

VHA Mandatory Training for Transitory, Part-time and Intermittent Clinical Staff (MTTCS)

(This Training is not intended for VHA Health Professions Trainees nor VA Contractors)

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Introduction

Welcome to the VHA Mandatory Training for Transitory, Part-time and Intermittent Clinical Staff (MTTCS)

As a worker in a Department of Veterans Affairs (VA) healthcare facility you are required to fulfill Federal training requirements on many topics. Because of your uncompensated or less than full-time role, this course condenses into one document topics covered in nine online, mandatory training items. This course was designed to save you time, meet your informational needs, and allow you to function safely and effectively in your role while simultaneously meet national training mandates.

To complete this educational activity participants must:

- Read 100% of this document
- Scan each of the QR codes or access the links in the sections that apply to your position
- Return to TMS and pass the assessment

NOTE: VA training must be completed annually in TMS. This training is not approved for VHA Health Professions Trainees or Contractors.

Mission of VA/Patient Population/ Military Sexual Trauma/Customer Service/I CARE/Constitution

Goals and Objectives

In this lesson, you will learn how VA's unique history evolved to serve Veterans' needs, and you will discover how VA's core values and service standards were designed to serve this unique group of people.

After completing this lesson, you will be able to:

1. identify the major characteristics of VA customers;
2. list VA customer service principles, including the I CARE values and customer service standards;
3. describe the most common medical illnesses and mental health issues associated with military service,); and
4. describe the importance of recognizing PTSD and MST in our Veteran patients; and apply your understanding of the unique military experiences, health risks, and environmental exposures in the care and treatment of your Veteran patients.

Mission of VA: Overview

Serving over 5 million Veterans a year, the Veterans Health Administration (VHA) provides medical and rehabilitative treatment of all kinds, from acute to long term care. The VA became a cabinet level department in 1989 and the Secretary of Veterans Affairs serves in the President's cabinet.

Today's modern VA is a dynamic partnership with a shared mission divided among three administrative branches:

1. The Veterans Health Administration (VHA) manages one of the largest healthcare systems in the world
2. The Veteran Benefits Administration (VBA) supplies compensation and vocational assistance to disabled Veterans

3. The National Cemetery Administration (NCA) honors Veterans with a final resting place and lasting memorials that commemorate their service to our Nation.

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

VA Mission Statement

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

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

Our patients are Veterans who have served in the active military service and who were separated under any condition other than "dishonorable."

It is important to note that the Veteran population is changing. There are large numbers of younger Veterans returning from the conflicts in Iraq and Afghanistan. In addition, 11.3% of service members in the current conflicts are women. As these young men and women return home, the VA is evolving to meet the needs of this changing population.

While many Veterans qualify for free healthcare services based on a VA compensable service-connected condition or other special eligibilities, many Veterans qualify based on a low level of financial resources. Generally, a service-connected condition is one that was incurred or aggravated while on active duty. Veterans may be eligible for additional benefits related to their service-connected condition, but Veteran's healthcare is not just for service-connected injuries or medical conditions.

VA coverage can be used at any VA facility in the country. Visit the link below for more information on Veterans Health Benefits, Eligibility and Enrollment.

Use the camera on your Android or iPhone to read the QR Code above



<https://www.va.gov/HEALTHBENEFITS/apply/veterans.asp>

Customer Service in the VA

VA's key customers are Veterans, their families and caregivers. All staff must treat Veterans, their families and caregivers with the care and respect they deserve. Equally important are your interactions with internal customers, including VA employees, volunteers, contractors, and trainees.

While our Core Values define “who we are,” our Characteristics define “what we stand for,” and what we strive to be. Our Characteristics are goals that we want everyone – VA employees, Veterans, and the American people – to connect with our Department and with our people. VA’s Core Values and Characteristics apply across each Administration, location, role and person. They unite and define us, and set us apart from other organizations. The Values reflect our commitment to Veterans and their families. Keep them in mind every day as you do your job – and look for ways to show “I CARE.”

VA’s I CARE Values: Integrity, Commitment, Advocacy, Respect, and Excellence

- **Integrity:** Because I CARE, I will act with high moral principle, adhere to the highest professional standards, and maintain the trust and confidence of all with whom I engage.
- **Commitment:** Because I CARE, I will work diligently to serve Veterans and other beneficiaries, be driven by an earnest belief in VA’s mission, and fulfill my individual responsibilities and organizational responsibilities.
- **Advocacy:** Because I CARE, I will be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
- **Respect:** Because I CARE, I will treat all those I serve and with whom I work with dignity and respect, and I will show respect to earn it.
- **Excellence:** Because I CARE, I will strive for the highest quality and continuous improvement, and be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

VA Service Standards

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

Veteran customer service programs measure Veterans’ experiences and opinions of the care they receive at VA through direct patient interviews, mystery shoppers, surveys, and comment cards. Overall patient satisfaction varies between individual facilities, but is usually above 85%, according to the Veterans Signals survey and Survey of Healthcare Experiences of Patients (SHEP) scores. Please cooperate in the resolution of any Veteran’s complaint or issue that you become involved with.

Military Health History

Our Veterans have had a wide range of military experiences, including combat and overseas deployments. They may have been exposed to environmental hazards or distressing situations effecting their physical and emotional health. Information in the link below will help you to uncover the effects of service and establish a rapport with the Veteran. And remember, Veterans are not only seen at the VA.



<https://www.va.gov/oaa/pocketcard>

The VA can provide you with a laminated **Military Health History Pocket Card** to serve as a reminder of these specialized questions.

Military Sexual Trauma

Military sexual trauma (MST) is the term used in VA to refer to sexual assault or sexual harassment that occurred while a Veteran was in the military. MST can be associated with a wide range of both physical and mental health problems, including an increased risk of suicide. Experiences of MST may also affect Veterans' healthcare needs. For example, they may find certain medical procedures more difficult and anxiety-provoking or be more likely to struggle with certain issues in psychotherapy. Therefore, it is VA policy to screen all Veterans in VA care for MST.

Rates of MST are higher among women, but due to the larger number of men in the military, almost half of all VA patients who reported MST when screened are men.

Some key facts about MST and VA healthcare:

- All care for mental and physical health conditions related to a Veteran's experience of MST is provided free of charge.
- Veterans do not need to be service connected to receive MST-related care and do not need to have reported the MST at the time it happened or have documentation that it occurred.
- Veterans may be eligible for MST-related care even if they are not eligible for other VA care.

To ensure that Veterans are not charged for MST-related care, you must always check the encounter form checkbox for MST and document and label the MST-related condition(s) as MST-related in the progress note. You do not need to talk about the MST experience specifically to do this for an appointment, as long as you are treating an MST-related condition during that appointment.

Each VA healthcare system has an MST Coordinator who is a point of contact for questions about MST and local services. For more information on this important program, visit the link below.



<https://www.mentalhealth.va.gov/msthome.asp>

The Constitution

As a Federal appointee you take an oath of office by which you affirm to support and defend the Constitution of the United States of America. The Constitution not only establishes our system of government, it defines the work role for Federal employees - "to establish Justice, insure domestic tranquility, provide for the common defense, promote the general welfare, and secure the blessings of liberty." Every September 17 we celebrate Constitution Day, or the Birthday of our Government.

Honoring Our Veterans

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

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

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

Trainee Supervision (This section is Required only for those who Supervise Trainees)

After completing this lesson, you will be able to explain the core principles of current VA trainee supervision guidelines.

VA has a statutory mission embedded in legislation to train health professionals "**for VA and the Nation.**" VA takes this commitment to train health professionals very seriously. Over 120,000 trainees receive clinical training in VA each year. In a healthcare system where patient care and the training of health care professionals occurs simultaneously, there must be a clear delineation of responsibilities to ensure that safe patient care is delivered. You, the supervisor, are responsible for managing these dual goals.

VA programs follow all of the standard requirements of accrediting and certifying bodies for health professions education, such as the Accreditation Council of Graduate Medical Education (for Graduate Medical Education programs). Therefore, you may be familiar with supervision rules because of your other worksites.

General Principles about Supervision

There are some general principles about supervision that each trainee and those supervising their training should understand:

- You, as the supervisor, have the ethical and legal responsibility to personally care for the patients you are involved with. Because of that, you must be kept up to date on **all clinical developments**, positive or negative. You should be familiar with each patient, either directly through face-to-face contact, or indirectly through substantial conversation and discussion.
- Evidence of supervisory involvement must be documented in the medical record. Your name, as the supervisor, should be clearly noted so that all readers recognize your personal involvement and input. In lieu of co-signature, a sentence can be added to a trainee's note documenting your involvement and supervision; "*I have discussed this case with Dr. Smith and Dr. Smith agrees with the diagnosis and plan*" is sufficient for most minimal risk care. For associated health and nursing trainees, the minimal

requirement for documentation is for the supervisor to cosign progress notes and other reports. This supervision is monitored by VHA to ensure that veteran care is safe and effective.

- You may be asked to supervise trainees wherever patient care is delivered. This includes, but is not limited to, inpatient care, outpatient care, community and long-term care, emergency care, and the performance and interpretation of diagnostic and therapeutic procedures.

Visit the link below for details about documentation of Resident Supervision.



https://www.va.gov/oaa/resources_resident_supervision.asp

Trainee Supervision Knowledge Check:

1. While at a VA facility residents and trainees are subject to what level of supervision?
 - A. Function independently
 - B. Have a named supervising practitioner and operate under their supervision at all times
 - C. Do not need a supervisor since they are adequately trained
 - D. Are not monitored to check for case appropriate treatment
2. In all cases the supervising attending must sign the discharge summary
True / False
3. Depending on the clinical situation, I can document the following for supervision:
 - A. Supervisor/Attending progress note
 - B. Supervisor/Attending Addendum to the note
 - C. Co-Signature of the note
 - D. Resident documentation of Supervisor/Attending supervision
 - E. All of the above.

On the last page is an answer key. [Click here to see the answers.](#)

Privacy of Patient Information

Goals and Objectives

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

After completing this lesson you will be able to:

1. identify a patient's Protected Health Information (PHI);

2. identify who in a VHA facility can clarify types of information and to whom it may be conveyed;
3. identify what information may be released with or without signed, written authorization by the patient and what information can be disclosed to another provider; and
4. describe rules related to individually identifiable information related to drug abuse, alcoholism, sickle cell anemia, and HIV.

Privacy of Patient Information: Overview

Privacy Statutes

There are several statutes that govern the use of identifiable patient information in both VA and non-VA facilities:

- **Freedom of Information Act (FOIA), 5 U.S.C. § 552** requires Federal agencies to release their records unless specifically exempted, by FOIA.
- **Privacy Act (PA), 5 U.S.C. § 552a** makes records of living US citizens, or lawful aliens confidential.
- **Health Insurance Portability and Accountability Act (HIPAA) and the HIPAA Privacy Rule** provide protections for PHI held by covered entities and gives patients rights with respect to that information. At the same time, the Privacy Rule permits the disclosure of PHI for patient care and other important purposes.
- **38 U.S.C. 5701 VA Claims Confidentiality Statute** makes VA benefits records and PHI of present and former armed forces personnel and their dependents confidential.
- **38 U.S.C. 5705 Confidentiality of Healthcare Quality Assurance Review Records** makes information and records generated by VA's medical quality assurance program confidential, privileged and exempt from disclosure under FOIA.
- **38 U.S.C. 7332 Confidentiality of Certain Medical Records** provides special protection (strictly confidential) of information relating to treatment of drug abuse, alcoholism, sickle cell anemia, and HIV/AIDS. *However, on June 6, 2018 this statute was amended allowing for the release of this information for treatment and billing purposes.*

It is important to note that **privacy is the “what”** you need to protect and **security is the “how”** you need to protect it. You have a responsibility to protect an individual's PHI.

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

You must only access the PHI needed to perform your official job duties. You must use, disclose, or request PHI to the minimum amount necessary required to perform your official job duties and to accomplish the intended purposes of the use, disclosure, or request.

VA Sensitive Information and Your Patients

Your patients' PHI is protected under the privacy statutes discussed above. All information on Veterans maintained by VHA is considered PHI. It is your responsibility to protect your patient's information. That means you do not disclose, alter, or destroy PHI unless you have permission. Veterans are counting on you.

Examples of Protected Health Information include:

- Patient's full name
- Address
- Phone number

- Social Security Number (including only the last 4 digits)
- Birth date
- Credit card numbers, education, financial, criminal, and employment records
- Medical records, diagnoses
- Treatment plans
- Medication/Prescription
- Test results
- Appointment reminders
- Payment history

Note: The safest way to safeguard Veteran information is to de-identify all information you keep in personal notes, or communications.

