2010 Annual Electronic Volunteer Training
VA New Jersey Health Care System
Voluntary Service

INTRODUCTION

All employees and volunteers at the VA New Jersey Health Care System (VANJHCS) are required to participate in annual training related to medical center policies and procedures as they relate to their assignment.

After reviewing the annual volunteer training, please complete the attached quiz, which will verify that you completed the training. Forward the completed quiz electronically to Lena Theusen, Voluntary Service Program Assistant, at Lena.Theusen@va.gov.

If you have any questions regarding the annual training or the attached quiz, please do not hesitate to contact the Voluntary Service Office at 908-604-5814. Thank you for your dedication and support of the volunteer program and for completing the mandatory training!

Topics covered:

1. Overview of VA New Jersey Health Care System – Mission, Vision, Core Values
2. Management Team
3. Planetree
4. Voluntary Service – Mission – Volunteer Rules of Conduct
5. Communication Techniques
6. Patients' Rights
7. Statement of Commitment
8. Fire and Safety
9. Infection Control
10. Patient Safety
11. Principles of Ethical Conduct
12. Information Security and Privacy
13. Alternative Dispute Resolution (ADR)/Equal Opportunity (EEO) Program
14. Prevention of Suicide – Operation Save
15. Compliance and Business Integrity Program
16. Quiz – Certificate

VOLUNTARY SERVICE OFFICE

VA NJHCS
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Department of Veterans Affairs New Jersey Health Care System (VANJHCS)

Mission: Honor America's Veterans by providing exceptional health care that improves their health and well being.

Vision: To be a patient-centered integrated health care organization for Veterans providing excellence in health care, research and education; an organization where people choose to work; an active community partner; and a back-up for national emergencies.
Values: Trust, Compassion, Commitment, Respect, Excellence, Function, Satisfaction, Cost Effectiveness, and Healthy Communities

The VANJHCS is a consolidated facility comprised of two main campuses, one in East Orange and the other in Lyons, New Jersey; a satellite outpatient clinic in Brick, New Jersey; and nine access points located in Elizabeth, Fort Monmouth, Hackensack, Jersey City, Morristown, Newark, New Brunswick, Paterson, and Hamilton, New Jersey.

The East Orange division is located in the northeast section of the state immediately adjacent to the City of Newark. The East Orange division is a level 1 facility providing comprehensive tertiary care services to Veterans throughout the state. It is affiliated with the University of Medicine and Dentistry of New Jersey (UMDNJ)--New Jersey Medical School, with over 130 residents, interns, students, and fellows trained at the facility each year. In addition, in affiliation with UMDNJ—New Jersey Dental School, the East Orange campus has four general dentistry residents and two oral surgery residents. The VANJHCS is also sponsor to a residency program in podiatric medicine and surgery which has six residents. An extensive research program exists at the facility with over 260 projects and an annual budget of $3 million in addition to other research funded through the National Institutes of Health, other government and state agencies, and other private research organizations. The East Orange Campus is the site of one of three VA research centers looking at ways to care for active duty patients and Veterans with war-related illnesses.

The Lyons division is located 22 miles west of the East Orange Campus and is categorized as a specialty referral facility with the mission of providing psychiatric and long-term care. A Community Living Center, Domiciliary, and Psychiatric Residential Rehabilitation Treatment Program are available on the grounds at Lyons. A $22.6 million state-of-the-art ambulatory care addition opened in the fall of 2004. A 180-bed psychiatric building, which replaced 180 psychiatry beds in antiquated buildings, opened in September 1997. A residency program composed of seven residents and five fellows is affiliated with the Robert Wood Johnson Medical School, University of Medicine and Dentistry of New Jersey Medical School (Rehabilitation only), and the Trenton State Psychiatric Hospital. Currently, there is a research program encompassing about $700,000 at the division.

Primary care is emphasized at the VANJHCS. Patients are assigned their own health care providers whom they see on a regular basis. Access to a wide variety of specialists is available through these primary providers. In addition to general medical, psychiatry, and long-term care, a full range of medical and surgical subspecialty care is provided to Veterans of the VANJHCS in the following areas: allergies; arthritis; cancer; colorectal conditions; diabetes; dental; dermatology; ear, nose, and throat; eye care; gynecology; infectious diseases; hypertension; nutrition; orthopedics and bone disease; podiatry; intensive care; cardiology; geriatrics; rehabilitation medicine; spinal cord injury; urology; nervous system conditions; prosthetics and sensory aids; and psychiatry.

Special programs and initiatives include a Post-Traumatic Stress Disorder (PTSD) Unit, Healthy Aging and Recovery Care Program (HARP) for nursing home residents with mental illness, Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP), Substance Abuse Treatment Unit (SATU), Homeless/Domiciliary Program, Infectious Diseases Unit, Home-Based Primary Care, Operation Enduring Freedom/Operation Iraqi Freedom (OEF/OIF) Program, Hemodialysis Program, Women's Health Services, and Low Vision Center.

Because the VANJHCS is dedicated to developing programs that meet all Veterans' needs, teams of physicians, nurses, therapists, social workers, and others all work together to develop programs of distinction that often become models for the health care field. The System's Diabetes Education, Pulmonary Rehabilitation, Prosthetics, Homeless Outreach Programs, OEF/OIF Program, and others have been recognized for outstanding achievement both within the VA and the general health care community.

The VA New Jersey Health Care System . . . part of a network of eight VA facilities in the VA New York/New Jersey Network providing exceptional and compassionate health care services to our nation's Veterans.

Management Team

Mr. Kenneth H. Mizrach, Director

Steven Lieberman, M.D., Chief of Staff

Patrick Troy, R.N., Associate Director for Patient Care Services

Glen Giaquinto, Associate Director/East Orange

Linda Mowad, Ph.D., R.N., Director of Quality Management

Planetree Affiliate

Planetree is a pioneer in personalizing, humanizing and demystifying the health care experience for patients and their families, creating resident-centered care.

Founded by a patient, the Planetree Model is committed to enhancing health care from the patient's perspective. It empowers patients and families through information and education, and encourages "healing partnerships" with caregivers to support active participation. Planetree will serve as a catalyst in the development and implementation of new models of health care which focus on healing and nurturing body, mind, and spirit. These models integrate human caring with the best of scientific medicine and complementary healing traditions.

The VANJHCS has become an affiliate of the Planetree organization.

Planetree Components:

- Human Interactions
- Family, Friends, Social Support
- Access to Information
- Healing Environments
- Food & Nutrition
- Healing Arts
- Spirituality
- Complementary Therapies
- Healthy Communities

Volunteers are encouraged and welcome to serve on the above Planetree Component Teams. If you would like additional information related to Planetree and the component teams, please contact Mary Beth Hynoski via e-mail at marybeth.hynoski@va.gov or by telephone at (908) 604-5814.

Voluntary Service Mission

Voluntary Service will be the leading volunteer agency of choice, offering exciting, challenging, educational, and rewarding volunteer opportunities while committed to meeting the needs of the medical center.

Volunteer Rules of Conduct

All Regularly Scheduled (RS) Volunteers are issued a Volunteer assignment/schedule and a position description, which identifies their responsibilites. Volunteers are considered Without Compensation Employees (WOC); therefore, they are required to adhere to the same policies as an employee.

Schedule -Time in/out/tardiness

Volunteers determine their schedule with their supervisor and cannot change their schedule without obtaining the approval of their supervisor. In addition, if the schedule change will be permanent, the volunteer/supervisor is to notify the staff of Voluntary Service.

Breaks/Lunch

Breaks/lunch schedules are determined by the volunteer's supervisor. Volunteers that enter 4 hours on their scheduled visit are eligible for a meal ticket at the Canteen ($5.80).

Sign-in procedure

It is mandatory for all RS Volunteers to sign-in electronically or on an attendance form at their designated assignment each visit.

Volunteer terminals are located in Voluntary Service, Bldg. 2, 2nd Floor, Bldg. 1, Foyer and in the Community Living Center. All Volunteers that are assigned to the Community Living Center are required to sign-in electronically and also sign-in and out of the Community Living Center on attendance sheets located at the desk in the foyer. Select volunteers are permitted to sign-in at their volunteer assignments on a volunteer attendance form when a volunteer timekeeping terminal is not easily accessible to the volunteer due to the location of the volunteer assignment.

Contact with Supervisor/phone

All volunteers are required to know the following information related to their supervisor: name of their supervisor/their title and their work phone number. In addition, when initiating a volunteer assignment the volunteer is to provide their residence phone number, address, and emergency contact information to their supervisor.

