VITAS Compliance and Ethics Program

2018 Annual Update

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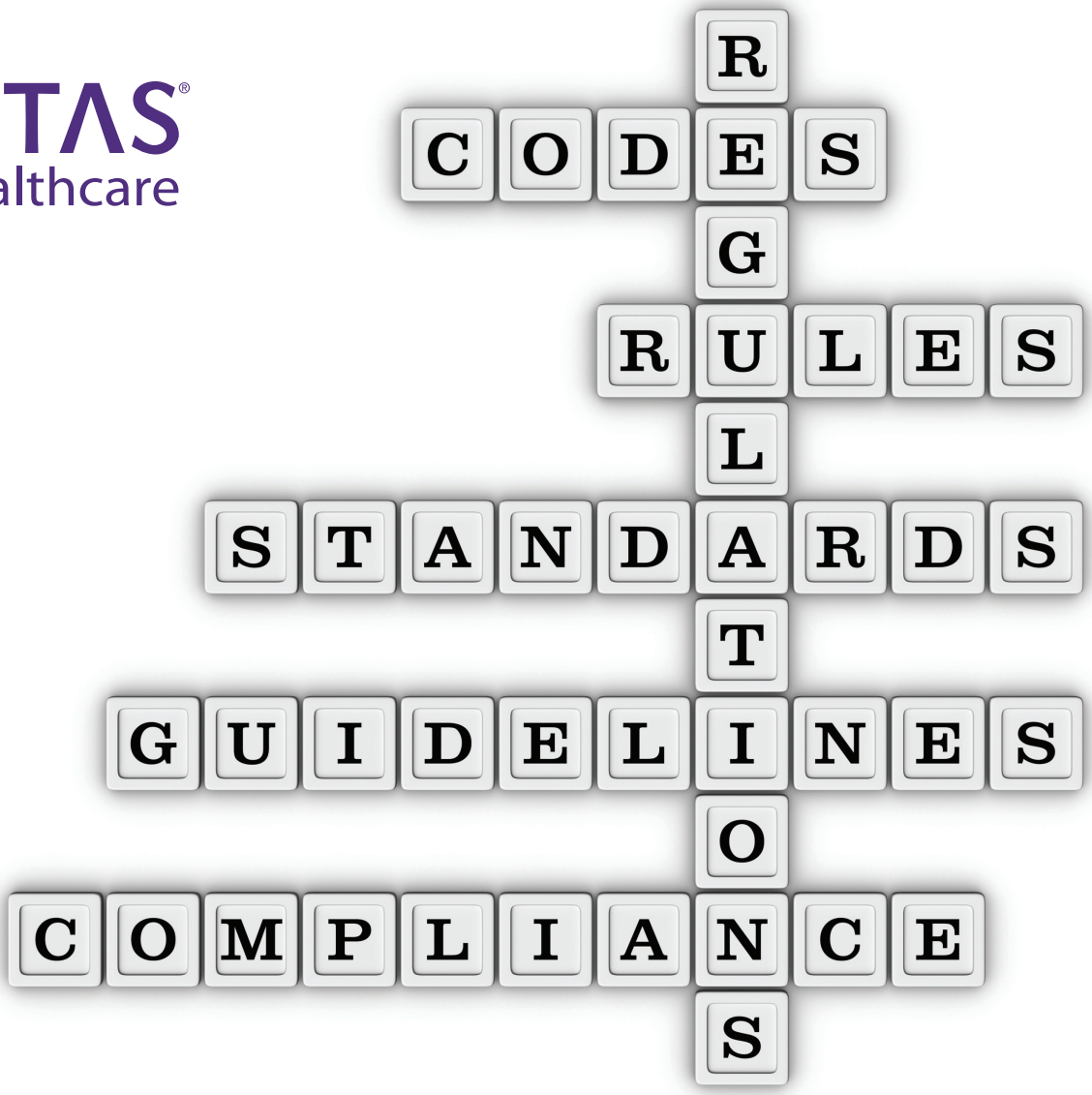

Introduction – A message from our CEO

At VITAS, we embrace four core values:

Patients and families come first

We take care of each other

I'll do my best today and do even better tomorrow

I'm proud to make a difference

Simple and profound, our VITAS values guide everything we do, each and every day. Our values are at the core of our sustained success at VITAS.

As I reflect on the VITAS Compliance and Ethics Program, I recognize that these values also have another purpose. They form one of the key ways we hold each other accountable at VITAS.

As you participate in this training, think about our Compliance and Ethics Program in the same way as you think of our core values – as something to live by each day.

At the heart of our Compliance and Ethics Program at VITAS is a simple guideline: Do the right thing. Every day. Every time. An effective compliance program, like the one at VITAS, promotes honest, ethical behavior in the day-to-day operations of our organization. It's the expectation we have as the leader in end of life care.

We're counting on you to promote honest, ethical behavior in the day-to-day operations of VITAS.

Thank you, and please know how proud I am of your commitment to VITAS, your commitment to our core values, and your commitment to do the right thing. Every day. Every time.

Sincerely,

Nick Westfall, CEO

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Compliance Program Defined

A compliance program is a centralized process to identify, correct, and prevent illegal and inappropriate conduct and to promote honest, ethical behavior in the day-to-day operations of an organization. That's a long way of saying that compliance is about doing what's right. Compliance programs are implemented in a variety of industries to address a broad spectrum of legal and regulatory requirements.

For a compliance program to be meaningful, people must understand its positive benefits. If implemented correctly, a compliance program can improve the quality of business operations, reduce risks, and support the ongoing success of the organization.

Compliance is also important in healthcare organizations because we are regulated by the Federal Government. Healthcare fraud is the number one priority of the Department of Justice after violent crime. VITAS receives much of its reimbursement through Federal and state healthcare programs, and this imposes on us a special responsibility. That's why we established our compliance policies and Code of Ethical and Legal Conduct in 1995. Today this policy affirms:

> *VITAS employees and agents must know that hospice services will only be reimbursed if ordered, certified, covered, provided, and reasonable and necessary for the patient, given his or her clinical condition. VITAS will only seek reimbursement for services it has reason to believe are reasonable and necessary for the palliative care and management of the terminal illness and were ordered by a physician or other appropriately licensed individual.*

Although those words were written more than 20 years ago, there remains no clearer statement of our collective commitment to serving our patients' best interests and living up to our regulatory obligations.

In this section about the VITAS Compliance and Ethics Program, we will review several key topics:

- What makes a compliance program effective?
- How am I part of VITAS' Compliance and Ethics Program?
- Why is compliance important?

What makes a compliance program effective?

Over the past couple of decades, organizations have realized that having an effective compliance program is important because of how it promotes honest, ethical behavior. The Office of Inspector General (OIG) has established broad guidelines for how a compliance program should be structured, and the VITAS Compliance and Ethics Program is organized around eight guiding principles established by the OIG.

1. Having **Written Policies, Procedures and Controls** related to compliance, including anti-kickback rules, billing practices, and adhering to laws and regulations. We will review some of these policies, procedures and controls as we talk about compliance risks later in this module. While these establish VITAS' approach to compliance, it may be even more important that each employee commits to following VITAS' Code of Ethical and Legal Conduct (Code of Conduct) upon hire. The Code of Conduct outlines each employee's responsibilities to be

familiar with and conform to sound business practices. We will review the Code of Conduct in more detail shortly.

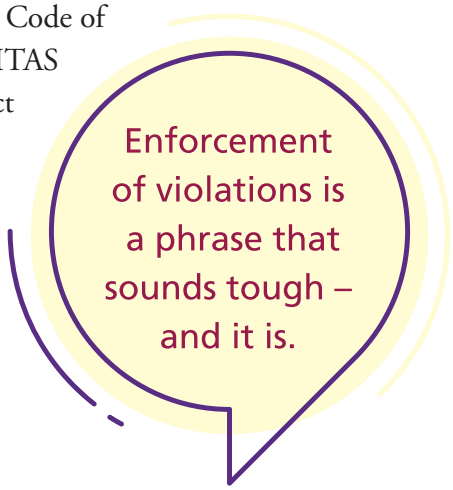
2. **Compliance and Ethics Oversight** tailored to the size and complexity of operations also makes a compliance program effective. At VITAS, the Chief Compliance Officer, Bob Miller, directs the program and chairs the VITAS Compliance Committee. Reports about VITAS' compliance program are made by the Compliance Officer to the VITAS Governing Body on a quarterly basis and to VITAS' parent corporation (Chemed) Audit Committee on a regular basis.

