EP 24 - Describe and demonstrate how nurses have resolved issues related to patient privacy, security and confidentiality.

The nursing staff at Riverside Medical Center understands and accepts their responsibilities regarding confidentiality, privacy, and security for their patients. Riverside nurses are proactive and responsive in these areas.

We are advancing our use of the electronic medical record as recommended by President Obama and the Institute of Medicine. Riverside nurses’ use of an electronic has evolved since our first implementation of an electronic medical record (EMR) in the early 1970s.

We have used many forms of electronic technology beginning in the 1980’s. Since then we have evolved in the use of the EMR. For the safety of our patients in the ED physicians place their own orders, use electronic prescriptions and customize their discharge instructions. In 2007 we updated to an electronic system that supported documentation, medication scanning and order entry for inpatients. From a visit to a network physician and to the inpatient stay, all of this information is stored electronically and immediately available to caregivers. And, also in 2007, our software documentation began providing an audit trail, showing and storing what records are looked at in our EMR and by who as a permanent part of that online patient’s chart. From high tech electronics to simple solutions like the privacy card, each plays a part in maintaining privacy, security and confidentiality.

Structure and Process: Expectation in Job Descriptions, and Evaluated in Performance Appraisals

Although nurses at all levels accept the responsibility of guarding patient rights, including the right to privacy and receive education as part of their nursing degree coursework and assessed during clinical experiences, Riverside provides training on both maintaining patient privacy, security, and confidentiality as part of orientation for all new employees and nurses at all levels, and annual mandatory training for nurses at all levels.

In addition, part of our scripting or key words used organizationally with our patients in disclosing information or escorting them to more private areas is to use the words, “For your privacy…” in order to stress to the patient and/or family how important maintaining their privacy is. In fact, 2002, the Professional Standards of Behavior policy for our organization was revised by a team of employees, led by Cindy DeGroot, RN, BSN and Educational Specialist. Embedded within this policy which outlines our I RESPECT service standards, C stands for Confidentiality and provides the following guidelines (excerpted from our policy) for what is expected of direct care nurses and all employees in respecting patient confidentiality:

“C” CONFIDENTIALITY-
😊 I will ensure my customer’s right to privacy and modesty. When I am
entrusted with my customer’s affairs, I will treat the information with confidentiality and respect.

I will not discuss my customer’s affairs in public areas. (i.e. elevators, hallways, cafeteria, reception areas, smoking areas.)

I will interview my customers in private. Close the door if able, close curtains when indicated, or keep a distance between customers when interacting with them.

I will communicate with my customers in a private manner.

I will always knock before entering a customer’s room.

I will never speak a customer’s name over the pager system.

I will be cautious not to leave any information on a computer screen unattended.

I will remember that privacy and confidentiality extend beyond the wall of Riverside facilities.

I will remember to always ask myself, “Do I need to know the customer’s personal health information to do my job?” If I don’t, I should not be seeking the information.

From this base policy expectation distributed and reviewed with all new employees in orientation, all employees at all levels including direct care nurses are evaluated as part of the annual performance appraisal process for meeting expectations for maintaining privacy, confidentiality and security. This standard is part of the Global Standards section of the Riverside appraisal and as such, comprises 32% of the final overall rating in our pay for performance appraisal process that determines annual merit increases. The rating criteria from our evaluation, found under the Supports Corporate Credibility section are as follows:

4 = Consistently Exceeds Expectations

- Consistently meets or exceeds the requirements of following all regulations and laws. Seeks out manuals and knowledgeable others to get answers.
- Identifies and helps correct outdated policies or policies needing adjustments.
- Proactively stays current in the field regarding all regulations and laws and helps educate others on changes.
- Suggests improvement in processes to comply with laws and regulations.
- Has a clear understanding of all policies and procedures regarding information and confidentiality. Ensures papers, documents, and medical records are stored appropriately and not left to be read by others. Keeps computer screens visible only to the user. Does not share information with anyone not authorized to have access to the information. Demonstrates sensitivity in discussing patient information and avoids locations where PHI can be overheard (elevators, hallways, etc.). When confronted at work or at home about a patient, refers the inquirer to the patient’s physician or nurse in charge. Through actions, teaches and mentors others on how to ensure confidentiality and may coach others directing on how to maintain confidentiality.
Consistently meets or exceeds the standards on personal appearance and maintaining environmental appearance as written in the Human Resources policies. Without prompting, teaches others how to meet these standards.