Safe Use Guidelines

Please remember these security concepts that help to protect PHI:

- Protect all information, and only access information you need to do your official job duties.
- Never discuss PHI in a public place where you might be overheard.
- Only share VA information with individuals authorized to view that information.
- You may only access, use, or send VA information from VA-owned equipment that is encrypted according to Federal guidelines.
- Use a fax to send PHI only when no other method is available to meet the requirement or timeframe.
 - Make sure that both the sending and receiving fax machine are not available to the general public.
 - A cover sheet must include the recipient's name, your name and contact information, instructions for the recipient to verify fax receipt, and a VA confidentiality statement.
 - Confirm that the fax was received at its destination.
- If you must print a Veteran's PHI make sure you take it from the printer right away and keep it stored in a secure place.
 - Make sure to print to the correct printer in a secure location.
 - Shred print-outs once you have finished with your work; or deposit the pages into a secure commercial shredding box designed for that purpose.
- Never take VA sensitive information away from VA, in paper, electronic, or other form.
- Never dispose of official VA paper or electronic records.
- Never leave unattended official VA paper or electronic records out for view anywhere.

Sharing Identifiable Patient Information with Other Providers for Treatment

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

Due to recent changes to Title 38 U.S.C. 7332, information relating to the following conditions/diagnoses can now be released for treatment or billing purposes, without specific authorization:

- Drug abuse,
- Alcoholism or alcohol abuse,
- Infection with HIV/AIDS, or
- Sickle cell anemia

VA Form 10-5345, Request for and Authorization to Release Medical Records of Health Information, is no longer required to share PHI with an outside provider for treatment or billing purposes.

Exceptions for which prior written authorization is required -- Psychotherapy

Psychotherapy notes (even between VA facilities) requires prior written authorization. Please contact your facility Release of Information Office, or your facility Privacy Officer about regulations regarding release of psychotherapy notes.

Individual or Third-Party Requests for Information Release

Procedures When an Individual or Third-Party Requests That Their Information be Released

Patient – Use VA Form 10-5345a

- Patients have the right to receive copies and view their health record medical record after signing a written request. If a patient wants to view or receive copies their electronic or paper record refer them to the VA facility Release of Information Office.
- Limited portions of patient records, such as lab tests or a recent progress note, may be printed and given to the patient for the purpose of discharge planning patient education without a signed, written request.

Third-Party – Use VA Form 10-5345

Requests for patient information from an individual not involved in patient care or treatment requires a signed Release Form and should go through your VA facility's Release of Information Office.

Third-Party Provider – Use VA Form 10-5345

Requests from a healthcare provider who is treating the patient do not require a signed Release Form. However, the provider must provide a signed written request and go through the VA facility's Release of Information Office.

Release Forms

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

Remember

Releasing information to the patient's spouse or close relative is not permitted unless done with the patient's consent. Verbal disclosures should only be made if the person is involved in the care of the individual. Per Title 38 U.S.C. 7332, the patient must agree prior to the verbal disclosure.

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

Safety/Occupational Health/MR Safety/Fire and Other Emergencies

Goals and Objectives

In this lesson, you will learn critical procedures for ensuring a safe environment for yourself, fellow VA staff, and patients.

After completing this lesson, you will be able to:

1. state that the VA strives to provide a safe and healthful work environment, which includes providing all healthcare providers with appropriate tools to perform their jobs safely (safe needles, personal protective equipment);
2. describe your role in responding to a fire or other emergency;
3. describe what to do in the event of a blood/body fluid exposure; and
4. describe the screening required before anyone may enter Magnetic Resonance Environment.

VA's Safe and Healthful Work Environment

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

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

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

Standard Precautions

Standard precautions are the minimum infection prevention practices that apply to all patient care, regardless of suspected or confirmed infection status of the patient, in any setting where healthcare is delivered. Standard precautions include:

- Hand hygiene
- Use of personal protective equipment (e.g., gloves, masks, eyewear) whenever there is an expectation of possible exposure to infectious material
- Respiratory hygiene / cough etiquette principles
- Sharps safety (engineering and work practice controls)
- Safe injection practices (e.g., aseptic technique for parenteral medications, single-use vials)
- Appropriate patient placement

Visit the link below for additional information on Standard Precautions from the Centers for Disease Control.



<https://www.cdc.gov/infectioncontrol/basics/standard-precautions.html>

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

Blood and Body Fluid Exposure

Blood and body fluid exposure is of particular concern to those working in clinical areas. Remember to use personal protective equipment whenever indicated. Also remember that, to prevent accidental needle stick or sharps injury and potential exposure to infectious agents, place all needles, sharps and needle-containing devices in a marked puncture proof container.

Needles should not be recapped, placed in the regular trash containers, nor be placed on a tray or table top for later disposal.

Fire and Other Emergencies: RACE

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

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

- R** → R is for Remove. Remove all persons in immediate danger to safety. This action may include moving patients to another zone on the same floor, another floor, or outside the building. Please check with your supervisor in your area about whether or not you may assist with relocating patients.
- A** → is for Activate. Activate closest alarm.
- C** → is for Close. Close fire doors and windows to prevent the spread of smoke and fire.
- E** → is for Extinguish. Extinguish the fire.

Fire and Other Emergencies: PASS

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

- P** → is for Pull. Pull the pin breaking the plastic seal.
- A** → is for Aim. Aim at the base of the fire.
- S** → is for Squeeze. Squeeze the handles together.
- S** → the second S is for Sweep. Sweep from side to side.

Procedures in the Case of an Injury, Illness or Exposure

If you experience an injury, occupational illness or exposure while at the VA, immediately notify your supervisor and report to your facility's Occupational or Employee Health Office for evaluation and documentation of the event. In most VA facilities, during non-business hours, report to the Emergency Room for evaluation and care.

Despite the best preventative measures, accidental blood or body fluid exposure may sometimes occur. Wash the affected area and remove any contaminated clothing, and proceed to the Occupational/Employee Health Office or Emergency Department as above. Prophylactic medicines are available in appropriate circumstances for some blood/body fluid exposures. Be assured that VA will do all necessary work-up and medication administration to ensure that you are safe and protected.

Magnetic Resonance Imaging (MRI) Environment Safety (This section is required only for those who enter the MRI environment)

Magnetic Resonance Imaging (MRI) allows clinicians to visualize the internal structures of the body by utilizing a power magnetic field and sophisticated computers. The MR environment may present a significant risk of injury to patients, research subjects, visitors, trainees, and employees. Injuries may be avoided by safety training and strict adherence to safety procedures. The magnet is extremely powerful, is always on, and is so powerful that ferromagnetic objects e.g., containing iron, can be rapidly accelerated toward the magnet, potentially causing severe injury to people and damage to equipment.

Access to MR zones III and IV are restricted and controlled by Level 2 MR Technologists. To ensure the safety of patients, research subjects, visitors, and staff, each person who enters Zone III or IV of the MR area must be safety screened by the MR staff. This written safety screening helps to ensure safety by identifying contraindications to the strong magnetic field or contradictions to MRI contrast that may be utilized when imaging patients/research subjects. You and your patients will be screened each time prior to entry, and you must never enter the MR area (Zone III or IV) until you have been authorized to enter.

Screening Examples-Metallic Objects

Before you enter the Zone III and IV of the MR area, you must remove everything metallic or electronic that might be affected by the magnetic field. The magnetic field may cause some non-ferrous metals to heat up, which can cause burns. Examples of items that may pose hazards:

- Belts
- Keys
- Coins
- Jewelry
- Watches
- Eyeglasses
- Hair pins
- Cell phones
- Pagers
- Piercings
- Stethoscopes
- Tools, Hemostats, Scissors
- Identification badges and lanyards
- PIV badges
- Credit cards
- Tattoos, including eyeliner tattoos
- Steel-toed shoes
- Metal buttons on clothing
- Nail clippers
- Paper clips, staples
- Pens and pencils
- Wig, toupee, hairpiece

Screening Examples-Medical Conditions

Health conditions and implants may also be a contraindication to the MR environment. The MR staff will screen patients/research subjects, employees, and visitors to determine health conditions and if there are implanted or externally affixed devices. Examples may include:

- Kidney disease
- Heart surgery
- Brain surgery
- Hearing Aids
- Ocular prosthesis
- Artificial or prosthetic limb
- Vascular clips or wires
- Pacemaker, or pacing wires
- Defibrillator
- Swann-Ganz catheters
- Neurostimulator
- Infusion pump
- Transdermal patches, nicotine patch
- Dentures, partial plates, bridgework, braces
- Any form of implant, joint replacement
- intracranial aneurysm clips, cochlear implants, stents
- Operations involving metallic pins, plates, screws or wires
- Metal fragments, shrapnel
- Injuries involving metal in your eyes
- Intra Uterine Device (IUD)
- Medical delivery patches
- Could you be pregnant?

MRI Equipment Safety

Only equipment that is screened and appropriately labeled may enter the magnet room. Hundreds of accidents have been reported throughout the United States involving ferromagnetic equipment that was attracted to the magnet. Patients and employees have been injured in dozens of instances, with at least one death. **Examples of equipment that must be checked to ensure they are MR safe/conditional includes:** Gurneys, IV poles, IV pumps, O2 tanks, ECG leads, catheters with leads, vital sign monitors, respirators, anesthesia equipment, etc.

In an Emergency, follow the directions of your supervisor and the MR staff. Do not rush into the MR suite to assist unless your help has been requested, your safety screening has been completed, and Level 2 MR personnel has authorized you for entry into the area.

Patient Safety/Suicide Prevention

Goals and Objectives

This lesson will help you become more aware of the concepts of patient safety and how you can make the healthcare environment safer, both inside and outside the VA.

After completing this lesson you will be able to:

1. describe your personal role in preventing harm to patients;
2. define adverse events and close calls and the difference between expected outcomes and adverse events;
3. describe the importance of good communication (e.g. read backs, handoffs);
4. recognize suicide warning signs in Veterans;

5. identify signs of patient abuse/neglect and provider impairment; and identify treatments to manage patient pain safely and effectively.

Promoting Patient Safety

All patients expect to and deserve to receive medical care that is free from errors or preventable harm. However, due to the complexity of our nation's health care systems, it is not uncommon for errors to occur. This patient safety chapter will help you recognize potential harms in the health care system around you. Being aware of potential harms and knowing some straight-forward mechanisms to prevent them will be important for the rest of your career.

As VA staff, you have a personal role in ensuring the safety of our patients. By recognizing and reporting potentially harmful conditions or events to your supervisor, you can play a key role in keeping our patients safe. Potentially harmful practices, events and conditions may include:

- Communication errors
- Medication errors
- Mislabeling of specimens or x-rays
- Procedure errors or complications including "Never" events
- Missing patients
- Violent episodes in the workplace
- Patient falls
- Suicidal behaviors
- Reactions to medications
- Unexpected deaths
- Close calls

For more information visit the VHA National Patient Safety Improvement Handbook



<https://www.patientsafety.va.gov/professionals/publications/handbook.asp>

Joint Commission Patient Safety Goals

Patient safety is a very important part of hospital accreditation requirements necessary for the operation of healthcare facilities. The Joint Commission (TJC) is a nationwide accrediting body that inspects healthcare facilities to ensure compliance with patient safety goals and regulations. These goals recommend healthcare practices to prevent harm to patients.

The following is a list of some of the most important principles of the Joint Commission National Patient Safety Goals that apply to hospital settings.

Identify Patients Correctly and Use Active Verification Methods

Use at least two ways to identify patients and make sure that the patient is involved in verifying his or her identity.

For example, ask the patient to state his name and date of birth — nodding yes is not a substitute for stating their own name. This is called active verification and ensures that the patient is identified correctly. Active patient verification is done to make sure that each patient gets the medicine, treatment or surgery meant for them.

Improve Staff Communication

If you take a report of a laboratory or radiology test over the phone, be sure to "read back" the results to the caller to make sure you have it right. This improves the accuracy of your reporting.

Handoffs are a standardized way of communicating about a patient when care is transferred. The transfer may occur when a patient is wheeled down to the x-ray department, or when a patient will be covered by a different nurse or doctor. This is an important way of communicating all current data to ensure that important information is not overlooked in the transfer.

Please check with your supervisor about the standard for handoffs that is defined by your VA facility.

Use Medicines Safely

Label all medicines that are not already labeled. For example, medicines in syringes, cups and basins should always be labeled.

Take extra care with patients who take medicines to thin their blood.

Abbreviations: Only use allowed abbreviations, acronyms, symbols, and dose designations. Many older abbreviations, especially the Latin abbreviations, have been banned because they are not clear or are easily confused with other words. The good news is that because of VA's electronic health record, most prescriptions are generated through the computer and these abbreviations can't be used.

