, treatment or services.

Patients Responsibilities

All patients are responsible for providing accurate, complete information regarding present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health status.

All patients are responsible for reporting unexpected changes in his/her conditions to the provider.

All patients are responsible for requesting additional instructions if he/she is unclear regarding instructions given to them by the provider or nurse.

All patients are responsible for following the treatment plan agreed upon by the patient and their provider, as well as, instructions given by the provider or the provider's nurse. This includes keeping appointments and informing the provider if you are unable to do so.

All patients are responsible for his/her actions if they refuse treatment or do not follow provider instructions.

All patients are responsible for assuring that the financial obligations of his/her health care are fulfilled as promptly as possible.

All patients are responsible for being considerate and respectful of the rights of other patients and clinic personnel.

All patients are responsible for not bring weapons within the boundaries of health center properties.

All patients are responsible for any personal items bought with them including purses, medication, etc.

All patients are responsible for providing the provider with accurate information regarding pain. Such information should include, but is not limited to, location, onset and duration, as well as , current and past pain relief regimens (including those prescribed by other providers).

All patients are responsible for adhering to pain relief regimens such as medications, exercise or physical therapy as prescribed by the provider to obtain maximum relief. Every effort will be made to translate the Patient Bill of Rights and Responsibilities into the dominant language of the patient as necessary. A consultant will serve as a resource for our hearing impaired patients by providing an interpreter to sign.

The organization honors the patient's right to give or withhold informed consent to produce or use recordings, films, or other images of the patient for purposes other than his or her care.

Although recording or filming of care, treatment, and services can be useful for many purposes, such practices may compromise patient privacy and confidentiality..

Jackson-Hinds will obtain consent and authorization from the patient for any recording or filming that will be disclosed to individuals who do not have a specific need to know. Disclosures used for purpose other than treatment, payment, or health care operations must be authorized by the patient.

When recording or films are made for internal purposes, there is documentation of consent. When recording or filming are made for external purposes that will be heard or seen by the public, there is documentation of a consent that includes the circumstances of the use of the recording or film.

Recording or filming may occur before consent, provided it is within the established policy of the organization.

The recording or film remains in the organization's possession and is not used for any purposes until and unless consent is obtained.

If consent for use cannot be obtained, the recording or film is either destroyed or the non-consenting patient must be removed for the recording or film.

Patients have the right to request cessation of recording or filming.

Patients have the right to rescind consent for use up until a reasonable time before the recording or film is used.

Anyone who engages in recording or filming signs a confidentiality statement to protect the patient's identity and confidential information.

Patient Rights

All patients have the right to accessible, impartial, considerate, and respectful care within the capacity of the facility, regardless of race, creed, sex, age, national origin, or source of payment.

All patients have the right to receive the necessary information to make decisions regarding care. Information will include as a minimum an explanation of specific procedures or treatment, its value and significant risk, as well as, alternatives to treatment including non-treatment of the condition.

All patients have the right to refuse any procedure or treatment.

All patients have the right to privacy and confidentiality of all records pertaining to treatment, except as is necessary for referral of care, third party payment contracts, and situations otherwise provided by law.

All patients have the right to be informed of the identity, title and qualifications of the individuals providing care/service to them.

All patients have the right to receive from his/her provider complete and current information concerning diagnosis, treatment and known prognosis in terms the patient and/or their family/care giver can understand.

All patients have the right to expect a reasonable safe and comfortable environment of care. Our facilities are smoke-free.

All patients have the right to examine and receive an explanation of his/her bill regardless of source of payment.

All patients have the right to receive prompt and reasonable responses to questions and/or requests for information.

All patients have the right to receive appropriate assessment and management of pain within the scope of the provider.

All patients have the right to be informed of our grievance policy.

All patients have the right to be informed of rules and regulations that apply to his/her conduct as a patient.

You have the right to care that respects your social, religious and cultural values.