3. At first, the phrase **Delegation of Authority** may seem puzzling. What it means is that VITAS is committed to exercising diligence so that individuals who provide patient care and oversee billing services are ethical and are appropriately screened and trained. Background screening of new employees is an important component to this element, as is ongoing monitoring of the OIG's List of Excluded Individuals and Entities.

4. Another key element is **Employee Education and Communication.** Training is the cornerstone of any compliance program. VITAS' compliance training program begins in orientation and continues each year with this training module, the VITAS Annual Compliance Update. Of course, communication is a two-way street, and VITAS also encourages employees to reach out when they have a compliance or ethics concern. We will talk more about this later, but two key ways VITAS encourages communication is through a non-retaliation policy and providing for the anonymous reporting of concerns on VITAS's Compliance Hotline (1.800.638.4827).

5. Formal reporting of VITAS compliance **Monitoring and Auditing** activity is made at the quarterly VITAS Compliance Committee meeting. These metrics reflect the size and scope of VITAS as an organization and the care and services provided to VITAS' patient population. Quality Assessment and Performance Improvement reviews are conducted under the direction of local program leadership and the local QAPI Committee to help focus employees on improving care and documentation at the bedside.

6. VITAS is also committed to **Promotion of the Compliance Program and Enforcement of Violations.** As noted above, the VITAS Compliance Program is "front and center" in new employee orientation and throughout the employee's tenure with VITAS. In addition, VITAS has established a website dedicated to enhanced employee communication around compliance matters, www.vitas.com/culture-of-compliance. These materials, and other timely compliance-related matters are developed into articles for ongoing communication in the VITAS employee newsletter, *VITAL Signs*. Enforcement of violations is a phrase that sounds tough – and it is. As outlined in the Code of Conduct, personnel who violate the law, VITAS policies, the Code of Conduct, and/or VITAS Standards are subject to disciplinary action. Depending on the severity of the issue, this includes action up to and including termination of employment.



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7. **Responding to Incidents.** In the compliance lexicon, an "incident" might be a compliance or ethics concern relayed through a Compliance Hotline call, or a compliance matter that comes to our attention by another means such as monitoring and auditing activities. Whatever means brings the concern to our attention, VITAS has established a procedure to ensure that compliance concerns or allegations are responded to in a timely manner. This process is overseen by the VITAS Compliance Officer, and documentation of each investigation is reported to the VITAS senior leadership and the VITAS Compliance Committee. In addition, VITAS institutes corrective measures with respect to any identified deficiencies and operates in compliance with the False Claim Act and the Patient Protection and Affordable Care Act with respect to any known overpayments resulting from compliance monitoring.

8. Last but surely not least is VITAS' **Ongoing Risk Assessment** process. A group of senior executives participates in this process to identify key compliance risks. Such a risk may be identified because of a change in policy or procedure, a regulatory change, results of a comparative billing report, an OIG report or alert, or for another reason. At VITAS, the Annual Compliance Risk Assessment process helps to set priorities for the following year's Annual Compliance Work Plan.

We've reviewed the elements that make a compliance program effective. The fact that VITAS has these structures and processes in place should give you confidence in the company's intention to promote ethical behavior.

You want to know what REALLY makes a compliance program effective? It's people. It's you. It's your commitment to doing the right thing. That's why VITAS created a Code of Conduct – to help you understand your part in making our compliance program effective.

What makes a compliance program effective? **It's you.**

How am I part of VITAS' Compliance and Ethics Program?

As noted, many aspects of the VITAS Compliance and Ethics Program are embedded in the Code of Conduct. The Code of Conduct spells out YOUR responsibilities as a VITAS employee or volunteer.

- To observe the tenets of the VITAS Compliance Policy in the performance of one's duties.
- To familiarize oneself with sound business practices and procedures that are consistent with the VITAS Compliance Policy, including such operating policies and procedures as may be developed in furtherance of the VITAS Compliance Policy, and to adhere to such practices and procedures.
- To participate actively in all applicable education and training programs associated with the VITAS Compliance Policy.
- To consult on a timely basis with the VITAS Compliance Officer regarding any questions as to the interpretation or potential applicability of the VITAS Compliance Policy or the Code of Conduct.

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- To report promptly apparent and actual violations of the VITAS Compliance Policy or the Code of Conduct to the VITAS Compliance Officer and/or the VITAS Compliance Committee.
- To otherwise support the purposes of the VITAS Compliance Policy.

So, you are following the Code of Conduct right this minute by participating in this training program! You're also following the Code of Conduct every day when you do what Nick Westfall said in the introduction to this training – any time you "do the right thing." Lastly, you're following the Code of Conduct when you talk to your supervisor or to the VITAS Compliance Officer when you observe something that does not seem to be a sound business practice.

For more information, see *Policy 1:04 VITAS Compliance Policy and the Code of Ethical and Legal Conduct,* or the *VITAS Employee Handbook (September 2016),* starting on page 30. These materials are online on **myVITAS (the replacement for the VITAS i-net)** or in hard copy in your program office.

Why is compliance important? It's about Corporate Integrity.

There is one last item to discuss before we move on. We've been talking about how an effective compliance program helps assure the integrity of the organization, and VITAS has been developing and improving its compliance program for years. Now we have additional help in this process. In October of 2017, VITAS signed what's called a Corporate Integrity Agreement (CIA) with the OIG. Typically five years in length, CIA helps to strengthen the entity's compliance program so that it can be more effective and so that future issues will be prevented or identified, reported, and corrected.

Through this CIA, VITAS has made the following commitments:

1. To maintain and improve our compliance program based on the elements contained in the OIG's guidelines for compliance programs as outlined above.
2. To establish a relationship with an Independent Review Organization which will conduct an annual Claims Review of a sampling of Medicare beneficiary claims to help assure the soundness of our claims management processes.
3. Lastly, implementation phase and annual reporting related to the other two responsibilities, and in the case of certain types of reportable events.

We want you to be aware of these commitments VITAS made through the CIA in full transparency because we want to emphasize the importance of your part in helping make VITAS' Compliance and Ethics Program as effective as possible.

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Compliance Risk Defined

It is critical to make a link between a compliance program and the concept of risk. We reviewed early on in this module that since VITAS gets much of its reimbursement through Federal and state healthcare programs, this imposes on us special responsibilities.

Compliance risk can be defined by the type of threats a compliance program helps to prevent. These include the threat of legal sanctions, financial loss, improper payments, or loss of reputation as a result of an organization's failure to comply with laws, regulations, best practices, the proper conduct, and standards of ethical behavior.

Compliance risk can be defined by the type of threats a compliance program helps to prevent.

Some of these risks are created by the kind of work VITAS does, as a provider of hospice and palliative care. Some of the risks we will review in this section are more general.

Hospice Specific Risks	General Compliance Risks
• Hospice Admission/Discharge Issues • Improper Arrangements with Health Care Providers • Billing Practices • Clinical Issues • Marketing Practices	• Conflicts of Interest • Anti-Kickback • Abuse and Neglect • Stark Regulations • Vulnerabilities highlighted in the OIG Annual Work Plan

We will start by looking at the risks that are specific to hospice, and how these are addressed at VITAS, and then move on to the more general issues. These hospice specific risk areas have been identified by the OIG in guidelines it published in 1999 to help hospice providers understand the kind of risks inherent in our work with patients and families.

Hospice Admission/Discharge Issues

This is a very broad area of potential risk, and so it is best to break it apart into its component parts, which include:

Example	How Addressed at VITAS
Admission issues such as failure to disclose the palliative nature of hospice, admitting patients who are not terminally ill and do not meet other eligibility criteria, or false, untimely, or forged physician certifications or re-certifications.	This is why VITAS carefully constructed admission processes and consent forms to make sure that the patient and physician(s) can make an informed decision about the patient's admission to hospice. It is also why we do not incentivize (or bonus) admission personnel or physicians because they are involved in the initial certification or recertification process. We want to be sure each patient/legal representative understands VITAS' services, and we do not want the physician(s) making certification decisions to do so with any improper pressure. Any forged, backdated, or intentionally misleading documentation is obviously improper, and this is especially true of documents upon which VITAS relies in order to bill for services, such as physician certifications.
Continuing eligibility means the obligation to monitor a patient's condition to assure the patient is discharged at the point he or she is no longer eligible.	The decision whether to recertify a patient, or, conversely, to discharge a patient with an extended prognosis, belongs to the hospice physician with the support of the hospice team. Recent rule changes mean that patients who remain on service for 180 days or greater or who have entered into their 3rd hospice benefit period will have each recertification made based on a face-to-face encounter between the patient and the hospice physician or nurse practitioner so that the patient's continuing eligibility can be more accurately established by the recertifying physician. CMS' comparative billing reports (called PEPPER reports) show that VITAS programs are consistent with peer programs when it comes to the number of extended prognosis discharges and in terms of length of stay.
Revocation: The patient has a right to revoke the Medicare Hospice Benefit at any time and for any reason. However, pressuring a patient to revoke is improper.	The decision whether to revoke a Medicare Hospice Benefit election belongs to the patient or his or her legal representative, NOT to the hospice. Some hospices may encourage the patient to revoke when the patient is still eligible for and desires care, but the care has become too expensive for the hospice to deliver. VITAS' policies prohibit this behavior, and CMS' PEPPER Reports show that the number of revocations at VITAS programs is consistent with peer programs.