3 = Meets and Sometimes Exceeds Expectations
- Meets requirements of following regulations and laws and policies and procedures. Will seek out answers from policies when asked.
- Helps correct outdated policies and procedures needing adjustments.
- Understands all policies and works to ensure confidentiality, consistently demonstrating behaviors that maintain confidentiality as described above but does not coach/remind others.
- Abides by the Human Resources Policies on appearance and environmental appearance most of the time.

2 = Meets Expectations
- Meets requirements of following regulations and laws. Generally follows policies and procedures and may assist, if asked, with updating policies.
- When prompted, will seek out answers from policies.
- Generally complies with confidentiality policies but does not coach/remind others to comply.

1 = Needs Improvement
- Does not follow all regulations and laws and/or policies, even after repeated instructions to do so.
- Does not follow policies on confidentiality. On occasion has not used good judgment by exhibiting behaviors such as: PHI conversations that could be overheard, not covering paper with PHI on desks visible by the public, or forgetting to log out of computer systems when not in use or leaving computers in hallway with PHI visible, or has provided inappropriate information to others about confidential information.
- Becomes disruptive to the team as a result of not following the policies. When asked for policy input, is negative or disruptive in remarks or rarely contributes. Consistently need reminders to look up/follow policies.

Because efforts to maintain and demonstrate privacy are integrated into nursing practice as evidenced by drawing privacy curtains, knocking on or closing doors, we were disappointed in July 2001 by our Outpatient Surgery patient satisfaction results on our Press Ganey survey. Patients rated the area at the 10% percentile rank and when patient comments were analyzed, the key concern surrounded the question: “nurses’ concern for privacy”. In analyzing these results during a time when there was HIPAA media coverage to patients, our perception was a spotlight had been placed upon healthcare for how we maintain privacy. After all, our nurses were the same staff as before when the results were above the 70% percentile rank for the area, the manager was the same, and we hadn’t made process changes. Thus, due to media emphasis on privacy coupled with a physical environment that was dated (there were thin beige curtains between patients in the area so you could hear and see the shadows behind
the curtain clearly during the entire experience) and did not provide for patient privacy, we attributed these results on our patient satisfaction survey to a facilities issue and scheduled remodeling for 2003 to provide for more comfortable areas and more patient/family privacy. However, patients had a choice of going to a SurgiCenter or other facility so we continued to look for ideas. In August 2001 at a national VHA conference on improving patient satisfaction, our Director of Educational Services approached at break the presenter, Quint Studer, for ideas to address our situation. Quint recommended the use of key words to support the great privacy actions our nurses had been taking. Our Director brought that information back to Shannon, the Outpatient Surgery RN Manager at that time with her leadership and her direct care nurses implemented the practice that when they drew the curtain in this unprivate area, they said: “Let me draw this curtain for your privacy.”

In one month’s time of implementing these key words, overall results improved to the 32% percentile rank and then, after another quarter of using this practice, results improved to the 63% percentile rank. Then, the manager stopped focusing on reinforcing this practice expectation in the same unprivate facilities. Results fell to the 28% percentile rank with no other changes, and comments about the lack of privacy increased dramatically on the survey during the same quarter. These results, although undesirable, reinforced to our direct care nurses the importance and impact of using key words with key privacy actions to teach the patient and shape the perception of privacy. As embedded in our Professional Standards of Behavior policy described in this narrative, these key words and actions remain an expectation of employment today.

Confidentiality and Privacy: Code Cards and the House List

The basic right of every patient to confidentiality is one of the most guarded and fundamental healthcare rights. All information regarding any person who seeks service or treatment in the Riverside Medical Center is confidential. Riverside Medical Center nursing staff responds to confidentiality in many ways. The federal Health Insurance Portability and Accountability Act (HIPAA) and HI-TECH Act guidelines are used throughout the hospital. Each department is trained on and expected to follow the organizational policies on maintaining confidentiality in the way they protect the healthcare information that they are responsible for. Also departments have individualized practices that relate to their specific areas of expertise. When the nursing units identified the need to maintain confidentiality yet also keep family members included in the care they formed a multi-disciplinary team, with nursing taking the lead to look at ways to communicate information and be in compliance with the HIPAA laws. Once Riverside’s HIPAA policy was developed, (see below) the information was disseminated at the unit level and staff was coached to use scripting to say “Your Privacy is Important to us, so we will be asking about this four digit number when you call us for information.”