Prevent Infection

- Use the hand cleaning guidelines from the Centers for Disease Control and Prevention or the World Health Organization. Wash hands before and after entering a patient room.
- Use proven guidelines to prevent infections that are difficult to treat.
- Use proven guidelines to prevent infection of the blood from central lines.
- Use safe practices to treat the part of the body where surgery was done.

Prevent "Never" Events: Wrong Patient, Wrong Site, or Wrong Procedure

The National Quality Forum has defined 28 healthcare "never events" — patient safety events that pose serious harm to patients, but should be considered **entirely preventable**.

"Never" events include:

- Doing a test or procedure on the wrong patient
- Doing a test or procedure on the wrong site or side (operating on the left side instead of the right side)

- Doing the wrong test or procedure for that patient
- Implanting the wrong lens or joint implant into the patient

It is estimated that at least one of these "never" events occurs **each** day around the country in hospitals, medical offices and clinics. Only half of these "never" events take place in an operating room. The rest take place in other areas around the hospital — in the intensive care unit, in a regular patient room, in procedure rooms (such as cath labs), in the clinic or in radiology suites.

TJC developed the "Universal Protocol" in 2003 based on patient safety work that occurred in the VA. The "Universal Protocol" assists healthcare providers in preventing these types of errors, anywhere they may occur.

The "Universal Protocol" consists of three stages:

Pre-Procedure Verification (Including Consent Process)

The pre-procedure process verifies that the correct patient is having the correct procedure at the correct site. Test results such as x-ray results or biopsy results are reviewed by at least two members of the team and verified. This process also includes a check that the consent form has been signed and contains correct information. Lastly, the team ensures that implants or equipment necessary for the patient's procedure are available nearby. An error in pre-procedure verification can lead to a "never" event.

Site Marking

Site marking is performed to clearly indicate the procedure site; this needs to be done with the involvement of the patient whenever possible. Indicating the procedure site with appropriate precision is the primary consideration when placing the unambiguous mark. Site marking is an important communication device between members of the procedure team and should be taken very seriously. An error in site marking can lead to a "never" event.

Conducting a Final "Time-Out"

The purpose of the time-out is to conduct a final assessment that the correct patient, site, and procedure are identified. During a timeout all activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure. A designated member of the team performing the procedure initiates the time-out and it includes active communication among all active members. The procedure is not started until all questions or concerns are resolved. An error in this final time-out can lead to a "never" event. You will participate in these time outs and learn the correct way to approach this final check point to ensure patient safety.

Adverse Events

Adverse events are actual harmful incidents, errors, or injuries directly associated with care or services. Adverse events may result from acts of commission or omission (e.g., administration of the wrong medication, failure to make a timely diagnosis or apply the appropriate therapeutic intervention, adverse reactions or negative outcomes of treatment).

Close Calls

A close call is an event or situation that **could have** resulted in an adverse event, but did not, either by chance or through timely intervention. Such events have also been referred to as "near miss" incidents. An example of a close call would be a surgical or other procedure almost performed on the wrong patient due to lapses in

verification of patient identification, but caught prior to the procedure. Close calls are opportunities for learning and afford the chance to develop preventive strategies and actions; they receive the same level of scrutiny as adverse events that result in actual injury.

Both adverse events **and** close calls are reported so that lessons can be learned from these events. You can participate in promoting VA's culture of patient safety by following VA policies designed to promote patient safety and by reporting close calls and adverse events to supervisors if they are observed.

Suicide Prevention

Suicide in the Veteran population is a significant problem. Current rates of death by suicide are greater among Veterans and, as such, suicide prevention is a primary clinical focus for the VA. Veteran suicide may be related to military experiences as well as other related or unrelated biopsychosocial problems. After adjusting for differences in age and gender, risk for suicide in 2015 was 2.1 times higher among Veterans than risk for suicide among US civilians. On average, 20 Veterans die by suicide each day. As a VHA care provider you may encounter someone who is considering suicide or who displays warning signs of potential suicide. Know that suicide is preventable. Therefore, it is critical that you are able to recognize the warning signs of suicide and know what action to take if you encounter someone who is displaying signs of increased risk or is making threats to harm themselves.

Signs of suicide may include:

- Hopelessness, feeling like there's no way out
- Feeling like there is no reason to live
- Increasing alcohol or drug abuse
- Rage, anger, seeking revenge
- Anxiety, agitation, sleeplessness or mood swings
- Dramatic changes in mood
- Engaging in risky activities without thinking
- Withdrawing from friends and family

The presence of any of the following signs requires immediate attention:

- Thinking about hurting or killing themselves
- Looking for ways to die
- Talking about death, dying or suicide
- Self-destructive or risk-taking behavior, especially when it involves alcohol, drugs or weapons

Possible options include:

- Inpatient admission
- Crisis stabilization
- Comprehensive Suicide Risk Evaluation
- Safety Planning
- Schedule Outreach
- Refer for mental health treatments or assure the follow-up appointment is made
- Inform and involve someone close to the patient
- Limit access to any potential means of suicide
- Increase contact and make a commitment to help the patient through the crisis

All VA medical facilities have a Suicide Prevention Coordinator (SPC) who may be contacted to consult, help determine the level of threat and intervention necessary, and begin the referral process for treatment. Be aware of the warning signs of potential suicide; as a person with direct patient contact, you may be the first link in the recognition and prevention process. The Veteran Crisis Line is a 24/7/365 resource for any Veteran, family or staff member to consult with if they have concerns about a Veteran possibly being at risk for suicide.

Veterans Crisis Line: 1-800-273-8255 Press 1

Preventing Harm to Patients - Your Role in Patient Safety: Check Your Knowledge, Adverse Event? Or Close Call?

Consider This Scenario: Case 1

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

This case is an example of an Adverse Event.

Consider This Scenario: Case 2

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

This case is an example of a Close Call.

Consider This Scenario: Case 3

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

This case is an example of an Adverse Event.

Reporting Abuse and Neglect

Abuse and neglect are serious detriments to the health and safety of patients. By law, suspected abuse or neglect must be reported, although the procedures to report abuse are different in all US states and territories. The differing regulations may cause confusion or delays in reporting suspected abuse or neglect.

VA facility policies regarding reporting such cases should reflect state law and may slightly differ between VA Medical Centers. Regardless, in all VA Medical Centers, all instances of suspected abuse and neglect must be reported to your local VA Social Work Service.

Involve your supervisor in all suspected cases of abuse or neglect. They will evaluate the situation and gather the pertinent information and documentation to present to Social Work Service for follow-up.

Discovering Abuse or Neglect

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

Signs and symptoms of abuse or neglect include:

- Vague or inconsistent explanations of injuries (which may be the result of shame or fear of retaliation)
- Acute or past chronic injuries such as bruising or broken bones
- Delayed medical care for injuries or illness
- Chronic abdominal pain
- Chronic depression and fatigue
- Poor nutritional status
- Bed sores
- Neglected oral health or dentition
- Inappropriate or soiled clothing
- Poor hygiene

Your Responsibility for Abuse or Neglect

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

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

Recognizing and Reporting Impaired Healthcare Providers

To provide safe and effective care to Veterans, those in the healthcare environment are required to undergo training in recognizing and reporting healthcare practitioners who may be suffering from illnesses or impairments adversely affecting their performance.

As a VA Healthcare Provider, you have a duty to report any staff member whose performance is suffering because of an illness or impairment.

If you believe that a healthcare practitioner is impaired, **report the person** to your supervisor or the Medical Center Human Resources section (if the employee in question is your supervisor).

Tip: Please keep your report confidential!

Signs of impaired personnel include:

- Witnessing the use of alcohol or drugs
- Smelling alcohol on breath or clothing
- Deterioration in personal hygiene, in clothing and dressing habits
- Unusual patterns of prescribing and/or taking prescription drugs
- Accidents
- Emotional crises
- Hostile, withdrawn, unreasonable behavior to staff and patients

- Making rounds late, or displaying inappropriate, abnormal behavior during rounds
- Decreased quality of performance, e.g., in staff presentations, writing in charts
- Unavailability or inappropriate responses to telephone calls
- Complaints by patient about doctor's or practitioner's behavior

Pain Management

Understanding Pain

Pain is the main concern in roughly ½ of medical visits. Acute (short term) pain is frequently a sign of illness or injury. Beginning with a thorough medical assessment to identify the cause of discomfort is very important.

Managing acute pain can be straightforward. Chronic (long term) pain (CP) is more complex, as perceptual processes (e.g., personal views, culture, general physical and mental health, and spiritual beliefs) play important roles. Patient descriptions of CP are more unique, diffuse, and vague than acute pain. Chronic pain limits social, vocational, and mental wellbeing, and impacts function. Managing CP can be challenging for healthcare providers as well as patients. Assisting Veterans in managing CP is a high priority in VA.

A 2015 Presidential White House Memorandum requires all healthcare agencies to train providers in the "6 Points for Pain Management":

1. Understanding pain
2. Pain management principles
3. Best prescribing practices for pain medications
4. Potential misuse of controlled substances
5. Identification of substance use disorders and referral for evaluation and treatment
6. Methods for proper disposal of controlled substances

Pain Management Principles: Best Prescribing Practices

Consider Non-Opioid Therapies First

Decades ago, Pain became a fifth vital sign and since that time opioid prescriptions have quadrupled. Hundreds of thousands of people have died from overdoses of prescribed opioids. Many states are focusing on reducing opioid prescribing in hopes of stemming the overdose rate. New recommendations focus on improving how opioids are prescribed and monitored to ultimately improve patient care.

You have a clear role in diagnosing and offering treatment choices to patients.

For Acute Pain

- Consider non-opioid medications first.
- Recognize that it may be difficult to wean the patient from opioid medications should the pain become chronic.
- If opioids are prescribed, use the lowest effective dose of an immediate release medication for a short duration.
- Depending on the condition, three to seven days will often be sufficient. Pain lasting longer than three months or past the time of normal tissue healing (which could be substantially shorter than three months, depending on the condition) is generally no longer considered acute.
- Always query your state prescription drug monitoring database, if available, before prescribing a scheduled drug

Managing Chronic Pain

- Consider non-pharmacologic therapies (such as exercise and cognitive behavioral therapy) and non-opioid pharmacologic therapies (such as anti-inflammatories)
- If opioids are considered, be sure that they
 - Are rarely if ever used as first-line or routine therapy
 - Are not prescribed in combination with benzodiazepine sedatives or sleeping pills (overdose risk is greatly increased in patients prescribed opioids and sedatives)
 - Are used in combination with non-pharmacologic or non-opioid/ non-benzodiazepine pharmacologic therapies for additive effects

Safety Rules for Using Opioids

- When prescribing opioids, order the lowest possible effective dosage
- Start with immediate-release opioids instead of extended-release/long-acting opioids
- Regularly monitor patients to make sure opioids are decreasing pain and increasing function without causing harm
- Follow up with opioid use to make sure therapy is working well and associated with functional improvement
- Decrease or stop opioids if they are not beneficial to the overall health of the patient
- Prescribe a Naloxone Overdose Treatment Kit to patients receiving long term opioid therapy

Potential Misuse of Controlled Substances

It is now understood that pain (physical, mental, emotional, and/or social) is the most common reason for chronic opioid use. People who use opioids long term frequently develop tolerance, requiring higher doses to achieve the same effect. They are also at risk for developing an Opioid Use Disorder (OUD). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) has eleven criteria for opioid use disorder, with 2-3 symptoms as mild, 4-5 symptoms as moderate and 6 or greater as severe.

The DSM-5 criteria are:

1. Opioids are often taken in larger amounts or over a longer period than was intended.
2. There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
3. A great deal of time is spent in activities necessary to obtain the opioid, use the opioid or recover from its effects.
4. Craving, or a strong desire or urge to use opioids.
5. Recurrent opioid use resulting in a failure to fulfill major role obligations at work, school, or home.
6. Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
7. Important social, occupational, or recreational activities are given up or reduced because of opioid use.
8. Recurrent opioid use in situations in which it is physically hazardous.
9. Continued opioid use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.
10. Tolerance, as defined by either of the following*:
 - a. A need for markedly increased amounts of opioids to achieve intoxication or the desired effect
 - b. A markedly diminished effect with continued use of the same amount of an opioid.
11. Withdrawal, as manifested by either of the following*:
 - a. A characteristic opioid withdrawal syndrome
 - b. Opioids (or a closely related substance) are taken to relieve or avoid withdrawal symptoms.

*Note: This criterion is not considered to be met for those taking opioids solely under appropriate medical supervision.

