Welcome to Online Physician Orientation - Physician Services

Welcome to Sparrow Health System. If you have any questions or concerns, please feel free to contact Anne Leiby - Physician Retention Specialist at 517.364.6215 or anne.leiby@sparrow.org.

You are responsible for completing this orientation prior to your first day of work. Much of the information contained in these modules is for regulatory compliance, others are for your information to make your entry into the Sparrow family a smooth one. There are modules for (Click on links to open each module):

- Patient Safety
- General Health & Safety
- Infection Control & Prevention
- Information Security & Privacy
- Risk Management & Risk Prevention
- Compliance
- Health Sciences Library Services
- Diversity in the Workplace
What you need to know about Patient Safety

The Joint Commission accredits Sparrow.

- A Sentinel Event is defined as an unexpected occurrence involving death or serious physical or psychological injury, or the risk thereof. Serious injury specifically includes loss of limb or function.
- For all Sentinel Events, we perform a Root Cause Analysis (RCA). It is important that, when asked, you participate fully in an RCA.
- If you have concerns about safety and quality always contact a supervisor in the area, or call the Patient Safety Officer. We want to know, and we will follow up.
- You may contact the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) regarding safety and quality issues directly. To do so on the web: http://www.jcaho.org

If you have questions about Patient Safety, please contact Gary McMullan, Director of Patient Safety at 364.5233 or by email at gary.mcmullan@sparrow.org.

Health & Safety Requirements

The Health & Safety module is about Environment of Care Safety. The test is a way to make sure that every Associate has the same information and knows how to work in the same safe way.

What is the Environment of Care? Environment of Care (EC) involves buildings, equipment and people.

Our EC processes and activities aim to:

- Reduce and control environmental hazards
- Prevent accidents and injuries
- Maintain safe conditions for all coming to the facilities
- Ensure an environment that is sensitive and responsive to patient needs
- Minimize unnecessary environmental stresses

Behind our EC program planning and implementation is one goal:

Provide a safe, functional, supportive and effective environment for patients, staff and others.

The Health & Safety Test is taken online via the Computer Based Training (CBT) system. The link to the CBT system is located on the home page of the Intranet as well as the Medical Education page.

If you have questions about Health & Safety contact the Safety Department at 364.2521.
What you need to know about Infection Control & Prevention

The Infection Control and Prevention Department’s overall goals are to reduce the risk of transmission of infections and infectious diseases and to provide a safe environment for patients, Associates, visitors, Physicians and Volunteers.

Infection Control Team:

Director: Robin Roach, MS, RN, CIC
Manager: Amanda Robinson, MPH, CIC
Supervisor: Michelle Miles, BS, MT
Supervisor: Gen Varney, BSN, RN, CIC
Administrative Assistant: Judy Nemick

Main Number: 364.2523
On-call: Dial “0” and ask Operator for on-call Infection Control Practitioner.

L to R - Robin Roach, Amanda Robinson, Judy Nemick, Gen Varney, Michelle Miles

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial “0” and ask Sparrow Operator for on-call Infection Control Practitioner.

Blood Borne Pathogens

Blood Borne Pathogens: Disease causing organisms found in blood and other potentially infectious body fluids. Organisms of particular concern:

- HIV
- Hepatitis C
- Hepatitis B – VACCINE AVAILABLE

Protect yourself from Blood Borne Pathogens using Standard (Universal) Precautions:

- Treat all blood and body fluids as infectious
- Assess the situation and wear appropriate Personal Protective Equipment (PPE)
  - Example
    - Gloves for contact with body fluids or not intact skin
    - Masks for coughing patients or procedures that may expose you to patient respiratory secretions
    - Goggles and an imperious gown if splashes are likely
- Use for every patient, every time

Please see PPE Guidelines on the Safety Department page of the Sparrow Intranet for a comprehensive list of PPE (Note: this link is only available on the Sparrow Network).

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial “0” and ask Sparrow Operator for on-call Infection Control Practitioner.
SHS TB Control Plan

- Located in the Infection Control Manual and on the Intranet
- For Physicians:
  - Annual TB skin test required
  - Must fit tested to wear the N-95 respirator or PAPR to care for patients in Airborne Infection Isolation (All) for suspected/confirmed TB, includes doing bronchoscopy for TB suspects
- For Patients who are TB suspects or cases:
  - Identify TB suspects upon admission and immediately place in Airborne Infection Isolation
  - Special negative air flow room (Mandatory)
  - Complete list of rooms can be found in the TB Control Plan, Appendix E
  - Patient remains in Airborne Isolation until TB is ruled out (Mandatory)
  - Physician must document in medical record that active TB is ruled out
  - Always contact Infection Control to discontinue Isolation (Mandatory)
  - Notify Infection Control about any TB suspects or cases
- TB disease, suspected or confirmed is reportable to Local Public Health and Infection Control works closely with public health on all TB suspects and cases

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial "0" and ask Sparrow Operator for on-call Infection Control Practitioner.

Vaccines

- Protect yourself by being up to date with your immunizations and knowing your immune status for common vaccine preventable diseases
  - Measles, Mumps, Rubella
  - Varicella
  - Hepatitis B
  - Tetanus, Diphtheria, Pertussis (Tdap one time)
  - Influenza (yearly)

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial "0" and ask Sparrow Operator for on-call Infection Control Practitioner.
Orientation for Physicians & Residents

Occupation Exposure Follow-up

- If you have a needle stick/injury:
  - Wash affected area unless life threatening
  - Fill out an Incident Report
  - Follow up with Associate Occupation health
  - Go immediately to ED if bleeding severely
- Meningococcal exposure:
  - Exposure considered when patient coughed in your face or you intubated patient and did not wear a mask
- Active TB exposure (from a diagnosed case of TB):
  - Fill out an Incident Report
  - Notify Infection Control
    - You will receive a letter from Associate Occupational health if you are exposed to a confirmed case of infectious TB

If you have questions about Infection Control & Prevention, please call 364-2523 or Dial "0" and ask Sparrow Operator for on-call Infection Control Practitioner.

