

**Mended Hearts Northern Virginia Chapter 200
Handbook for Mended Hearts Accredited Visitors
Table of Contents**

Welcome	3
History of Mended Hearts – National and Northern Virginia Chapter	4
The Mended Hearts Visiting Program: Giving Back	5
Communication	5
Introduction to Active Listening	5
What is Active Listening	5
What does Active Listening Communicate	6
Learn to be an Active Listener	6
Barriers to Active Listening	6
Empathy	7
Responding with Empathy	7
How do Good Skills and Empathy help you become a better visitor?	8
Nonverbal Communication	9
What Mended Hearts Visiting is and is not!	10
Visiting Procedures	11
Visitor Protocol	12
Things to Remember	12
Typical Patient Questions	13
Health Insurance Portability and Accountability Act (HIPAA)	14
Confidentiality Statement	17
INOVA Health System HIPAA Privacy Training for Volunteers	18
Mended Hearts Office Procedures	19
Mended Hearts Chapter 200 Sample Patient Visitor Record	Attachment - A
Heart Surgery Abbreviations and Terms	Attachment - B
Practical Advice on Visiting – Some Random Thoughts	Attachment - C
The Mended Hearts Volunteer Sign-in Sheet and Visiting Report	Attachment - D

Welcome

The Mended Hearts, Inc., Northern Virginia Chapter 200 welcomes you to the Accredited Visiting Program! As a trained visitor, you are Mended Hearts' most important resource for inspiring hope in heart patients, and we thank you for becoming involved.

By participating in Accredited Visitor training, you will learn valuable communication skills and begin to develop your own unique style for empathizing with and offering support to heart patients undergoing the treatment and recovery process. Most importantly, you will be joining ranks with other trained visitors who reach out to heart patients and their families, offering encouragement and demonstrating by their very presence that there can be a healthy, happy future after heart disease.

Again, thank you for becoming an Accredited Visitor and for giving to others from the heart.

Sincerely yours,

Northern Virginia Chapter 200

History of Mended Hearts

“Start a support group,” said Dr. Dwight E. Harken in his Boston office over 50 years ago in 1951.

It was simply a suggestion, a response to four of his well-meaning patients. The four – Keith Otto, Alfred Sanatmassio, Doris Silliman and Elizabeth Wilkinson – had excitedly approached Dr. Harken after chatting in his waiting room.

According to Dr. Harken, “The four had just shared their experiences about their heart procedures and found out it was very therapeutic to talk it out.” Encouraged to meet again, they began what today is The Mended Hearts, Inc.

The Mended Hearts, Inc. was subsequently incorporated as a not-for-profit organization in 1955 and now is headquartered in Dallas, Texas. It has over 26,000 members and 270 chapters.

The Northern Virginia Chapter was chartered in May 1988. The Chapter has over 550 members including people who have heart disease, their families, relatives, medical professionals and other interested parties. In October 2002, the Chapter launched its web site, www.mendedhearts200.info. The Chapter is closely affiliated with the Virginia Chapter of the American Heart Association (AHA) and has an office in AHA’s Annandale, Virginia building.

The Chapter’s chief objectives are derived from those set forth by the National Office and are as follows:

1. Visiting, with physician approval, and offering encouragement and support to heart disease patients and their families through the Chapter’s accredited hospital visiting program, by telephone, and through the National Internet visiting program.
2. Distributing information of specific educational value to organization members and to hearts disease patients and their families.
3. Establishing and maintaining a program of assistance to physicians, nurses, medical professionals and healthcare organizations in their work with heart disease patients and their families.
4. Cooperating with other organizations in education and research activities pertaining to heart disease.
5. Providing information on heart disease rehabilitation programs for members and their families.
6. Planning and conducting suitable programs of social and educational interest for members and for heart disease patients and their families

The rest of the chapters in this manual are devoted to the policies and procedures associated with visiting hospital patients and their families.

The Mended Hearts Visiting Program: Giving back

The visiting program is the foundation on which Mended Hearts was formed. As an Accredited Visitor, you will play a crucial role in allowing Mended Hearts to carry out its mission to offer hope and encouragement to heart patients and their family members. The Mended Hearts, Inc. slogan says it all, "It's great to be alive - - and to help others."