Improper Arrangements with Health Care Providers

The second area of risk specific to hospice work has to do with contracting with other providers who deliver services on our behalf, or facilities in which we care for patients.

Example	How Addressed at VITAS
Improper relinquishment of core services and professional management responsibilities to other providers, such as nursing homes and volunteers.	The hospice plan of care specifies the scope and frequency of services provided to the patient by each member of the team, including volunteers. When a patient is admitted to a nursing facility, the plan of care is coordinated so that it is clear which responsibilities fall to the nursing facility, and which responsibilities fall to the hospice. It is appropriate that basic care and services continue to be provided by the nursing facility as they continue to be reimbursed room and board payments for providing these services.
Offering or providing gifts, free services, or other incentives to patients, relatives of patients, physicians, nursing facilities, hospitals, contractors or other potential referral sources for the purpose of inducing referrals.	It is illegal to give, or take anything of value as an inducement for the referral of a patient, or for arranging a service where payment may be made under federal health care programs. Otherwise known as a "kickback," it is never appropriate to offer something of value with the expectation that this will result in a referral or admission. VITAS' contracting and marketing practices as outlined in Policy 1:04B *Prohibition on Kickbacks and Relationships/Contractual Arrangements with Referral Sources* and 1:04C *Marketing Practices* provides a fuller explanation of VITAS' standards of practice, and examples of acceptable and unacceptable practices in marketing to potential referral sources. Hospice Representatives and Liaisons are trained extensively and evaluated based on these principles. VITAS' contracting policies and procedures assure that proper approvals are obtained and legal review occurs whenever changes to VITAS standard contracts are proposed.

Billing Practices

The third hospice-specific area of risk has to do with billing practices. Some of these issues are technical in nature whereas some of them have a basis in clinical practices.

Example	How Addressed at VITAS
Technical Billing Issues include improper identification of the location where the services are delivered and knowing misuse of provider certification processes.	These two examples are highlighted here by the OIG because they can impact the amount of reimbursement the hospice receives. This is because reimbursement rates are tied to the local service area and different areas of the country are reimbursed at different rates. Technical billing issues extend beyond these two points, and VITAS has invested in system safeguards built into Vx and in policy (Policy 1:04A *Compliance with Billing and Coding Standards)* to help manage these and other issues. The addition of the FRS role in 2009 and the oversight of local management personnel reviewing each key billing document are key controls meant to assure that billing is accurate prior to a bill being submitted. VITAS' Revenue Cycle Management department provides further oversight on a monthly basis to assure the integrity of the billing process.
Clinical Billing Issues include billing for a higher level of care than necessary, billing for substandard care, and billing for care provided by unqualified or unlicensed personnel.	This is an area where the interdisciplinary team's oversight of the patient's care is critical, including working with the physician to determine when a patient is eligible for a higher level of care. The physician must assure that he or she orders a return to routine level of care as soon as the patient's crisis has passed. The team is also responsible for assuring that the care delivered to the patient and family meets standards of practice. The IDG must assure that the clinical progression of the patient's disease and medical condition are properly documented. The IDG must utilize the appropriate types of services based upon the patients' identified needs. VITAS' onboarding process and ongoing governance of employee credentials prevents billing for care by unqualified or unlicensed personnel. Policy 8:99 *Employee Reporting Loss of License, Exclusion, Arrests or Convictions* now requires employees to report any of such matters by the next working day to their Business Manager or the VITAS Compliance Hotline (800.638.4827). Exclusion in this context refers to the OIG's ability to exclude individuals from participation in Federal health care programs.

Example	How Addressed at VITAS
Knowing failure to return an overpayment.	As noted above, VITAS investigates compliance incidents and evaluates the outcome to determine any remedial measures necessary, including the potential need to refund an overpayment. VITAS has established a process to assure that once an overpayment is identified and quantified, it is returned within 60 days as required by CMS rules.

The IDG must utilize the appropriate types of services based upon the patients' identified needs.

Clinical Practices

There were clinical practices reviewed in the previous section that had to do with billing practices. This section is focused on risks associated with clinical/quality issues.

Example	How Addressed at VITAS
Underutilization, inadequate management and oversight of subcontracted services, deficient coordination of volunteers.	As noted above, the oversight of the IDG is critical to caring for patients in the most vulnerable moments of their lives. So when the IDG meets to review the plan of care on a bi-weekly basis part of what the team is assessing is how the interventions being provided are meeting the needs of the patient and family. This includes oversight of subcontracted services, such as physical therapy, and volunteer services. Assuring adequate utilization of services would also fall under this category, and not underutilizing services for the purpose of curbing expenses.
Falsified medical records or plans of care, back-dating. **Failure to adhere to hospice requirements** and Medicare Conditions of Participation.	VITAS policy and procedure, and, most significantly, the Code of Conduct, prohibit such behavior. Quality reviews conducted at the program level are intended to identify any such issues and address them through individual performance improvement plans. Information related to regulatory surveys and claims denials are also reviewed by the Compliance Committee to assure that any trends are addressed.

Example	How Addressed at VITAS
Non-response to late hospice referrals by physicians.	VITAS measures speed to response at the bedside and prides itself for quickly responding to referrals. We want to have the reputation in the community as the hospice that responds most quickly and most effectively, even if the referral is made in the evening or on a weekend. This is not only a good business practice, but when a patient is in need of service it rises to the level of an ethical obligation. Even so, with a median length of stay of 16 days, it is clear that many patients are referred to hospice too late to fully benefit from the variety of services that VITAS can offer.

We want to have the reputation in the community as the hospice that responds most quickly and most effectively, even if the referral is made in the evening or on a weekend.

Marketing Practices

The last key area specific to hospice providers has to do with how we market our services.

Example	How Addressed at VITAS
Engaging in **high-pressure marketing** of hospice care, improper patient solicitation activities, or **using incomplete, misleading or deceptive marketing materials.**	VITAS' marketing practices are outlined in Policy 1:04C *Marketing Practices*, which prohibits these types of activities, and provides examples of acceptable and unacceptable practices in marketing to potential referral sources. For example, It is improper for a hospice to arrange with the administration of a nursing facility to review patient records without the patients' permission, solely to determine if the patients are eligible for hospice care and to solicit hospice referrals – a practice sometimes referred to as trolling for patients. Care is taken so that marketing materials do not create the perception that the initial terminal prognosis is of limited importance or that hospice benefits may routinely be provided over an indefinite time period.

Example	How Addressed at VITAS
Sales Commissions must be structured appropriately and must not be based on improper factors.	At VITAS, sales commissions for Hospice Representatives are based on admissions only, and not on any other factors (such as length of stay) that might provide inappropriate incentives to the sales team. Additionally, Hospice Representatives are prohibited from doing program presentations or obtaining consents because these activities might create the appearance that the representative is unduly influencing the patient/family's decision making.

Other Compliance Risk Areas

As noted when we started this review of risks, the areas above are particular to VITAS' primary operations as a hospice provider. The risks we will review next are more general in nature. These include:

Issue	How Addressed at VITAS
Conflicts of Interest	A conflict of interest is said to exist when an employee is in a situation where they are tempted to put their personal interests (or those of a close friend or family member) ahead of the company's obligations to its corporate purpose or to the public interest. Conflicts of interest are addressed in the Employee Handbook starting on page 29, and we will have a special focus on this subject shortly.