Volunteer Rules of Conduct (Continued)

Absence from work/termination of volunteer assignment/resignation

If a volunteer is going to be absent from their scheduled assignment, they are required to notify their supervisor. If they are not able to fulfill their commitment to volunteer, they are required to inform both their supervisor/the staff of Voluntary Service to have their name removed from the volunteer roster. Volunteers can be terminated from their volunteer assignment for inappropriate behavior or noncompliance related to VA Policies.

Identification Badge

Volunteers are required to wear their government-issued ID badge whenever they are providing supplemental assistance.

Avoid certain conversational topics – religion – politics

Only volunteers assigned to Chaplain Service are permitted to discuss religion with Veterans. Certain conversational topics such as politics can cause controversy so we ask volunteers to refrain from discussing politics with Veterans.

Ethical Conduct –Boundaries - sale or exchange of items/gifts

Volunteers are not permitted to sell or exchange items with Veterans.

Accident Reporting

If you are injured while performing your volunteer assignment, you are required to report the injury to your supervisor and report to the Occupational Health Department, Bldg. 1, 2nd Floor, Room 237, accompanied by your supervisor. You should also report the injury to the staff of Voluntary Service.

Medical Center Food Policy

The medical center has a food policy to which the volunteers are to adhere. No one should be issuing or bringing in food items to patients to ensure that their dietary restrictions are adhered to unless they have authorization from the Nurse Manager.

Sexual Harassment

All Volunteers are required to abide by the medical center's sexual harassment policy.

Volunteer Rules of Conduct (Continued)

Photography Restrictions

To protect the privacy of Veterans, volunteers are restricted from taking photographs of Veterans.

Smoking Policy

Volunteers are required to abide by the smoking policy of the medical center. Volunteers cannot issue cigarettes to a Veteran unless they have received authorization from the staff. In addition, no volunteers are permitted to purchase cigarettes for Veterans.

Parking/Motor Vehicle Violations

If a volunteer parks illegally or is issued a motor vehicle violation while on government grounds, the volunteer is responsible for payment for the violation.

Register vehicle with VA Police

All volunteers should have their vehicles registered with the VA Police.

Disciplinary Actions/Termination

Volunteers may receive a disciplinary action for inappropriate behavior or not adhering to medical center policies. If after receiving counseling and the behavior has not changed and or improved, the volunteer may be terminated from the volunteer program.

Securing personal belongings

Your supervisor should provide guidance regarding locating a secure area/locker to store your items.

Telephone Use

Volunteers should limit phone calls while performing volunteer assignments. If you need to use a VA phone in an emergency situation, you are required to request authorization from your supervisor.

Volunteer Rules of Conduct (Continued)

Patient Confidentiality/Health Insurance Portability Accountability Act of 1996 (HIPAA)

Volunteers are to adhere to the medical center's patient confidentiality/Health Insurance Portability Accountability Act (HIPAA). It is against patients' rights to disclose information or discuss information relating to a patient or their illness.

Computer Use/Cyber Security/Statement of Commitment

ONLY Volunteers that have been authorized and have been issued access by Voluntary Service may utilize a VA computer. Volunteers that have computer access are required to complete an additional background check, prior to be issuing computer access. (NO EXCEPTIONS).

Awards Ceremony

Volunteers that are eligible to receive an award are extended an invitation to participate in the annual awards program. The awards are based on the total number of hours the volunteer accrued per fiscal year.

Annual Volunteer Training

It is a requirement that all RS Volunteers participate in an annual training to review medical center policies.

Annual Volunteer Evaluation

All Volunteers are evaluated by their supervisor annually.

Dress Code

Volunteers represent the medical center when they are performing volunteer assignments; therefore, you should always be dressed appropriately while providing supplemental assistance. Business casual is appropriate dress attire.

Dress Code: The Do's

VA-issued photograph identification badge should be displayed at upper area of chest top with name and photograph clearly visible

Skirt length: knee length or below

Appropriate conventional clothing (Business Casual)

Earrings: buttons – not dangling earrings

Volunteer Rules of Conduct
Dress Code: The Do's (Continued)

Hair style – hair longer than shoulder length to be secured or worn up and securely fastened when giving direct patient care
Veils allowed on a case-by-case discussion related to religious observance; should be appropriate color and secured at neckline with no hanging cloth

Prescriptive sunglasses only with appropriate medical documentation

Shoes with quiet rubberized heels

Wearing of jewelry should be conservative

Nails clean and no more than ¼ inch beyond finger tip – no artificial nails.

Dress Code: The Don'ts

Running pants, sweat suits, spandex, shorts, camouflage apparel and hats, sleeveless apparel, tight or revealing clothes, underwear T shirts, or T shirts with bold print, graphics or faces, baseball cap, house-slippers, mini-skirts, beach wear, flip-flops

Jewelry: cosmetic rings, dangling bracelets, hoop earrings, and dangling necklaces

Excessive perfume, cologne, or shaving lotion

Prohibited jeans – tight-fitting, spandex-type, hip-hugging, baggy, drooping, or bibbed

In addition, when volunteering in patient care areas, please refrain from the following:

Chewing gum while providing direct patient care

Using Cellular phones while in performance of official duties

Using IPod, MP3, or other headphone radios

Communication Techniques

Show respect and understanding

View person as physical, psychological, social, and spiritual human being

Appreciate the person's problems and frustrations

Respect the person's religion and culture

Give the person time to understand the information you give

Ask questions to see if the person understood you

Be patient

Verbal Communication: Spoken

Face the person

Control the loudness and tone of your voice

Speak clearly, slowly, distinctly

No slang or vulgar words

Repeat information as needed

Ask one question at a time. Wait for an answer

Do not shout, whisper, or mumble

Written Communication

Used when person cannot speak or hear but can read

Print in large letters

Ask questions that can be answered with "yes" or "no"

Use tools such as picture boards, magic slate, communication board, etc.

Communication Techniques (Continued)

Nonverbal Communication

Body language

Gestures, facial expressions, eye contact, posture, body/hand movements, gait, and appearance

Touch

Conveys comfort, caring, love, affection, reassurance

Should be gentle, not hurried, rough, or sexual

Communication with Staff

Your perception of a situation may be based on partial information.

Don't ASSUME ……

If you have questions or concerns, always speak to the supervisor immediately.

PATIENTS' RIGHTS

The medical center employs Patient Representatives to address patient-related concerns. If a Veteran expresses a concern, please refer the Veteran to the Patient Representative at Ext. 4762 or 4595.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

The first-ever national privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals, and other health care providers took effect on April 14, 2003. Developed by the Department of Health and Human Services (HHS), these new standards provide patients with access to their medical records and more control over how their personal health information is used and disclosed. State laws providing additional protections to consumers are not affected by this new rule.

Patient Protections

The regulations protect medical records and other individually identifiable health information whether it is on paper, in computers, or communicated orally. The VANJHCS *privacy officer is Helen Hollins.*

PATIENTS' RIGHTS (Continued)

Civil and Criminal Penalties

Congress provided criminal and civil penalties that address the misuse personal health information. Monetary or criminal penalties will be imposed when patient information is released without proper authorization.

Statement of Commitment and Understanding

What is the purpose of this Statement of Commitment and Understanding?

Veterans entrust VA employees/volunteers with extensive medical, financial, and other personal data, and rely on the integrity of our staff and of our security procedures to protect that information and to ensure that VA properly protects their personal information. It is important that we demonstrate to America's Veterans that we understand our responsibilities to them, and that we are re-dedicating ourselves to this effort. We cannot accomplish our mission of providing services to our Veterans if we do not have their complete confidence that we will use their information properly to provide them with the services and benefits they have earned.

I do not have routine or regular access to Veteran's data in my job. Do I still have to sign the Statement?

Even employees/volunteers who do not have routine or regular access to Veteran data may hear confidential information. A Veteran may tell you something about his or her medical condition or claim, or you may be assisting a Veteran who tells someone else about his or her medical condition. You may find information which was lost or misplaced. You are responsible for ensuring the confidentiality of Veteran information in any of these or similar situations.

So, as noted above, it is important that Veterans can rely on the fact that EVERY VA employee/volunteer understands the sensitivity of Veterans' personal information, and that each employee is committed to protecting it within the scope of his or her personal responsibility.

Fire and Safety Training

Emergency Preparedness

Definition:

Knowing what to do in case of fire, disaster, or emergency situations

Internal Disaster:

Emergency inside the campus

External Disaster:

Outside - community

Plan: A siren will be sounded in an Emergency Situation such as explosions, bomb, flood, severe weather conditions, and civil disturbances. If an internal disaster occurs while a volunteer is providing supplemental assistance, they are to remain in their area and report directly to their supervisor for guidance.