Medical Waste Management

- Biohazard bags are for:
  - Items soaked with blood
  - IV tubing with blood
  - Used culture tubes and swabs
- Sharp Containers are for:
  - Needles
  - Scalpels
- If you are unsure about disposal of particular items please see Infection Control Policy 106 Standard (Universal) Precautions or contact the Infection Control Department

If you have questions about Infection Control & Prevention, please call 364-2523 or Dial "0" and ask Sparrow Operator for on-call Infection Control Practitioner.
Expanded Precautions

Transmission based precautions for organisms that require additional steps be taken to prevent the spread:

- **Contact Precautions**: for organisms spread by direct or indirect contact with the patient or the patient’s environment
  - Gloves and Gown required
  - Common reasons for Contact Precautions at SHS
  - MRSA colonization or infection
  - VRE colonization or infection
  - Clostridium difficile diarrhea
  - Respiratory Syncytial Virus (Pediatrics)
- **Droplet Precautions**: For organisms that may be coughed out onto mucous membranes (droplet spread organisms are not airborne)
  - Surgical mask required
  - Common Reasons for Droplet Precautions at SHS
  - Influenza
  - Neisseria Meningitidis meningitis
- **Airborne Infection Isolation**: For organisms that are spread through the air by breathing them in
  - N-95 or PAPR required (Must be fit tested)
  - Common Reasons for Airborne Infection Isolation at SHS
  - Active TB (suspected or confirmed)
  - Varicella

Click on each type of precaution to see standard Sparrow signage used in these circumstances.

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial “0” and ask Sparrow Operator for on-call Infection Control Practitioner.

Hand Hygiene - Hand Hygiene is a top priority

- Wash or disinfect BEFORE and AFTER patient care and after glove removal.
- Alcohol based hand disinfectant is available in patient care areas along with hand washing sinks
  - Physicians may also pick up pocket sized bottles from the following locations:
    - The Infection Control and Prevention Department located on the 3rd floor of the hospital just before the skywalk,
    - The Radiology reading room
    - The Physician Dictation Room in Medical Records
- Stealth Monitoring occurs throughout the health system to ensure compliance with feedback to Leadership

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial “0” and ask Sparrow Operator for on-call Infection Control Practitioner.
What you need to know about Methicillin Resistant Staphylococcus aureus (MRSA) - Preventing the spread of MRSA is a high priority at SHS

- All patients with MRSA will be placed in Contact Precautions (for active MRSA infection, a history of MRSA or MRSA colonization)
- Many patients with MRSA will remain colonized with it indefinitely
- To discontinue Contact Precautions, patient must have no risk factors for long term MRSA carriage
  - Chronic Renal Failure, Insulin Dependant/Uncontrolled Diabetes, Cystic Fibrosis, Invasive Devices, Immune Compromised, and/or poor general health
  - If patient has no risk factors and their original infection has resolved:
    - Patient must be off of all antibiotics for a minimum of 48 hours
    - Collect a nasal swab (MRSA Screen)
    - If negative, contact Infection Control to evaluate the patient for discontinuing Contact Precautions
- Please see Infection Control Policy 508 for Details and Complete References
- Infection Control conducts daily rounds on all patients in any Expanded Precautions and places an Infection Control Progress Note on the Chart (Attachment A). The form outlines criteria for discontinuing Expanded Precautions and has contact information for the Infection Control Department
  - Please contact the Infection Control Department if you have any questions/concerns

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial "0" and ask Sparrow Operator for on-call Infection Control Practitioner.
Orientation for Physicians & Residents

Infection Control Surveillance

- Infection Control tracks and trends Surgical Site Infections (SSIs) and Health Care Associated Infections (HAIs)
  - HAIs
    - Central Line/PICC Line-associated Bloodstream Infections in Adult and Pediatric Critical Care
    - Ventilator-associated Pneumonia in Adult Critical Care
    - Foley Catheter-associated Urinary Tract Infections on 6 Foster/Rehab
  - SSIs are tracked for the following surgeries
    - CABG
    - Other Cardiac Surgery
    - Cath Lab Procedures
    - Total Joint Replacement (hip and knee)
    - Open Reduction Internal Fixation
    - Arthroscopy
    - Total Abdominal Hysterectomy
    - C-Section
    - Bariatric Surgery
    - Laminectomy
    - Neuro Surgery
- Surgeons performing these surgeries will receive monthly post-discharge letters from the Infection Control Department asking about any infections—please review and return your response to us.

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial "0" and ask Sparrow Operator for on-call Infection Control Practitioner.

Infection Control Data and Summary Reports:

- Infection Control maintains data sets and shares performance improvement summaries at a variety of committees. If you would like your specific information, please contact Amanda Robinson, Infection Control Manager, 517.364.2709.
- Infection Control maintains data sets for Multidrug Resistant Organisms (MRSA, VRE, C difficile)
- If you find an issue that you believe needs investigation, please contact Infection Control.

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial "0" and ask Sparrow Operator for on-call Infection Control Practitioner.
Orientation for Physicians & Residents

Annual Requirements for Physician Recredentialing:

- Annual TB skin test
- Please note: Surgeon infection rates will be reported to Med Staff every two years for recredentialing

If you have questions about Infection Control & Prevention, please call 364.2523 or Dial “0” and ask Sparrow Operator for on-call Infection Control Practitioner.