Identification of Opioid Use Disorder and Referral

By now it should be apparent that chronic opioid use carries risks for the patient. It is good practice to use a standardized opioid agreement for patients prescribed long-term opioids. The agreement should be discussed and signed before initiating opioids. The agreement should include listing the potential risks (side effects)/benefits of therapy, the permission to regularly and randomly perform drug screens/controlled substance monitoring, the expectations of both parties, and potential consequences for the patient if the agreement is violated. The patient should sign the agreement and it should be placed in the electronic health record.

Practitioners should continue to be on the lookout to see if their patients taking chronic opioids are developing an Opioid Use Disorder (OUD). It is a balance to trust your patient to take the opioids correctly but also verify that there are no warning signs of an OUD.

Screening — to screen for OUD, you may want to:

- Conduct random biologic testing (urine, saliva, blood) for use of prescribed medication and absence of unauthorized or illicit drugs.
- Query the state data bases (if available) to see if your patient is "doctor shopping".
- Ask regular questions about symptoms of substance use disorder. This may be in the form of a standardized screening tool, or just asking questions to determine whether the patient meets the criteria listed on the previous page.

If you suspect your patient may be developing an OUD, you should:

Provide feedback about unhealthy substance use, listen, and discuss options that are available for support and treatment. Use a patient-centered approach, determining what the patient is willing to do rather than forcing treatment. Refer your patient to substance abuse treatment resources and support groups available in VA or the community. In some cases, treatment may involve Opioid Agonist Therapy with either buprenorphine or methadone. Both are good pain relievers that can assist patients in overcoming OUD.

Proper Disposal of Controlled Substances

Patients can visit the DEA's website for more information about drug disposal, National Prescription Drug Take-Back Day events and to locate a DEA-authorized collector in their area. Patients may also call the DEA Office of Diversion Control's Registration Call Center at 1-800-882-9539 to find an authorized collector in their community.

If no medicine take-back programs or DEA-authorized collectors are available and there are no specific disposal instructions on the label, one can also follow these simple steps to dispose of most medicines in the household trash:

- Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, kitty litter, or used coffee grounds.
- Place the mixture in a container such as a sealed plastic bag.
- Throw the container in your household trash.
- Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.

The Food and Drug Administration does not encourage flushing medications so as not to unnecessarily add to drug residues in water systems.

Government Ethics/For Profit Educational Institute Waivers

Goals and Objectives

This lesson provides a summary of the ethics laws and rules applicable to you at the Department of Veterans Affairs. It provides general guidance; it does not cover every nuance and is not a substitute for seeking advice from an Office of General Counsel (OGC) Deputy Ethics Official.

After completing this lesson you will be able to:

1. Describe the Standards of Ethical Conduct of the Executive Branch; and
2. Determine if a For-Profit Educational Institutional (FPEI) waiver is required.

Government Ethics: Overview

While working in a federal facility, you are bound by the same ethical standards as all employees in the federal government's Executive Branch. It's important for you to recognize that public service is a public trust: taxpayers are relying on you to do the right thing for America's Veterans. Just as for other federal employees, it is important to be very careful to avoid unethical behavior and conflicts of interest.

Do's and Don'ts

The 14 General Principles

These principles form the foundation of Government Ethics, and are the basis of the "Standards of Ethical Conduct for Employees of the Executive Branch," also known as the "Standards of Conduct."

Do's	Don'ts
Place loyalty to the Constitution, the laws and ethical principles above private gain	Don't hold financial interests that conflict with the performance of official duty
Put forth an honest effort in performing your duties	Don't use nonpublic information to further any private interest
Act impartially with no unauthorized preferential treatment for private organizations or individuals	Don't solicit or accept gifts from sources doing business with, or otherwise seeking action from, VA or gifts given because of official position
Protect and conserve Federal property and other resources	Don't purport to bind the Government if you do not have authority to do so
Disclose waste, fraud, abuse and corruption to appropriate authorities	Don't use your public office for private gain
Satisfy your obligations as citizens, including paying your taxes	Don't take actions that give the appearance that you are violating the law or ethical standards
Obey laws providing Equal Opportunity regardless of race, color, religion, sex, national origin, age, or handicap	Don't engage in outside activities that conflict with your duties

Laws

Criminal Conflict of Interest Laws

Law: 18 U.S.C. 201 **Crime:** Bribery. Prohibits public officials from seeking, receiving or agreeing to accept anything of value for themselves or others in return for being influenced in an official act.

Law: 18 U.S.C. 203 **Crime:** Representation. Bars employees from seeking or accepting compensation for representing another before a Federal Department, agency or court in matters in which the U.S. is a party or has a substantial interest; or receiving money based on anyone else's representation.

Law: 18 U.S.C. 205 **Crime:** Representation. Forbids employees, with or without compensation, from representing another before a Federal Department, agency or court in matters where the U.S. is a party or has a substantial interest.

Law: 18 U.S.C. 207 **Crime:** Post-Government Employment. Places certain restrictions on representing others before the Federal Government after leaving its employment.

Law: 18 U.S.C. 208 **Crime:** Financial Conflict of Interest. Bars an employee from participating personally and substantially in an official capacity in any particular matter that would have a direct and predictable effect on the employee's own financial interest or the financial interest of certain others.

Law: 18 U.S.C. 209 **Crime:** Illegal Supplementation Of Salary. Prohibits employees from receiving any salary, or contribution to or supplementation of salary, from any source other than the U.S. or the treasury of a State, county or municipality, as compensation for services as a Government employee.

Standards of Conduct on Gifts

Gift includes any gratuity, favor, discount, entertainment, hospitality, loan, forbearance, or other item having monetary value. It includes services as well as gifts of training, transportation, local travel, lodgings and meals,

whether provided in-kind, by purchase of a ticket, payment in advance, or reimbursement after the expense has been incurred.

Gifts From Outside Sources

- You may not solicit or accept a gift given because of your official position or by a prohibited source unless there is an exception to the rule that would allow acceptance.
- However, it is never inappropriate and frequently prudent for a Federal employee to decline such a gift.

Gift Exceptions; What is NOT considered a Gift?

Items that are **not considered gifts** and which you may therefore accept:

1. Modest food or refreshments, but not a meal
2. Greeting cards and presentation items of little intrinsic value (e.g. plaques and certificates)
3. Loans from banks on terms available to the public
4. Opportunities and benefits available to the public or to all Government employees or all military personnel
5. Rewards and prizes given to competitors in contests or events open to the public, unless you were required to enter event as part of official duty
6. Anything for which you paid fair market value

Anything paid for by the Government or secured under Government contract is not considered a gift, but belongs to VA. For example, if you use your VA purchase card to buy copy paper and it is on sale as "buy 2, get 1 free," you may not keep the free ream of paper. It belongs to VA.

Prohibited Source

Is a person or entity or organization a majority of whose members seek official action from, seek or do business with VA, or has interests that can be affected by the performance or non-performance of your duties.

The three big classes of prohibited sources at VA are:

1. Veterans
2. Vendors
3. Veteran Service Organizations (VSOs)

It is against VA policy for Pharmaceutical company representatives to bring food items of any type or any value into VA facilities. Consumption of these food items constitutes violation of government ethics rules.

Examples of Gift Exceptions

As of January 1, 2017, the Office of Government Ethics revised the gift rules. One of the significant revisions, is that an employee who is offered a gift which may otherwise be accepted under an exception, (a widely-attended gathering determination in this case) should first consider whether s/he should accept the gift.

Specifically, the employee is asked to consider whether a reasonable person with knowledge of all the relevant facts would question his impartiality or integrity, or the integrity of the agency's program and operations, because of his accepting the gift. Factors that the employee would consider in making this determination include whether:

1. The gift has a high market value
2. The timing of the gift creates the appearance that the donor is seeking to influence an official action
3. The gift was provided by a person who has interests that may be substantially affected by the performance or nonperformance of the employee's official duties

4. Acceptance of the gift would provide the donor with significantly disproportionate access to VA or VA employees

If after taking all of these factors into account the employee believes that a reasonable person would question his integrity or impartiality or the integrity or integrity of VA's programs, policies or operations, then he should not accept this gift of free attendance. In this case, if the employee determines that a reasonable person would not question their integrity or impartiality or the integrity or impartiality of VA, there must be an exception to the general prohibition on accepting gifts from outside sources.

You may accept a gift that is otherwise prohibited if the gift is:

1. valued at \$20 or less per occasion, but no more than \$50 in gifts from one source in a calendar year;
2. from someone with whom you have a close, personal relationship;
3. certain discounts and similar benefits;
 - a. reduced membership in an organization given to all Federal employees;
 - b. opportunities and benefits to members where membership is unrelated to Government employment -- e.g. travel discounts to members of travel organization;
 - c. opportunities and benefits offered to organization where membership is related to Government service (e.g. employee association), but same deal is broadly offered to other non-Government-related organizations;
 - d. opportunities and benefits offered by non-prohibited source to group/class that does not discriminate among Government employees on basis of responsibility, rank, or pay (e.g. offer to only SES employees does not fit within this exception)
4. based on you or your spouse's outside activities;
5. free attendance, on day of speech, at a conference or event at which you are speaking in official capacity;
6. free attendance at a Widely Attended Gatherings (WAG), when there is a determination by VA that your attendance is in VA's interest, you attend in your personal capacity, and the gathering is found to be attended by persons with a diversity of views or interests. If the donor is other than the sponsor of the event, additional rules apply - seek advice; and
7. social invitations from other than a prohibited source.

Curing Improper Acceptance of a Prohibited Gift

- Return the gift
- Pay fair market value
- Have VA accept the gift

NOTE: Only individuals with specific gift acceptance authority may accept gifts on behalf of VA. The employee who, on his own initiative (which includes seeking advice from a Deputy Ethics Official and following that advice), promptly cures a prohibited gift is deemed not to have accepted the gift.

Remember you **shall not**:

- accept a gift in return for being influenced in the performance of official duty;
- solicit or coerce the offering of a gift; or
- accept gifts so frequent a basis as to lead a reasonable person to believe that you are using your public office for private gain.

Gifts Between Employees

In general, an employee may not give a gift to, or donate toward a gift for, the employee's official superior. Nor may an employee accept a gift from an employee receiving less pay unless they are not in a superior-subordinate relationship **and** there is a personal relationship to justify the gift.

There are two general exceptions that allow a superior or person earning more pay to accept an otherwise prohibited gift: Occasional Basis and Special, Infrequent Occasions.

Occasional Basis is when gifts are traditionally given (e.g. birthday, holiday)

- No cash
- Aggregate value of \$10 or less
- No group gift
- Food and refreshments shared in the office permitted
- Personal hospitality provided at a residence of a type and value customarily provided by the employee to personal friends permitted
- Hospitality gift permitted provided of appropriate type and value customarily given

Special, Infrequent Occasions are those in recognition of infrequently occurring occasions of personal significance such as marriage, illness, birth/adoption of a child or upon occasions that terminate the subordinate-supervisor relationship such as retirement, resignation, or transfer.

- Group gift permitted -- must be appropriate to the occasion
- Soliciting for contributions to gift permitted
- Contributions must be voluntary -- both whether to give/how much to give
- Food and refreshments shared in office permitted

Examples of Gifts

Bruce wants to solicit his fellow employees for donations to an office birthday present for the boss. However, he may not do so, because no group gift may be solicited or given to a supervisor for birthdays, holidays or other similar occasions.

Maggie may take a bottle of wine to a dinner at her boss's house. However, the value of the wine must be similar to what she customarily spends on wine as a hospitality gift.

Mark is the supervisor in his office. He wants to give an office gift to his boss, who is retiring. While a gift from the office is permitted on this occasion, Mark may not solicit donations from his subordinates because to do so is inherently coercive and the donations could never be truly voluntary. However, the solicitation may be conducted by a lower-level employee.

Conflict of Interest

As a VHA staff you have an obligation to place the interests of patients above your own self-interest. Your choice of treatment must never be compromised by financial relationships with industry or other commercial enterprises.

Not only are you prohibited from receiving compensation but you are also prohibited from making treatment choices that may financially benefit others in your life such as your spouse, your minor children, your general partner, a corporate entity in which you have a stake, or a future employer.

You should be able in good conscience to state the following:

"I understand that my professional obligations can be compromised by financial conflicts of interest; therefore, I will avoid conflicts or seek guidance in their management."

If you are offered any type of monetary or in-kind payment or gift (including free lunches or dinners from drug reps) consider whether such a payment or gift has the potential to, or could be perceived to, exert inappropriate influence on your professional decision-making or judgment. If so, decline the payment or gift, and seek guidance from your supervisor, the Office of General Counsel, or another appropriate official.