Emergency Phone Numbers for the VANJHCS

Cardiac Arrest/Medical Emergency	Ext.	3000
Behavioral Crisis	Ext.	3000
Police	Ext.	3000

(**Emergency Phone numbers are located on a label on all handsets of the phones throughout the medical center)**

FIRE SAFETY

What to do in the event of a fire – follow the acronym:

R A C E (Acronym for Fire Safety)

R - Rescue Individuals from immediate danger

A - Alarm –- pull fire box and call in emergency – Ext. 3000. (Know where the fire boxes are located throughout the medical center - near the nearest exit.)

C - Confine - Close the doors to stop the spread of smoke and fire

E – Extinguish/Evacuate (Know where the fire extinguisher is located in your work area.) If the fire is small and you feel confident in using the fire extinguisher, operate the fire extinguisher. If you must leave the area, move to the next horizontal smoke compartment.

FIRE and SAFETY (Continued)

Types of Extinguishers

A (Ash) B (Boils) C (Current)

VANJHCS has ABC Extinguishers

Fire Extinguisher Use

P A S S (Acronym for use of an extinguisher)

P - Pull pin

A - Aim the nozzle of the fire extinguisher at the base of the fire

S - Squeeze the top of the handle of the fire extinguisher

S - Sweep the nozzle of the fire extinguisher from side to side

Support utilities critical to maintain and affect work area – use RED Electrical Outlets for emergency power.

Oxygen (O_2)is located in Buildings: 2, 4, 135 (O_2 back up)

Material Safety Data Sheets (MSDS)

Material Safety Data Sheets (MSDS) identify chemicals in your work area. The MSDS is located in your work area, in the VA Computer System, and available from the Safety Officer.

How would you proceed if you came across an unknown chemical spill?

A. Isolate the area

B. Check the MSDS. Follow instructions (*Only if training has been received*)

C. Contact the Safety Officer

The correct answer is ALL THE ABOVE!

<u>Infection Control IS Everyone's Business</u>

Objectives of the Infection Control Program

PREVENTION AND CONTROL OF HEALTH CARE ASSOCIATED INFECTIONS THROUGHOUT THE CONTINUUM OF CARE

Ambulatory Care **Acute Care** **Sub Acute Care**

Long-Term Care **Home Care**

Health Care-Associated Infections Contribute to:

****Extra Hospital Days***
****Extra Charges/Increased Costs***
Causes or Contributes to
****Deaths***

What do we mean by INFECTION CONTROL?

1. Why is INFECTION CONTROL important?

   Infections can lengthen a patient's hospital stay, cause inconvenience, pain, and even death. You should know about and take special precautions to prevent infections, even if your job does not involve direct contact with patients.

2. Why do we have an INFECTION CONTROL program?

   INFECTION CONTROL procedures are established to prevent transmission of infectious disease to other patients, hospital personnel, visitors, and volunteers. It is not always possible to identify those individuals that have infections, so everyone has the potential to transmit communicable diseases.

Infection Control (Continued)

3. How can you help control the spread of infection?

   A. Practice good personal hygiene; it is important to make sure your clothes, hair, and hands are always clean.
   B. Participate in the annual Mantoux Screening (Tuberculosis Screening) offered by the VANJHCS in a timely manner.
   C. Wash your hands frequently using good hand washing techniques:
      Before and after each patient contact
      Before eating
      After using the restroom
      After blowing or wiping your nose
      When hands are obviously soiled
   D. You should use utensils and gloves when handling and serving all food products. Food preparation and service areas must be maintained in a sanitary manner.
   E. Come to work only if you are well and free of infections.
   F. Avoid contact with any moist body fluids (blood, urine, stool, vomit, sputum, and wound drainage).
   G. Immediately notify your supervisor and report to the Occupational Health Department, Bldg. 1, 2nd Floor, Room 237, Ext. 4449 of any situations where you might have had contact with body fluids.
   H. The concept of treating every patient's body fluids as potentially infectious is known as *standard precautions* and may involve the use of personal protective equipment (PPE) such as gloves, masks, gowns, and protective eyewear.
   I. *Volunteers are not allowed to enter the rooms of patients on isolation* ***unless they have received training!!! (No Exceptions)***
   J. You may be required to use special protective equipment to prevent the spread of infection.

Remember to WASH YOUR HANDS!!!

HANDWASHING

What is the single most effective infection control practice??

Hand washing is the single most effective method for preventing the spread of infection.

Infection Control (Continued)

Hand Washing Procedures

Completely wet your hands.
Apply soap
Work up good lather, spread soap over the entire area of your hands and wrists. Get soap under and around your nails, between your fingers and backs of your hands, minimally for 15-20 seconds.
Thoroughly clean jewelry you are wearing.
Rinse well, holding hands and fingertips down, under running water.
Dry thoroughly with paper towels.
Using the paper towel, turn off the faucet. Do not touch the faucet with your hands after washing. The faucet is considered dirty. Dispose of your paper towel in a waste receptacle.

*An alternative to soap and water is the no-rinse hand sanitizing gel, called Isagel. Squirt some in your hands and spread the gel over the entire area of your hands and wrists and let dry.

Most Common Health Care-associated Infections

Urinary Tract Infections
Pneumonia (post-op, vent related, aspiration, enteral feeding)
Bacteremias – Central Line Related Infections
Surgical Wound Infections

ISOLATION PRECAUTIONS

Are guidelines that help prevent the spread of bacteria, viruses and fungi (infectious agents) from one patient to another, from patient to staff, or from a patient to a visitor.

Isolation Precautions

STANDARD Precautions
TRANSMISSION BASED Precautions
*Contact Precautions Methicillin-resistant Staphylococcus aureus (MRSA), Vancomycin-Resistant Enterococci (VRE) Infection
CLOSTRIDIUM difficille (C.diff) & Scabies
*Droplet Precautions Meningitis, Influenza, Mumps, Measles and Whooping Cough
*Airborne Precautions TB, Measles, and Chickenpox

Infection Control (Continued)

Personal Protective Equipment (PPE)

Gloves – Different sizes
* Gowns
* Masks
    * Surgical
    * Surgical with eye protection
    * N95
    * Eye Protection
    * Isolation Signs

ANTIBIOTIC RESISTANT ORGANISMS

Methicillin-resistant Staphylococcus aureus (MRSA)
Vancomycin-Resistant Enterococci (VRE) VRE
CLOSTRIDIUM difficille

MRSA Prevention Initiative

Goal: Reduce the Transmission of MRSA to "Zero"

ROLE of the VOLUNTEER IN INFECTION CONTROL

Adhere to Standard Precautions – do not enter the room with an isolation sign unless training is provided
Do not eat or drink in patient care areas
Only trained volunteers can transport Specimens & procedural trays – The items must be appropriately contained in a closed impervious bag or container "with no visible leakage marks" Remember - 3 Salient Points: Specimen is properly identified, specimen in the bag/proper container, no leakage
Attend Orientation and yearly Infection Control In-service
Adhere to the hand hygiene policy of the VANJHCS
When feeling ill do not report to your volunteer assignment. Please stay home and take care of yourself.

IMMUNIZATIONS – offered by the VANJHCS

Hepatitis B Vaccine
Influenza
Pneumococcal

Patient Safety

In order to improve patient safety VANJHCS staff monitor, identify, evaluate, and correct actual or potentially harmful events that may have an adverse impact on the quality of patient care. Identifying patient safety issues is everyone's responsibility.

What should you do when you discover an unsafe or potentially unsafe act?

SEEK CARE - for the patient, if necessary, notify the VANJHCS Police (ext. 3000) if needed and preserve any information that will assist in understanding the situation.

IMMEDIATELY REPORT - to your supervisor, any event involving patient injury. If requested, complete and submit the Patient Incident Form within 24 hours.

Patient Identification

Identifiers for patients at the VA:

Name (including middle initial if applicable)

Social security number or date of birth

Different Color ID bands/clips also identify patients as follows:

- Red — ER Patient
- Blue — Do Not Resuscitate (DNR)
- Neon Green — Fall Risk
- Yellow — Surgical Site

Always identify patients correctly before interacting/providing escort assistance

When providing escort assistance, volunteers are required to sign a Veteran out of the unit and back into the unit.