Issue	How Addressed at VITAS
Anti-Kickback	The subject of kickbacks was addressed above, but to reinforce the concept, a kickback is the payment of any improper remuneration to any present or prospective customers, suppliers, contractors, or third party payors in return for, or to induce payments or the referral of business to VITAS. The same concept works in reverse – it is inappropriate to accept remuneration to refer a patient to a third party. The OIG is especially concerned about the potential for kickbacks in arrangements between hospices and nursing homes. The following are examples of the kind of activities that are prohibited: • Offering free/below-market-value goods to induce a nursing home to refer patients to us. • Paying room and board to the nursing home in excess of what the nursing home would have received directly from Medicaid had the patient not been enrolled in hospice. • Paying above fair market value for additional non-core services not included in Medicaid's room and board. • Providing free or below-market-value care to nursing home patients receiving payment under the Medicare Skilled Nursing Facility benefit with the expectation that the patient will receive hospice services once skilled days end. • Overlap in services that a nursing home provides, which results in insufficient care provided to a nursing home resident. • Providing hospice staff /care to the nursing home to perform duties that otherwise would be performed by the nursing home. • Providing hospice services in a nursing home before a written agreement has been finalized and the other provider has been sufficiently screened.

Issue	How Addressed at VITAS
Abuse/Neglect	Abuse is defined as an act, or failure to act, on the part of a caretaker or another individual that results in death or serious physical or emotional harm. Neglect is defined as a passive form of abuse in which a perpetrator is responsible for but fails to provide adequate care to a victim who is unable to care for him- or herself. Every employee should know the reporting requirements in your state, including mandated reporting laws and time frames for verbal and written reporting. Your team Social Worker or Team Manager are excellent resources for this type of information. Under section 1150B of the Social Security Act, employees have special reporting requirements in long term care facilities, including reporting "reasonable suspicion of a crime" as defined under local law. The severity of the suspected crime will determine the timeframe limit in which reporting must be done: • There is a two hour limit for reporting serious bodily injury, such as sexual or physical abuse to a resident, or anything that causes extreme pain or substantial risk of death • There is a twenty-four hour limit for reporting other types of crimes • Reports must be made directly to law enforcement and the state survey agency. Since we work as a team, always involve your team manager, the PCA and the GM right away when you believe there to be abuse or neglect. Additional guidance on this subject can be found in the *VITAS Standard for Responding to Abuse, Neglect and Exploitation* which can be found in the Secure Content Locker on clinician's VITAS-owned devices so it is immediately accessible to field staff who might be confronting such a situation.

More information can be found in the *VITAS Standard for Responding to Abuse, Neglect and Exploitation.*

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Stark Regulation	The Federal Physician Self-Referral Law, often referred to as the Stark Law, prohibits a physician from referring certain health services payable by Medicare or Medicaid to a healthcare organization in which the physician (or an immediate family member) has an ownership/investment interest or with which he or she has a compensation arrangement, unless an exception applies. It also prohibits a healthcare provider from billing for services furnished as a result of a prohibited referral. Hospice services are not within the list of Stark's "designated health services." While Stark may not currently impact the majority of VITAS' business and operations, the Stark Law and accompanying regulations are lengthy and quite complicated. It is always best to consult with the Compliance or Legal Department if you have any questions about Stark and its applicability.
OIG Annual Work Plan	In addition to its overall guidance regarding hospice, each year the OIG publishes a Work Plan which contains areas specific to hospice within which the OIG currently believes there may be vulnerabilities. VITAS monitors these activities to determine what actions are appropriate. The current OIG Work Plan has the following hospice specific areas: • A "portfolio" (or summary) of vulnerabilities in the Medicare Hospice Benefit, based on previously published evaluations, audits and investigative work • A review of hospice medical records to determine compliance with Medicare regulations • An evaluation of the frequency of on-site nursing visits to assess the quality of care and services • Trends in Hospice Deficiencies and Complaints • Medicare Payments for Unallowable Overlapping Hospice Claims and Part B Claims.

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Focus on: Hospice Eligibility

Appropriate to the nature of VITAS hospice services being administered by local program offices, key patient eligibility review processes at VITAS are managed at the local team level and driven by physician decision-making based on the patient's condition.

Initial Certification and Recertification: In addition to consulting with the attending physician as a part of the initial admission certification, certifications and recertifications are conducted by VITAS physicians, many of whom hold specialty certifications in hospice and palliative care or a related area. Narrative descriptions of the patient are carefully prepared as part of this process so that anyone reviewing the patient chart has a record of the physician's clinical judgement at each point along the patient's stay where eligibility was reviewed.

The Medicare Hospice Benefit Policy Manual puts it like this: *To be eligible to elect hospice care under Medicare, an individual must be entitled to Part A of Medicare and be certified as being terminally ill. An individual is considered to be terminally ill if the medical prognosis is that the individual's life expectancy is 6 months or less if the illness runs its normal course.*

Section §1814(a)(7) of the Social Security Act (the Act) specifies that certification of terminal illness for hospice benefits shall be based on the clinical judgment of the hospice medical director or physician member of the interdisciplinary group (IDG) and the individual's attending physician, if he/she has one, regarding the normal course of the individual's illness. No one other than a medical doctor or doctor of osteopathy can certify or re-certify a terminal illness.

An individual is considered to be terminally ill if the medical prognosis is that the individual's life expectancy is 6 months or less if the illness runs its normal course.

This is one of the reasons that the interdisciplinary team's communication is so important, and why we sometimes say that the team is the physician's eyes and ears. Hospice is unique in that the patient doesn't come to us, like when a patient goes to see their primary doctor at his or her office. Instead, we go to see them. Unless a patient is in an inpatient unit, various members of the team are visiting them in their place of residence, and that puts a special responsibility on each member of the team. A new symptom may come up, or an existing symptom may worsen at any time… and the patient or their caregiver may not be the first ones to notice.

The Hospice Aide may be the first to notice that the patient is taking longer to get from their bed to the bathroom, or needs more assistance than before. The Chaplain or Social Worker may be the first to notice the first signs of depression or anxiety. It's important to share this information among the team and particularly with the team physician – and not just because it may help the physician continue making decisions about the patient's eligibility for hospice. These discussions help the plan of care evolve to meet the patient's changing needs.

Changes in Level of Care: Team physicians are consulted whenever a change of symptoms might require a change in treatment orders. These same physicians might order a change in level of care as a result of the patient's worsening clinical condition and symptom crisis that cannot be managed at the routine level of care.

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Here is how the *Medicare Hospice Benefit Policy Manual* defines hospice General Inpatient Care: *General inpatient care is allowed when the patient's medical condition warrants a short-term inpatient stay for pain control or acute or chronic symptom management that cannot feasibly be provided in other settings*

Here is how the *Medicare Hospice Benefit Policy Manual* defines Continuous Home Care: *Continuous home care may be provided only during a period of crisis as necessary to maintain an individual at home. A period of crisis is a period in which a patient requires continuous care which is predominantly nursing care to achieve palliation or management of acute medical symptoms.*

Physician oversight of the treatment plan ensures that the plan of care meets the needs of that patient and family, but it is also done to ensure that the appropriate level of care intensity is being provided to the patient to manage the symptoms, and is discontinued as soon as the crisis has passed.

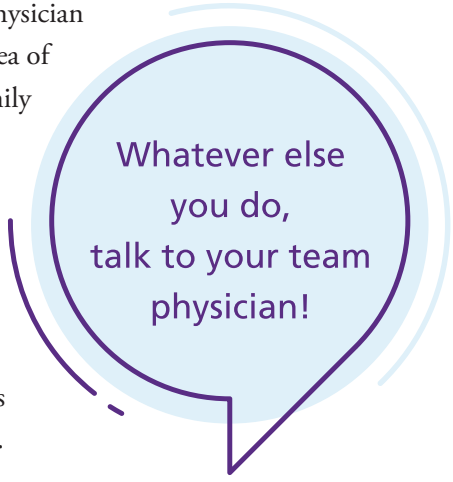
Physician Visits: Physicians oversee the care of every patient on VITAS through telephonic consultation, and, when appropriate, in-person visits. Many times it is a member of the interdisciplinary team that's asking for the doctor to visit when the patient has complex needs. Some visits are required by regulations, like a face-to-face encounter for a patient approaching recertification if they've been on service 180 days or greater, or are entering into their 3rd or greater hospice benefit period.

During these visits, physicians may be performing any number of tasks, including patient assessment, evaluating responses to treatments, providing education and consultation to patients and their families, ordering new treatments to manage patient symptoms causing distress, and evaluating clinical appropriateness. The integrity of the doctor-patient relationship is of the utmost importance at VITAS.

Continuing Eligibility: In the back of the physician's mind during these interactions is always the patient's eligibility. The doctor knows that, at specified intervals, he or she will be called upon to make a clinical judgment about the patient's ongoing appropriateness. The *Medicare Hospice Benefit Policy Manual* says something that's really important in this regard, as it reminds us: *Predicting of life expectancy is not always exact. The fact that a beneficiary lives longer than expected in itself is not cause to terminate benefits.*

That's an important point, and you can believe that CMS does not make a statement like that lightly. It's not only VITAS that's trusting the team physician to use their best clinical judgement when making decisions during a time of crisis or when evaluating a patient's continuing eligibility – it's the government, too. And here CMS is reminding each hospice physician that it understands these are sometimes not easy decisions.