Financial Relationships

"Financial relationships" include any arrangement or financial holding with a pharmaceutical, biotechnology, medical device, product, equipment, or technology company; disease advocacy group, public relations firm, or law firm working on behalf of these entities.

Compensation

Just remember that you may not receive any compensation from an outside entity that seeks to sway your medical decision making in a particular way. Compensation may include: money or other transfers of value, including consulting fees, honoraria, low-interest loans, real property, royalties, license fees, stock options or other equity interest, paid or reimbursed education, paid or reimbursed travel and lodging, paid or reimbursed food and beverage, paid or reimbursed entertainment.

Impartiality in Performing Official Duties

You must remain impartial in your official duties.

Do not participate in an official matter if it will affect the financial interest of a member of your household, or involve someone with whom you have a "covered relationship" if a reasonable person with knowledge of the facts would question your impartiality. To do otherwise gives the appearance that your official actions are done to benefit yourself or someone close to you rather than being done objectively.

You have a "covered relationship" with:

- an entity with whom you have a business relationship (other than a routine consumer transaction);
- members of your household;
- any person with whom your spouse, dependent child or parent, is, to your knowledge, serving/seeking to serve as officer, director, trustee, general partner, agent, attorney, consultant, contractor or employee;
- any position you have served in last year as officer, director, trustee, general partner, agent, attorney, consultant, contractor, or employee; or
- an organization where you are an active participant (such as head of a sub-committee) - more than mere membership.

Example of Impartiality

Edie is a VA researcher who, up until three months ago, was paid to be on the speaker's bureau of a small device manufacturing company. Edie now wants to conduct VA research sponsored by that company. Edie has a "covered relationship" with the company because she was a consultant/contractor to the company within the past year. Edie needs an authorization from a VA "agency designee" - her facility director in this instance - to participate in this study. The agency designee must make an independent determination of whether a reasonable person would question her impartiality in the matter.

Misuse of Position

You may not use, or permit the use of, your official position, title, or authority to coerce anyone to provide any benefit to yourself or others. For example, you may not call a vendor and say you are a VA official and then ask if the company has openings for your son.

You may not give the impression that VA endorses or sanctions the outside activities of any individual or organization except in furtherance of statutory authority. For example, you cannot use your photo with your VA title on the website of the organization where you sit on the Board of Directors in your personal capacity.

You may not use VA nonpublic information to further your own financial interest or that of another.

You must protect and conserve official resources. You may not use official resources for personal activities unless it results in no, or minimal, added cost to the Government, **except** you may never use VA resources for the benefit of an outside commercial activity.

You must provide an honest day's work.

Example

George has his own alternative rock band. He wants to use his VA phone to call the bar where he has a gig that weekend to discuss their sound equipment. However, George may not use any VA equipment, including phone and email, even during his lunch hour or after work, for the benefit of his outside commercial activity.

Outside Activities

VA does not require you to seek permission before engaging in outside activities. However, you may not participate in activities outside of the Government that would cause you to have to disqualify yourself from VA matters so crucial to your job that performance of your duties is materially impaired.

Select each of the items to learn more about outside activities:

Teaching, Speaking, or Writing

You may not accept honoraria for teaching, speaking, or writing that relates to official duty.

An activity relates to official duties if:

- undertaken as part of official duties;
- the circumstances indicate you were invited primarily because of your official position rather than your expertise;
- the invitation was from someone who can be affected by the performance or non-performance of your official duties;
- information conveyed draws substantially from VA non-public information;
- the subject of the activity deals in significant part with:
 - any matter to which you are presently assigned or were assigned within the past year; or
 - any ongoing or announced policy, program, or operation of VA.

Employees are prohibited from accepting compensation for teaching at a for-profit educational institution. You should contact the Office of General Counsel Ethics Team for specific advice and the possibility of a waiver.

VA staff attending for-profit education institutions must also sign a waiver. Speak to your Program Coordinator or facility Designated Education Officer.

Speaking Example

Jim, a grounds-keeper at NCA, may speak at the local rotary club on “National Cemeteries - an Insider’s Look at Paying Respect to Those Who Served Our Nation.” However, he may not receive an honorarium because the speech relates to his current VA duties.

Fundraising

You may engage in fundraising in your personal capacity outside of VA provided you do not personally solicit funds from a subordinate or knowingly solicit funds from a prohibited source.

The Combined Federal Campaign is the only authorized solicitation of funds from employees in the Federal workplace on behalf of charitable organizations.

Fundraising Example

Joe received an e-mail on his VA computer entitled “Our Party - Thinking Ahead to the Next Election.” The body of the e-mail requested donations to the particular political party. Although he cannot prevent someone from sending him the e-mail, he knows not to forward the e-mail because it is directed toward the success or failure of a political party, and Neil also knows he may never solicit political contributions.

Partisan Activities - Hatch Act

“Political Activity” is activity directed toward the success or failure of a political party, candidate for partisan political office, or partisan political group.

Federal employees **may not**:

- Use official authority or influence to affect result of an election
- Solicit or accept political contributions
- Be a candidate for partisan public office
- Encourage or discourage political activity of anyone who has business before your VA office

Most Federal employees may, in their personal capacities, engage in partisan political activities except when they are:

- On duty
- In any Federal room or building
- Using a Government vehicle
- Wearing an official uniform or Government badge

Career SES are never allowed to engage in partisan political management or campaigning.

Seek advice from an OGC Deputy Ethics Official if you have any questions about the Hatch Act.

Seeking Employment and Post-Government Employment

You may not participate in official VA matters that will affect the financial interest of an entity with which you are seeking, negotiating, or have an agreement for future employment.

The post-Government ethics rules do not prohibit you from getting any particular job, although there are situations in which the Procurement Integrity Act prohibits Federal employees from receiving compensation

from certain companies involved in procurements over \$10 million if the employee had certain duties relating to the procurement at VA. If you were involved in procurements over \$10 million, seek advice.

After you leave Federal service, the criminal ethics laws limit your ability to make certain communications or appearances before a Federal agency or Federal court. Seek advice to learn which rules may apply to you. Even after you leave Federal service, you may seek ethics advice from VA on post-Government issues.

For-Profit Educational Institutional Relationships and the Waiver Process

Law 38 U.S.C. § 3683 prohibits you as a VA employee from receiving benefits due to certain connections with a for profit educational institution (FPEI). This statute requires VA management to take corrective or disciplinary action against VA employees who, at any time during their VA employment, had certain relationships with FPEI. If no detriment will result from an employee's connection with an FPEI, then management may issue a waiver to avoid corrective or disciplinary action.

Who needs to complete a waiver? See the decision tool below.

- VA employees who have or had for-profit connections prior to September 29, 2018
- VA employees who administer VBA educational benefits

Decision Tool:

1. Have you ever attended classes at or had a monetary interest in (receive a salary, wage, dividend or gift from) a for-profit educational institution (FPEI)?
No-You do not need to submit a waiver-STOP
Yes-Go to question 2
2. Did this relationship exist at the same time you provided services to the VA?
No- You do not need to submit a waiver-STOP
Yes-Go to question 3
3. Did your relationship begin prior to September 29, 2018?
No- Go to question 5
Yes-Go to question 4

4. Does the for-profit institution have GI Bill Students? <https://inquiry.vba.va.gov/weamspub>

No- You do not need to submit a waiver-**STOP**

Yes- Complete and Submit the Waiver from a VA computer (see below)

5. Do you receive Services from the FPEI (e.g. take classes)?

No- Complete and Submit the Waiver from a VA computer (see below)

Yes-Go to question 6

6. As part of your VA service, do you work with any Veterans Benefits Administration (VBA) education programs?

No-You do not need to submit a waiver-**STOP**

Yes- Complete and Submit the Waiver from a VA computer (see below)

For more information and/or waiver, visit the VA Ethics SharePoint site (VA computers only):

<https://vaww.ogc.vaco.portal.va.gov/law/ethics/SitePages/38USC3683.aspx>

WAIVER: <https://vaww.ogc.vaco.portal.va.gov/law/ethics/Lists/38USC3683/Item/newifs.aspx>

Submit additional questions to <mailto:3683questions@va.gov>

Government Ethics Advice Contacts

An OGC Deputy Ethics Official can provide you safe harbor - no administrative sanctions may be taken against you if you fully disclose the facts and rely on the advice of one of OGC's Deputy Ethics Officials.

For your use these are contact information:

- **OGCNorthAtlanticEthics@va.gov** for CT, DC, DE, MA, MD, ME, NC, NH, NJ, NY, PA, RI, VA, VT, WV
- **OGCSouthEastEthics@va.gov** for AL, FL, GA, KY, Puerto Rico. SC, TN
- **OGCMidwestEthics@va.gov** for IA, IL, IN, KS, MI, MN, MO, NE, ND, OH, SD, WI
- **OGCContinentalEthics@va.gov** for AR, CO, LA, MS, MT, OK, TX, UT, WY
- **OGCPacificEthics@va.gov** for AK, AZ, CA, Guam, HI, ID, NM, NV, OR, Philippines, WA

Government Ethics: Summary

In this lesson, you saw some examples of unethical behavior and learned how to avoid conflicts of interest. You should now be able to describe the Standards of Ethical Conduct of the Executive Branch.

Health Record Documentation (This section is Required only for those who document in the Electronic Medical Record)

Goals and Objectives

In this lesson you will learn about the importance of health record documentation. After completing this lesson you will be able to describe and perform proper health record documentation.

Documentation Guidelines

As a healthcare provider, it is your responsibility to document in the health record, ensuring entries are timely, accurate, relevant, necessary, authenticated and complete. Specific guidance for whom is permitted to document in the health record and timelines for completion are specified in your facility's Medical Staff Bylaws, Rules and Regulations of the Medical Staff and in local policy.

Proper documentation is an essential means of communication between all disciplines that contribute to the care of the patient. The health record is vital for planning, evaluating, and coordinating patient care. It justifies reimbursement and workload, represents the business and legal record, provides vital data for research and supports accreditation.

The VHA Health Information Management Program Office oversees VHA health record documentation guidelines and requirements. VHA Handbook 1907.01, Health Information Management and Health Records is the official publication for these guidelines and requirements.

Questions regarding documentation in VHA health records should be directed to, your supervisor or the VHA facility's Health Information Management Office.

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

- All notes and other entries into the health record must be timely, accurate, relevant, necessary, comprehensive, professional, authenticated and complete.
- Complete all entries in the health record in a timely manner, preferably as close to the point of service or observation as possible. Check with your supervisor about your VHA facility's policy regarding timely health record completion requirements.
- All procedures performed must be documented in the patient's health record. A procedure note must always be written.
- Do not use any unapproved abbreviation as defined by your facility or the Joint Commission. Symbols, abbreviations, and acronyms are not to be used when documenting final diagnoses and procedures on patients released from inpatient, ambulatory or outpatient service. If symbols, abbreviations or acronyms are used in the health record, there must be an explanatory legend or standardized list available to decipher their meaning.
- Exercise extreme care in copying and pasting information in a patient's health record and avoid it whenever possible. Do not copy and paste anything that could be considered a misrepresentation of what you have actually done **yourself!** For example, do not copy and paste progress notes from other

practitioners (without attributing the note to the original writer), the signature block of another provider, and physical findings from another clinician that you have not verified yourself.

- Limit the amount of information brought into your documentation via data objects, copy/paste, etc. Documentation should be as concise as possible. Adding information readily available in other parts of the health record adds to overall record size ('note bloat') and can cause confusion. For example, if you incorporate laboratory results into a progress note and it is found that a lab instrument was out of calibration, tests results will be updated, however anything added to a progress note would not be updated as it becomes part of the text of that note.

As a healthcare provider, remember that the health record is a key means of communication between healthcare workers. It is your professional responsibility to complete all health record entries (ex: progress notes, procedure notes, operative reports, and discharge summaries, etc.) for which you are responsible prior to completion of your VA rotation. Remember that documentation in a health record creates a legal document that can be used in a court of law. In this era of transparency, patients have the right to access their health records. Don't enter anything in a health record that cannot be fully supported. Patients have the right to the documentation in their health record, so that anything you include in your documentation will be available to the patient or their representative.

Service Connection and Special Authorities

Service-connection (SC) refers to a Veteran's injury or illness that was determined by the Veterans Benefits Administration (VBA) to be incurred in or aggravated by military service. VBA establishes a degree of disability for every SC condition and this degree of disability is represented by a percentage (0-100%). Patient disability information and any SC condition(s) can be found in the health record along with other patient demographics. Patients may notify you when an illness or injury is **Service-Connected**. It is important to document in the health records when care is provided for a service-connected condition. **Care for service-connected conditions is provided free of charge to Veterans**, without a co-pay or billing their private insurer.