Patient Safety (Continued)

Things to remember when volunteering in a hospital/nursing home setting:

Always identify yourself to the patient and staff.
Wear your government issued ID at all times when providing supplemental assistance
Never leave your patient unattended or without notifying the Nurse Manager or Nurse in charge
Communicate with your patient - Relieves anxiety and fear
Always provide privacy
Always inform the staff that you are reporting to your assignment
Inform the staff of the names of the Veterans you are assigned to visit with or escort
Always knock, prior to entering a Veteran's room

Wheelchair procedures:

- Do not transfer patient from bed to wheelchair or vice versa.
- Do not lift a patient
- Provide privacy
- Protect wheelchair with incontinent pad if needed.
- Patient should be awaiting transport at the nurses' station assuring the following:
    - In appropriate clothing
    - Foley bag secure, not dragging
    - With identification wristband on
    - With sufficient O_2 in tank if needed
    - With footrests on wheelchair in correct position
- When entering elevator, pull wheelchair into elevator backwards.
- Do not move wheelchair while elevator is in motion.
- Push forward through an automatic door but backwards through door that manually opens.
- When moving down a steep incline, pull wheelchair from behind.
- When moving up the hill, push wheelchair forward.

Wheelchair procedures (Continued)

- Make sure path of travel is safe, if not, take alternate route.
- Make sure of visibility to motorists and other pedestrians.
- Disinfect after use.

Feeding Veterans – Volunteer Assignment

Feeding a Veteran is only permitted if the volunteer has received training ("No exceptions"):

Always wash hands, prior to feeding
Accurately Identify resident
Veteran is to be in a sitting position
Volunteers are not permitted to feed patients in their rooms
Place tray on table
Drape napkin across resident's chest and under chin.
Check menu listing to make sure correct food has been delivered
Prepare food for eating and tell resident what is on the tray
Sit so you can reach food and feed resident with ease.
Serve foods in order preferred by resident. Alternate between solid and liquid foods. Use a spoon for safely. Allow enough time for chewing. Do not rush resident.
Use straws for liquids if the resident cannot drink from a glass or cup. Use one straw for each liquid.
Talk with resident in a pleasant manner.
Wipe resident's mouth with napkin when finished.
Note how much and what foods resident has eaten.
Measure and record intake, if ordered.
Remove tray.
Make sure resident is comfortable.
Wash hands.

Report observations to the nurse:

Amount and kind of food eaten

Complaints of nausea or difficulty or discomfort in swallowing (dysphagia)

Feeding Veterans – Volunteer Assignment (Continued)

Reminder…. Feeding a Veteran is only permitted if the volunteer has received training (“No exceptions”).

Report to the Nurse

Veteran has difficulty swallowing that is new or different; i.e.: coughing during or after food; wet voice; excessive salivation

Starts spitting-up food
Food or liquid coming through nose
Eyes watering or nose running
Refuses to eat
Appears to be choking
Appears to be non-responsive or unconscious
Behaves inappropriately or becomes agitated, begins to yell
Resident holds food in mouth instead of swallowing, “pocketing food”
When in doubt share your concerns with the Nurse Manger or Nurse in Charge

Principles of Ethical Conduct

All ethical conduct policies apply to all VA employees and Volunteers

Principles of Ethical Conduct

Topics for Discussion

- Use of Government Property
- Conflicting Financial Interests
- Misuse of Position
- Employee Patient Relationship
- Financial Obligations
- Reporting of Waste, Fraud, Abuse, and/or Corruption
- Gifts
  - Outside sources
  - Between Employees/volunteers

Principles of Ethical Conduct (Continued)

Use of Governmental Property

Employees/volunteers shall protect and conserve Federal property and shall not use it for other than authorized activities.

Everything that is provided to you for you to do your job is considered government property.

Employees/volunteers should not use government property for personal uses.

Should not use government property for non-official use.

Conflicting Financial Interests

VA employees/volunteers cannot work on government matters that will affect their personal financial interests.

This also includes the financial interests of your spouse and children.

If you think you have a financial conflict of interest:

Talk to your supervisor

Talk to your Agency ethics official

Misuse of Position

You may not use your position in the Government for your own personal gain or for the benefit of others.

This includes family, friends, neighbors, and individuals that you are affiliated with outside of the Government.

Gifts

There are two areas of concern:

Gifts from outside sources

Gifts between employees

Principles of Ethical Conduct (Continued)

Gifts (Outside sources)

You may **not** solicit or accept a gift given because of your official position or from a prohibited source.

These include:

Seeking official action by your agency

Doing or seeking to do business with your agency

Regulated by your agency

Substantially affected by the performance of your duties

Exceptions to the Rule: (Outside sources)

Unsolicited gifts with a market value of $20 or less.

Gifts when clearly given based on a family relationship or personal friendship.

It should not exceed more than $50 in a calendar year from any one source.

Free attendance at certain widely attended gatherings provided that there has been a determination that attendance is in the interest of the agency.

Gifts (Between employees/volunteers)

You may not give a gift to or contribute to a gift for your official supervisor.

You may not solicit a contribution from another employee for a gift for a supervisor.

You may not accept a gift from someone who is paid less than you.

The only exception is if that person is not your supervisor AND there is a personal relationship that would justify the gift.

Exceptions to the Rule: Gifts (Between employees/volunteers)

Gifts other than cash that are valued at no more than $10

Food and refreshment shared in the office among employees

Personal hospitality gifts

Transferred leave provided that it is not to an immediate superior

Principles of Ethical Conduct (Continued)

GIFTS on Special, Infrequent Occasions

Gifts can be given/exchanged on Special, Infrequent Occasions:

Baby shower

Bereavement

Graduation

Holidays

The gift must be appropriate to the occasion.

All employees/volunteers are responsible for complying with the guidelines which govern relationships with Veterans of a non-therapeutic or social nature.

An employee/volunteer shall not:

Counsel or advise Veterans or their dependents in matters outside of his/her official duties, but will refer them to the appropriate designated officials

Enter into any personal financial transactions including purchases, sales, or the borrowing or lending of money with patients or other individuals who are acting for a patient.

An employee/volunteer shall not:

Aid beneficiaries or claimants in the negotiation of checks or the handling of personal funds.

Procure, give, or sell intoxicants or drug to patients unless the employee is administering officially prescribed drugs for medicinal use.

Take part in any non-therapeutic relationships with any patients. This includes, but is not necessarily limited to, romantic and sexual relationships.

Show favoritism or prejudice towards patients or their family members.

Principles of Ethical Conduct (Continued)

Political Activity and the Federal Employee/Volunteer

In general, employees/volunteers may:

Be candidates for public office in nonpartisan elections

Register and vote as they choose

Assist in voter registration drives

Express opinions about candidates and issues

Attend political fundraising functions

In general, employees/volunteers may:

Attend and be active at political rallies and meetings.

Campaign for or against referendum questions, constitutional amendments or municipal ordinances.

Sign nominating petitions.

Join and be an active member of a political party or club.

Political Activity and the Federal Employee/Volunteer

Employees/volunteers may <u>not</u>:

Use their official authority or influence to interfere with an election.

Political Activity and the Federal Employee/volunteer

Collect political contributions unless both individuals are members of the same labor organization or employee organization and the one solicited is not a subordinate.

Satisfy Financial Obligations

Employees/volunteers are expected to meet financial obligations in a proper and timely manner.

Principles of Ethical Conduct (Continued)

Questions:

Use of Government Property

Are you allowed to use Government property for personal reasons?

Yes No

The answer **is NO!**

Employees shall protect and conserve Federal property **and shall not use it for other** than unauthorized activities. (No, you can't use the government car to pick up your Dry Cleaning.)

May I use the photocopier to make copies for a bake sale at my child's school?

YES No

The answer is **NO!**

It makes no difference whether you gain personally or whether the group you are helping is non-profit.

GIFTS

The following are not considered gifts:

Modest items of food and refreshments.

Greeting cards and items of little intrinsic value such as plaques, certificates and trophies.

Principles of Ethical Conduct (Continued)

GIFTS

Can an employee or volunteer, accept free tickets to a soccer game from a patient who is being discharged from the hospital?

YES NO

The answer is **NO!**

A Veteran is a prohibited source of gifts for VA employees/volunteers.

Are there any circumstances when a gift between employees/volunteers is acceptable?

YES NO

The answer **is Yes**

On an occasional basis, including occasions when gifts are traditionally given or exchanged, the following gifts to a supervisor or coworker are permitted: Modest items of food and refreshments; greeting cards and items of little intrinsic value such as plaques, certificates and trophies.

Political Activity and the Federal Employee/Volunteer

As a federal employee/volunteer, may I wear a political button on duty?

YES NO

The answer **is No!**

An employee may not display a political poster, bumper sticker, or campaign button in his or her office or in the common areas of a Federal building.

Principles of Ethical Conduct (Continued)

Principles of Ethical Conduct - Additional information and guidance may be obtained from the following:

Your Supervisor

Human and Learning Resources

Designated Agency Ethics Official

Need More Information:

U.S. Office of Government Ethics (OGE) is an additional resource.

The OGE website (www.usoge.gov) provides: Answers to frequently asked questions, pamphlets, additional training resources

Orientation for Information Security and Privacy
VA New Jersey Health Care System – FY 2010

What is Privacy?

