SAFETY – BACK TO BASICS!

Ensuring worker and patient safety is not simply a list of tasks, provision of appropriate equipment, and policies and procedures. In order for a safety program to be effective, there must first be a culture of safety within the organization. Everyone in the organization must be committed to improved patient outcomes and also creation of a safe environment for workers.

BASIC PRINCIPLE #1 – ADMINISTRATIVE CONTROLS

SOPS: Every practice should have policies and standard operating procedures on file for each type of services delivered in the practice. These formal documents set the standard of care for practices and serve as an educational tool for all existing and new employees. Areas that may need attention: hand hygiene, employee immunizations, use of personal protective equipment (PPE), surface disinfection, sterilization, and management of exposure incidents.

Vaccines: Practice managers and safety officers should be aware of the immune status of all clinical employees. The hepatitis B vaccination is the only vaccine required by law for employees at risk of exposure to blood and/or body fluids. However, it is prudent to establish immune status for employees involved in clinical care for illnesses such as chicken pox, measles, which although rare has occurred in recent years, and pertussis. Additional recommendations are for all employees to receive an annual influenza vaccine. The CDC recommendations on vaccinations for healthcare workers can be reviewed at http://www.immunize.org/catg.d/p2017.pdf.

Supplies: Safety starts with preparation. Ensure that supplies are available and stocked regularly, including hand-hygiene products, PPE, surface disinfection products, safety needles/devices, and sterilization supplies (wraps, pouches, chemical indicators, spore test).

Compliance Officer: Each practice should assign an individual to monitor compliance with safety standards. The ideal candidate should have training in both required and recommended safety standards and work consistently in the practice location.

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SAFETY - BACK TO BASICS!

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BASIC PRINCIPLE #2 – EDUCATION AND TRAINING
All staff members should be reminded frequently of the importance of safety procedures. Monthly staff meetings and informational posters placed in prominent areas are quick and easy ways to keep safety procedures front and center in between annual compliance training. TMC newsletters are a great source of safety information. Don’t forget to sign the last page every month. It’s part of your individual and practice training records.

BASIC PRINCIPLE #3 – PERSONAL PROTECTIVE EQUIPMENT (PPE)
PPE must be accessible based on the exposure risk associated with the task being performed and employees must understand the importance of the appropriate utilization of PPE. Face protection, gowns, either disposable or reusable, which provide protection of the arms, and the use of gloves is indicated for ALL procedures where there is the potential for splash or splatter to occur. Masks should always cover the nose and be discarded between each patient and when visibly soiled. Remember the goal is to protect the mucous membranes of the eyes/nose/mouth from exposure to potential pathogens. Be certain to remind employees of the need to wear heavy duty utility gloves when handling contaminated sharps during the cleaning/decontamination process.

Employee education on the appropriate use is required in the Bloodborne Pathogen standard on an annual basis (1910.1030(2(vii)(F).

BASIC PRINCIPLE #4 – INJECTION SAFETY

- Designate an area for medication preparation and always use the appropriate aseptic technique when preparing and administering medications. Diaphragms of medication vials/IV access ports must be cleansed prior to access with a sterile alcohol pad prior to access.
- When using multi-dose vials, ensure a sterile needle/syringe is utilized each time the vial is accessed.
- Never administer medication from a single syringe to multiple patients.
- Fluid infusion and administration sets should be utilized for one patient only.

BASIC PRINCIPLE #5 – SINGLE USE DEVICES

- Any item which is received from the manufacturer and labeled as a single use device must be used for one patient/procedure and then discarded.
- Gloves should be disposed of after use, never turned inside out and worn again, or washed and reused.

There are a few questions you might want to consider when evaluating your safety program.

- How do you track and follow-up on infections which may occur in the practice?
- Are you performing weekly spore testing?
- Do you perform equipment maintenance as recommended by the manufacturer?
- Do you monitor compliance with hand hygiene recommendations?

Ensuring the safety of workers and patients must be a top priority for every practice. The resources outlined here will help you create a safe environment for employees and patients if you will go back to basics!
**PHASE 2 HIPAA AUDITS**

We’ve been talking about the HIPAA audits all year and how important it is for all medical and dental practices to prepare for a compliance audit. Do you know what the audits are going to be used for? The Office for Civil Rights will use the audit reports to determine what types of technical assistance should be developed and what types of corrective action would be most helpful. Through the information gleaned from the audits, OCR will develop tools and guidance to assist the industry in compliance self-evaluation and in preventing breaches.

**TIMELINE**

**Phase 1:**

In 2011 and 2012, OCR implemented a pilot audit program to assess the controls and processes implemented by 115 covered entities to comply with HIPAA’s requirements. Drawing on that experience and the results of the evaluation, OCR is implementing phase two of the program, which will audit both covered entities and business associates.