This completes the Infection Control and Prevention module of Physician Orientation. Please click on “Close Window” to return to Orientation home page.

Physician Orientation - Information Privacy & Security

This portion of the orientation is intended to teach you about your responsibilities and role in protecting confidential information at Sparrow Health System.

Introduction

Privacy & Security Defined –
Privacy – ensuring information is viewed and used only according to Sparrow’s policies; protecting patients’ right to confidentiality

Information Security – putting safeguards in place to protect information

Although patient information is the most sensitive, other forms of business information are considered confidential and must be protected from disclosure. For example, an associate’s wage rate and social security number are both considered sensitive information and must be protected.

If you have questions about Privacy, please contact the Privacy Department at 517.364.6513.
**Physician Orientation - Information Privacy & Security**

**Part 1 - Privacy**

Privacy – ensuring information is viewed and used only according to Sparrow’s policies, protecting patients’ right to confidentiality.

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**Patients’ Rights and HIPAA Privacy**

HIPAA Rules (Health Insurance Portability and Accountability Act of 1996) are federal regulations that all healthcare providers must follow. Healthcare providers are also referred to as Covered Entities under HIPAA.

Under the HIPAA Privacy Rule, individuals have the following rights:

- To receive a Notice of Privacy Practices from their healthcare provider.
- To Make Amendments to their health information, otherwise known as Protected Health Information (PHI).
- To Receive an Accounting of Disclosures.
- To Request a Restriction on the Use & Disclosure of their PHI.
- To Request Confidential Communication.
- To file a privacy complaint.

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**Uses & Disclosures of PHI**

Most HIPAA rules are the same for use and disclosure, but some distinguish between the two. It is important to understand the difference between use and disclosure:

**Use:** Sharing, applying, and analyzing PHI within the entity.

**Example:** A hospital committee conducting an internal quality assurance analysis includes data from the medical records of hospital patients in its report.

**Disclosure:** Releasing, showing, providing access to, or transferring PHI to somebody outside the entity.

**Example:** A hospital sends a copy of a patient’s medical records to the patient’s health plan.

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If you have questions about Privacy, please contact the Privacy Department at 517.364.5913.
Physician Orientation - Information Privacy & Security
Permitted Uses of Protected Health Information without the Patient's Authorization
- To provide treatment
- To obtain payment
- For Sparrow health care operations
- By other health care providers for their same purposes
- By Business Associates contracted to provide Sparrow services

Types of Disclosures Requiring Patient Authorizations
- Individual patient requests for Access
  - Individual Request for Access to Protected Health Information Form, HP-08, found on the Sparrow Intranet
- Access to Patient Information by Third Parties
  - Authorization for Disclosure of Protected Health Information Form, HP-02, found on the Sparrow Intranet
- A patient authorization is also required for treatment purposes when disclosing PHI related to the following:
  - Behavior Health
  - Alcohol and substance abuse
  - HIV/AIDS
  - and in certain cases concerning minors

If you have questions about Privacy, please contact the Privacy Department at 517.364.6913.

Physician Orientation - Information Privacy & Security
Notice of Privacy Practices
A written form that covered entities must create and distribute to individuals.
- Purpose - to notify individuals about:
  - The covered entity's information practices
  - The covered entity's duties to respect the individual's PHI
  - The individual's own rights concerning his/her PHI

This document is publicly posted in Sparrow patient registration areas and is posted on the Sparrow website in English, Spanish, Chinese, and Vietnamese.

If you have questions about Privacy, please contact the Privacy Department at 517.364.6913.
**Physician Orientation - Information Privacy & Security**

**Disclosure to Law Enforcement**

You may disclose PHI to a correctional institution or a law enforcement official having lawful custody of an inmate.

- Other requests should be directed to:
  - Risk Management 354.2343
  - Privacy Department 364.6913
  - Hospital Security Department 364.2000

If you have questions about Privacy, please contact the Privacy Department at 517.364.6913.

**Accounting of Disclosures**

Disclosures made in accordance with a law or regulation and without patient authorization must be logged manually or electronically in the Disclosure Log System.

Contact Privacy Department at 364.6410 for information regarding Disclosure Log.

- Exceptions:
  - Treatment
  - Payment
  - Healthcare Operations

If you have questions about Privacy, please contact the Privacy Department at 517.364.6913.
Physician Orientation - Information Privacy & Security

Patient Directory

PHI disclosures to members of the public are limited to the following data elements contained in the Sparrow Health System Patient Directory:

- Patient name
- Patient location within Sparrow Health System
- Patient’s condition
- Religious affiliation
- General Condition

Patients must be given advanced notification that their information will be included in the Patient Directory unless they otherwise object.

The following information can be given if a patient has not objected and the inquiring individual identifies the patient by name:

- the location of the patient within Sparrow Health System
- a description of the general condition of the patient limited to "good", "satisfactory", "serious", or "critical"

If an emergency situation or the patient’s incapacity make it impossible to provide advanced notification, a physician or a manager, exercising professional judgment, may decide to include the patient’s information in the Patient Directory when it is deemed to be in the patient’s best interest.

A patient may verbally request that Sparrow limit or restrict the disclosure of their information from the Patient Directory.

You will find the following symbols documented in the "publicity", "telephone inquiry" and the "clergy notify" fields of Sparrow’s Patient Information System "STAR" and the Electronic Phone Directory "Intellidesk".