Privacy represents "what" must be protected. It covers the collection, use, and disclosure of Personal information.

Privacy Statues

VA health care facilities should comply with all statues so that the result will be application of the most stringent provision for all uses and/or disclosures of data and in the exercise of the greatest rights for the individual.

The Freedom of Information Act (FOIA), 5 U.S.C. 552

The Privacy Act (PA), 5 U.S.C. 552a

The VA Claims Confidentiality Statute, 38 U.S.C. 5701

Confidentiality of Drug Abuse, Alcoholism and Alcohol Abuse, Infection with the Human Immunodeficiency Virus (HIV), and Sickle Cell Anemia Medical Records, 38 U.S.C. 7332

The Health Insurance Portability and Accountability Act (HIPAA)

Confidentiality of Healthcare Quality Assurance Review Records, 38 U.S.C. 5705

What is Information Security?

It is the measures and controls to protect information technology systems and data against denial of service and unauthorized (accidental or intentional) disclosure, modification, or destruction of the systems and their data.

Information Security is based on three important beliefs. If one is missing then the system and data will be at serious risk for compromise.

Confidentiality: The information you access and handle must be treated as sensitive and not be given out without proper authorization.

Availability: Information must be ready for use when it is needed.

Integrity: Information must be accurate and must not be inappropriately changed or destroyed.

Information Security and Privacy (Continued)

Confidentiality

Confidentiality is the condition in which VA's information is available to only those people who need to do their jobs.

Breeches may occur if you walk away from your computer without logging off or when paper documents are not controlled.

Conversations about Veterans' cases in public places such as elevators and hallways can be a breach of confidentiality.

VA's computers are designed to protect confidentiality but remember there are things you can do, and should not do, to protect confidentiality.

WHAT IS....

Sensitive Information

Is all Department data, on any storage media or in any form or format, which requires protection due to the risk of harm that could result from inadvertent or deliberate disclosure, alteration, or destruction of the information

Protected Health Information (PHI)

Is information that identifies an individual as it relates to their health, health care treatment, or health care payment.

PHI is in either of the following formats

Electronic
Paper Based
Orally
Medical history
Personnel
PII (electronic or paper based)
Benefits
ITT (electronic or paper based)
Copyright – protected software Contracts
Enforcement actions
Education
Financial transactions
VA investigations

Individual's identity, such as social security number, date and place of birth, and mother's maiden name.

Information Security and Privacy (Continued)

Use of Information

VHA employees must use or access information only as legally permissible under applicable confidentiality and privacy laws, regulations, and policies. All VHA employees can use health information contained in VHA records in the official performance of their duties for treatment, payment, and health care operations purposes. However, VHA employees must only access or use the minimum amount of information necessary to fulfill or complete their official VA duties.

Accessing Sensitive Data

Any record you access or process MUST be for an official purpose connected with your job responsibilities.

ANY other use is a security violation. You never have the authority to enter or process data in the record pertaining to you.

If you need to test an option, use ZZTEST. VISTA is NOT the place for looking up a fellow employee's phone number or address

Accessing Sensitive Data

If you are testing an option or showing someone else how an option works, do NOT use your own or a co-worker's record to demonstrate.

These actions are monitored by the computer and record a security violation.

The Information Security Officer monitors all accesses to employee and other sensitive records and will issue an audit message asking you to justify your accessing this record.

Accessing Sensitive Data in *CPRS*

Safely handle, store and dispose of sensitive information, including that on paper.

Either shred or dispose of sensitive material in containers that state “Sensitive Material Only.”

Information Security and Privacy (Continued)

Ways for YOU to Safeguard/Secure Sensitive Information:

Keep office doors locked and secure when not in use.

Use privacy screens.

Do not expose sensitive information in public areas.

Keep file cabinets containing sensitive information locked and secured at all times. (information must be behind double locks.)

Shred paper documents containing sensitive information immediately after use (DO NOT discard documents containing sensitive information in wastebaskets).

Never discuss patient information in a public setting (i.e., elevator, lobby, lunch room, etc.)

Privacy and Information Security is Everyone's Responsibility!

Compliance

Information Technology Oversight and Compliance (ITOC): Environment of Care (EOC) Rounds

VA's ITOC review team conducts inspections nationwide to measure how well VA's facilities protect sensitive information. Because of the volume of sensitive information received, processed, and disseminated throughout the Department, these inspections help VA maintain strong protection on the information for which VA is responsible. The major objectives of these inspections are to: determine the adequacy of internal controls; validate compliance with laws, policies, and directives; and ensure proper safeguards are maintained as it relates to data management and control, data records management, Privacy, IT security, and Research programs.

VA best practice: Paper-based documents must be secured under double locks

Information Security and Privacy (Continued)

Managing Passwords

Always choose a good password.

Keep your password secret.

Change your password when you think it has been compromised.

Log off the computer when you walk away from it.

If you have several passwords, it is permissible to record and store them in a safe place which you only have access.

Inappropriate Use Includes

Any personal use that could cause congestion, delay, or disruption of service to any government system or equipment.

Using the Government systems to gain unauthorized access to other systems.

Creation, copying, transmission, of chain letters or other unauthorized mass mailing regardless of content.

Use for activities that are illegal, inappropriate, or offensive to fellow employees or the public.

The creation, downloading, viewing, storing, copying, or transmission of sexually explicit or sexually oriented materials, gambling, illegal weapons, terrorist activities, and any activities otherwise prohibited.

Use for commercial purposes or in support "for profit" activities.

Use for posting agency information to external newsgroups, bulletin boards, or other public forums without authority.

Engaging in any outside fund-raising activity, endorsing any product, participating in any lobbying activity, or in any prohibited political activity.

Any use that could generate more than minimal additional expense to the government.

Information Security and Privacy (Continued)

The unauthorized acquisition, use, reproduction, transmission, or distribution of any controlled information including computer software data, that includes privacy information; copyrighted or material with other intellectual property rights, proprietary data or export controlled software or data.

Accessing Inappropriate Websites

Internet activity is logged and monitored at the VANJHCS.

Users must exercise common sense and good judgment when accessing the Internet from government computers.

Inappropriate Websites

Categories of sites that may find blocked include: illegal, hate, and other objectionable material; pornography; chat; games; criminal skills; glamour and intimate apparel; personals and dating; remote proxies; sports; violence; Internet radio sites; non-business related shopping sites such as QVC and e-Bay; and electronic greeting cards.

E-Mail

E-mail has become a vital tool in our facility.

Proper use of VA e-mail is essential to ensure this resource is uninterrupted and used in legal ways.

Sensitive information should not be sent using e-mail unless it can be done securely. The e-mail must be encrypted using Public Key Infrastructure.

Before you send sensitive information on e-mail, you must ensure that it can be done securely.

Some computer viruses attack e-mail systems, making them unavailable.

Computer viruses are one of the biggest causes of business loss in the VA.

Some of these viruses sometimes overcome VA's defenses.

It requires employee time to recover from attacks.

They make our jobs more difficult and steal resources away from our primary mission, serving Veterans.

Information Security and Privacy (Continued)

Social Engineering

Social Engineering is an unauthorized person's manipulation of your trust to get you to give up information or resources that you should not give out. This is an important information security issue.

Backup

At the VANJHCS, we back up our work by putting it on the network server only. (C-drive, floppies, flash drives are forbidden.)

Always make sure your work is routinely backed up, you don't want to recreate your work. Your Automated Data Processing Application Coordinator will show you how this is done.

Incident Reporting

What happens after an incident/ breach?

It becomes an information security/privacy incident:

It must be reported within 1 hour of loss to Network Security Operations Center (NSOC) and Privacy Violations Tracking System (PVTS)

Facility/VISN Senior Management notified

Paper (white paper) developed outlining cause of loss required sent to Central Office

Data loss incidents reported to congress

Veteran offered credit monitoring

PRIVACY DO'S AND DON'TS

Don't toss prescription bottles, IV bags, or any other information that contains Personal Health Information (PHI) in regular trash unless you de-identify.

Do remind patients that e-mail systems are not secure, if they contact you by e-mail. Request that patients call for information.

Don't send PHI through Outlook unless it is de-identified or secured in some manner, such as encryption.

Do use Vista (VA Computer program) within VHA to send and receive PPHI.

Always only release the minimum necessary information to suit the request.

Do de-identify any documents or other items before disposal in trash.

Do make certain that faxes containing PHI are not sent to public areas.

Alternative Dispute Resolution (ADR)

Equal Employment Opportunity Program

What is EEO or Equal Employment Opportunity?

The Equal Employment Opportunity Program (EEO) promotes equal treatment under the law for all employees.