PATIENT CARE ETHICS POLICIES

Confidentiality

It is the policy of Jackson-Hinds to afford the utmost confidentiality to all aspects of the patient's visit to the health center. All employees will be instructed upon initial employment and annually thereafter regarding the policies and procedures related to confidentiality. All employees will sign a confidentiality pledge, which will be retained in the employee's personnel record.

Patient health record information will only be released to other health care facilities upon receipt of a signed patient release form.

All facsimile or electronic transmissions concerning requests for patient information will be followed by a telephone confirmation of the intended release of information.

Privacy

Jackson-Hinds will strive to afford maximum privacy for patients visiting the facilities. Conversations with staff regarding health conditions or payment status will be conducted in non-public areas. Privacy will be maintained in all patient care, examining or treatment areas. Triage will be done in an area that will maintain privacy and confidentiality.

Security

Security for persons and property will be assured through the organization's comprehensive security plan. This plan established standards and practices designed to protect against theft, assault, injury or other loss on the part of staff, patients and visitors to our health centers. The security plan also provides for initial staff orientation and periodic continuing education regarding security practices and policies.

Communication about Patient Rights and Responsibilities

Patients will be made aware of their rights through the use of brochures in patient waiting areas and posted placards in the health center facilities specifying the patient's rights and responsibilities.

Staff will be made aware of patient's rights and responsibilities in the initial orientation process and through periodic in-service thereafter.

Reasonable Access to Care

Improving access to health care services is central to the mission of our community health centers. Sliding fee scale arrangements are in place to remove financial barriers. Hours

service are arranged to coincide with community needs. Handicapped access is provided at all facilities.

After hours coverage is afforded to those patients who are unable to access service during regular operating hours of the health care centers. There is a telephone answering service, which permits patient access to the clinic provider (or the provider on call) seven days a week, 24 hours a day.

Considerate Care with Respect to the Patients Personal Values & Beliefs

Every effort will be extended by health center staff to be respectful of the personal values and beliefs of the patients. Our community health center's staff developmental program will address periodic in-service training regarding cultural values.

Information about Fee Schedules and Payment Policies

Jackson-Hinds maintains a sliding fee scale that permits adjusting fees for patients. Information about the sliding fee schedule and payment policies is available from the receptionist as each center. Each center will also have staff available to answer questions regarding fee schedules and payment policies.

Jackson-Hinds Comprehensive Health Center requires partial payment in advance for the office visit. Notice of this policy is posted at the front desk in the waiting area at each center. Patients are also informed of this policy when scheduling an appointment over the phone.

Considering Ethical Issues that Impact Care

Ethical issues related to patient care are generally governed by the organization's policy regarding patient rights and responsibilities. The patient always has the right to seek consultation from an independent party who is prepared by training and experience to offer advice regarding ethical issues in health care.

Resolving Conflicts about Care Decisions

It is the fundamental right of the patient to be in agreement with the proposed plan of treatment. The patient and the provider should discuss any conflict that arises regarding plan of care decisions. If the conflict is not resolved it is to be referred directly to the organization's Medical Director or Dental Director for resolution.

Transfer of Patients

The transfer of patients to other care facilities will only be conducted with the approval of the patient or a designated decision-maker and accompanied by a full disclosure of the reasons and conditions for the transfer. Appropriate information from the patient's medical record

will accompany the patient being transferred. Such transfers will be made for medical reasons only.

Termination of Services

The termination of health care services for a patient who is consistently non-compliant with treatment guidance may be carried out with the specific approval of the Provider Committee and the Medical Director and Clinical Director. The organization must give the patient a 30 day notice in writing. A copy of the letter should be placed in the patient's medical record.

Transmitting information by facsimile

All fax transmissions will be sent with a cover sheet advising the receiver of the confidentiality of the information. If necessary or requested, the transmitter will call to verify the fax has been received.