- "&" - TOTAL PRIVACY = "I'm sorry this name does not appear in our patient directory". If visitor argues, suggest that the caller/visitor contact a family member of the patient.
- "@" - NO PHONE CALLS = "I'm sorry, the patient has requested that they not receive phone calls at this time".
- "*" - LIMITED PRIVACY = "I'm sorry, the patient has requested privacy. We cannot give out the room number or any other information at this time."
- "$" - SECURITY HOLD = "I'm sorry we do not have any information regarding this patient." If the visitor becomesirate, transfer to the Security Department at extension 42000. IT IS IMPERATIVE THAT YOU DO NOT GIVE OUT ANY INFORMATION REGARDING THIS PATIENT!
- Blank = NO RESTRICTIONS

If you have questions about Privacy, please contact the Privacy Department at 517.364.6913.
Physician Orientation - Information Privacy & Security

Family & Friends

When a family member, personal representative, close friend or other person is involved with a patient’s care, or with payment for care, Sparrow Associates may provide this person with a patient’s PHI as follows:

- Use the Minimum Necessary Rule – Disclosure must be limited to information that is directly relevant to the other person’s involvement in the patient’s care or payment for care.
- Always attempt to ask the patient if you may disclose his/her PHI to family and friends.
- If the patient objects, no PHI can be disclosed except as required by law.

If you have questions about Privacy, please contact the Privacy Department at 517.364.6913.

Physician Orientation - Information Privacy & Security

Information Security - Putting safeguards in place to protect information.

Examples of information that Sparrow defines as confidential:

- **Identifiable patient information** such as patient name, address, medical records numbers, and any other information that can by itself, identify an individual or be linked with other information sources to identify an individual.

- **Personal identifiable information** such as Sparrow staff or associate social security numbers, dates of birth and driver’s license number.

- **Personal and corporate financial information** - patient or staff financial data such as credit card numbers, bank account and bank routing information, and credentials used to access this information such as credit card verification numbers and PINs.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.
Physician Orientation - Information Privacy & Security

Sending Information

Information can be sent in many different ways:

- Email
- Fax
- Internal and external mail
- Phone call or voice mail

Regardless of how information is sent, you have a responsibility to protect that information by following appropriate policies and procedures.

If you have questions about Information Security, please contact Information Security Administration at 617.364.6520.

Physician Orientation - Information Privacy & Security

eMailing Information

Requirements when using email at Sparrow Health System:

1. Do not use personal web-mail accounts, such as AOL, Yahoo, GMail, etc. to send confidential data or other Sparrow business-related data. If you have a need to use email to communicate confidential information or other Sparrow business communication, please request a Sparrow GroupWise email account through Sparrow’s Physician Recruitment office.

2. All confidential email must be encrypted if being sent to external recipients. Recipients considered “external” are those individuals with non-sparrow.org email addresses. Internal Sparrow GroupWise communication that is sent from a Sparrow sender to a Sparrow recipient does not require encryption when sending confidential data.

3. Sparrow GroupWise users should have no expectation of privacy. Sparrow GroupWise email content can be audited for various reasons.

Further information on email encryption tools and appropriate use of Sparrow GroupWise email will be sent to all new GroupWise users upon creation of their email account.

If you have questions about Information Security, please contact Information Security Administration at 617.364.6520.
Physician Orientation - Information Privacy & Security

Faxing information

- Use fax coversheets. They tell the recipient what to do if they receive a misdirected fax.
- Always double-check the recipient’s fax number in the display screen of the fax machine before pressing the “send” key. Also check pre-programmed fax numbers periodically.
- Obtain a fax confirmation sheet, when possible, to verify that your fax transmission was successful.
- Call the recipient and request that he/she wait by their fax machine to receive your confidential fax.
- Collect all original documents before leaving the fax machine.

If you have questions about Information Security, please contact Information Security Administration at 517.364.8520

Physician Orientation - Information Privacy & Security

Mailing information

- Mark the envelope or package as “confidential” when sending patient or other confidential information.
- Seal internal mail envelopes with labels that clearly state that the envelope is confidential and should be opened only by the addressee. Label seals can help prevent tampering.
- Confirm that you are sending your package to the correct address.
- Clearly and completely print your address as the sender and the address of your recipient.
- Use traceable means of sending patient and other confidential information, when necessary, to verify that the recipient has received your package.

If you have questions about Information Security, please contact Information Security Administration at 517.364.8520.
Physician Orientation - Information Privacy & Security

Storing Information

Information (electronic and printed) can be stored in various ways that require different security measures.

Examples of places where information can be stored:

- Electronic devices
  - Laptop computers
  - Computer Tablets
  - Handheld devices (personal digital assistants - PDAs)
- Electronic media
  - Disks - CD, DVD, Floppy
  - Portable drives - USB drives, Flash memory
- Applications/Systems
- Paper file storage (Charts)

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.

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Physician Orientation - Information Privacy & Security

Storing Information in electronic devices or on media

Information (electronic and printed) can be stored in various ways that require different security measures.

Examples of places where information can be stored:

- Do not store confidential information on mobile devices or media unless necessary. If necessary, please do the following:
  - Contact the Information Services Helpdesk for assistance in securing the device or media. They will direct you to the Information Security Department.
  - Store only the minimal amount of confidential data that is needed on the device or media.
  - Immediately call the Information Services Helpdesk if your personal or Sparrow-owned device or media is lost or stolen.
  - Always keep the device in your sight and with you at all times or locked in a secure place when not in use.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.
Physician Orientation - Information Privacy & Security

Cellular Phone Usage

Sparrow permits the use of cellular telephones, following defined guidelines, in Sparrow facilities with the exception of:

- Cardiac Progressive Care
- Cardiac Care Unit
- Cath Lab
- Dialysis, IP & OP
- Emergency Department - Patient treatment areas
- Intensive Care Unit
- Neuro Intensive Care Unit
- Nursery
- Post Anesthesia Care Unit
- Pediatric Intensive Care Unit
- Regional Neonatal Intensive Care Unit
- Surgery
- Urgent Care - Patient Treatment areas

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.