Accredited Visitors, with the support of hospitals, are able to serve heart patients. Members are there to listen and share their own experiences, empathizing with the anxiety and concern of patients and their families. They answer questions and provide encouragement. The heart patient and family gain hope by seeing other patients who have survived heart disease and are healthy.

Mended Hearts visitors demonstrate to new heart patients and their families that people can survive heart disease and live a full happy healthy life. Mended Hearts visitors are themselves exceptional heart patients and family members who show the value of giving back by giving of themselves.

Communication

Expressing our wants, feelings, thoughts and opinions clearly and effectively is only half of the communication process. The other half is listening and understanding what others communicate to us. For example, when you decide to communicate, you do so to fulfill a need such as to express a desire or explain feelings. In deciding to communicate, you select a method or "code," either verbal or nonverbal, which you believe will effectively deliver the message to the other person. When the other person receives the coded message, they then "decode" it, interpreting it into understanding and meaning. Effective communication exists between two people when the receiver interprets and understands the sender's message in the same way the sender intended it.

Introduction to active listening

Active listening is a method of responding to another person that expresses supportive understanding. Active listening focuses the attention on the speaker. The listener must attend to the speaker fully. As an active listener you are encouraged to hear, see and sense the speaker's words in terms of feelings.

What is active listening?

Active listening has two parts:

- Paying close attention to what the person is saying and feeling.
- Responding back, in your own words, with your understanding of the sender's message, both the words and the feelings.

What does active listening communicate?

Active listening communicates several important messages, even if these messages are never overtly stated. Active listening lets the patient know:

- I hear what you are saying.
- I understand what you are saying.
- I am interested and concerned.
- I respect your thoughts.

Using active listening also accomplishes the following:

- Shows patients or family members that you are concerned and interested in them.
- Leads to better information about the patient or situation.
- Encourages further communication between the visitor and the patient.
- Frequently, improves the initial relationship between visitor and patient.

Learn to be an active listener

The art of active listening can be learned. To be a good active listener you must possess the intent to do the following:

BE PRESENT	In mind, body and spirit, be present with the person.
HEAR	Hear what the person is saying.
REFRAIN	Refrain from judging the person or putting them in a category, even if the person is different from you.
DON'T PLAN	Don't be inclined to plan what you are going to say. LISTEN.
DON'T THINK	Don't think of how you can interrupt or how to console. LISTEN.
DON'T SOLVE	Don't think about solving the problem. LISTEN.
DON'T INTRUDE	Don't intrude physically, verbally, mentally. LISTEN.

Put yourself in the other person's shoes. You won't become that person, of course, but strive to really understand what he/she is feeling, saying and thinking.

Barriers to active listening

COMPARING	Comparing yourself to the patient or family member. Who is smarter? Who has it rougher? Whose surgery was the scariest? Whose doctor is better?
PLANNING	As a listener you are preoccupied with what story to give next.
FILTERING	As a listener you hear only certain topics.

JUDGING	Prejudging a statement as “stupid,” “nuts,” “immature,” “hostile,” etc.
DAYDREAMING	Allowing your mind to wander and not being fully present with patient or the family.
ADVICE	Drafting what you are going to say before the patient has finished telling his/her concerns.
DEBATE	Considering every conversation as a personal challenge or affront and looking for ways to put down the patient or the family member.
BEING RIGHT	Believing you have all the answers and don’t need to listen.
PLACATING	Automatically agreeing with all the speaker’s comments without actually listening. (You’re right...Of course...I agree...Really).
MIND READING	Trying to figure out what the speaker is thinking and feeling.
REMEMBERING	Dwelling on your own personal experiences instead of listening to the patient or family member.

Empathy

Empathizing is an essential skill needed by all Mended Hearts visitors when relating to patients and their families.

Experts say we spend approximately 70% of our day communicating. By their calculations, 23% of that time is spent speaking, 13.5% reading, 8.5% writing and an amazing 55% listening!

Randy Frazier
President of Frazier Communications

We all want to be listened to. We all know what it means to be listened to, so when we are not being listened to, we find it insulting. Often, when we are scared, anxious or sad, we want to express and share our **feelings** with an understanding person.

Listening is more than hearing words. It is **truly understanding and accepting** the other person's message and also his/her situation and feelings.