**Phase 2:**

Phase two consists of 4 Rounds. The response time is 10 days for the first three rounds. Communications from OCR will be sent via email from OCR; **OSOCRaudit@hhs.gov**

Check your junk or spam email folder for emails.

**ROUND ONE:**
- Started 3/21/16
- Consists of an email requesting your correct contact information
- Purpose is to identify correct contact information for the HIPAA Officer to direct communications on rounds 2-3
- If a covered entity or business associate fails to respond, OCR will use public information

**ROUND TWO:**
- Has started
- Consists of a survey of general information about your practice
- Purpose is to determine sampling criteria for round 3
- Will include size of the entity, affiliation with other healthcare organizations, the type of entity and its relationship to individuals, whether an organization is public or private, geographic factors, and present enforcement activity with OCR

**ROUND THREE:**
- OCR will not include entities with an open complaint investigation or compliance review
- No indication this round has started yet
- Consists of a “Desktop Audit” completed over the computer
- These audits will examine compliance with specific requirements of the Privacy, Security, or Breach Notification Rules
- OCR will be asking covered entities for a list of each business associate (BA) with contact information (Prepare this now!)
- The second part of Round 3 will be for the BAs identified
- Planned to include 200 CEs and BAs
- Expected to be completed by end of 2016

**ROUND FOUR:**
- Not yet started
- Consists of onsite audits
- Expected to take 3-5 days
- Audits will be broad based
- Being included in Round Three will not determine inclusion in Round Four

**AFTER THE AUDITS:**
- Audit results will not be publically posted
- Results are subject to The Freedom of Information Act (FOIA) and can be released if requested
- Fines will not be levied at this time
- If an audit indicates a serious compliance issue, OCR may initiate a further investigation

**SUGGESTIONS TO PREPARE YOURSELF FOR A POSSIBLE AUDIT:**
- Have an up-to-date list of all Business Associates with their contact data
- Make sure your Risk Analysis is complete and up-to-date
- Complete your CAP (Corrective Action Plan) for any risks identified on your Risk Analysis
WORD OF MOUTH

In our April Advisor, we wrote about our 20 Year Anniversary Celebration. Well, we are still celebrating! When Jim Chamblee started TMC twenty years ago, with a handful of clients and two employees, he had a goal in mind. That goal has grown into a vision of comprehensive quality support. We serve thousands of dental and medical practices with unique requirements in seven Southeastern states and throughout the U.S.A. with our eCompliance program. While the size and scope of our company has grown throughout the years, we understand that the success of our organization is a result of our commitment to respecting our clients — the foundation our business was built upon two decades ago.

TMC grows by referrals. We value our strong reputation and work every day to maintain the trust and confidence our clients have in us. We perform a quality and satisfaction survey with all clients, and respond to areas that need improvement. It is one way we know we are on the right track. Our clients know that if they are not satisfied, we will do everything we can to make them happy, or the service is on us.

We are offering a new Referral Rewards Program just for you. Word of Mouth is our largest advertiser. You deserve a reward for helping us out. For each new customer a client sends our way, they can choose from one of five choices on our TMC Referral Rewards Menu:

- $100 off next year’s service
- 1 Infection Control webinar seat
- 5 Awesome TMC T-shirts
- 5 Exit signs
- 5 Spill kits

Contact our Client Services to let us know which one you chose 1-888-862-6742 or service@totalmedicalcompliance.com.

REFERRAL

Rewards Program

5 REWARDS TO CHOOSE FROM
Customer Corner: Meet Horizon Eye Care

Horizon Eye Care, a locally owned and operated ophthalmology practice providing quality eye care services to Charlotte area residents, was formed in 1997. Horizon offers a full range of ophthalmology services, surgeries, and medical eye care including corneal, retinal, neuro-ophthalmology, oculoplastics, glaucoma, and pediatric exams. These are supported by preventive, diagnostic, and therapeutic services, including optical and contact lens departments, LASIK and aesthetic services.

My SPICE team is a huge help in keeping all of our locations in compliance. We meet quarterly and include the practice managers. During these meetings we are able to discuss infection control issues and safety issues. We also utilize this time to plan our annual fire drills and other safety events. Having open discussions about how and why policies and procedures are in place goes a long way with all around compliance.

IT’S YOUR CALL

OSHA Situation:
Temporary Employees: Who is responsible for their safety?

HIPAA Situation:
Our office does not have a lot of HIPAA relevant issues. Do we really need a HIPAA manual, risk analysis, audits, and compliance training?

DID YOU KNOW?

According to the CDC there are a reported 195 pregnant women with evidence of possible Zika virus infection in the United States at this time.

VISIT OUR BLOG FOR THE ANSWERS
Print and post newsletter in office for staff review. Each member should sign this form when completed. Keep on file as proof of training on these topics.

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