The responsibility to maintain the confidentiality of all healthcare information begins at the hiring of new team members. During the education and orientation of the new team member, confidentiality is taught and reinforced and then verified through annual
competency. During the orientation process each new team member is taught about the Healthcare organization policies and then asked to sign that they accept and understand their responsibility for the confidential healthcare information that they will have access to. And, if confidentiality was found to have been breached by an employee, we take corrective action up to and including termination of employment due to the criticality to our patients and our organization’s reputation of maintaining confidentiality of patient information.

To enhance confidentiality and privacy for our patients we have remodeled several rooms on each unit to be private. To keep with requests from our patients that they wanted privacy during their hospitalization Riverside has embarked on a modernization project that will provide each of our patients a private room on their journey to wellness by 2011-2012.

At time of admission, patients are asked by the admitting department if they wish to appear on the ‘house list’ or not. If the patient chooses, upon explanation of what it means to appear/not appear on the house list, then any patient lists in the computer will show with an asterisk next to the patients’ name to any staff member using their individual confidential password to view the house list. Upon seeing that asterisk, Riverside team members know at all levels that this patient has chosen to NOT disclose to anyone outside of Riverside that he/she is a patient receiving treatment in our facility.

In addition to the house list, another practice used throughout the hospital inpatient nursing units is the use of the yellow privacy card shown to the right (use is defined in Riverside’s HIPAA Privacy Identification Number Policy shown below) with the last four digits of the patient’s account number that is unique to the specific visit. This card is given to family members who have been identified by the patient and permission given as someone whom the nursing staff can discuss the patient’s condition, treatment and test results with while they are a patient.

| RIVERSIDE HIPAA Privacy Identification POLICY |

**Subject:**
HIPAA Privacy Identification Number

**Policy:**
In order to comply with HIPAA standards, patient care staff provide privacy identification
numbers to patients when they are in the ED, in an outpatient procedural setting or are admitted. This will ensure that patient care staff provides information only to persons who have authority to receive information as determined by the patient.

This policy does not apply to inpatient and outpatient mental health or Resolve patients or patients who are sexually assaulted or involved in gang related activity. Information should not be released regarding patients who are inpatient or outpatient mental health, or Resolve patients, or who are sexually assaulted or involved in gang related activity.

Procedure:
1. Patient care staff will provide the patient a yellow card entitled "Your Privacy is Important to Us" with the privacy identification number. The privacy identification number is the last 4 digits of the account number.

2. In order to allow patient care staff to provide information on the patient's condition, treatment and test results to families or significant others, patients may give this privacy ID number to whomever they choose. For pediatric patients, the privacy ID number will be provided to the parent or legal guardian. If a patient is unable to provide the next of kin, the hospital will make usual attempts to identify and contact the next of kin and, once contacted, provide the next of kin with the privacy ID number.

3. When the family member or significant other requests patient information over the telephone, they must provide the patient care staff with the 4 digit privacy ID number.

4. For patients from residential facilities, including, Shapiro, Fox, Manteno VA, nursing homes, group homes, the privacy ID number will be telephoned to a Supervisor at the facility. The facility staff will be responsible to inform the patient's family or guardian with the privacy ID number.

The privacy code card is given on admission if the patient enters the system through the Emergency Department or the Outpatient Procedural Setting. The card is given to the identified family member at that time and allows family members who may not be able to be present at the hospital to stay in contact with the healthcare providers. It also is a way to communicate and clarify information among family members; during stressful situations the information that the family hears that may not be the same information that the caregiver was attempting to communicate. When multiple family members are given consistent information it decreases their anxiety and reinforces their comfort regarding the care their family member is receiving.

The use of this card has proved valuable to the family of a recent patient. He was the victim of a violent attack and his family was concerned about his safety while hospitalized, they feared repercussions and that the attacker would find him. The privacy card with the individualized number was given only to his wife. This allowed her to go home to care for their children and call in to check on her husband's condition and not worry about his safety. It also allowed the nursing staff to feel comfortable giving out the information; they knew that they were giving information to someone that was
verified by the patient. The privacy card was given to his wife when she arrived in the Emergency Department. The staff educated her on why the card was used and how to use the card when she called for updates. Each unit communicated during the hand–off that the privacy card had been given to the wife and that she would be using the code when she called in. Staff communicated in the hand-off that she was the only person who would be receiving or giving any information, providing her with peace of mind and also keeping him safe until he left our care.

We evaluate how our patients feel that we do at respecting their privacy by asking them on a survey “How concerned was staff for your privacy”. In the Inpatient setting, the Press Ganey overall mean score for the 1st Quarter 2010 was 93% percentile rank nationally for our peer group. In the Emergency Department (ED), the overall Press Ganey privacy score for 1st Quarter 2010 was 94% percentile rank.