Even so, most patients admitted to hospices in the US don't make it to their first 90-day recertification period, let alone to the 180 day (six month) definition in the hospice regulations. Partly that's due to how hard it is for the patient's physician to bring up the idea of hospice to the family of a patient who is appropriate for hospice care. In fact, half of the patients admitted to VITAS are with us for 16 days or less.



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All of this means our doctors are really good at evaluating patient eligibility. But they can't do it alone. The key take-away from this section is this: talk to your team physician. Talk to your team physician if you feel that the patient's symptoms are not being optimally addressed. Talk to your team physician if the patient is experiencing new symptoms that may need to be addressed through pharmacologic intervention and/or through a higher level of care. Talk to your team physician if you feel that the patient may have stabilized, which may simply be an expected part of the clinical course of the patient's disease trajectory or may indicate that discharge for extended prognosis is appropriate. Whatever else you do, talk to your team physician!

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Focus on: Conflicts of Interest

As noted above, a conflict of interest is said to exist when an employee is in a situation where they are tempted to put their personal interests (or those of a close friend or family member) ahead of the company's obligations to its corporate purpose or to the public interest.

Conflicts of interest are described in the *VITAS Employee Handbook starting on page 29, and in Policy 1:02 Conflicts of Interest.*

It is impossible to list every circumstance that may create a conflict of interest. However, the following are types of activities that could be possible conflicts of interest:

- Having a financial interest in an outside organization that does business with or is a competitor of VITAS (except where such ownership only consists of securities of a publicly owned corporation regularly traded on the public stock exchanges).
- Rendering of direct, managerial or consultant services to any individual or organization that does business with or is a competitor of VITAS, except with VITAS' knowledge and consent.
- Accepting gifts of more than a token value, cash or cash equivalents (such as a gift card), loans, excessive entertainment or other substantial favors from any outside party that does or is seeking to do business with VITAS, or is a competitor of VITAS. This includes gifts from patients or families.
- Outside employment, directly or through an intermediary, with a VITAS patient, business partner, supplier, vendor or competitor. This includes working for a patient/family in a side-arrangement for which direct remuneration is provided to the employee.
- A friend starting a new business asks for the names and addresses of your patients so he or she can send marketing materials to them.

The following may represent a conflict of interest for an employee: receiving a gift from a patient or family, working directly for a patient or family, or working for a contracted nursing home on weekends.

What should you do if you recognize that you may have a conflict of interest? The first thing you should do is to talk to your supervisor! Your supervisor may have an idea about how to handle the situation, or may seek help from a program manager or the VITAS Compliance Officer.

There may be a way to accommodate your situation, but you'll never know unless you ask. Unfortunately, if you do not ask, you may find yourself in violation of the VITAS Conflicts of Interest Policy and subject to disciplinary action.

Focus on: HIPAA

HIPAA stands for Health Insurance Portability and Accountability Act (HIPAA). The Office of Civil Rights enforces the HIPAA/HITECH Rules. Healthcare providers, known as 'covered entities' under HIPAA, are required to comply with the following:

- **Privacy Rule** protects the privacy of individually identifiable health information.

- **Security Rule** sets national standards for the security of electronic protected health information.
- **Breach Notification** Rule requires covered entities and business associates to provide notification following a breach of unsecured protected health information.

HIPAA regulations require providers to manage risks related to protected health information through physical and technical safeguards. VITAS HIPAA Privacy Officer (Bob Miller) and HIPAA Security Officer (Richard LaBella), together oversee VITAS' compliance with various aspects of HIPAA rules.

The Security Officer conducts an annual HIPAA Risk Assessment to assure that patient Protected Health Information (PHI) is secured in VITAS' technology systems. Physical security is managed chiefly through policy and procedures at the program level. Access to patient charts is controlled in each program so that only those with a need to know are permitted access. Inpatient units ensure that patient names are not visible to visitors. Programs conduct an annual review of HIPAA physical security processes to ensure appropriate adherence to best practices.

Ways PHI is Communicated at VITAS	How to Minimize Risk
Verbally: Face to face conversations, talking over the phone, leaving information on answering machines, playing a voicemail on a speaker phone	• Be aware of who might be within earshot, especially when in a public place • Verify the identity of the person to whom you are speaking • Do not leave PHI on an answering machine
Written: Vx reports, case sheets, documentation, photocopies of medical records	• Shred documents containing PHI as soon as you no longer need them • Keep a clean desk so that PHI is not visible to those passing by, who may not have a need to know about the patient information on your desk • If you work in the field and must leave paper documentation in your automobile for a short period, put it somewhere not visible such as the trunk – we will focus on other suggestions regarding paper records below • If you see patient information discarded in the trash (rather than in a locked shredder bin), immediately report this to your supervisor

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Ways PHI is Communicated at VITAS	How to Minimize Risk
Electronically: Texting, faxing, sending an email with patient information outside of VITAS	• All VITAS-owned devices (computers, hand-held devices) are password protected and encrypted • Always use a fax cover sheet with the confidentiality clause and confirm the accuracy of the fax number • Never text a patient's name • Always use the encryption process if you must send PHI via email to someone outside the company's systems

Secure Email Encryption Required

YOU MUST USE THIS EMAIL ENCRYPTION PROCEDURE WHEN SENDING PHI OR SENSITIVE DATA TO NON-VITAS/EXTERNAL/3RD PARTY.

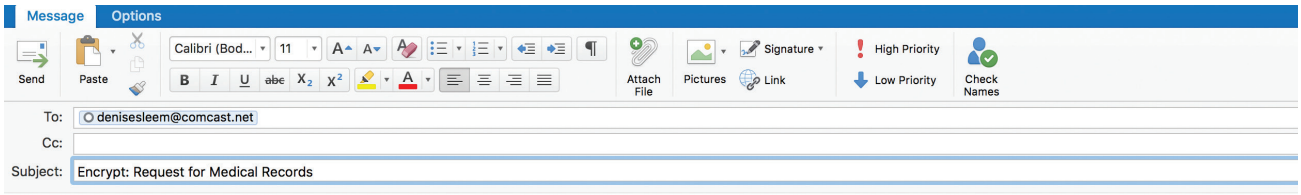
1. Open a new email message in Outlook, and enter the appropriate recipients as usual.
2. In the **Subject** line, type the following:

Encrypt:

3. Leave at least one space after the colon and before you type the relevant subject descriptor, for example:

Encrypt: Request for Medical Records

Your message header will look similar to this:



4. Enter the information for the body of the email, as usual and click the **[Send]** button to send.

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Breach Notification Obligations

What to do if you think a breach has occurred: Notify your supervisor immediately if you believe there has been a breach of personal information. As required by the Department of Health and Human Services, if a breach has occurred, the provider must notify the affected individuals promptly.

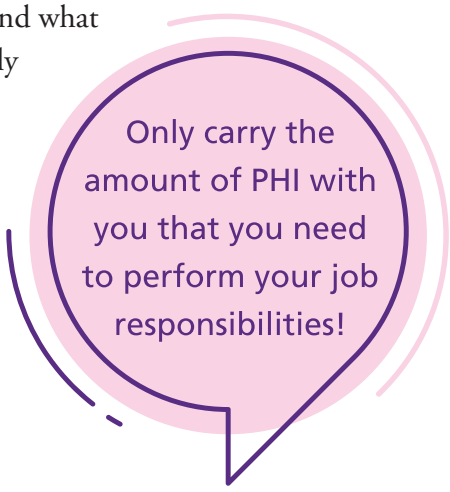
Examples: Here are examples of situations that triggered the requirement to provide notification to a patient that their information was disclosed.

- **Issue:** An employee drove away while a clip-board containing face sheets for patients was on the roof of the car. The clip-board was not recovered. The employee was counseled and we provided notice to the affected families both by telephone and in writing. Because the information disclosed also included the patient's date of birth, there was a potential for identity theft so an offer of credit monitoring extended to these families. A reminder training was conducted with all field staff in the program.
- **Issue:** Medical records were requested by a QIO because the patient was appealing a decision to discharge the patient with an extended prognosis. Due to a clerical error, the wrong patient's records were inadvertently sent to the QIO. The employees involved were counseled, and notice was provided to the patient. All program staff involved in the appeal process were re-educated on best practices.
- **Issue:** An employee had case sheets and visit documentation inside of a briefcase on the front seat of her car while she went into the grocery store. She came out to find her window smashed and the briefcase stolen. Presumably the thief was after money or a computer or something else of value that might be in the briefcase, but the patients involved had to be notified and the employee was disciplined for not following VITAS standards for protecting patient information. Plus, this occurred in a state with extra notification requirements, and this resulted in a department of health survey and investigation.
- See the next section for suggestions about how to minimize risk and avoid such situations.