EEO laws make it unlawful for the VA to discriminate in hiring and employment practices based on certain protected categories.

What are the protected categories and what can an employee claim?

The categories protected by law are as follows:

- **Race**
- **Age**
- **National origin**
- **Religion**
- **Gender**
- **Physical or mental disability**
- **Color**
- **Sexual orientation**
- **Reprisal for prior EEO complaint involvement.**

What are the protected categories and what can an employee claim?

An employee can claim discrimination for any decision made by a manager such as: hiring, termination, failure to promote, suspension, reprimand, failure to train, etc.

An employee can also claim harassment or reprisal based on any prior EEO activity.

The EEO Program Manager is responsible for this program which includes the following:

The EEO Discrimination Complaint Process

Alternative Dispute Resolution (ADR)

Equal Employment Opportunity Program (Continued)

Discrimination Complaint Procedures

The ORM provides EEO complaint processing services within VA that include confidential counseling, mediation, investigation, and procedural acceptability determinations.

ORM ensures compliance relating to the implementation of final agency and appellate decisions.
ORM issues final agency decisions on alleged breaches of EEO settlement agreements.

Under the leadership of the Deputy Assistant Secretary for Resolution Management, ORM accomplishes these responsibilities through the headquarters office and a national network of 12 field offices and 11 satellite offices.

Discrimination Complaint Procedures

- **Race**
- **Age (over 40)**
- **Color**
- **Disability**
- **Religion**
- **Sex**
- **National origin**
- **Reprisal for prior EEO activities**
- **Sexual orientation**

Informal **Formal** **Investigative**

Discrimination Complaint Procedures

Informal Stage:

An individual (aggrieved) who believes that he or she has been discriminated against, must initiate contact with an EEO Counselor within 45 calendar days of the date of the matter alleged to be discriminatory, or in the case of a personnel action, within 45 calendar days of the effective date of action.

Alternative Dispute Resolution (ADR)

Equal Employment Opportunity Program (Continued)

The ADR process is reviewed in the latter portion of this presentation.

The aggrieved may seek EEO Counseling by calling:

1-888-737-3361
or for the hearing impaired call:
1-888-626-9008 –TDD

Formal Complaint Stage:

A formal complaint must be submitted in writing, preferably on VA Form 4939, signed by the complainant, and submitted to the local ORM Field Office within 15 calendar days of receipt of the *Notice of Right to File a Discrimination Complaint*.

The ORM Field Office will determine if the complaint is acceptable for processing.

Investigative Stage:

If a complaint is accepted for investigation, an EEO Investigator will be assigned to the case. The investigator is authorized to take statements from witnesses under oath and gather pertinent documents and records.

The investigator will assemble the file and prepare a report, which summarizes the evidence gathered.

Advisement of Rights:

When the investigation is completed, the complainant will be provided a copy of the investigative file and advised that within 30 calendar days of receipt of the investigative file, he or she has the right to request either a hearing before the Equal Employment Opportunity Commission (EEOC), or a Final Agency Decision (FAD), or followed by a Final Agency Action (FAA) from the Office of Employment Discrimination Complaint adjudication (OEDCA), or an immediate FAD from OEDCA.

Alternative Dispute Resolution (ADR)

Equal Employment Opportunity Program (Continued)

Alternative Dispute Resolution (ADR)/Mediation

ADR provides an arena where employees thoroughly examine all matters related to workplace disputes.

ADR is not limited to EEO issues. It can also be used to resolve labor grievances and other complaints or disputes.

The ADR program is available to all employees.

Mediation is a process that helps you to find satisfying solutions to your problems.

In mediation a neutral person who is not associated with either side facilitates communication between the parties.

By exploring ways to resolve the differences, you may be able to reach an agreement that best addresses the parties' interest.

The mediator assists the parties to identify issues, fostering joint problem solving and exploring settlement opportunities.

The mediator has no power to make decisions for the parties or to tell the parties what they should or should not do.

The EEO Manager will also work with you and the other party or parties to make sure both sides agree that mediation is the way to go.

Prevention of Suicide

Most suicidal individuals desperately want to live; they are just unable to see alternatives to their problems. Most suicidal individuals give definite warnings of their suicidal intentions, but others are either unaware of the significance of these warnings or do not know how to respond to them. Talking about suicide does not cause someone to be suicidal.

Suicide Prevention
Operation S.A.V.E.

Operation S. A. V. E. will help you act with care and compassion if you encounter a person who is suicidal.

The acronym "SAVE" summarizes the steps needed to take an active and valuable role in suicide prevention.

Signs of suicidal thinking

Ask questions

Validate the person's experience

Encourage treatment and Expedite getting help

VA has established substantial new and innovative programs to promote suicide prevention, including the implementation of a VA National Suicide Prevention Hotline using the 1-800-273-TALK (8255) number, and the designation of Suicide Prevention Coordinators in each Medical Center. The Suicide Prevention Coordinators for the VANJHCS are Donna Baumwell and Barbara Kwasnik, LCSW, in Mental Health and Behavioral Sciences.

Veteran specific risks

Frequent deployments
Deployments to hostile environments
Exposure to extreme stress
Physical/sexual assault while in the service (not limited to women)
Length of deployments
Service related injury

Suicide Prevention
Operation S.A.V.E. (Continued)

Importance of identification

Suicidal individuals are not always easy to identify.
There is no single profile to guide recognition.
There are a number of warning signs and symptoms.
Some of the signs of suicidality are obvious, but others are not.

Signs and symptoms do not always mean the person is suicidal but:
When you recognize signs, it is important to ask the person how they are doing because they may mean that they are in trouble.

HOW TO RECOGNIZE WHEN TO ASK FOR HELP

Sometimes problems seem like they are impossible to solve for many different reasons. Sometimes we are not even fully aware a problem is building up. We just know something is wrong.

When problems build up, even the strongest individuals may think about suicide. Yet suicide is not the answer. Are you, or someone you know, at risk for suicide? Seek help if you notice any of the following warning signs:

Threatening to hurt or kill self
Looking for ways to kill self
Seeking access to get pills, weapons, or other means to harm oneself
Talking or writing about death, dying, or suicide
Feeling hopeless
Experiencing rage, uncontrolled anger, or seeking revenge
Acting reckless or engaging in risky activities
Feeling trapped, like there's no way out
Increasing drugs or alcohol abuse
Withdrawing from friends, family, and society
Dramatic changes in mood
Feeling like there is no reason for living, no sense of purpose in life
Sleeping too much or too little
Giving away possessions
Increase or decrease in spirituality

Suicide Prevention
Operation S.A.V.E. (Continued)

The Veterans' Suicide Prevention Hotline 1-800-273 TALK (8255) (press Option 1) is staffed around the clock, 365 days a year by trained professionals who know how to get you the help you need.

Here are some typical myths and realities:

Myth: Asking about suicide will plant the idea in a person's head.

Reality: Asking about suicide does not create suicidal thoughts. The act of asking the question simply gives the Veteran permission to talk about his or her thoughts or feelings.

Myth: There are talkers and there are doers.

Reality: Most people who die by suicide have communicated some intent. Someone who talks about suicide gives the guide and/or clinician an opportunity to intervene before suicidal behaviors occur.

Myth: If somebody really wants to die by suicide, there is nothing you can do about it.

Reality: Most suicidal ideas are associated with treatable disorders. Helping someone find a safe environment for treatment can save a life. The acute risk for suicide is often time-limited. If you can help the person survive the immediate crisis and overcome the strong intent to die by suicide, you have gone a long way toward promoting a positive outcome.

Myth: He/she really wouldn't commit suicide because…

he just made plans for a vacation
she has young children at home
he made a verbal or written promise
she knows how dearly her family loves her

Reality: The intent to die can override any rational thinking. Someone experiencing suicidal ideation or intent must be taken seriously and referred to a clinical provider who can further evaluate their condition and provide treatment as appropriate.

Suicide Prevention
Operation S.A.V.E. (Continued)

Suicide Prevention

Ask questions

To effectively determine if a person is suicidal, one needs to interact in a manner that communicates concern and understanding. As well, one needs to know how to manage personal discomfort (i.e., anxiety, fear, frustration, personal, cultural, or religious values) in order to directly address the issue.

How DO I ask the question?

DO ask the question after you have enough information to reasonably believe the person is suicidal.

DO ask the question in such a way that is natural and flows with the conversation.

DON'T ask the question as though you are looking for a "no" answer. "You aren't thinking of killing yourself are you?"