Physician Orientation - Information Privacy & Security

Cellular Phone Guidelines

Reasonable efforts are to be taken to prevent inadvertent disclosure of PHI, such as lowering one’s voice or moving to a more private location.

PHI has the potential to be intercepted over a cellular network, after establishing positive patient identification between parties, staff should limit discussion or text of PHI to the minimum necessary to complete the required communications.

Cellular telephones with picture features create a potential risk to Protected Health information and to both patient and associate privacy. Sparrow strictly prohibits the use of the camera feature in Sparrow-owned or Sparrow-leased facilities, premises, and vehicles.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.
Physician Orientation - Information Privacy & Security

Using computer applications or systems

- Do not share your password or write your passwords on reminder notes.
- Choose passwords that are difficult to guess. Do not create passwords that are names of family members, hobbies, sports teams, or school affiliations.
- Log-off before leaving your workstation unattended - even for just a few minutes.
- Avoid procedures that store your passwords for future log-ins.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6620.

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Physician Orientation - Information Privacy & Security

Tip for creating passwords when using computer applications or systems

In order to make a password that is difficult to guess but easy to remember, think of a phrase like, "Every cloud has a silver lining". Take the first letters of each word in the phrase ("Every cloud has a silver lining") and put them together. Then add a number to the end. The strong password you created would be:

echas06

If you have questions about Information Security, please contact Information Security Administration at 517.364.6620.

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Storing hardcopy or printed information

- File information when you are finished using it.
- Position patient charts or images so others cannot read information when transporting either by hand or cart.
- Never leave a patient chart, images, or other documents with patient information unattended in any general area.
- Turn documents face-down when not in use.
- Lock cabinets and offices when you are finished using them.
- Report any lost or stolen keys to hospital leadership.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6620.
Physician Orientation - Information Privacy & Security

Discarding or “throwing away” Information

Send CD’s, DVD’s, and floppy disks and other media to Information Services Computer Operations department to securely erase and destroy.

Shred all documents containing sensitive information before throwing away or use the designated shred collection boxes.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.

Physician Orientation - Information Privacy & Security

Protecting Verbal Communications

Be careful when there is a need to communicate confidential information in public areas. Public areas include elevators, hallways, and hospital cafeterias, parking lots, etc.

Protecting Your Environment

- Always question individuals who do not look familiar or do not belong in your work area.
- Do not give out security codes to secured doors at facility locations.
- Physicians must wear a name badge and have it visible at all times.
- Always confirm the identity of individuals who are asking to:
  - View confidential patient data
  - To perform facility/engineering work in your area
  - Look at your computer or electronic device.

Ask to see the individual’s Sparrow badge for identification. Don’t presume that the individual is authorized to access your work area or computing device based on their appearance or if they claim to have “clearance” from a department manager.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.
Physician Orientation - Information Privacy & Security

Reporting An Information Security Incident

 Immediately report the following:

- Lost or stolen mobile computing/storage device/media that contains confidential information.
- Suspicion of a compromised credential (e.g., passwords).
- Knowing that electronic information has or is being accessed or sent to unauthorized individuals incidentally or intentionally.
- Any suspicious symptom you experience while using your Sparrow computer that disables certain software or alerts you that you have a virus or other malware.
- Receiving verbal/written threats or notice that confidential information has or will be breached.
- Receiving suspicious requests for Sparrow network or login information from individuals other than Sparrow IS. Ask IS Associates to identify themselves.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.

Physician Orientation - Information Privacy & Security

Sparrow Information Services

Sparrow's Information Services Department provides a multitude of services. Some of those services include:

- Computer repair and troubleshooting of Sparrow assets.
- Assistance in acquiring hardware and software. (Please note that all hardware and software used at Sparrow Health System must be authorized by Information Services.)
- Assistance with the use of information systems and general desktop systems.
- Assistance with information security matters/incidents or assistance in selecting and installing security-related tools.
- Access to de-identified patient data for purposes of research, after IRRB approval.
- Access to information systems and resources. (Note that if you need access to a particular application, contact the Physician Recruitment office, who must request the access on your behalf.)

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.
Physician Orientation - Information Privacy & Security

Information Sources
Sparrow provides many information sources such as Sparrow’s Internal Network:

- Accessible with login and password only with Sparrow-owned computing devices at Sparrow locations.
- Hosts all Sparrow Information Systems, which require additional unique logins and passwords.
  - (Please note: The Intranet is the electronic resource for Sparrow employees, operational, and regulatory policies.)

Physicians may request remote access to Sparrow’s IT resources through the Physician Recruitment office. This provides physicians the ability, through Sparrow’s public wireless, to login in using their own computing devices on rounds at the hospital.

Sparrow provides a public wireless network:

- Open access to the Internet throughout Sparrow’s main hospital, in the St. Lawrence cafeteria and in the Professional Building’s atrium.
- No direct access to Sparrow applications or internal data. Request remote access through Sparrow’s Physician Recruitment office.
- Treat with the same caution as using an Internet café or public web kiosk.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6520.

Physician Orientation - Information Privacy & Security

When Conducting Research

- Obtain approval through Sparrow’s Institutional Research Review Committee (IRRC).
- All requests for patient data should be directed to Brian Beauchime in Decision Support. Call 364.4367 (HelpDesk) and ask to speak with the Decision Support Department.
- Data must be de-identified
- Data must be stored in encrypted format. (Call the HelpDesk for assistance with encryption.)
- Data electronically sent must be encrypted.