The *HIPAA Breach Notification Policy 11:15 and the VITAS Management Standard Protecting Patient Privacy* outline these principles and the process for determining whether a breach has occurred and the required notification process.

Protecting Paper Patient Records: Think about all the patient information you handle on any given day in your role at VITAS. As VITAS employees, we are each obligated to protect this information. We care for patients in the most vulnerable moments of their lives. As patient advocates, we want to eliminate the potential for the unintentional disclosure of protected health information, or any information that might lead to identity theft.

A key concept related to this is called the **Minimum Necessary Standard,** and what it means is that one only accesses or retains the minimum amount of information necessary in order to perform their role. In this segment, we will focus on the risks associated with your



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need to have Protected Health Information (PHI) with you on paper so that you can do your job.

The most important thing you can do to protect your patient's privacy is to think about it – to be conscientious about how much information you have with you, which kind of information it is, and how to protect it from loss or theft.

- How much information do you carry with you at any given time? Are you carrying around case sheets from inactive patients, or census sheets you took from team meeting that you don't really need? If so, you're putting that information needlessly at risk for loss or theft.
- Every time you leave your car, think to yourself, "What's the best way for me to handle the information I have with me? Is it safer for me to take this information with me into the patient's home?" Maybe so, if:
  - These documents are kept in a briefcase or folder so that they cannot be casually seen.
  - The home is relatively free of distractions that might cause you to leave the briefcase unattended.
  - It may also be that the information is more secure in your car for a short period of time – locked away, and out of sight (in the trunk if you have one).
- What about when you get home at the end of the day? The same thought process applies – these documents might be safer with you in your home, if:
  - These documents are kept in a briefcase or folder so that they cannot be casually seen.
  - The home is relatively free of distractions that might cause you to leave the briefcase unattended.
  - Although it's risky, it may also be that the information is more secure overnight in your car locked away, and out of sight (in the trunk if you have one).
- Choose wisely among the options available to you
  - remember, your patients are depending on you to protect their privacy.

Texting of Patient Information Among Healthcare Providers: The CMS Survey and Certification group recently published a memorandum (S&C 18-10) that provides guidance about texting patient information and physician orders among the healthcare team. Consistent with VITAS' policies and procedures, the memo indicates that texting patient information among members of the health care team is only permissible if accomplished through a secure platform. VITAS does not currently provide such a platform, but does provide other secure methods to facilitate team communication, including encrypted email and password-protected VITAS-owned iPhones distributed to clinicians.

Texting of patient orders is prohibited regardless of the platform utilized. The memo states that Computerized Provider Order Entry (CPOE) is the preferred method of order entry by a provider. VITAS' vMOR system, which allows nurses to document a physician's order, and the physician to approve such orders on secure VITAS-owned devices is such a CPOE system.

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VITAS Privacy Guidelines: Following these guidelines will put you in the best possible position to protect the patient information entrusted to you to do your job. Thank you for being patient advocates!

- Do not remove PHI from the VITAS office or IPU unless necessary to provide care in the field.
- When PHI is removed from a VITAS office or IPU, you should only take the minimum amount of PHI necessary to provide care.
- The PHI must be kept in a secure envelope, folder or binder and in a place where it may not be read by unauthorized persons.
- Never leave paper PHI or an electronic device containing PHI in the car overnight or for any other significant length of time. If you absolutely must leave PHI or an electronic device containing PHI in a vehicle, the vehicle must be locked and the materials kept out of sight (e.g., in the trunk if possible).
- Copies of records containing PHI shall be shredded or placed in a secure shred bin when they are no longer needed to provide care for the patient.
- Never remove electronic PHI from the office (such as a laptop containing PHI or a USB "flash" drive) unless the PHI stored on such device is encrypted.
- If you must take PHI to your home, the PHI should be kept in a secure place at all times and not left accessible to unauthorized individuals.

VITAS *HIPAA* Policies are in section 11 of the *VITAS Policy Manual* and the *VITAS Management Standard Protecting Patient Privacy*

Social Media: In a related subject, as a reminder, our company implemented a policy about social media (*Policy 8:96 Social Media/Networking Policy*) in order to protect itself from unauthorized disclosures of confidential company business information. All employees should be cautious about using social media/networking sites. Here are few things to keep in mind:

- Employees are not authorized to speak on behalf of the company.
- Employees may not publically discuss or disseminate any company business information using any form of social media.
- Employees are not to use the company's equipment to conduct personal blogging or social networking activities.
- Employees may not state that the views expressed by them are the views of VITAS or any of its partners.
- Employees may not post any identifying information about patients or families on social media sites.

It is important to remember that violations of the policy may result in corrective action, up to an immediate termination.

Communication

Now that you've learned about VITAS' Compliance and Ethics Program, the Code of Ethical and Legal Conduct, the compliance risk areas most likely to arise in hospice, Conflicts of Interest, VITAS' HIPAA policies, and the other subjects covered in this training, we ask you to help us stay compliant. If you identify a compliance or ethics issues, talk to your manager, your PCA, your GM, or your VP of Operations.

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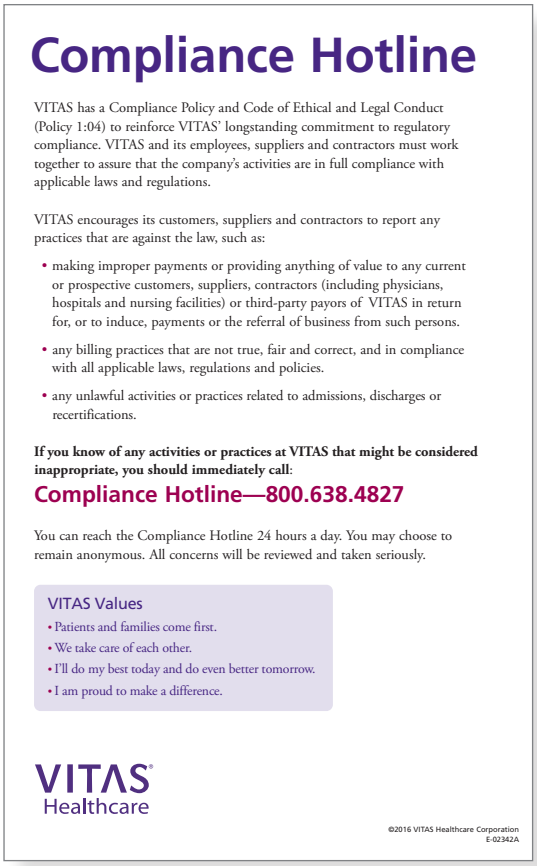

Compliance Hotline

VITAS has a Compliance Policy and Code of Ethical and Legal Conduct (Policy 1:04) to reinforce VITAS' longstanding commitment to regulatory compliance. VITAS and its employees, suppliers and contractors must work together to assure that the company's activities are in full compliance with applicable laws and regulations.

VITAS encourages its customers, suppliers and contractors to report any practices that are against the law, such as:

- making improper payments or providing anything of value to any current or prospective customers, suppliers, contractors (including physicians, hospitals and nursing facilities) or third-party payors of VITAS in return for, or to induce, payments or the referral of business from such persons.
- any billing practices that are not true, fair and correct, and in compliance with all applicable laws, regulations and policies.
- any unlawful activities or practices related to admissions, discharges or recertifications.

If you know of any activities or practices at VITAS that might be considered inappropriate, you should immediately call:

Compliance Hotline—800.638.4827

You can reach the Compliance Hotline 24 hours a day. You may choose to remain anonymous. All concerns will be reviewed and taken seriously.

VITAS Values
- Patients and families come first.
- We take care of each other.
- I'll do my best today and do even better tomorrow.
- I am proud to make a difference.

VITAS Healthcare

If that is not possible, or if you simply prefer to talk to someone outside your program, you can communicate directly with the VITAS Compliance Officer at:
VITAS Compliance Hotline 1-800-638-4827.

The VITAS Compliance Hotline gives an employee an avenue to report potential compliance or ethics concerns if the employee does not feel comfortable speaking to his/her manager or someone else in a leadership role in the program.

There are two important things you should know about the VITAS Compliance Hotline and Compliance Investigation Process:

- VITAS has made provisions to assure that such reports can be made anonymously if you prefer.
- Also, we want you to know that VITAS commits to a non-retaliation policy, meaning that individuals who report a compliance or ethics concern in good faith, or who participate in a compliance investigation, will not be retaliated against. We WANT to hear from you if you have a concern.