**Security – Structure and Processes of Maintaining the Care Environment and Patient Information**

**Care Environment and Emergency Codes: Code Stork/Code Green/Amber Alert**

Maintaining security of our patients’ information and care environment is paramount at Riverside. As in the case of a patient described earlier in this narrative, we not only used the privacy code card but also used the house list to avoid even disclosing his presence to any visitors calling or entering our hospital to maintain security of his (and other patients’) care environment. The security of children and newborns cared for in our hospital is also critical to prevent abductions. To that end, the direct care nurses on 4Med-Peds, OB/Nursery/Labor and Delivery and their Nursing Director, Security Department, Maintenance staff, and Environment of Care identified, purchased and installed infant/child alarm-abduction prevention systems in both nursing units in the late 1990’s and locked down access to the OB/Nursery/Labor and Delivery areas for our babies’ safety and security. The 4Med Peds unit was also alarmed, but not locked down to again provide restricted and secure access to these patients. Emergency codes have been created in the organization with corresponding policies for preventing abductions an infant or child—called Amber Alert or Code Stork. For abductions of adult patients, a separate emergency code and procedure has been developed called, Code Green. During the course of each calendar year, internal drills on all shifts are provided to test alarm systems and the staff. With our staff, we not only want them to know the codes—but to respond appropriately. These emergency code drills are coordinated by the Director of Emergency Preparedness, Sherry Mayes, RN, MSN; are monitored by trained staff evaluators from the Emergency Preparedness Committee, and results and action plans for improvement reported on at the Emergency Preparedness Committee meetings in support of continual readiness to prevent abductions. The highlight of most of these drills has been—did the baby (a doll or infant CPR manikin) leave the building? In our most recent Code Stork 2010 drill, we enlisted the help of a KCC nursing student to play the part of the abductor, stashing the infant doll in a black gym bag. The alarm system went off but the student moved quickly—and was stopped by an employee
before leaving the building—another successful test of our readiness and reinforcing how to respond in these types of situations.

**Security of Patient Information**

The security of the medical record is a high priority for all staff at Riverside—and is a job expectation annually evaluated as described earlier in this SOE. We start at the beginning of the healthcare encounter with the house list and privacy card and this continues throughout the healthcare experience. A large amount of healthcare information is contained in an electronic medical record and all staff is held to the same privacy standards with the electronic healthcare record as they are with a conventional paper record. All staff that has access to the medical record is given a password that is only known to them and must be entered to gain access to the record. And, to even log on to a computer at Riverside to access ANYTHING requires a unique network logon, with password changes mandatorily enforced by the computer network on all computers no less than every 90 days. And, these passwords may not be repeated and we have password complexity enabled. Password complexity for us means the password must contain 8 characters, including one symbol or number, one uppercase letter and one lowercase letter to be accepted for use by the network. And, we also have spyware, adware, inappropriate Internet sites or emails (spam or phishing) enabled along with virus scanning software installed on our network and individual computers to prevent intrusion into our computer records and systems (our direct care nurses have access to surf the Internet from any computer at Riverside so we have these safeguards in place).

Each time a person accesses the record they leave an electronic signature on the chart stored in the audit trail. In the Emergency Department, the workstations are positioned to face away from public viewing and set to “time out” or go to gray screen after being inactive for 90 seconds. In nursing stations on the inpatient units, patient information is kept inside the station away from public areas. All workstations require users to enter their secure password to access any records, and their access puts a timestamp in the chart. All direct care nurses are alert to keeping patient discussions to private areas and only discuss information with staff responsible for providing direct care to the patient. It is common to hear a nurse knocking on a door “This is Sue your nurse, may I come in?” or “I’m closing the door for your privacy”. Concerns about electronic security or patient privacy and confidentiality are routed by employees and patients/families to the Chief Security or Chief Privacy Officers of Riverside to be resolved through putting new systems in place or coaching and performance managing employee behavior as needed.

**Summary**

Confidentiality, security and privacy are a fundamental cornerstone of nursing practice at Riverside. In support of honoring our patients’ rights, we have structures in place that range from policy expectations, to orientation and annual training, to evaluating the patients’ perceptions as part of our patient satisfaction survey process to mandatory password changes and screensavers that maintain privacy. And, as described in this
narrative, the steps nurses have taken to maintain the privacy and security of patients such as J.S. or by creating systems to manage abduction concerns and by developing our privacy and confidentiality service standards embedded in nursing care practices today, make a difference each day in keeping both the patient and his/her information secure as part of our optimal vigilance.