Empathy means understanding another person so well that you identify with him/her. It is listening so intently and identifying so closely that you experience the other person's situation, thoughts and emotions. You must have a clear concept of empathy before you can effectively use it, so study the following illustration carefully.

Responding with empathy

Paraphrasing - Play back what you heard the other person say.

Paraphrasing focuses your listening and ensures clear, two-way communication. If your restatement is not quite on target, others will usually clarify what they have just said.
Statement: "My wife tells me that she is not worried about my surgery but every time she comes in the room and looks at me she starts crying".
Paraphrasing: "It seems to you that you're getting mixed messages."

<i>Reflecting</i> - Describes what the other person appears to be feeling.
Reflecting others' feelings helps diffuse tension, acknowledges their right to express feelings, and lets them know you support them, even if you disagree with them.
Statement: "I don't really understand anything about my heart condition. The doctors are using so much medical language"
Reflect: "You must feel pretty confused about your heart condition."

How do good listening skills and empathy help you to be a better visitor?

As a visitor, you will fulfill your most important role through listening with empathy, not by telling patients or family members what they should do, how they should feel, or even about your own experiences. Using good listening and empathy skills strengthens the communication process between you and the person you are visiting.

Visitors find that these skills enhance the visit in the following ways:

1. Shows that you care and understand the patient or family member. Thus, they will enjoy talking to you and will open up more.
2. Usually directs the conversation towards important emotional topics.
3. Lets the person being visited know that you accept him/her and will welcome more personal topics. It invites the patient or family member to tell his/her story and vent his/her feelings.
4. Promotes a therapeutic atmosphere. Since it is safe to talk about "deep" subjects, the patient or family member can express and explore emotions, carefully considering all his/her deep-seated feelings, the reasons for those feelings and his/her options.
5. May even reduce our own prejudices or negative assumptions about others because we realize we now have a means of finding out what another person is really like.

Good listening skills and empathy from the visitor also help the patient communicate more effectively:

1. Fosters more meaningful, more helpful, closer relationships with the visitor.
2. Decreases misunderstandings since the patient can immediately correct the visitors' impressions.

Nonverbal communication

Nonverbal communication is a powerful means of interacting with others. Although we usually send nonverbal cues unconsciously, these cues convey messages to others, revealing our emotions, attitudes and preferences.

There are five nonverbal means of communication that we most often use:

Personal Space – When engaging in a conversation with another person, we have a tendency to keep a specific distance from the individual to whom we are communicating. The invisible boundary that everyone creates is an expression of the **level of intimacy** that we have with the other person. The average personal distance varies from **culture to culture**. Americans are comfortable being at arms length when communicating with another person. By respecting personal space, you help others feel comfortable talking with you.

Eye contact is a direct and powerful form of nonverbal communication. For example, downward glances are generally associated with modesty, while eyes rolled upward are associated with fatigue. An attentive gaze conveys interest and helps create confidence in the speaker by eliciting a feeling of trust.

After smiling, eye contact is one of the most important nonverbal cues. If you maintain eye contact 85 percent of the time with those you visit, you will be perceived as an expert communicator. Eye contact conveys that you are paying attention to the individual. Use caution, though, and do not gaze continuously and directly into the patient's eyes. The point is to help the patient feel that you are connecting with them, not to stare them down.

Facial Expressions communicate emotions. The expressions tell the attitudes of the communicator. Certain facial areas reveal our emotional state. For example, eyes tend to reveal happiness or sadness, and even surprise. The mouth region also can reveal happiness or surprise.

This means that as the Mended Hearts visitor you should take a keen interest in the facial expressions of those you visit. Often times, expressions are a better indicator of the meaning behind the spoken words.

Posture. Open posture, which means no crossed legs, arms or hands, says you are approachable and willing to interact. Arms drawn together across your chest, on the other hand, can be intimidating or even condescending to patients. It suggests, "I'm closed to what you have to say," which often makes patients feel they must explain themselves extensively just to get past your barrier. They might also put up their own

defensive barrier in return. Either way, it's an obstacle that takes extra visit time. Instead, practice the following postures:

1. Stand tall.
2. Sit straight.
3. Exude a feeling of optimism.

You may also find it appropriate to lean forward slightly so the person sees that you are actively listening to what they are saying. A slight forward lean toward the speaking party says, "I'm trying to get closer because I really want to hear what you have to say." This forward lean is subtle and easily accomplished whether sitting or standing. This posture helps the patient open up to you and speak more honestly -- and usually in a shorter time frame.