VITAS has a non-retaliation policy, which means that retaliation against anyone who reports a compliance or ethics concern in good faith will not be tolerated.

Concerns addressing routine workplace matters may be referred to the human resources department. If an investigation confirms the existence of a compliance issue, appropriate personnel will work closely with corporate and program managers to resolve the issue and take any necessary corrective or remedial measures.

VITAS Healthcare

OSHA

Occupational Safety & Health Administration

This section will focus on employee protection areas such as VITAS' Exposure Control Plan (ECP) and workplace safety issues, developed to protect our growing workforce. This training ensures compliance with the US Department of Labor, Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogen Standard (29 CFR 1910.1030).

VITAS Exposure Control Plan (ECP)

A section of VITAS' Infection Control Manual includes our Exposure Control Plan. This was developed to minimize exposure to blood-borne pathogens in the workplace and to ensure employee safety.

From the ECP, we will cover:

- Airborne Infectious Diseases
  - VITAS Tuberculosis Infection Control Plan
- Reduce and Control Transmission
  - Exposure and Reporting Procedures
- Bloodborne Infectious Diseases
  - Hepatitis B (HBV)
  - Hepatitis C (HCV)
  - Human Immunodeficiency Virus (HIV)
  - Exposure and Reporting Procedures
- Contents of Exposure Control Plan
  - Universal/Standard Precautions
  - Hand Washing
  - Work Practice Controls E.g. Safer medical devices, e.g. sharps, disposal containers (medical devices)
  - Specimen Dispensing
  - Personal Protective Equipment (PPE)
  - Housekeeping
  - Process for Regulated Waste
  - Communication of Hazards (MSDS)
- Medical Device Act (Act 737)
  - The term – medical device covers any product used in healthcare for the diagnosis, prevention, monitoring or treatment of illness or handicap but excludes drugs.

Airborne Infectious Diseases

Airborne diseases can be transmitted to anyone through the air. These diseases will travel on dust particles or be passed through the air by sneezing, coughing or even laughing and talking. Close contact with someone who is sick with an airborne disease or someone who simply carries such a disease can cause contamination. These diseases are so easily spread that the CDC now requires provider/entities to have a pandemic plan in place.

Airborne precautions are required to protect against airborne transmission of infectious agents. Preventing airborne transmission requires personal respiratory protection and special ventilation and air handling. Patients in a hospital setting on Airborne Precautions are placed in special negative-pressure rooms to protect the employees, but most of our hospice care takes place in the home setting without special pressurized rooms. Therefore, hospice care may require you to be in contact with patients on Airborne Precaution isolation. Our patients may be on Airborne Precautions, even in patient homes.

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Diseases requiring Airborne Precautions include:

- H1N1 (Swine) Flu
- Tuberculosis (TB)
- Chicken pox
- Measles
- Mumps
- Meningitis
- Anthrax
- Severe Acute Respiratory Syndrome (SARS)
- Smallpox
- Monkeypox
- Hantavirus

Prevention Strategies – Airborne Infectious Diseases

Patients on Airborne Precautions Require the Use of N-95 Respirators

An N-95 respirator should be worn around all suspect and confirmed airborne precaution patients. The patient will be placed on airborne isolation precautions until a physician order is received to discontinue isolation precautions.

Per OSHA Respiratory Protection Standard (29 CRF 1910.134) and VITAS procedures:

- N-95 respirators are required for all staff sharing air space with a patient on airborne precautions.
- They should be donned prior to entry to the patient's room.
- ALL employees must be fit tested prior to utilizing N-95 respirators.
- A core group of staff, identified by the GM/PCA, should be fit tested.
  1. Admission nurses
  2. Physicians
  3. Nurses, hospice aides, chaplains, social workers
  4. Weekend/runner staff
- **Fit testing ensures optimal protection against airborne diseases and must be conducted:**
  1. Initially and prior to use of respirator
  2. When a different respirator face piece (size, style, model or make) is used
  3. At least annually
  4. When changes in the employee's physical condition could affect respirator fit
- Prior to fit test, all staff must complete a medical evaluation. The medical evaluation is required by OSHA to determine an employee's ability to use a respirator.

For more details, ***see VITAS Respiratory Protection Program. See VMS Influenza Infection Control***

VITAS Tuberculosis Infection Control Plan Transmission

TB is an infectious disease that is caused by a bacterium called Mycobacterium tuberculosis. It is passed from person to person when an infected person coughs, speaks, sneezes or sings. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys or the spine. A person with TB can die if he/she does not get treatment.

Signs and Symptoms

The most noticeable symptom of tuberculosis is cough, which worsens as the disease progress. The cough may produce sputum that can contain blood or pus and may be accompanied by tightness or dull, aching pain in the chest. Other symptoms are fever, chills, muscle aches, "cold sweats", weight loss, difficulty breathing or shortness of breath and fatigue.

Reduce Transmission

- Patients, families, visitors and caregivers will receive appropriate education in the control of transmission.
- Once suspected or diagnosed, the patient is reported to the team manager; all team members including volunteers and their supervisors will be notified.
- The employee or supervisor will complete an Infection Control Surveillance Form and submit to the program Performance Improvement Specialist (PIS).
- The Tuberculin Skin Test (TST) is the preferred method of skin testing for non-HIV-positive people.
- The patient's chart will be flagged, as per program procedure, to show airborne precaution isolation (formerly known as respiratory isolation).
- In the inpatient setting, the suspected or known active TB patient will be placed on airborne precautions and placed in negative pressure if available (negative pressure rooms are not available in many of the IPUs), transferred to a local hospital with a negative pressure room, or transferred home dependent upon patient status/needs.
- All persons who enter the room/home of such patients will use appropriate universal/standard precautions and wear approved masks/respiratory protective devices (N-95) and document PPE usage in ID notes.

Reporting

- Report to a supervisor immediately if tuberculosis is suspected or has been diagnosed.
- Record exposures on the TB Exposure Log.
- Contact the Company Nurse Injury Hotline.
- Notify corporate risk management.
- All persons diagnosed positive for TB will be reported to the health department as mandated by applicable law.
  - It is the responsibility of the diagnosing physician to report the disease to the county/state health department.

Bloodborne Pathogens Infectious Diseases

A pathogen is something that spreads disease. Germs that live in human blood and can cause disease in humans are called bloodborne pathogens. The most common and dangerous germs that spread through the blood are Hepatitis B, Hepatitis C and HIV. Let's review the facts about these diseases:

Hepatitis B

Hepatitis B is a small DNA virus that affects the liver and is preventable through a vaccine. At VITAS, the HBV vaccine is offered to all direct-patient-care employees upon hire. An employee may refuse the vaccine but must sign a declination statement. Signing the statement does not preclude the employee from receiving the vaccination at a later time.

Hepatitis B Transmission

In the healthcare setting, Hepatitis B is most commonly transmitted through contact with infected blood or body fluids via needle-sticks or other direct penetrations of the skin with contaminated objects. Other forms of transmission can be from unprotected sex, unsterile needles, perinatal (from mother to child at birth) and sharing sharp instruments such as razors, toothbrushes or earrings. Always Use Universal/Standards Precautions!

Hepatitis C

Hepatitis C is a virus infection of the liver and is the most common chronic bloodborne infection in the United States, affecting approximately 4 million people. But it causes few symptoms, so most of them don't know.

Hepatitis C Transmission

Primarily through large or repeated percutaneous (i.e., passage through the skin) exposures to infectious blood, such as:

- Injection drug use (currently the most common means of HCV transmission in the United States)
- Receipt of donated blood, blood products, and organs (once a common means of transmission but now rare in the United States since blood screening became available in 1992)
- Needlestick injuries in health care settings
- Birth to an HCV-infected mother
- HCV can also be spread infrequently through:
  - Sex with an HCV-infected person (an inefficient means of transmission)
  - Sharing personal items contaminated with infectious blood, such as razors or toothbrushes (also inefficient vectors of transmission)
- Other health care procedures that involve invasive procedures, such as injections (usually recognized in the context of outbreaks)

Human Immunodeficiency Virus (HIV)

The Human Immunodeficiency Virus (HIV), the virus that can lead to acquired immune deficiency syndrome (AIDS), destroys blood cells called CD4+ T-cells, which are crucial to helping the body fight disease. This results in a weakened immune system, making persons with HIV or AIDS at risk for many different types of infections.