If you have questions about Information Security, please contact Information Security Administration at 517.364.6620.
Physician Orientation - Information Privacy & Security

Who to call?
Information Services Helpdesk - 364.4357 for all of your Information Services needs. The Helpdesk is staffed 24 x 7 and can assist you either directly or can transfer or page the appropriate department in Information Services.
All Information Security-related questions or incidents can be reported by calling the IS Helpdesk and asking to speak to someone in Information Security, or you can reach Angela Knauf, Chief Information Security Officer, directly by calling 364.6523.
Additionally, Sparrow’s HIPAA Privacy Office, can be reached by calling Dana Hartshorne-Stoddard, Chief Privacy Officer, at 364.6410.

This completes the Information Privacy & Security module of Physician Orientation. Please click on "Close Window" to return to Orientation home page.

Physician Orientation - Risk Management & Risk Prevention Skills

Risk Management Staff
Kevin Cole, Director Risk Management & Safety, 364.2057, kevin.cole@sparrow.org
Matt Wesonick, Risk Manager, 364.2461, matthew.wesonick@sparrow.org
Deborah Henning, Insurance Specialist, 364.2754, deborah.henning@sparrow.org
Barb Stone, Paralegal, 364.2343, barbara.stone@sparrow.org
Heidi Simpson, Administrative Assistant, 364.2343, heidi.simpson@sparrow.org
We are located in Suite 305 of the Medical Arts Building. Hours of operation 7:30am - 5pm Monday - Friday. After hours available via Nursing Supervisor or Hospital Operator.

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

Communication
Remember...
- Communication is more than just spoken words.
- Communication is:
  - Listening 7%
  - Tone of voice 37%
  - Facial Expression 55%

If you have any questions or concerns about Risk Management, please call 364.2343.
Physician Orientation - Risk Management & Risk Prevention Skills

Communication Risk Prevention Skills

When you communicate, remember to:

- Sit down
- Listen to your patients carefully
- Respond compassionately, try to use language that’s easy to understand - no "medicalese"
- Ask the patient what they want
- Obtain informed consent - physician ultimately bears the liability risk if consent is not obtained
- After obtaining patient consent, communicate with the family and/or friends
- Ask patients if they have questions
- Keep patient, family, & friends fully informed about patient’s care/status
- Keep all members of the health care team fully informed about patient’s care/status

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

The Value of Appropriate Communication

- Conveys information to other health care providers
- Keeps the patient and family informed
- Reduces the risk of a claim — poor communication to patients and families underlies many patient complaints and legal claims. Poor communication among health care providers creates uncertainty & gaps in care that may result in medical errors.

If you have any questions or concerns about Risk Management, please call 364.2343.
Physician Orientation - Risk Management & Risk Prevention Skills

Informed Consent

It's a communication and education process, not just a form the patient signs!

Valid Informed Consent requires the physician to discuss and document:

- Diagnosis/Nature of illness being treated
- Nature and purpose of proposed treatment
- Risks and Consequences
- Probability/Likelihood of successful outcome
- Feasible treatment alternatives (risks/benefits)
- Prognosis if proposed treatment is not given
- Patients have a legal and ethical right to be informed
- Is a physician responsibility
- Tasks for education may be delegated – but delegation does not shift responsibility from the physician
- Always document your educational efforts

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

Informed Refusal

- Patients have the right to refuse care
- BUT: You must determine the patient’s medical decision-making capacity—i.e., capacity to refuse care
- Religious grounds are appropriate for refusal except when the decision involves a minor or pregnant woman

If you have any questions or concerns about Risk Management, please call 364.2343.
Orientation for Physicians & Residents

Physician Orientation - Risk Management & Risk Prevention Skills

Patient Occurrences/Injuries

Occurrence Reporting

The Occurrence Reporting notification system:

- Is how you tell Risk Management about any event that is inconsistent with routine operations.
- Include "near misses".
- Does NOT require that a patient be harmed—some events that are inconsistent with routine operations may not harm patients, but should still be reported.
- Is a confidential process.

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

If an Injury Occurs

- Do not accidentally imply negligence by the inappropriate defense of another person’s actions.
- Communicate the objective facts related to the injury to the patient and family, without giving any subjective statements, especially as to liability.
- Do not blame the hospital or clinic for policies or administrative problems encountered during patient care.
- Avoid conveying a negative opinion about another health care professional to the patient. Do not imply that another should be blamed.
- Never assume that another health care professional has acted improperly based only on statements made by the patient.
- Verbally notify members of the health care team, including Risk Management, of a patient’s injury or anticipated complication.
- Complete an occurrence report and forward it to Risk Management within 24 hours.
- Verbally notify members of the health care team as to how a complication will be explained to the patient, using objective facts only.

If you have any questions or concerns about Risk Management, please call 364.2343.
Physician Orientation - Risk Management & Risk Prevention Skills

Documentation

Purpose
- To record clinical information and:
  - Provide accurate and complete information about the patient’s care and treatment
  - Provide a basis for planning the course of treatment for each patient
  - Provide an ongoing means of communication among all caregivers

Documentation of a patient’s care can be used for many purposes, including:
- To comply with legal, regulatory and accreditation requirements
- To provide a legal record of the care
- To ensure adequate reimbursement
- To guide planning and cost-containment activities
- To identify Patient Safety/Quality Improvement Issues

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

Documentation

How the Medical Record is Used in a Malpractice Case
- In a malpractice case, the medical record is considered the “Best Evidence” as to what actually occurred—and both sides get to see and use the medical record to:
  - Show the existence of a patient/provider relationship, or a duty to treat
  - Tell a story—the series of events leading up to and following an adverse patient event
  - Determine the extent of injury or damages
  - Determine responsible parties