Suicide Prevention

Ask questions

Things to consider when you talk with the person:

Remain calm
Listen more than you speak
Maintain eye contact
Act with confidence
Do not argue
Use open body language
Limit questions to gathering information casually
Use supportive and encouraging comments
Be as honest and "up front" as possible

Suicide Prevention
Operation S.A.V.E. (Continued)

Validation means:

Show the person that you are following what they are saying
Accept their situation for what it is
You are not passing judgment
Let them know that their situation is serious and deserving of attention
Acknowledge their feelings
Let him or her know you are there to help

Suicide Prevention

Encourage treatment and Expedite getting help

For the cooperative person:

Tips for encouraging treatment:

1. Explain that there are trained professionals available to help them.
2. Explain that treatment works.
3. Explain that getting help for this kind of problem is no different than seeing a specialist for other medical problems.
4. Tell them that getting treatment is his or her right.
5. If they tell you that they have had treatment before and it has not worked, try asking: "What if this is the time it does work?"

Tips for expediting a referral:

1. Assist the person in getting to a care facility by personally taking them or arranging for transportation.
2. Call the VA Suicide Hotline number with the Veteran to get a referral started. 1-800-273-TALK – push "1".
3. Call the local facility Suicide Prevention Coordinator – you make access this person from the information desk at any VA.

Suicide Prevention (Continued)

For uncooperative people or those in immediate crisis:

As you encourage the person to seek help, some situations may involve people who are hostile and aggressive.

Here are some useful safety guidelines for working with seriously and acutely distressed people:

Encourage treatment and Expedite getting help

[These rules are both for the person's safety and yours.]

If you are not in face-to-face contact but are speaking over the phone with a person who expresses intent to harm self or others - call 911 for assistance.

Any time a person has a weapon or object that can be used as a weapon – call for help.

If a person tells you that they have overdosed on pills or other drugs or there are signs of physical injury – call for help.

In addition to calling for help, if you are confronted with a hostile or armed person, leave the area and attempt to isolate the person. If the person leaves your area, attempt to observe his or her direction of movement from a safe distance and report your observations as soon as authorities arrive on scene.

***SUMMARY* - Operation S. A. V. E. can save lives by helping you become aware of:**

S*igns of suicidal behavior and giving you the skills to:*

A*sk questions*

V*alidate the person's experience and to*

E*ncourage treatment and Expedite getting help*

Sexual Harassment

- VA Learning Management System Course

Policy: It is the policy of VHA to maintain a work environment free from sexual harassment and intimidation. Sexual Harassment is unacceptable conduct in the workplace and will not be tolerated.

What is Sexual Harassment?

Though sexual harassment has long existed in the workforce, and has frequently gone un–addressed, employers and managers alike must now deal with this problem under law. It has been mandated, as part of Title VII of the Civil Rights Act of 1964, that each and every working person has the legal right to work in an environment free from harassment on the basis of sex.

Harassment on the basis of sex is a violation of Section 703 of Title VII. Unwelcomed sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

1. submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment,
2. submission to or rejection of such conduct by an individual is used as basis for employment decisions affecting such individual, or
3. such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating hostile or offensive working environment.

In determining whether alleged conduct constitutes sexual harassment, the Equal Employment Opportunity Commission (EEOC) will look at the record as a whole and at totality of the circumstances, such as the nature of the sexual advances and the context in which the alleged incidents occurred. The determination of the legality of a particular action will be made from the facts, on a case-by-case basis.

Applying general Title VII principles, an employer, employment agency, joint apprenticeship committee or labor organization (hereinafter collectively referred to as "employer") is responsible for its acts and those of its agents and supervisory employees with respect to sexual harassment regardless of whether the specific acts complained of were authorized or even forbidden by the employer and regardless of whether the employer knew or should have known of their occurrence. The EEOC will examine the circumstances of the particular employment relationship and the job functions performed by the individual in determining whether an individual acts in either a supervisory or agency capacity.

Sexual Harassment (Continued)

With respect to conduct between fellow employees, an employer is responsible for acts of sexual harassment in the workplace whether the employer (or its agents or supervisory employees) knows or should have known of the conduct, unless it can show that it took immediate and appropriate corrective action.

An employer may also be responsible for the acts of non–employees, with respect to sexual harassment of employees in the workplace, where the employer (or its agents or supervisory employees) knows or should have known of the conduct and fails to take immediate and appropriate corrective action. In reviewing these cases the EEOC will consider the extent of the employer's control and any other legal responsibility which the employer may have with respect to the conduct of such non–employees.

Prevention is the best tool for the elimination of sexual harassment. An employer should take all steps necessary to prevent sexual harassment from occurring, such as affirmatively raising the subject, expressing strong disapproval, developing appropriate sanctions, informing employees of their right to raise and how to raise the issue of harassment under Title VII, and developing methods to sensitize all concerned.

Other related practices: Where employment opportunities or benefits are granted because of an individual's submission to the employer's sexual advances or requests for sexual favors, the employer may be held liable for unlawful sex discrimination against other persons who were qualified for but denied that employment opportunity or benefit.

The most serious infringement is that of Quid Pro Quo harassment. That is, when a person in a position of power over another offers to trade an employment benefit for a sexual favor.

The Key Word is "Unwelcomed"

The key word in defining sexual harassment is "unwelcomed." When any unwanted, unwelcomed, or unsolicited sexual conduct imposed on a person who regards it as offensive or unwanted, it is sexual harassment. When a person communicates that the conduct is unwelcomed, it becomes illegal. Even if the conduct is implicit in nature–hidden in subtlety or innuendo–as long as it is unwelcomed, it is unlawful.

Sexual Harassment is not usually an expression of sexual desire or sexuality, but a problem of inappropriate use of power. The majority of complaints involve subtle forms of harassment, sexual remarks, and offhand comments disguised as social interactions. These subtle infringements are the hardest to detect and accept as sexual harassment, but can be just as damaging, and just as illegal.

Sexual Harassment (Continued)

The guidelines also cite hostile–environment harassment as illegal. Hostile–environment harassment is any lewd sexual conduct, pictures, words, and/or touching which interferes with a person's job performance, or creates an intimidating, offensive working environment even if there is no occurrence of tangible or economic loss.

It is important to note that although the EEOC guidelines are meant to protect individuals from sexual harassment, they are not meant to be an option for solving minor problems. Unless the conduct is quite severe, a single incident or remark does not generally create a hostile environment. The conduct must substantially affect the work environment of a "reasonable" person to be considered harassment. The exception is that a single incident of touching a person in an unacceptable place is usually considered offensive enough to be labeled sexual harassment.

The "What–if–They–Were–Here" Principle

If you have any doubts that your own conduct may be considered offensive, ask yourself if you would act in this manner if a person with whom you have a personal relationship (for example, a spouse) were observing.

Effects of Sexual Harassment on Others

Sexual harassment can have an effect on other people who are not directly involved. If an equally qualified individual is passed over for a promotion or raise because another person submits to requests for sexual favors, and thus receives the promotion or raise, then that individual has been illegally discriminated against and has a right to follow complaint procedures.

Unchecked sexual harassment can also have less identifiable consequences on others in the workplace. Persons witnessing the harassment may feel the same loss or damage as the person toward whom the conduct is directed. Harassment problems which are either ignored or denied by supervisors or management can erode overall morale and productivity, not to mention exposing the organization to possible litigation and embarrassing press.

Sexual Harassment, The Employer, and The Non–Employee

Sexual harassment can also come from outside the organization. EEOC guidelines establish the right of employees to be protected from harassment by non–employees. It states that employers are responsible for any acts of sexual harassment perpetrated by non–employees while conducting business in the employer's work environment if the employer is aware of the harassment and takes no action to correct the conduct.

Sexual Harassment (Continued)

What to do if You are the Victim of Sexual Harassment

- Tell the harasser that the behavior is unwanted, unwelcomed, and unsolicited.
- Keep a record of any instances of harassment such as dates, places, times, comments, your responses, and witnesses. Also keep a record of follow–up actions.
- Ask coworkers if they observed the behavior or are aware of similar behavior.
- Tell your manager, supervisor, or someone else about the incident. If the harasser is your supervisor, inform a higher level supervisor
- Contact an EEO Counselor, the Federal Women's Program Manager, the EEO Manager, Union representative, or the Human Resources Management Office within 45 days of the incident.