The following are "Special Treatment Authorities" that allow Veterans to obtain cost-free care:

- Agent Orange (AO) Exposure
- Environmental Contaminants (EC) Exposure (for service members from Gulf War and exposed to a wide variety of environmental hazards)
- Ionizing Radiation (IR)
- Military Sexual Trauma (MST)
- Head and Neck Cancer (HNC) related to radium treatments
- Combat Veteran within 5 years of discharge from active duty
- Camp LeJeune Diagnosis

Military Sexual Trauma

There are specific documentation requirements to ensure that Veterans are not charged care related to Military Sexual Trauma. When providing care for a Veteran's MST-related condition, you must always check the encounter form checkbox for MST and document and label the MST-related condition(s) as MST-related in every progress note. You do not need to talk about the MST specifically in a session to do this, as long as you are treating an MST-related condition in session.

You Are Responsible!

The treating clinician is responsible for determining if care provided to a Veteran is either service-connected or fits into one of the Special Authority Categories. If you are unsure whether a Veteran's care is for a service-

connected condition or fits into a Special Authority, ask your supervisor or a Health Information professional at your facility.

Consult Management

The VHA ensures timely and clinically appropriate care to all Veterans. The Computerized Patient Record System (CPRS) electronic consultation package facilitates provider to provider, two-way communication on behalf of a patient. A consult is not required for clinics that have implemented Direct Patient Scheduling and for referrals from Primary Care to Mental Health Integration or referrals within the same MH stop code.

Consult requests can be entered for:

1. Traditional, clinical specialty care
2. Administrative communication
3. Community Care coordination (including Choice care)
4. Clinical procedures
5. Prosthetics
6. Future care (care to be delivered more than 90-days in the future)

Patient Indicated Date

The patient indicated date (PID), previously known as the Clinically Indicated Date (CID), indicates the earliest date the patient needs to be seen, as determined by the **sending provider**. This date should never be pushed into the future because of lack of clinic availability. **Receiving providers** should not change the PID unless conflicting or erroneous information is in the consult. Note: The date the patient provides when the appointment is scheduled, previously known as the Patient Preferred Date, is now also termed the Patient Indicated Date. The new term PID emphasizes that the patient is at the center regardless of whether the PID is documented by the provider or given by the patient.

Urgency

The urgency status is used by the **sending provider** to communicate a timeframe when the consult should be addressed. There are two approved urgency statuses: Stat and Routine.

- *Stat* consult requests must be acted on immediately and have a documented discussion between sending and receiving providers as to when the patient will be seen
- *Routine* consult requests should be completed in accordance with the PID and/or sending provider scheduling instructions noted in the comments box (e.g. schedule within 2 weeks of PID). Providers should use the consult comments to indicate when a consult is time sensitive by including a no later than (NLT) date.

Consult Status and Lifecycle

A newly signed consult order will have a status of **Pending**

- Consults should leave the Pending status as soon as possible
- Consults should not be in Pending status for more than 2 business days (except E-consults, Prosthetics consults and Future Care consults, which may remain pending longer)

Active means efforts are underway to **Schedule** the consult appointment.

Partial Results means that a Consult note has been initiated but not yet completed.

There are 2 ways to link the progress note to the consult:

1. Consults Tab — Action, Consult Results..., Complete/Update Results...; and
2. Notes Tab — New note, Select a Consult note title, link to consult request.

Complete means that a Consult note has been linked and completed or the consult has been administratively completed.

E-Consults do not require a face-to-face visit. E-consults are not required to be received or moved from pending status within 2 business days but must be completed within 7 business days. Any consult may be completed as an E-consult if an appointment is not needed. Use an E-consult when the sending provider does not complete necessary prerequisite tests or treatments.

Future Care Consults request care more than 90 days in the future. Future care consults should not be used to address issues of access or availability.

Consult Dos and Don'ts

Mistakes to Avoid:

- **Don't** forget to determine whether the patient you are seeing has an open consult
- **Don't** choose a note title that will not close the consult
- **Don't** leave an unsigned note in CPRS linked to a consult (e.g. if a patient cancels or no-shows the appointment)

Discontinuing Consults: Consults should *not* be discontinued if action would cause risk to the patient. Any discontinued consult must contain a *reason* for discontinuation.

A consult may be discontinued by a provider or MSA without provider review:

- If the patient does not respond to the minimum scheduling effort of one phone call, one letter, followed by a 14 day wait of no response from the patient (three phone calls and a letter for Mental Health)
- If the patient refuses the service, has one or more cancellations or one or more no shows, or passes away
- If care was provided or is scheduled to be provided in the community

Consults may be discontinued by the **Sending Provider** at any point after clinical review, with proper documentation. See **E-Consults** for care not requiring a face-to-face visit.

Cancelling Consults: Consults should only be cancelled under limited circumstances where the **sending provider** did not ask an appropriate consult question or if there is an error within the consult. The **sending provider** may resubmit the consult with appropriate information without having to start over.

Forwarding Consults: Consults may be forwarded to the local Office of Community Care, if it is determined that a Veteran should be seen outside of the VA due to wait time, distance or other justifications for Community Care. When a consult is forwarded, the reason should be documented using the Consult Toolbox, a tool that allows standardized comments to be entered into the Consult comments. Please review the One Consult Model Standard Operating Procedures for further details on the One Consult Model.

This guidance reflects national consult policies thru February 2019. Please consult with your supervisor regarding policy updates or refer to updated guidance posted on the Consult SharePoint site.

Health Record Documentation Knowledge Check:

1. What information should not be copied and pasted in a patient health record?
 - A. Progress notes from other practitioners (without attributing the note to the original writer)
 - B. The signature block of another provider
 - C. Physical findings from another clinician that you have not verified
 - D. All of the above

2. When must all documents be signed and completed in the health records?
 - A. At the end of the month
 - B. As close to the point of service as possible, but no later than the end of your shift or the close of the business day
 - C. Within one week
 - D. Within 72 hours

On the last page is an answer key. [Click here to see the answers.](#)

Compliance and Business Integrity

Goals and Objectives

In this lesson, you will learn how the compliance and business integrity (CBI) program ensures that applicable laws, regulations and standards are followed in all components of the revenue cycle in VA. After completing this lesson you will be able to:

1. describe the functions of the VHA Office of CBI;
2. identify who to contact when there are questions regarding compliance issues; and
3. identify your role in the CBI Program.

The Mission of CBI

The mission of the VHA Office of CBI is to serve as the principal advisor for the Office of the Under Secretary for Health in matters relating to compliance and organizational integrity in the VHA business operations arena.

The VHA CBI Office is responsible for internal oversight of revenue operations to:

- Uphold compliance with applicable laws, regulations and standards
- Foster a culture of business integrity and quality
- Support early detection, mitigation, and prevention of non-compliant practices
- Demonstrate our commitment to accountability, transparency, and stewardship

CBI Officer

Each VA medical center and VISN has a CBI Officer. The CBI Officer is responsible for the implementation and administration of the local CBI program. Your local CBI Officer is your first introduction to business compliance and is available to answer questions concerning compliance issues. As a member of a network office or medical center's management team, the CBI Officer's key role is to provide reasonable assurance to local senior management whether VHA business operations follow applicable laws, regulations and policies. They also help foster a culture of business integrity and quality.

Private Insurers

You may not know that VA can bill third party (private) insurers for care provided to Veteran patients. Thus, the CBI program's main focus is to provide oversight of the revenue cycle. Specifically, CBI ensures that claims to

third party insurance carriers and Veteran first party copayment bills are accurate and that no one is charged inappropriately.

Some examples of reasons that claims may be inaccurate:

- Include incomplete or missing documentation
- Inaccurate coding
- Billing for non-covered services or service-connected conditions

Note Service connection "is an administrative designation. VA cannot bill third party health insurance carriers for treatment of a Veteran's service-connected condition."

Billing

As a healthcare provider you can support accurate billing by assuring the accuracy and completeness of your own documentation, following all supervision and documentation guidelines and identifying if care was provided for a service-connected condition. These are just a few of the examples where you can contribute to accurate claims submission.

If you have a question regarding a compliance concern, such as suspicion of illegal or unethical documentation or business procedures being used in your VA medical center or a question or concern regarding appropriate billing, documentation, or other issues that may affect claims, you can contact your supervisor and, if appropriate, your medical center CBI Office. You may also contact the national **CBI Helpline at 866-VHA-HELP**. Contact to the Helpline can be anonymous.

Note It is every provider's duty to report potential business compliance issues to their supervisor or the facility Compliance and Business Integrity Officer.

Violence in the Workplace and Handling Disruptive Behavior

Goals and Objectives

This lesson will help you recognize, avoid, and address potentially violent situations in your workplace.

After completing this lesson, you will be able to:

1. define disruptive behavior;
2. respond appropriately to notifications regarding disruptive behavior in the electronic medical record;
and
3. manage potentially violent or disruptive behavior and the physical environment in which it occurs.

Violence in the Healthcare Industry

Healthcare workers experience the highest rate of injuries from workplace assault in the United States per the Occupational Safety and Health Administration (OSHA). Employers, such as VA, are required to provide hazard-free work environments for all employees.

OSHA Act of 1970

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

Addressing Violence in the Workplace

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

Most of the violent situations in VHA involve patients directing violence toward employees. However, patient-on-patient violence is also a major safety issues as is employee-on-employee violence. Factors that increase distress such as delays in registration, admission, discharge, treatments, and appointments, or mistakes or delays in receiving benefits, appointments, and prescriptions may lead to disruptive behavior that escalates to violence Anyone is capable of violent behavior given the right set of circumstances and employees are required to work with patients, visitors, and each other in ways that de-escalate disruptive behavior rather than escalate it.

Patient Record Flag

Behavioral Patient Record Flags (PRF) are entered in the Computerized Patient Record System (CPRS) as a way of notifying staff that a patient has risk factors for disruptive behavior. The flag is a form of communication from the Disruptive Behavior Committee (DBC) that describes the risk factors and protective factors specific to the patient. Please read the PRF closely because it will include clear instructions for ways to manage the patient's potential for disruptive behavior. If a PRF lag requires VA Police involvement, notify your supervisor before seeing the patient.

Note: Disruptive behavior as defined by VHA Directive 2012-026 is "behavior by any individual that is intimidating, threatening, dangerous, or that has, or could, jeopardize the health or safety of patients, Department of Veterans Affairs (VA) employees, or individuals at the facility. Disruptive behavior is behavior that interferes with the delivery of safe medical care to patients at the facility, or behavior that impedes the operations of the facility. Disruptive behavior does not depend upon the disruptive individual's stated intentionality or justification for the individual's behavior, the presence of psychological or physical impairment, whether the individual has decision-making capacity, or whether the individual later expresses remorse or an apology. *Note: For more information see title 38 Code of Federal Regulation (CFR) §§1.218(a)(5), 17.33, 17.107 (2011).*"

Preventing Violence in the Workplace

Effective Workplace Violence Prevention Programs include the following five elements according to OSHA guidelines:

Management commitment and worker participation

1. Worksite analysis and hazard identification
2. Hazard prevention and control
3. Safety and health training
4. Recordkeeping and program evaluation

All workers should assess the risks for disruptive behavior and violence in their workplaces and take appropriate action to reduce those risks. A good start is to discuss these issues with your immediate supervisor. Your supervisor and your facility DBC are good resources for additional education about workplace violence prevention.

Reporting Violence in the Workplace

Employees are required to report all instances of disruptive behavior or violence they experience or witness in VHA. Reports can be made to supervisors as well as through the electronic Disruptive Behavior Reporting System (DBRS) available to all employees with VHA computer access. DBRS reports may be entered regardless of the person engaged in disruptive behavior. DBRS reports regarding employee-generated disruptive behavior go to the facility Employee Threat Assessment Team (ETAT) and all other reports go to your facility DBC.

Instances of criminal acts and/or sexual assaults (alleged, witnessed, or reported) must also be reported to VA Police immediately.

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

Goals and Objectives

In this lesson you will learn about your rights to a workplace that is free from harassment, violence, retaliation and reprisal and does not discriminate on the basis of race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process. After completing this lesson you will be able to:

1. describe Federal Equal Employment Opportunity (EEO) Laws and Other Extended Protections;
2. describe the type of behavior/conduct that constitutes workplace harassment, workplace violence, bullying and sexual harassment; and
3. describe your rights with regard to whistleblower protection and prohibition of retaliation.