If you have any questions or concerns about Risk Management, please call 364.2343.
Physician Orientation - Risk Management & Risk Prevention Skills

Documentation - Risk Prevention Skills

- Always use the appropriate medical record
- Document on each line without leaving spaces between entries
- Document an omission as a new entry
- Avoid adding to a previously written entry
- Only use standard abbreviations
- Document legibly and clearly

Avoid an allegation of alteration of records:

- Never erase an entry
- Never obliterate an entry (i.e., never completely ‘white out’ or ‘black out’ an entry)
- If a documentation error occurs, draw a line through the error, time it, date it, and identify why the change was made. Sign the entry.
- Always use ink

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

AMA - Patients Leaving Against Medical Advice

- May indicate a failure in the doctor-patient relationship
- If person wishes to leave ‘AMA’. Address the underlying problem
  – legitimize the patient’s concerns and enlist alternative resources (i.e., social work, pastoral care, etc.)
- If you feel the patient wishes to leave ‘AMA’, you must balance the patient’s freedom vs. duty to protect:
  - Determine capacity to decide: Does patient have “medical decision making capacity”? (If patient lacks capacity, patient cannot be allowed to make the decision to go AMA)
  - Discuss risks v. benefits – Clearly explain what could happen to patient
  - Consider alternative treatments
  - Involve family, friends, neighbors, etc.
  - Thoroughly document your discussion with patient—including the risks you explained to the patient
  - Document the entire event and who refused what
  - Patient’s signature does NOT relieve the physician of legal responsibility
  - Welcome the patient back if they change their mind

If you have any questions or concerns about Risk Management, please call 364.2343.
Physician Orientation - Risk Management & Risk Prevention Skills

**Subpoenas**
- Never avoid a person who is attempting to serve you legal papers
- If they approach you in a patient care area, politely invite them to a non-public area
- If you are unable to be interrupted, set up a time and place to meet at a later time
- Questions – call Risk Management at 384.2343 to review the legal papers

**Notice of Intent/Summons and Complaint**
- Notify Risk Management immediately when a Notice of Intent or Summons and Complaint has been received
- Do not discuss the case with anyone, other than your attorney and/or Risk Management
- Original medical records are sequestered to avoid allegations that they have been altered; a certified copy is available for review in Risk Management

If you have any questions or concerns about Risk Management, please call 384.2343.

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Physician Orientation - Risk Management & Risk Prevention Skills

**Advance Directives**
A written document specifying:
1. The type of medical care a patient wants in the future:

   —OR—

2. Who a patient wants to make medical decisions for patient, if patient loses the capacity to make decisions for himself:

**There are 3 Types of Advance Directives:**

1. **DPOA** — a legally binding, written document that appoints another individual to make medical treatment decisions and related personal care decisions for you.
2. **Living Will** — a written document that informs persons about what type of medical care you want if terminally ill or permanently unconscious.
3. **DMR Declaration** — a written document expressing your wish that if breathing and heartbeat cease, resuscitation not be attempted.

**Who should have an Advance Directive?** Ideally, EVERYONE 18 years and older!

For Questions/Concerns involving Advance Directives and *immediate* treatment decisions, contact Risk Management at 384.2343.

If you have any questions or concerns about Risk Management, please call 384.2343.
Physician Orientation - Risk Management & Risk Prevention Skills

Peer Review
- Is a confidential process – protected from disclosure by state laws
- May be initiated by Performance Improvement, Risk Management, Medical Directors, Residency Directors or Department Managers
- Is an invaluable process to prevent future risks and improve patient care

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

Confidentiality
- Patient consent is necessary for disclosure of the patient’s health information to others
- Doctor-patient privilege:
  - A statutory privilege
  - A doctor-patient relationship must exist
  - Communication must be for diagnostic and treatment
  - Holder of privilege is the patient, not doctor

If you have any questions or concerns about Risk Management, please call 364.2343.

Physician Orientation - Risk Management & Risk Prevention Skills

Emergency Medical Treatment & Active Labor Act (EMTALA)
- This law prevents the transfer of patients from one facility to another solely based on patient’s ability to pay
- Requirements for appropriate transfer are numerous
- Civil penalties may be imposed against hospitals and physicians who violate the requirements

If you have any questions or concerns about Risk Management, please call 364.2343.
Physician Orientation - Risk Management & Risk Prevention Skills

Reducing Risk and Preventing Lawsuits boils down to:
- Having and applying medical expertise
- Using excellent communication and interpersonal skills
- Creating accurate and comprehensive documentation

Comments, Questions, or Concerns??
Contact Risk Management at: 517.364.2343

This completes the Risk Management & Risk Prevention Skills module of Physician Orientation. Please click on "Close Window" to return to Orientation home page.

Physician Compliance Orientation

Sparrow Health System Commitment

- High quality, compliant services
- Integrity and ethical conduct
- Taking a Closer Look

Compliance is about the culture at Sparrow of providing high quality, compliant care. The Sparrow Compliance Plan, supporting these efforts, was first developed in 1989.

At right is the new mascot used to promote Compliance's theme of "Take a Closer Look". You will see him on other compliance materials throughout the Health System.

Audit & Compliance Department Contact Information

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552 or any of the staff listed below.

Rick Fellows, Compliance Officer 364.2698 rick.fellows@sparrow.org
Barb Stamm, Compliance Manager 364.2807 barb.stamm@sparrow.org
Liz Knuth, Compliance Manager 364.2714 liz.knuth@sparrow.org
Marcia Cierlik, Compliance Education Specialist 364.2249 marcia.cierlik@sparrow.org
Physician Compliance Orientation

Compliance is also about the law and following external agency’s rules. Healthcare is one of the most regulated industries in the country. Here are some examples of external enforcement:

Who Enforces the Rules?
- Medicare – Federal Payment
- Medicaid – State Payment
- Other Payers
- Office of Inspector General (OIG)
- Office of Civil Rights (HIPAA Privacy)
- Internal Revenue Service
- Joint Commission

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.