Gestures are movements or positions of the hand, arm, body, head, or face that express an idea, opinion, or emotion. One of the most frequently observed, but least understood, cues is hand movement. Most people use hand movements regularly when talking.

A useful gesture is the head nod. As the patient speaks, nod occasionally. This simply means that you are listening and understand, not that you necessarily agree.

While much of our nonverbal communication is unconscious, we can be more deliberate and improve the nonverbal cues we send.

What Mended Hearts Visiting is and is not!

Because visiting is an indispensable program, it is very important that all visitors continue to develop their visiting skills. The Visitors' Code of Conduct below will help guide you as you develop your own style of visiting with patients.

Visitors Rules of Conduct: Success Strategies for Effective Visiting

To accomplish the goal of the Mended Hearts hospital-visiting program, it is essential that visitors maintain the highest standards when visiting heart patients and families. You will need to adopt the following code of conduct to ensure the program continues to make a positive impact on patients and their families.

As a MENDED HEARTS visitor I will abide by the following strategies for successful visiting:

1. Dress appropriately, according to the customs of the area.
2. Visit for the benefit of the patient and family.
3. Visit when I am feeling well physically and emotionally.
4. Respect the privacy, individuality and dignity of patient and family.
5. Be positive, supportive, tactful, cheerful, considerate and responsive.
6. Be interested in the progress of the patient and family in the hospital and home.

7. Be enthusiastic about hospital and medical care before, during and after treatment or surgery.
8. Be a good listener to both the patient and family.
9. Cooperate with physicians, nurses and professional medical staff.
10. Strive to continuously improve my visiting skills.
11. Respect the spiritual, religious or non-religious beliefs of the patient or family.

As a *MENDED HEARTS* accredited visitor I will NOT engage in the following activities when visiting:

1. Give medical advice or offer solutions to patient/family problems.
2. Be an advocate for surgery or any other kind of medical treatment.
3. Over-visit, either length of visit or frequency of visits.
4. Be judgmental regarding a patient's physical condition or mental attitude.
5. Discuss medical costs or finances.
6. Discuss the details of my own surgery or medical condition, or offer to show my surgical scars.
7. Act as an advocate or representative for a particular hospital or medical facility.
8. Present myself as a paid counselor or hospital staff.
9. Make disparaging remarks about the patient's medical team.
10. Discuss the number of times I've been hospitalized or had surgery.
11. Express religious or spiritual beliefs to a patient and family.

Visiting Procedures

The visiting procedures may vary to some extent as dictated by the rules and regulations set forth by each individual hospital. However, below are universal precautions adopted by all Mended Hearts chapters with visiting programs:

Blood and Body Substances – Visitors are to consider that all blood and body substances from all patients are infectious and should act accordingly (i.e., assume that all blood and body substances from all patients are potentially infectious rather than focus precautions only on the patients known to be diagnosed with infectious diseases).

Hand Washing – All visitors are to be aware of the importance of hand washing. This is still recognized as the most important way to prevent spread of infection. Visitors must wash their hands with soap and running water for at least ten (10 - 20) seconds as soon as possible after each patient contact.

Isolation – Visitors should check with nursing personnel before visiting any patient where there is a sign indicating isolation. Visitors should not enter any room where infectious control of any kind is being practiced.

Illness – Visitors with any infectious disease may not visit in any hospital. Visitors with colds or flu should not visit until they are fully recovered.

Visitor Protocol

Who is visited?

Visits will be made to patients who have heart disease.

Visits will be made to families of patients with heart disease.

Who can visit?

All visitors must be fully trained and accredited or be in the Chapter's visitor training program and accompanied by an Accredited Visitor.

Accredited Visitors are members who have recovered from surgery, treatment or a heart event and have taken the visitor accreditation course.

Accredited Visitors may also be members who do not have heart disease but thoroughly understand the procedure and are capable of communicating the experience of the procedure and the recovery process.

Accredited Visitors are not expected to visit patients in both invasive and non-invasive categories. However, select experienced visitors may be accredited in both categories provided they are qualified to do such visiting.