Federal Equal Employment Opportunity (EEO) Laws and Other Extended Protections

The Equal Employment Opportunity Commission (EEOC) enforces the prohibitions against employment discrimination that are in many laws passed by Congress. These laws prohibit discrimination based on race, color, sex, religion, national origin, age, disability, and genetic information, as well as reprisal for protected activity. Some of the most important laws are:

- Title VII of the Civil Rights Act of 1964
- Equal Pay Act of 1963
- Age Discrimination in Employment Act of 1967
- Sections 501 and 505 of the Rehabilitation Act of 1973
- Titles I and V of the Americans with Disabilities Act of 1990 (ADA)
- Pregnancy Discrimination Act of 1978
- Title II of the Genetic Information Non-discrimination Act (GINA)
- Civil Rights Act of 1991

Also, Executive Order 11478, as amended by Executive Orders 12106 and 13087 (collectively, the Executive Order), prohibits discrimination and ensures equal opportunity in federal employment for all individuals, without regard to sexual orientation including gender identity.

VA Extended Protections

In addition to laws covered under EEOC, VA also extends protections under the bases of marital, parental status and political affiliation.

Accommodations

VA is committed to providing reasonable accommodations to employees on the basis of disability, religious practices or beliefs in accordance with the applicable law.

For people with disabilities, a reasonable accommodation is any change in the work environment or in the manner work is accomplished that enables them to perform the essential functions of their jobs and enjoy equal benefits and privileges of employment. Individuals who believe they need such accommodation should request accommodation from immediate supervisors.

Discrimination

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

Key Points

- Any employee, former employee, or applicant for employment who believes discrimination has occurred on the basis of race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination complaint process may initiate a discrimination complaint.
- Anyone who need advice or consultation regarding EEO laws including workplace discrimination should consult their local VA Medical Center EEO Manager.

Note Victims of discrimination have 45 days from the day the discrimination occurred to contact an EEO Counselor.

Workplace Harassment

Prohibited workplace harassment has different characteristics and is not limited to sexual harassment. VA, the courts and the EEOC have defined discriminatory harassment as:

1. Any such conduct which is based on race, color, religion, national origin, sex (including gender identity, transgender status, sexual orientation and pregnancy), age, disability, genetic information, marital/parental status, political affiliation, or retaliation for opposing discriminatory practices or participating in the discrimination complaint.
2. Any such conduct that is so severe or pervasive, it interferes with an individual's work performance or creates an intimidating, hostile, or offensive working environment.

Workplace harassment is a form of unlawful discrimination and will not be tolerated. Workplace harassment is defined as any unwelcome, hostile, or offensive conduct taken on the bases listed above, which interferes with an individual's performance or creates an intimidating, hostile, or offensive work environment.

Characteristics of Harassment

Harassment is defined as:

- Unwelcome verbal or physical conduct based on one's membership in a protected category, as listed on the previous screen

- Conduct when the submission or rejection of such conduct is used as the basis for employment related decisions or actions
- Conduct that has the intent or effect of unreasonably interfering with one's work performance or creating an intimidating, hostile, or offensive working environment (also known as a [hostile work environment](#))

Warning Harassment is a violation of law and VA policy.

Hostile Work Environment

A hostile work environment exists when unwelcome comments or conduct based on sex, race, or other legally protected characteristics unreasonably interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment. Anyone in the workplace might commit this type of harassment — a management official, co-worker, or non-employee, such as a contractor, vendor, or guest. The victim can be anyone affected by the conduct, not just the individual at whom the offensive conduct is directed. Workplace violence or the threat of violence against workers is strictly prohibited. This type of prohibited behavior can occur at or outside the workplace and can range from threats and verbal abuse to physical assaults. The act of "bullying" constitutes fighting; threats; an intent to inflict harm; abusive, offensive, unprofessional, distracting, slanderous, malicious, derogatory or otherwise inappropriate or unacceptable language intended to degrade or humiliate a particular person or group of people. Bullying and workplace violence are violations of VA's policy and will not be tolerated. Any employee who is subject to bullying behavior or potential workplace violence should report the matter to his or her supervisor or another appropriate official immediately.

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

Examples of behavior that may constitute harassment include:

- Racial or ethnic jokes or slurs
- Pictures, objects, or graphic material containing offensive content
- Threatening words or gestures directed at a person because of his or her membership in a protected class
- Obscene, vulgar, or abusive language
- Notes or emails containing slurs, jokes, or abusive language
- Stalking (waiting for the employee in the parking lot; hanging out near an employee's home)
- Physical assault, such as twisting a co-worker's arm, brushing a hand across their buttocks

Sexual Harassment

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

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

- The harassment does not necessarily result in economic injury to or discharge of the victim.

Behavior constituting sexual harassment falls into three categories:

Verbal Sexual Harassment

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

Non-verbal Sexual Harassment

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

Physical Sexual Harassment

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

Addressing Harassment in the Workplace

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

- Tell the harasser that the behavior is unwelcome and must stop.
- Keep a record of any instances of harassment and follow-up actions.
- Ask co-workers if they observed the behavior.
- Tell your supervisor, someone else in your chain of command, or another manager about the incident.
- If the harasser is your supervisor, inform a higher-level supervisor.

EEO Managers

All VA facilities have an EEO Manager who is available to answer questions about the complaint process or address grievances.

The Notification and Federal Employee Antidiscrimination and Retaliation (No FEAR) Act

The Notification and Federal Employee Antidiscrimination and Retaliation Act (No FEAR Act) protects Federal employees from unlawful discrimination and reprisal for participation in protected EEO and whistle-blowing activity.

The Whistleblower Protection Act prohibits retaliation against public employees or applicants for employment for reporting a violation of law, rule or regulation, gross mismanagement; gross waste of funds; an abuse of authority; or a substantial and special danger to public health or safety. Retaliation against individuals for whistleblowing, opposition to discrimination, or participation in the discrimination-complaint process is unlawful

and will not be tolerated. This includes complainants, witnesses, and others who provide information concerning such claims.

Whistleblower Protection Enhancement

In late November 2012, President Obama signed the Whistleblower Protection Enhancement Act which included enhanced protections for whistleblowers. This statute amended the law regarding whistleblowers' rights by:

1. Making a whistleblower's oral disclosures legally sufficient; no longer must a disclosure be in writing
2. Making disclosures that fall within the whistleblower's job duties an eligible basis of a whistleblower claim
3. Strengthened anti-retaliation restrictions
4. Allowing damages that could be obtained by a whistleblower to include consequential damages such as emotional distress
5. Establishing a two-year trial period for these provisions

Whistleblower Protection: Check Your Knowledge

Consider This Scenario

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

Is this disclosure protected under Whistleblower Protection? Yes or No?

The answer is Yes!

The disclosure in the scenario is protected because:

1. Janet has a reasonable belief that the disclosed information is true.
2. There is no requirement that employee go through chain of command.
3. The whistleblower's personal motivation does not affect the reasonableness of a disclosure.
4. The Disclosure is made to a person in the position to facilitate corrective action. And note, the disclosure does not need to be accurate to be protected.

Tort Claims Protection (This section is Required only for those who provide Patient Care and are appointed by the VA. This does not apply to contractors)

Goals and Objectives

This lesson will help you understand how you are protected legally in the case of a patient filing a claim against you. After completing this lesson you will be able to:

1. describe the Federal Government's self-insurance program against malpractice claims and identify the Act that covers "malpractice insurance" for all federal workers, including those appointed as Without Compensation (WOC); and
2. recognize that, in the case of a law suit, the federal government is the defendant, not you.

Tort Claims Protection: Overview

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

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

Note

The Federal Tort Claims Act (FTCA), August 2, 1946, chapter 753, title IV, 60 Stat. 842, 28 U.S.C. § 1346(b) and 28 U.S.C. § 2671-2680), is a statute enacted by the United States Congress in 1946 permitting private parties to sue the United States in a federal court for most torts committed by Federal employees or appointees. Liability under the FTCA is limited to "circumstances where the United States, if a private person, would be liable to the claimant in accordance with the law of the place where the act or omission occurred." 28 U.S.C. § 1346(b).

The Westfall Act

An important provision of the Federal Employees Liability Reform and Tort Compensation Act of 1988 ("Westfall Act") amending the FTCA, provides that "upon certification by the Attorney General that the defendant employee was acting within the scope of their office or employment at the time of the incident out of which the claim arose ... the United States shall be substituted as the party defendant." 28 U.S.C. § 2679(d)(1).

The purpose of this amendment to the FTCA was to "remove the potential personal liability of Federal employees for common law torts committed within the scope of their employment, and ... instead provide that the exclusive remedy for such torts is through an action against the United States under the FTCA." H.R. Rep. No. 700, 100th Cong., 2d Sess. 4 (1988).

FTCA Coverage Criteria

To be covered by the FTCA the following must be true:

- You must have an active appointment to the VA. During on-onboarding you should have signed an appointment letter. Ask for a copy of this letter to verify that you have been appointed successfully.
- All healthcare providers must act within the scope of their appointment and privileges and not be guilty of willful misconduct or gross negligence.

You do not need to obtain additional malpractice insurance while employed or appointed by VA. There is no monetary or time limit to your protection. You are protected permanently, regarding those acts that occurred while you were employed or appointed at VA. Claims protection via the FTCA is available for all providers, providing the two criteria above are satisfied.

Malpractice Claims

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

- A malpractice suit filed in state court may be removed to Federal District Court where the United States will be substituted as the defendant and the suit will be dismissed if the claimant has not first filed an administrative claim with VA as required by the FTCA.
- If the administrative claim is not settled by VA, the case may then be brought to US District Court (USDC). The plaintiff has six months to file suit in USDC after the claim is denied or the plaintiff may file suit any time after six months has passed since the claim was filed and no decision issued or settlement

reached. At this point, the US Attorneys in the Department of Justice become the defense attorneys. The Justice Department has experience defending malpractice claims filed against the Department of Defense, Veterans Administration, National Health Service Corps, and other federal departments and agencies. They will substitute the federal government as the defendant. Then, working with VA's attorneys, and all of the witnesses (you, your supervisors, and other parties to the case such as involved nursing staff), they will develop the defense case.

- If a payment is made to the claimant either administratively or through the federal court system, you will be reported to the National Practitioner Data Bank, as if a payment had been made on your behalf, if it is determined by a VA panel of medical reviewers that your clinical care did not meet the standard of care.

The Office of General Counsel in VA will determine if the claim has validity and if the claim should be paid or denied. If you are contacted by General Counsel in VA regarding a tort claim, provide accurate information to the best of your recollection. Since some claims take a long time to file and process, you can ask for access to the electronic health record, or a copy of the medical record to refresh your memory.

Tort Claims Protection: Summary

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

You should now be able to:

1. describe the Federal Government's self-insurance program against malpractice claims and identify the Act that provides "malpractice insurance" for all federal workers; and
2. recognize that, in the case of a law suit, the federal government is the defendant.

Tort Claim Protection Knowledge Check:

1. Which of the following is true regarding malpractice/liability coverage for part time staff working at the VA? (Select **ALL** that apply)
 - A. As a VA appointee, you are covered solely by your "home" institution's malpractice coverage
 - B. As a VA appointee you must provide your own malpractice coverage
 - C. As a VA appointee, you are covered by the Federal Government's malpractice coverage under the Federal Tort Claims Act as long as you are acting within the scope of your employment
 - D. As a Contractor, you need to have separate malpractice insurance
2. Which of the following statements is **true** if a claim is filed against you when you are validly appointed to be on assignment/rotation at a VA facility?
 - A. The Justice Department usually takes steps to substitute the United States as the defendant in place of the trainee.
 - B. You have no protection provided by the Federal Government
 - C. You are almost always reported to the National Practitioner Data Bank
 - D. You are typically named as the defendant

On the last page is an answer key. [Click here to see the answers.](#)

Patient Rights

Goals and Objectives

In this lesson, you will learn how to identify patient rights within all aspects of care including respect, non-discrimination, information disclosure, confidentiality, participation in treatment decisions, the complaints process, and pain management. Residents of VHA Community Living Centers (CLCs) also have rights specific for their circumstances. After completing this lesson you will be able to:

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

Reviewing Patient Rights

Dignity and Respect: Patients have the right to be treated with dignity in a humane environment with reasonable protection from harm and with appropriate privacy

Access to care: Patients have the right to receive prompt and appropriate treatment.

Health Equity: Patients have the right to receive timely, high quality, personalized, safe, effective and equitable healthcare irrespective of geography, gender, race, age, culture or sexual orientation.

Providers/Clinical Team: Patients have the right to know the identity of their healthcare providers and whether they are students or residents. Introduce yourself as you enter the room. Take time to listen, really listen! Find out what truly matters to the patient. Demonstrate empathy and compassion. Treat each patient with dignity and respect. Ensure privacy of sensitive information. Use positive body language, direct eye contact, open body language and smile. Ask and answer questions. Assess for pain and develop a treatment plan that is responsive to the patient's pain and values about treatment. Offer traditional and integrative health options to treat pain.