Receiving information by facsimile

All Jackson-Hinds Comprehensive Health Center fax machines are set to automatically receive documents 24 hours a day, 7 days a week. All fax documents will be forwarded to the intended employee immediately.

Pain Management

The management of pain will be an important clinical consideration for all patients. Clinical staff will use appropriate, clinically approved methodologies and regimens to alleviate pain when such measures are available and necessary for the good of the patient.

Central Mississippi Civic Improvement Association, Inc.
d/b/a
Jackson-Hinds Comprehensive Health Center

Cultural Sensitivity

As health care professionals in the United States, we're likely to count among our patients people from all over the globe or from different walks of life. These various people carry with them cultures and customs that affect the way they interpret the world,

their experiences, and their relationships.

When it comes to health care, Jackson-Hinds Comprehensive Health Center might have great technology and dedicated, intelligent health care staff, but these advantages are lost if our patients can't understand the "why" and "what" of their care.

If a patient, because of a cultural "disconnect," can't appreciate what we're prescribing or why it's necessary, or if the information is delivered in a way that inadvertently frightens or offends the patient, how can we fulfill our mission as health care providers.

Take a minute to think of the patient as a customer-how would that change our behavior? We'd be obliged to give the patient what he or she wants. Doing that (within the boundaries of the right medical solution, of course) means being sensitive to each patient's culture-driven expectations.

ELEMENTS OF CULTURAL COMPETENCE

1. **KNOWLEDGE** - You must be knowledgeable of the community's culture, history and traditions. You must be aware of community resources available to them such as community leadership groups, translators, Spanish language radio and newspaper, and churches that cater to the Hispanic community. You must also know if personal or professional values conflict with the needs of patients of different backgrounds.
2. **SKILLS** - You must demonstrate genuineness, warmth and empathy toward the community. You must accept ethnic differences. You must be able to understand your own values, biases and stereotypes. A culturally competent staff member will have the willingness to go the extra mile for people of different cultures in order to achieve outcomes.
3. **ABILITIES** - You must be willing to discuss cultural issues openly. You must be able to respond to cues. You must be willing and able to work with qualified interpreters or willing and able to learn a new language. All of this in order to build trust to ensure that recommendations are followed and information correctly understood.

If patients feel we understand and respect them as individuals, they'll be more likely to trust us and comply with our prescribed therapies and treatments. The greater the trust, then the better the outcomes; with better the outcomes, we lower the risk of medical malpractice liability.

**Central Mississippi Civic Improvement Association, Inc.
d/b/a**

Jackson-Hinds Comprehensive Health Center

Deficit Reduction Act

Deficit Reduction Act (False Claims Act) 31 U.S.C. 3729-3733

Definitions

1. **Fraud:** An intentional (willful or purposeful) deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit

to him/herself of some other person. It includes any act that constitutes fraud under applicable Federal or State law.

2. **False Claims Act:** The provisions under the FCA state that it is a violation to:

a. Knowingly present or cause to be submitted a false claim to the government.

1. For purposes of this section, the terms “knowledge” and “knowingly” means that person, with respect to information-

a. has actual knowledge of the information;

b. acts in deliberate ignorance of the truth or falsity of the information, or

c. act in reckless disregard of the truth or falsity of the information and no proof of specific intent to defraud is required.

b. Knowing use of a false record or statement to obtain payment on a false claim paid by the government.

c. Engage in a conspiracy to defraud the government by the improper submission of a false claim for payment.

d. Damages and penalties for violation the FCA may include:

e. Civil penalties of not less than \$5,500 and not more than \$11,000 per violation, plus,

f. Three times the amount of damages which the government sustains because of the violation.