Accredited Visitors who have not been heart patients may not visit a heart patient alone. An Accredited Visitor who has been a heart patient must accompany them. However, they may visit alone with the family of the heart patient. Exceptions may be made where chapter circumstances dictate otherwise.

Visiting permission must be obtained from the patient's medical team and the hospital administration. Such permission is usually granted for all patients and not on an individual basis.

Visitors must wear their hospital volunteer badge at all times during patient and family visits.

Visitors must only distribute approved Mended Hearts information packets to patients.

Visitors must fill out the patient records information cards used for recording patient visits (refer to Attachment A for sample card and Attachment B for a list of abbreviations used on the cards).

Things to Remember and Some Random Thoughts

The quality and success of the Mended Hearts visiting program depends upon the thoughtful monitoring and evaluation of Accredited Visitors and the visiting process. Mended Hearts has earned the respect of patients, families and the medical profession,

and it is essential to maintain this respect. Some things to remember about visiting include the following:

Length of Visits - Good individual judgment must prevail when determining the length of a patient or family visit. Watch for clues that the patient or family member is losing interest or becoming tired so that you do not overstay your welcome.

Frequency - Too many patient and family visits can be worse than no visit at all. Daily visits, by the same or different visitors, are considered to be excessive (except by special request). As a general rule, visit the same patient every other day.

Misguided Visitors - There are times when an Accredited Visitor can become too involved in patient and family visiting, resulting in misguided behavior. The visitor may become a nuisance to patients and families and to the medical staff. They may be perceived as pushy, arrogant, or inflexible, and this can only lead to problems.

Burnout - An over-committed visitor can easily suffer "burnout" resulting from too many patient and family visits over a period of time. You are encouraged to take a break in your visiting routine; otherwise, you may reduce the effectiveness of your visiting.

Under Visiting - The Accredited Visitor may be spending far too little time with the patient or family, or they may be visiting too infrequently to keep their visiting skills up to standard. Again, good judgment should prevail. To maintain visiting skills, visiting once a week is recommended.

Disruptive Behavior - For reasons not always clearly understood, Accredited Visitors occasionally become disruptive with medical staff. This is a serious problem that must be dealt with quickly and properly in order to maintain the respect of the medical staff. If a problem does arise, immediately report it to the Visiting Chairperson of the Chapter.

Unauthorized Visiting - Only fully trained and Accredited Visitors may represent Mended Hearts and only with proper authorization. Unauthorized visiting, whatever the circumstances, is a serious matter and must never be permitted. It requires immediate action on the part of a chapter, and steps must be taken to prevent it.

For more practical advice on visiting (some random thoughts), refer to Attachment C.

Typical Patient Questions

Every patient and family is different. No two visits are the same. However, several of the most frequently asked questions are listed below:

- How long will I be in the hospital?
- Will I be able to go back to work? When?
- When did you go back to work?
- How long does the pain last?

Will I have angina afterwards?
Will I be less tired?
How soon can I drive?
What about the scar? Will it be this noticeable?
What about exercise? Lifting?
What about diet? Can you offer any suggestions?
Will I be able to do everything I did before or will there be lasting restrictions?
When I go home, what should I do? Are instructions available?
Who will take care of me if I need help at home?
What about cardiac rehabilitation? Is that a good thing? Will insurance cover it?

Health Insurance Portability and Accountability Act (HIPAA)

HIPAA – PRIVACY STANDARDS

Congress passed the Health Insurance Portability and Accountability Act (HIPAA) in 1996. As part of the Act, Congress called for regulations promoting administrative simplification of healthcare transactions as well as regulations ensuring the privacy and security of patient information (Department of Health and Human Services). The regulations apply to what are called "covered entities:"

- Healthcare providers
- Health plans
- Healthcare clearinghouses

Any transmittal of health information in electronic form in connection with a transaction is covered under HIPAA. The regulations are made up of three distinct parts:

- Transaction standards
- Privacy
- Security

Mended Hearts is primarily affected by the **Privacy regulations**, due to the patient information (name, room number, etc.) hospitals provide to visiting programs.

Privacy Regulations: The privacy rules govern the release of individually identifiable health information, specifying how health providers must conduct the following:

- Provide notice of privacy policies and procedures to patients (who is getting patient information and why)
- Obtain consent authorization for use of information (patients must have the opportunity to consent to who gets their information and why)
- Tell how information is generally shared
- Inform patients about how to access, inspect, copy and amend their medical records

The privacy rules became effective in April 2001 and carry a compliance deadline of April 14, 2003.