HIV Transmission

According to the CDC, although HIV transmission is possible in healthcare settings, it is extremely rare. Medical experts emphasize that the careful practice of infection control procedures, including universal/standard precautions (i.e., using protective practices and personal protective equipment to prevent transmission of HIV and other bloodborne infections), protects patients as well as healthcare providers from possible HIV transmission in medical and dental settings.

Prevention Strategies – Bloodborne Infectious Diseases

Prevention Strategies for Bloodborne Infectious Diseases

To prevent transmission of bloodborne diseases to healthcare workers in the workplace, CDC offers the following recommendations. Healthcare workers should assume that the blood and other body fluids from all patients are potentially infectious.

Therefore, follow infection control precautions at all times:

- Routinely use barriers (such as gloves and/or goggles) when anticipating contact with blood or body fluids.
- Immediately wash hands and other skin surfaces after contact with blood or body fluids.
- Carefully handle and dispose of sharp instruments during and after use.
  - Percutaneous injuries, such as needle-sticks and cuts, are related to sharps disposal.

Hand Washing

Hand washing is the single most effective method of prevention of cross-contaminations and healthcare-associated infections, thereby protecting yourself and others.

Employees should always carry a supply of alcohol-based antiseptic hand cleanser and paper towels.

The *VITAS Standard on Hand Hygiene* covers everything from when you should wash your hands to procedures for washing your hands with and without water and hand hygiene education. Even though we may be in a patient's home, Universal/Standard Precautions must be followed by all healthcare workers. To help train and educate patients and families, explain why you are washing your hands at the start and end of care, as well as in between treatments and even bathing.

VITAS Standard—Hand Hygiene

What it covers:

1. Indications for hand antisepsis or hand-washing.
2. Procedure for hand hygiene with water.
3. Procedure for hand hygiene without water.
4. Provide patient and family education regarding hand hygiene.

When a patient and family act surprised when an employee goes to wash their hands, one has to wonder if the healthcare worker who previously visited washed theirs.

Exposure Procedures

Use procedures IF an exposure occurs and what to do AFTER an exposure occurs:

IF an Exposure to Blood or Body Fluids Occurs:

- First of all, do not panic.
- Wash affected area directly with soap and water.
- Report incident to supervisor immediately.
- Identify individuals involved with the exposure incident.
- Report to facility immediately for post-exposure testing, training, counseling and treatment.
- A Source Consent form will be obtained by manager from the source individual.
- Consent is voluntary and will be obtained without duress or coercion and shall be in writing.

Note: If an employee has traveled outside the continental US and has been infected by Ebola, the Infection Control Surveillance Form must be completed in order for PCA/Designee to contact CDC for guidance.

See *Infection Control Surveillance Form*

AFTER an Exposure Occurs:

- Exposed employees will be re-tested at 30 days, 3 months, 6 months and 12 months. Test results will not be given over the phone.
- Any reported illnesses by employee will be evaluated for 12 months following exposure.
- All employees will complete post-exposure training.
- All employee exposure incidents will be handled with strict confidentiality.

Company Nurse Injury Hotline

Report All Incidents Immediately

COMPANY NURSE Injury Hotline
1.888.392.7475

VITAS requires reporting of ALL bloodborne pathogen exposure incidents. The procedure is as follows:

- Report to your supervisor immediately.

VITAS® Healthcare

- All incidents will be reported to the Company Nurse Injury Hotline.
- Company Nurse will complete an Injury Alert form, which takes the place of our Employee Incident Report.

See Policy and Procedures 8:48, 8:71 and 10:01

Other Workplace Practice Controls

Eating, drinking, smoking, applying cosmetics or lip balms and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure to bloodborne pathogens. Remember, eyes, mouths and mucus membranes communicate diseases. Do not keep food and drinks in refrigerators, freezers, shelves, cabinets or on countertops or bench tops where blood or other potential infectious materials are present.

Specimen Dispensing

To store, transport or ship any specimen of blood or other potentially infectious material, place in an appropriate leak-proof container coded with a fluorescent orange/red biohazard label. If contamination of the primary container occurs, place within a second leak-proof container.

Universal/Standard Precautions

In order to reduce and/or prevent contact with body fluids/substances, consider all body fluids to be potentially infectious. Therefore, Universal/Standard Precautions must be observed— and the most important thing to remember is easy: Wash your hands often!

Personal Protective Equipment (PPE)

Personal Protective Equipment includes gloves, goggles, gowns, masks and any protective gear worn during procedures that are likely to generate droplets of blood or other body fluids. If a potential for an occupational exposure exists, documentation noting the requirement must be in the care plan of that patient. Each program must identify where PPE will be located within the office and inpatient units. When removing your PPE, place it in a designated area or container for storage, washing, decontamination or disposal. Contaminated laundry will be placed and transported in bags or containers labeled or color-coded with a fluorescent orange or red-orange label with biohazard lettering and symbols in a contrasting color.

Housekeeping

Each program will determine and implement an appropriate written schedule for cleaning and a method of decontamination. Inpatient units residing in a hospital or other facility will follow the policies of the host facility.

Non-Managerial Employee Input

VITAS solicits input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps. During an annual Exposure Control Committee meeting at each program, we ask their help in the identification, evaluation and selection of effective engineering and work practice controls to mitigate exposures and transmission.

Process for Regulated/Biomedical Waste

Regulated or biomedical waste is defined as any solid or liquid waste which may present a threat to humans, including non-liquid tissue, body parts, blood, blood products, and body fluids from humans and other primates; laboratory and veterinary wastes which contain human disease-causing agents; and discarded sharps. At VITAS this would include items contamination with blood such as dressings and sharps or other objects that puncture, lacerate or penetrate the skin.

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Regulated/biomedical waste should be segregated from other waste at its point of origin into its proper container and the employee should wear protective equipment as previously described.

Once in the proper container-filled red bags or sharps containers, they should be sealed, not reopened, and visibly marked/labeled with the international biological hazard symbol and applicable phrase.

Transport

To store, transport or ship any specimen of blood or other potentially infectious material, place it in an appropriate leak-proof container coded with a fluorescent orange/red biohazard label. If contamination of the primary container occurs, place within a second leak-proof container.

The need to transport regulated/biomedical waste at VITAS is rare however if the program process includes transportation of sealed sharps containers, infection control processes must be followed.

State Specific: California

California employees may not transport any medical waste.

State Specific: Floridaa

A mandatory Biomedical Waste Training is now required, upon hire and annually thereafter, to comply with the State of Florida Department of Health, Bureau of Community Environmental Health, Chapter 64E-16, and the Florida Administrate Code. The purpose is to protect healthcare workers, environmental-service staff, waste haulers and the general public from risks associated with potentially infectious biomedical waste.

See VITAS Management Standard Biomedical Waste

Sharps

All employees must take every precaution to prevent injuries that may be caused by needles, sharps or other sharp instruments during or after a procedure. To prevent needle-stick injuries, do not recap, bend, break, manipulate or dispose of syringes or needles by hand. If recapping a needle is the only alternative, it must be performed using a one-handed "scoop" technique or by using the assistance of a mechanical device.

All sharps (disposable syringes, needles, scalpels, blades and broken glass) must be disposed of in a sharps container that is closeable, puncture resistant, leak-proof and labeled with a biohazard sticker. Sharps containers should be maintained upright and should never be more than 3/4 full. Never empty the contents of one sharps container into another sharps container. Never use your hands to pick up used sharps or broken glass.

Spill procedures include wearing protective clothing and gloves; sweeping up glass using a broom and dustpan; pouring bleach over the spill followed by kitty litter or absorbent towels; placing contaminated glass or sharps into a sharps container; placing other blood spill contaminated waste into a red waste bag; and washing hands thoroughly with soap and water. Don new gloves to dry the floor with paper towels; discard the gloves and paper towels in the red waste bag; wash your hands again thoroughly; and report the incident to your supervisor.

Hazardous Communication and Safety Data Sheets (SDS)

All VITAS employees need to be aware of the *VITAS Standard on Hazardous Communication—Safety Data Sheets.* This standard was developed to ensure that safety data sheets (SDS) be readily

accessible to provide employees with information regarding spill response procedures and first-aid treatment for exposure to hazardous chemicals.

See VITAS Standard Hazardous Communication – Safety Data Sheets (SDS)

Further Information

If you have any questions or need more information, utilize the following: *VITAS Infection Control Manual, VITAS Standards Manual and VITAS Management Standards Manual.*

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Thank You

We appreciate you taking the time to review this training material.

Next steps:

1. Reach out to your supervisor if you are unclear on anything covered by this training.
2. Complete your training attestation.
4. Congratulate yourself on having completed this training!

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