Things You Should Know

1. Individuals of any sex, age, race, and marital status on any job can be a victim of unwanted sexual advances or attention.
2. VA may be held responsible, depending on the degree of control it has over a non–employee, for harassment by a non–employee temporarily at your place of work, or for harassment by co–workers if you have informed a supervisor of the incident and the VA facility has failed to take immediate and appropriate action. Employers are responsible for acts of harassment in the workplace where the employer, or its agents or supervisory employees, knows or should have known of the illegal conduct.
3. VA is liable for harassment by a supervisor or manager if the employee has suffered a tangible employment loss or harm. For hostile environment created by a supervisor or manager, the agency may limit its liability by showing:
    a. it took preventive measures and promptly corrected any harassing behavior and
    b. the victim of the harassment failed to take advantage of preventive or corrective opportunities, such as informing the appropriate agency official or following any of the agency avenues available to address such matters, to report the behavior.
4. Appropriate corrective action will be taken against any employee who engages in such conduct. The effect on the victim will be minimized to the extent possible.
5. Federal law prohibits retaliation (reprisal) against any employee who reports unlawful misconduct. VA officials will take appropriate disciplinary action, up to and including removal, against those who retaliate against any VA employee who cooperates, participates, or testifies in cases involving alleged harassment or discrimination.

Sexual Harassment (Continued)

If you believe you have been discriminated against in any employment matter or action, you must first contact an EEO Counselor within 45 calendar days of the date of the matter or action you believe to be discriminatory. Failure to contact an EEO Counselor within the 45 calendar day time limit may result in your complaint being rejected. Current EEO laws provide protection against discrimination due to race (any race), color (any color), sex (male or female), sexual orientation, national origin, religion, age (40 and over), disability/handicap (any handicap physical or mental) or reprisal for participation in past EEO complaint activity.

VISN 3
Employee Compliance Program Training

CBI

The purpose of the Compliance and Business Integrity Program is to make sure that VHA's business operations follow all laws, regulations, and policies that apply, and to promote standards of excellence in business practices.

CBI Programs promote organizational integrity.

Organizational integrity is doing things right and doing the right things.

This is everyone's responsibility.

Areas of concern to the CBI Program include but are not limited to:

Documentation

Sanctions List

Coding

Registration

Billing

Self-Referrals

Documentation

The provider's record of care given to patients.

Improper or lack of documentation can lead to coding and billing problems.

Employee Compliance Program Training (Continued)

Billing

The process of pricing and billing the appropriate party for care received. Improper pricing and billing can lead to incorrect payment by veterans or their insurance companies.

Sanctions List

A list maintained by the government of those who have previously defrauded the government and who are excluded from employment or contracting with VA and other agencies.

Registration

Receiving patients and their demographic information. Incorrect registration data can lead to incorrect billing, ineligible care, and the inability to contact the patient with important information.

Self-Referrals

Referrals that financially benefit the referring physician. Employees are not allowed to refer patients to themselves outside of VHA and collect payments from VHA or the patient.

An effective compliance program has seven elements.

(Element 1) Compliance Officer and Committee.

Each VISN 3 facility has its own compliance officer and a compliance committee who oversee the program.

(Element 2) Standards, Rules, and Policies

VHA, VISN 3, and each facility have a set of policies, procedures, laws, and other documents to guide business practices. These include standards of conduct for employees and compliance program policies.

(Element 3) Education and Training

Compliance programs must have an educational plan for training all employees.

This presentation is part of that plan. Additional training materials, including videos, are

available in your compliance office.

Employee Compliance Program Training (Continued)

(Element 4) Open Lines of Communication

Compliance programs also have to have a means of accepting complaints, questions, and requests for information about compliance, the program, or violations. Our program has a national toll-free Help Line available to all employees.

(Element 5) Anonymous vs. Confidential

Information provided to the Help Line cannot remain confidential or we would not be able to check things out. You can remain anonymous. That means we will not use your name as the source of the information which led to a compliance inquiry. Even if people figure out that you called the Help Line, you are protected. It is illegal for anyone to take action against you for reporting your concerns.

If you think you are being retaliated against for calling the Help Line, you need to report that, too. You also might want to discuss this with your Union representative.

(Element 6) Auditing and Monitoring

Compliance programs have to monitor and audit business practices to make certain rules and regulations are being followed. There are national audits of billing and coding information. Each facility also checks employees against the sanctions list.

(Element 7) Enforcement and Discipline

Compliance programs ensure that laws are enforced and recommend action if these regulations are broken. Most recommendations are to provide additional training to the involved employees.

Investigation and Remediation

Compliance programs investigate concerns and inquiries and make certain that errors are corrected. Reports of concerns are sent to the Compliance Office from the Help Line and are received from employees who call the office.

Employee/Volunteer Roles and Responsibilities:

Internal Reporting

Employees /volunteers should know the process of reporting potential compliance failures. The chain of command is:

1. Your Supervisor
2. A higher level manager
3. Your facility Compliance Officer
4. The CBI Help Line (1-866-842-4357)

Employee Compliance Program Training (Continued)
Employee/Volunteer Roles and Responsibilities:
Internal Reporting (Continued)

If you feel uncomfortable going through the chain of command, you can always speak directly to your facility Compliance Officer at any time.

Employee/Volunteer Roles and Responsibilities:

Education and Training
Employees should understand the specific laws, rules, policies, and regulations that affect their jobs with VHA and our Network. This includes employee conduct and responsibilities.

Standards of Ethical Conduct
for VA Employees/Volunteers

1. Public Service is a public trust, requiring employees to place loyalty to the Constitution, the laws and ethical principles above private gain.

2. Employees shall not hold financial interests that conflict with the conscientious performance of duty.

3. Employees shall not engage in financial transactions using non-public Government information or allow the improper use of such information to further any private interest.

4. An employee shall not solicit or accept any gift or other item of monetary value from any person or entity seeking official action from, doing business with, or conducting activities regulated by the employee's agency, or whose interests may be substantially affected by the performance or non-performance of the employee's duties.

5. Employees shall put forth an honest effort in the performance of their duties.

6. Employees shall not knowingly make unauthorized commitments or promises of any kind purporting to bind the government.

7. Employees shall not use public office for private gain.

8. Employees shall act impartially and not give preferential treatment to any private organization or individual.

Employee Compliance Program Training (Continued)
Standards of Ethical Conduct
for VA Employees/Volunteers (Continued)

9. Employees shall protect and conserve Federal Property and shall not use it for other than authorized purposes.

10. Employees shall not engage in outside employment or activities, including seeking or negotiating for employment, that conflict with official Government duties and responsibilities.

11. Employees shall disclose waste, fraud, abuse and corruption to appropriate authorities.

12. Employees shall satisfy in good faith their obligations as citizens, including all just financial obligations, especially those such as Federal, State or local taxes that are imposed by law.

13. Employees shall adhere to all laws and regulations that provide equal opportunity for all Americans, regardless of race, color, religion, sex, national origin, age, or handicap.

14. Employees shall endeavor to avoid creating the appearance that they are violating the law or the ethical standards set forth in this part. Whether particular circumstances create an appearance that the law or these standards have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.

Employee Roles and Responsibilities:

Use Your Compliance Officer

Employees should know the compliance officer at their facility and his or her role. The Compliance officer is there to answer your questions, provide training, and help the facilityd avoid errors.

Compliance and Business Integrity Officer at VANJHCS - Cynthia Pride

Case Study

The local VA hospital is looking for additional nursing home services. You are a VA employee and your wife runs a very reputable nursing home. Would it be a problem if you recommended your wife's establishment?

Answer: As a general rule, the VA avoids contracting for goods or services with family members of employees because such an arrangements inevitably create the appearance of a conflict of interest, even if there is not an actual conflict. The employee needs to stay out of the contracting decision in order to ensure the VHA facility reaches an objective decision based on business reasons.

Case Study

You are the VA facility purchasing agent that routinely deals with Pharmaceutical representatives who provide information about company products. Because your calendar is so crowded, you have offered to meet with the representatives during your lunch hour. The representatives arrive with sandwich and soft drink for you. Should you accept the lunch?

Answer: No. VHA employees should not accept the lunch from any vendor as it violates VISN 3 Policies. Your acceptance of the lunch creates the appearance that you are violating ethical standards and it creates a perception of a conflict of interest.

Case Study

You work as a nurse in the inpatient area at the VA hospital. You have developed a close relationship with your supervisor over the 12 years that you have worked together. During the holidays, you would like to give your supervisor a special present. What are the issues?

Answer: Employee/Volunteers may not, directly or indirectly, give a gift to an official superior, except on an occasional basis for a gift with a market value of $10 or less per occasion. A gift appropriate to the occasion may be accepted for marriage, births, retirements.

Case Study

Your neighbor, a veteran, receives care at the VA where you work/volunteer. While you are at a neighborhood barbeque, he tells you that the bills he receives from the VA are always wrong. Even when he calls the Business Office, the bills are not corrected.

Do you have an obligation to do anything?

Answer: Yes, if your neighbor is correct, there may be something wrong in the bill calculation process. Refer him to the appropriate contact at the facility so they can assist him.

Training modules provided by:

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VANJHCS – Station Training – Compliance