VISITORS AND HIPAA

As visitors you should be aware of your health care entity's policies regarding HIPAA - Privacy Standards and follow them to the strict letter of the law.

Visiting Form

The information collected on the visiting form will have a local and National function. Locally, chapters will collect information for follow-up visits and to distribute newsletters. Please consult with your visiting chairperson to find out what patient information your chapter needs and why.

Nationally, the information is used for tracking and rewarding chapter leadership. This information also helps us communicate to the general community about our services/mission.

The data visitors will collect for The National Office is as follows:

Total Visits to Patients

- a. In person
- b. 1-800 phone visiting
- c. Total number of visits

Total Patients Visited

- a. In person
- b. 1-800 phone visiting
- c. Total number of visits

Family Visits

- a. Number of visits to family members
- b. Number of visits to family members via 800-phone line

Internet Visiting

- a. Number of visits to patients
- b. Number of visits to family
- c. Total number of internet visits
- d. Number of Internet patients visited

HIPAA privacy training for visitors

- As an Accredited Visitor you are required to sign a Mended Hearts confidentiality form.
- Know your chapter's visiting program "check" system to ensure that you are adhering to your hospital and chapter's HIPAA - Privacy standard.

- Appropriate measures will be taken against visitors who fail to comply with HIPAA Privacy standards.

Response to Privacy Infractions

Please understand that the health care entity has the right to remove a volunteer from the visiting program for any violation of the privacy standards as determined by their system. The health care entity could even choose to close the entire visiting program if infractions occur.

The patients have confidentiality rights. Violation of their identity and personal health information could result in a lawsuit.

THE MENDED HEARTS, INC.

Confidentiality Statement

The Mended Hearts, Inc. honors patient confidentiality requirements. We recognize patient medical information is confidential and protected by law.

The Mended Hearts, Inc. National Office does not maintain a patient database. Local chapters, with the consent of the patient, are allowed to keep the patient's name, address and telephone number for the purpose of follow-up visits and/or newsletter mailing for a period of 3 months. Exchange of visiting information between chapter members or officers is to be conducted in a confidential setting.

Maintenance of patient health information or records is not allowed. The patient's name, address or telephone number is not to be distributed to any other organization.

I have read, understand and agree to the terms of this Agreement.

Participant's Signature: _____

Printed Name: _____

Date: _____

Chapter Name & Number: _____

Please submit the signed Confidentially Statement to your Chapter Visiting Chairperson.

INOVA HEALTH SYSTEM

HIPAA Privacy Training for Volunteers

What is the Health Insurance Portability and Accountability Act (HIPAA)?

- Passed in 1996 it allows people who change jobs to carry their health benefits to the new job
- Also includes a Privacy Rule that, among other concerns:
 - protects and enhances the patients' rights, including access to their health information
 - creates a national framework for health privacy protection

How does HIPAA affect volunteers?

Effective Date April 14, 2003, the HIPAA Privacy Rule increases your responsibility for protecting patient privacy beyond the confidentiality you now honor as a volunteer.

What is the purpose of this HIPAA training?

- To inform Inova's volunteers about the new Federal Patient Privacy Rules
- To explain how Inova's new HIPAA Policies and Procedures affect their duties
- To document training as required under the rule

Why is the HIPAA Privacy Rule important to you?

- It's good for our patients
 - It gives them confidence that we will protect their privacy
 - It lets them freely share information with their doctors so they receive better health care

It's good for INOVA

- It helps to protect Inova's reputation
- It is better customer service

It's good for you

- It lets you know what you can and cannot do with information about patients
- It protects you from the consequences of misusing patient information

- It's the law
 - Failure to comply can result in sanctions from Inova as well as civil and criminal penalties in some cases

How does HIPAA Policy affect patient information?

Patients have the right to limit how we use their health information, including restricting:

Whether and how you share information with their family members

Whether you can give out their location in the hospital when someone asks for them by name (Directories)

- if a patient asks not to be listed and someone asks for them, say “I am sorry, I have no information on that person.”
- do not say that the person has asked that they not be listed Whether you provide their name to the Chaplaincy Program

Be sure you know the patient’s wishes when you share their information with other

What if I notice a violation or hear a complaint about privacy?