3. **Retaliation or retribution for reporting issues “in good faith” is prohibited.**

Central Mississippi Civic Improvement Association, Inc.

d/b/a

Jackson-Hinds Comprehensive Health Center

DUTY TO REPORT WRONGDOING: WHISTLE BLOWING PROTECTION

Jackson-Hinds Comprehensive Health Center and its employees are committed to upholding high standards of honesty and integrity in all areas of practice. All JHCHC employees, contractors, agents, and volunteers are obligated to immediately report any suspicion of fraud, waste, or abuse in connection with health center business.. It is JHCHC’s policy that an employee, contractor, or agent of JHCHC who submits a false claim will be reported to the necessary authorities.

The JHCHC Compliance Program engages in specific monitoring efforts to detect and prevent fraud, waste, and abuse. In addition, the Compliance Program provides education related to the prevention and reporting of fraud, waste and abuse for all newly hired employees as part of their orientation as well as for all employees through regular compliance education.

Any person who has knowledge of or, in good faith, suspects any wrongdoing in the documenting, coding, or billing for services, equipment, or supplies, in Jackson Hinds financial practices, or violation of the Standards of Conduct should report it internally so that an investigation can be conducted and appropriate action taken. Retaliation or reprisal against anyone for such a report is strictly prohibited.

Each employee, contractor, or vendor involved with providing or obtaining reimbursement for medical services, supplies, or equipment from or on behalf of Jackson Hinds is responsible for submitting honest and accurate bills to Medicaid, Medicare, and other Federal and state health care programs, and for submitting honest and accurate invoices to Jackson Hinds.

No Jackson Hinds employee and/or contractor is permitted to give or accept cash, gifts, favors, payment, services, entertainment, tips or any other items of value from anyone in exchange for the referral of Medicaid, Medicare or other government health care program business to Jackson Hinds.

Wrongdoing: In addition to a violation of Federal or state law, wrongdoing includes violation of Jackson Hinds Standards of Conduct and the impermissible billing practices such as, billing for services not performed at all or not performed as described; submission of claims for unnecessary or undocumented services, equipment, or supplies; double billing; up-coding; unbundling; misuse of coding modifiers; false cost reports; billing for services by an unlicensed or excluded provider; paying or accepting money, gifts, or favors in return for referrals.

Knowingly: Actual knowledge of the truth or falsity of a claim or statement acting recklessly, or acting with deliberate ignorance of the truth or falsity of the claim.

**Central Mississippi Civic Improvement Association, Inc.
d/b/a
Jackson-Hinds Comprehensive Health Center
CONFLICT OF INTEREST**

PURPOSE:

To establish a process by which conflicts of interest, including their appearance, shall be disclosed in order to protect the organization's interests, including when JHCHC is preparing to enter into a transaction or arrangement that might benefit the private interest of a Director, Officer (or member of a committee with Board delegated authority), Employee or Agent. This policy is intended to supplement but not replace any applicable state and federal laws or regulations governing conflicts of interests applicable to nonprofit corporations and charitable organizations.

POLICY:

All employees are expected to undertake their job duties and obligations with the best interest of Jackson-Hinds Comprehensive Health Center (JHCHC) in mind at all times. All employees should avoid situations that raise or may raise a conflict of interest between them, either as an employee or in a personal context, and JHCHC. All employees owe a duty of loyalty to JHCHC and where a decision or action may jeopardize their loyalty or create a conflict between them as an employee or in a personal context and the well-being of JHCHC, employees should act in JHCHC's best interest.

Whether or not an interest is conflicting will depend on the particular circumstances, including the nature and relative importance of the interest that may be financial or involve individual relationships. Therefore it is not feasible to catalog all situations that might be thought to be conflicts of interest. All conflicts of interest must be reported to the Chief Executive Officer. Questions regarding actual or perceived conflicts of interest should be also directed to the Chief Executive Officer.