Physician Compliance Orientation

Standards of Conduct are the backbone of the Plan and apply in many types of situations. Adherence to these standards is expected of every associate.

Standards of Conduct
- Be honest and tell the truth
- Document records completely, accurately and timely
- Be aware of laws and regulations applicable to your area and follow them
- Do not accept bribes, kickbacks, or payoffs in any form
- Avoid situations which may cause a question as to your integrity or motives
- Treat system information, including patient information, as confidential

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.
Physician Compliance Orientation

Compliance Hotline
The Compliance Hotline is a key function of our compliance plan, it provides a means for Associates to openly report concerns.

517.267.9990

- Confidential – Anonymous (if desired)
- Answered by Compliance Department Staff
- Protection from Retaliation
- External Number – no identification by phone system

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.

Physician Compliance Orientation

Compliance Policies
Health System policies have been a part of the SHS Compliance Plan since 1998. Current policies are listed below and are available on the Sparrow Intranet:

- Conflict of Interest
- Contracting
- Privacy and Security (HIPAA)
- Emergency Medical Treatment and Active Labor Act (EMTALA)
- Excluded Individuals and Entities
- Non-Retaliation
- False Claims Act
- Vendor

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.
Physician Compliance Orientation

**False Claims Act Policy**

This Policy simply emphasizes and references the aspects of our Compliance Plan that help to reduce the risk of errors on claims. Our Departmental and Affiliate compliance plans address more specific risk areas leading to false claims.

Examples of some of these risk areas are:

- Billing for services not rendered
- Billing for services not documented
- Billing for medically unnecessary services
- Assigning incorrect codes to secure higher reimbursement

The False Claims Act Policy also provides information on Federal and State False Claims Acts:

- What constitutes a False Claim
- "Knowingly"
- Penalties
- Whistleblower protections

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.

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**Physician Compliance Orientation**

**Department/Affiliate Compliance Plans**

The D/A Compliance plans address specific compliance risks for each area:

- Anesthesia Services
- Behavioral Health Services
- Cardiac Rehab Department
- Dialysis Department
- Emergency Department
- Government Programs
- Health Information Mgmt Dept.
- Heart Center
- Pain Management Center
- Patient Care Services
- Patient Financial Services
- Patient Support Services Dept.
- Pharmacy/Pharmacy Plus
- Radiology Department
- Regional Cancer Center
- Rehabilitation Dept.
- Sparrow Hospice
- Sparrow Regional Laboratory
- Physicians Health Plan of Mid-Michigan
- Sparrow Home Care – Certified
- Sparrow Practice Management Company
- Sparrow Regional Medical Supply
- Sparrow Specialty Hospital

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.
Physician Compliance Orientation

Compliance Plan Risk Areas Related to Physicians

- Evaluation and Management Coding
- Consultations
- Teaching Physicians
- Legible Documentation
- Use of Mid-Levels (PAs and NPs)
- HIPAA Privacy

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.

Physician Compliance Orientation

Online Training

Beyond this online orientation, you are currently completing, all employed physicians must complete online compliance training provided by Health Care Compliance Strategies, Inc. (HCCS). The Compliance Department will contact you in the future regarding completing this training.

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552.

Physician Compliance Orientation

Audit & Compliance Department Contact Information

If you have questions about Compliance, please contact the Audit and Compliance Services Department at 364.2552 or any of the staff listed below.

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Marcia Cielick, Compliance Educator, Specialist 364.2249 marcia.cielick@sparrow.org

This completes the Compliance module of Physician Orientation. Please click on "Close Window" to return to Orientation home page.
Orientation for Physicians & Residents

Sparrow Health Sciences Library Services

The Sparrow Health Sciences Library is located in Suite 111 of the Sparrow Professional Building. Library hours are from 7:00am - 6:00pm, M-F, closed weekends and holidays. Physicians, residents, and 3rd and 4th year medical students have 24/7 access via badge reader. All Library electronic resources (databases, evaluated web sites and electronic journals/books) are available 24/7 from any Sparrow networked computer. Access to many of the Library’s electronic resources is available from off-site with the appropriate user/password. Ask a Library Associate for assistance.

- **Library Services**
  - Expert literature searches
  - Interlibrary loan requesting
  - Audio-visual equipment lending
  - Scanners / Fax machine / Photocopiers
  - Technology assistance
  - Internet access
  - Relaxing environment
  - Patient/family education
  - 24/7/365 access for all Sparrow physicians

- **Library Resources**
  - Online access to over 8500+ journals in all disciplines
  - Print and electronic book collections
  - OVID Medline and other EBM databases
  - MDConsult
  - Off-site access for selected resources
  - Comprehensive listing available at: Sparrow Health Sciences Library Web Page

Contact the library
Phone: 354-5660
FAX: 354-5665
Physician Orientation - Diversity

Why Diversity?
To create a respectful and inclusive workplace for everyone.

What is respect?
Golden Rule: Treat others the way you want to be treated
Platinum Rule: Treat others in the manner that is meaningful to them.

Diversity is not a destination, but rather a journey.

Diversity 101
Diversity 101 is requirement for all New Sparrow Associates and physicians. All physicians, please click here to take the Diversity 101 Quiz.
Please review the Diversity 101 Presentation before taking the test.

If you have any questions or concerns about Diversity, please call 364-6826.

This completes the Diversity module of Physician Orientation. Please click on "Close Window" to return to Orientation home page.