Clean and safe environment: The environment should be clean, safe and private. Ensure the patient care area is clean, all equipment is functioning and the privacy of the patient is protected. Notify Environmental Management or Safety Officer if you have concerns about the environment. During safety rounds, raise any concerns or questions you have about your working environment.

Restraints and Seclusion: Patients have the right to be free from physical restraint or seclusion except in situations of substantial risk of imminent harm by the patient to self or to others and where less restrictive means are inappropriate or insufficient. Consult your facility restraint policy and procedures.

Medication: Patients have a right to be free from unnecessary or excessive medication.

Protection of Veteran's privacy: You must always respect the confidentiality of the provider-patient relationship with reference to the sensitive information that is obtained as part of the relationship. The medical record is to be kept confidential; information is not to be released unless authorized by law. Follow procedures for using the computer and protecting patient records. Refrain from discussing patient information in hallways, elevators or public places. Contact the Privacy Officer if you should have any questions.

Participating in Treatment Decisions: It is critical for patients to actively participate and to make informed decisions regarding their medical care and treatment plans. Ensure the patient or, if patient is impaired, the surrogate decision maker/designated representative understands:

- The risks, benefits, and alternatives of each proposed treatment

- What they can reasonably expect from their treatment and any long-term effects that may alter their quality of life
- Guidelines should they disagree with a treatment decision (see **Complaint/Grievance Process** below)
- What the patient and family will need to do after care

Patients have the right to refuse care, treatment, and services in accordance with law and regulation, without fear of retribution. This includes the right to refuse being examined or cared for by any provider. When the patient is not legally responsible, the surrogate decision maker/designated representative, as allowed by law, has the right to refuse care, treatment, and services on the patient's behalf.

Advance Directives:

- Patients should be asked if they have an advance directive and be provided with assistance in completing an advanced directive if they so desire (follow local hospital policy).
- Patients have the right to review and revise their advance directives.
- Patients' wishes regarding organ donation will be honored.

Research Involvement: Patients have the right to know if a proposed treatment protocol is experimental or part of a research study. Patients have the right to choose whether they will participate in a research project. Potential research risks are to be identified in advance, and the patient is not to be placed under any pressure to participate.

Complaint/Grievance Process: Patients are encouraged to discuss their concerns with the treatment team. They can further discuss with a Service Level Advocate or Service Chief. If a patient's concerns cannot be resolved by the treatment team, Service Level Advocate or Service Chief, the patient can discuss concerns with a Patient Advocate. Inform patients that they can make complaints verbally or in writing, without fear of retaliation.

Health Information: Patients have the right to receive information about their health benefits and entitlements in a way they can understand. This includes information about costs and billing procedures.

Clinical Appeals: A patient can file a formal clinical appeal if they wish to appeal a treatment decision. To begin the process, appeals are to be submitted, in writing, to the Patient Advocate. The appeal will be reviewed by a multi-disciplinary team.

Pain Management: Patients have the right to live free of pain and Pain Management is a VHA priority. Pain includes not only the perception of an uncomfortable stimulus but also the response to that perception. Healthcare professionals should consider a wide range of techniques to help relieve pain, including tactile stimulation, relaxation techniques, psychotherapeutic interventions (e.g., Cognitive Behavioral Therapy for chronic pain) diversion, and active listening.

VHA Community Living Center patients also have the following rights:

Clothing: Each Patient has the right to wear their own clothing

Personal Possessions: Each patient has the right to keep and use their own personal possessions consistent with space, safety regulations, noise restriction, and drug policies.

Money: Each Patient has the right to keep and spend their own money and to have access to their funds.

Social Interaction: Each patient has the right to social interaction with others.

Exercise: Each patient has the right to regular physical exercise and to be outdoors regularly.

Worship: The opportunity for religious worship shall be made available.

Information Disclosure and Confidentiality

Protection of Veteran’s privacy: You must always respect the confidentiality of the provider-patient relationship with reference to the sensitive information that is obtained as part of the relationship. The medical record is to be kept confidential; information is not to be released unless authorized by law. Follow procedures for using the computer and protecting patient records. Contact the Privacy Officer if you should have any questions.

Eligibility for services: Veterans have the right to receive information about their health benefits and entitlements in a way that they can understand. This includes information about costs and billing procedures, i.e., copayments, before they are treated.

Assistance with submitting VA claims: Veterans have the right to file appeals on clinical decisions as well as claims when there are negative outcomes of care, including any potential injuries. Veterans are also to be informed about how to request compensation for any injuries.

Participation in Treatment Decisions

Involvement in their care: It is critical for patients to actively participate and make informed decisions regarding their medical care and treatment plans. Ensure the patient or designated next of kin (if the patient is impaired) understands:

- The risks, benefits, and alternatives of each proposed treatment
- What they can reasonably expect from their treatment and any long-term effects that may alter their quality of life
- Guidelines should they disagree with a treatment decision
- What the patient and family will need to do after care

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

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

- Patients should be asked if they have an advance directive and provide assistance in completing an advanced directive if they so desire (follow local hospital policy).
- Patients have the right to review and revise their advance directives.
- Patients’ wishes regarding organ donation should be honored.

Research Involvement: Patients have the right to know if a proposed treatment protocol is experimental or part of a research study. Patients have the right to choose whether they will participate in a research project. Potential research risks are to be identified in advance, and the patient is not to be placed under any pressure to participate.

Complaint Process: Patients are to be encouraged to seek help from the treatment team or a patient advocate if they have inquiries, problems or complaints. Inform patients that they can make complaints verbally or in writing, without fear of retaliation.

Pain Management: Patients have the right to live free of pain and Pain Management is a priority of the VA. Pain includes not only the perception of an uncomfortable stimulus but also the response to that perception.

Healthcare professionals should consider a wide range of techniques to help relieve pain, including tactile stimulation, relaxation techniques, psychotherapeutic interventions (e.g., Cognitive Behavioral Therapy for chronic pain) diversion, and active listening.

Responding to Active Threat Events

Goals and Objectives

In this lesson, you will learn how to protect yourself, and your patients during an Active Threat event.

After completing this lesson you will be able to:

1. define an Active Threat Event; and
2. identify steps and procedures to take for an Active Threat Event.

Active Shooter Events

There are numerous instances where criminals have randomly killed as many victims as possible during one incident before taking their own lives or being stopped by law enforcement. These types of mass killings are known as Active Threat — Active Shooter Events.

VA Medical Centers are susceptible to an Active Threat-Active Shooter Event. Staff are trained to recognize an Active Threat Event, know what to do, and understand how Police Officers are trained to respond.

Follow your Supervisor's lead if an Active Threat-Active Shooter Event occurs. The following screens will provide information on how to protect yourself, and others.

Characteristics of Active Threat-Active Shooter Events

- An emergency involving one or more persons who are actively killing or attempting to kill people by either random or systematic violence
- Active Threat Events include any assault with a deadly weapon (guns, knives, explosives, blunt instruments, etc.)
- Focus is on harming anyone whom they encounter
- Little to no warning is given before the assault begins
- The assault will continue until the suspect commits suicide or is neutralized
- Events are often over before law enforcement can respond

Reporting an Active Threat-Active Shooter Event

- Report a threat as quickly as possible to the VA Operator, 911, or your supervisor
- Use plain English when identifying an "Active Threat" in progress
- The VA will announce an Active Threat or Active Shooter over a speaker system, giving last known location of suspects
- Remember: the suspects may be constantly moving while looking for new victims

Information You Should Give 911 Dispatchers

Contact the police as soon as possible: 911, non-emergency police line, police email, activating panic alarm

Information you give to dispatchers should include:

- The specific location of the suspect (building and room numbers, floors, etc.)
- The number of suspects
- Do you know the suspect(s)? What are their names?
- The suspect's physical description (race, gender, clothing color and style-is the suspect wearing a backpack or carrying a bag?)

- The number and type of weapons involved (i.e. pistol, long-gun, machete, etc.). Have you heard gunfire? Have you heard an explosion?
- Remain calm and be a good witness

Evacuate, Evade, or Engage

As soon as you become aware of an event:

- Assess your situation
- Quickly determine the most reasonable way to protect your own life

You need to consider:

- What type of setting are you in: patient care, office, outdoors, etc.?
- Are there others in your immediate area who need your assistance?
- Are they mobile or do they have limitations?

Evacuate

Get as many Victims/Targets out of the area as possible to reduce casualties. Encourage others to flee with you, but do not wait for them. Look out for yourself. Note that if you evacuate, you may leave a position of relative safety and expose yourself to the threat.

You should attempt to evacuate if:

- You are in the immediate vicinity of the assault, or
- You are notified of the assault and have a visible, unobstructed path to safety.

If you Evacuate:

- Leave personal belongings
- Help others, if possible
- Prevent others from entering the threat area, if possible
- Keep your hands visible
- Follow instructions of police officers
- Do not attend to the wounded
- Do not attempt to drive away
- Call 911 when you are safe

Evade

Evade, then shelter in place in your immediate vicinity until the threat is neutralized. This will often be the best choice for your safety. Staff in a clinical area may choose to Evade and Shelter in Place if they are able to move patients to safer locations that can be locked or barricaded.

Staff should secure their immediate area by:

- Locking and barricading doors with whatever is available (i.e. desks, file cabinets, beds, etc.)
- Turning off lights, radios and computer monitors
- Blocking windows and closing blinds. Place signs in exterior windows to identify the location of the injured
- Silencing cell phones
- Take cover within the location behind heavy furniture, equipment, etc.
- Remain calm, quiet, and out of sight. Encourage others to do the same. Remember, calm is contagious
- Contact authorities if possible. If you cannot speak, leave the line open allowing the dispatcher to listen
- Render basic first aid to injured person if feasible, as not to endanger your life or the lives of others
- If you have sheltered in place, do not leave your area until you have visual or audible confirmation by a police officer or supervisor that it is safe to come out

Engage

Engage the Suspect only as a Last Resort:

- You should only take action against a suspect when your life is in imminent danger and you have no chance to Evade or Evacuate
- If you take action against the suspect, you must be committed to acting swiftly and aggressively to disrupt and incapacitate the attacker(s)

Police Arrival

What to do when the Police Arrive

- Follow their directions
- Put down any items you are holding
- Keep your hands visible at all times
- Remain in sheltered location until instructed to leave
- Relay as much information as possible to any responding officers

When Police arrive you should not:

- Make quick movements towards officers
 - Hold onto officer for safety
 - Point and scream
- The first responding officers will not stop to aid the injured.

After the Threat is Over...

- You may be called upon to help treat and move the injured
- If you have sheltered in place, do not leave your area until you have visual or audible confirmation by a police officer or supervisor that it is safe to come out
- If you are unsure, remain barricaded in the secure location

Knowledge Check Answers:

Trainee Supervision Knowledge Check Key:

1. While at a VA facility residents and trainees are subject to what level of supervision?

- A. Function independently
- B. Have a named supervising practitioner and operate under their supervision at all times
- C. Do not need a supervisor since they are adequately trained
- D. Are not monitored to check for case appropriate treatment

Answer: B

2. In all cases the supervising attending must sign the discharge summary
True / False

Answer: True

3. Depending on the clinical situation, the following documentation for supervision is allowed:

- A. Supervisor/Attending progress note
- B. Supervisor/Attending Addendum to the note
- C. Supervisor/Attending Co-Signature of the note
- D. Resident documentation of Supervisor/Attending supervision
- E. All of the above

Answer: E

[Select to return to content.](#)

Documenting in the Electronic Medical Record Knowledge Check Key:

1. What information should not be copied and pasted in a patient health record?

- A. Progress notes from other practitioners (without attributing the note to the original writer)
- B. The signature block of another provider
- C. Physical findings from another clinician that you have not verified
- D. All of the above

Answer: D

2. When must all documents be signed and completed in the health records?

- A. At the end of the month
- B. As close to the point of service as possible, but no later than the end of your shift or the close of the business day
- C. Within one week
- D. Within 72 hours

Answer: B

[Select to return to content.](#)

Tort Claim Protection Knowledge Check Key:

1. Which of the following is true regarding malpractice/liability coverage for part time staff working at the VA? (Select ALL that apply)
 - A. As a VA appointee, you are covered solely by your “home” institution’s malpractice coverage
 - B. As a VA appointee you must provide your own malpractice coverage
 - C. As a VA appointee, you are covered by the Federal Government’s malpractice coverage under the Federal Tort Claims Act as long as you are acting within the scope of your employment
 - D. As a Contractor, you need to have separate malpractice insurance

Answer: C & D

[Select to return to content.](#)