Health center employees and agents are prohibited from participating in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflicts of interest would be involved. Such a conflict would arise when a health center employee or agent, or any member of his or her immediate family, his or her domestic partner, or an organization that employs or is about to employ any of the parties indicated herein, has a financial or other interest in the firm selected for an award. In the event of such conflict or appearance of a conflict, disclosure shall be made to the Board of Directors by the Chief Executive Officer and/or Compliance Officer for a determination of whether such conflict, with the employee, can be cured. The Board shall determine whether a conflict exists and in the case of an existing conflict, whether the contemplated transaction may be authorized as just, fair, and reasonable: (a) the person with the conflict is excluded from the discussion and approval and administration of such transaction; (b) a competitive bid or comparable valuation exists; and (c) the (board or a duly constituted committee thereof) has determined that the transaction is in the best interest of the organization. The decision of the Board on these matters will rest in their sole discretion, and their concern must be the welfare of CMCIA d/b/a JHCHC and the advancement of its purpose.

The employees shall solicit or accept gratuities, favors, or anything of monetary value from contractor, or parties to sub agreements. However, unsubstantial unsolicited items are permitted up to \$100.

The Conflicts of Interest policy shall be reviewed and accepted annually by every staff member. Each new staff member shall be provided with a copy of this policy and will be asked to acknowledge his/her acceptance of the policy upon becoming an employee. Violation of this policy will subject the individual to disciplinary action up to, and including, termination of employment.

All employees shall hold in strictest confidence all details and information which they may be exposed to in the course of their work, including protected health information, financial and billing information, and any and all information determined by the organization to be proprietary. Employees, upon hire, and annually, shall sign a Confidentiality Agreement, Compliance Statement, and Conflicts of Interest Annual Acknowledgement.

Central Mississippi Civic Improvement Association, Inc.

d/b/a

Jackson-Hinds Comprehensive Health Center

HUMAN TRAFFICKING POLICY

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Jackson-Hinds Comprehensive Health Center Human Trafficking Policy

Jackson-Hinds Comprehensive Health Center addresses the issue of human trafficking prevention by not employing slaves or trafficked persons, and has directed as required for

any potential employment to its organization to provide proof of citizenship whether foreign or domestic identification.

Jackson-Hinds Comprehensive Health Center performs verification of or citizenship if not of USA. We also do license verifications, and criminal background checks on all potential employees.

Since Jackson-Hinds Comprehensive Health Center is not a retailer and purchases its goods as finished products directly from a supplier/vendor, but is not involved in the manufacture of such goods and is not familiar with the companies, suppliers, or individuals manufacturing or supplying the products, materials or merchandise in the product supply chain, it is not equipped and does not perform verification of product supply chains to evaluate and address risks of human trafficking and slavery, and leaves that to its direct suppliers/vendors (who are more familiar with the companies, suppliers, or individual involved in the product supply chain management), and relies upon those direct suppliers'/vendors' warranties, representations, and certifications of compliance contained in the Conditions of Sale in the company's purchase orders, the Conditions of Sale on its website, and in the Indemnification of Conformity Agreements of those direct suppliers/vendors who sign the same beginning form there after January 1, 2012., as a means of ensuring that slave labor and human trafficking laws are complied with.

**Central
Mississippi Civic Improvement Association, Inc.
d/b/a
Jackson-Hinds Comprehensive Health Center
Employee Notice**

To comply with requirements of the Joint Commission any staff member who has concerns about the safety or quality of care provided by Jackson-Hinds Comprehensive Health Center may report their concerns to the Joint Commission at the following address:

**Division of Accreditation Operations
Operations Office of Quality Monitoring
The Joint Commission**

**One Renaissance Boulevard
Oakbrook Terrace, IL 60181**

**Central Mississippi Civic Improvement Association, Inc.
d/b/a
Jackson-Hinds Comprehensive Health Center
Age Specific Competencies**

Age Specific Competencies

Age specific competencies are tools for learning more about how to best meet each patient's unique needs as you care for him or her. By demonstrating your understanding of age-related differences, you can ensure that Jackson-Hinds Comprehensive Health Center and our client facilities meet Joint Commission standards.

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

- Ask the patient questions (and talk with his or her family).
- Ask your supervisor for information or training.

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

Each patient is unique.

Always keep in mind that:

- Growth and development follow general patterns, but every person grows and develops in his or her own unique way.
- Not every member of a cultural group may share all of its values, beliefs or practices.
- A patient may appear similar to you, but still be different from you in certain ways.

Age Specific Competencies for infants, toddlers and children Infants and toddlers (birth to age 3)

Healthy growth and development

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

Ways to provide age specific care

- Educate parents about the need for checkups, screenings and immunizations.
- Ensure the child’s safety and comfort. For example, keep crib rails up, offer age appropriate toys, cuddle an upset child and talk in soothing tones.
- Explain procedures to parents and the child in simple terms. Allow time for questions. Let the child touch equipment or try it on a doll or stuffed animal.

Keep the child with parents if possible. Involve parents in care (for example, have them choose their child’s food).

- Have parents demonstrate procedures back to you to show understanding.
- Discuss parents’ questions and concerns about caring for their child. Teach about feeding, hygiene, safety and other ways to promote healthy development.

Young children (ages 4 to 6)

Healthy growth and development

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

Ways to provide age specific care

- **Continue to stress to parents the need for checkups, screenings and immunizations.**
- **Explain procedures and objects in ways the child can understand. Avoid words that might be scary. Show how equipment is used. Use toy equipment or other visual aids. Give the child chances to help.**
- **Encourage a 4 to 6 year old patient to bring a security object, such as a blanket.**
- **Reassure the child that the procedure is not a punishment.**
- **With a child 4 to 6 years of age, explain the procedure just before you perform it.**
- **Give the child chances to express feelings and ask questions (through talk and play).**
- **Ask parents about any concerns they may have (for example, with setting limits). Ask the child questions too (about school or friends, for example). Teach about healthy eating, hygiene and safety, as the child grows more independent.**

Age specific competencies for older children and adolescents

Older children (ages 7 to 12)

Healthy growth and development

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

Ways to provide age specific care

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

Adolescents (ages 13 to 20)

Healthy growth and development

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

Ways to provide age specific care

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

Age specific competencies for adults ages 21 to 64

Young adults (ages 21 to 39)

Healthy growth and development

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

Ways to provide age specific care

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

Middle adults (ages 40-64)

Healthy growth and development

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

Ways to provide age specific care

- **Continue to encourage checkups, screenings and immunizations.**

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

Age specific competencies for adults ages 65 and older

Adults (ages 65 to 79)

Healthy growth and development

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

Ways to provide age specific care

- **Stress the need for checkups, screenings and immunizations. Encourage healthy habits (nutrition, exercise, hygiene, etc.) and social activity.**

- **Educate about safety measures (including fall prevention, safe medication use and using caution with hot water).**
- **Provide a safe, comfortable environment (night light, proper temperature, etc.). Allow time for rest. Adapt procedures to physical changes (fragile skin, for example).**
- **Give the patient chances to reminisce, to help promote a positive self-image.**
- **Speak clearly and avoid background noise during teaching. Use larger print materials and ensure enough light. Give information in short segments and repeat as needed. Avoid rushing.**
- **Encourage the patient and family to take an active role in care. Discuss concerns. Talk about family and other support systems.**

Adults (ages 80 to older)

Healthy growth and development

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

Ways to provide age specific care

- **Continue to stress the need for checkups, screenings and immunizations.**
- **Encourage physical and social activity. Encourage reminiscing.**
- **Promote, and assist with, self-care and independence as much as possible. Assist with end- of-life planning.**
- **Monitor age-related risks, such as skin problems. Adapt techniques as needed (for example, using extra caution when moving or touching the patient to avoid bruising). Allow for frequent periods of rest.**
- **Ensure safety measures to prevent falls and burns. Educate about home safety and safe medication use. Educate in an appropriate environment with suitable materials. Involve the patient and family or other caregiver. Teach while the patient is at peak energy. Avoid rushing.**