If you see a fellow volunteer doing something that violates patient privacy, gently remind them of the rules

If a patient complains to you about their privacy, report the details to your supervisor who will ask the Chief Privacy Officer to review the situation

If you aren’t comfortable discussing the situation with your supervisor, your Department Director isn’t available, or you have other concerns, please contact the Chief Privacy Officer, 703-205-2337

There can be no retaliation or retribution for reporting. The law protects you.

Remember: KEEP IT TO YOURSELF

- K** Keep patient confidentiality in mind at all times
- E** Encourage your fellow volunteers to do the same
- E** Eventually, we all may be patients and want our privacy protected
- P** Protect our patients’ privacy as you would your own

- I** It is tempting to see who checked in last night, but HIPAA says you can’t
- T** Take patient privacy concerns to your Volunteer Department

- T** Talking about patients with your friends and family is not allowed
- O** Only give out Directory information if the patient says we can

- Y** You are responsible for keeping patient information confidential
- O** Only with your help can Inova comply with HIPAA
- U** Unless you need specific patient information to do your job, do not look at it
- R** Remind fellow volunteers if you see them doing something not allowed
- S** Speak quietly to family members when others are in the waiting room
- E** Ensure you know what your responsibilities are for patient privacy
- L** Leave any hospital or patient related information at your work site -- don’t take it home
- F** Follow Inova’s Patient Privacy Policies at all times

**For more information, talk to your Volunteer Department or contact the Chief Privacy Officer.
Thank you for all that you do for Inova!**

MENDED HEARTS OFFICE PROCEDURES

UPON ARRIVAL

1) Check for Voice Mail

When you hear dots in the phone, that means we have messages. To retrieve messages dial 3000, Box number 2625#, Password 491234#. Record all messages on the lined pad (daily journal) and if action is needed, document action taken. Follow directions to delete or save.

2) Keys

For desk file drawers open the middle drawer of the desk. The key is at front left, with paper clips, etc. The file drawers should be locked when not in use. Storage room: open top left drawer of desk, key is in red key holder marked Mended Hearts.

3) Pillows

If the number of pillows in the MH office is less than 9, replenish by obtaining pillows from the storage room. Use storage room key. From the MH office, turn left and take the gray elevator to the basement. Exit at the basement level, turn left and then take an immediate right. Approximately fifty yards down the corridor enter room number R-3100 (Gift Shop Receiving Area) using the key. Take three (3) bags of pillows from the storage bin. When pillows in the storage bin are down to 30 or we are out of the plastic bags for the pillows, call Don Owens at (703) 573-8145 for replenishment. Turn off the light and lock the storage room after obtaining the pillows and return the key to the top left drawer of MH office desk.

4) Path Packs

When the number of Path Packs is down to 30, please call Rey Pasa at (703) 256-6525 or John Braddon at (703) 385-9694 for replenishment.

5) Time Sheets

Look for your name and fill in the spaces under "Time In", "Time Out", "Total Hours", etc.

PAPER WORK BEFORE VISITING

1) Get VHSA Census Report at the Registrar's Office, Room T-1202, lobby level.

2) Match patient record cards located inside the card box to the Census Report by placing a small check mark in front of the Patient's last name, starting with Pre-Ops., then ICU followed by Post-Ops (or Active). Once done, mark them in yellow.

3) Match names from yesterday's report marked in blue to today's. If matched, mark today's names in blue. In addition, mark all pediatric patients (age from 1 month to 12 years old) in blue.

4) For a patient not reflected on the current Census Report but a patient card is in the Active file, go to both east and west wing nurses' stations and

check the 3-ring binder discharge book in case patient was discharged. If marked "Home" record the discharge date of the patient. For deceased patients, mark red lines diagonally across the card and write "EXPIRED" in large letters. This will avoid a Mended Hearts follow-up call.

5) If there are unmarked names on census report, check the PA's (Physician Assistants) room scheduling chalkboard. Also, check for MH patients not shown on the Census Report. Make new cards for MH patients on the board. For ICU-1, 2, & 3 patients, call the unit information desk and ask if the patient is a Mended Hearts patient; ditto for patients on other floors (7th, 10th, etc). If there are problems, see Sally Keyte, fourth floor RN.

FILLING OUT PATIENT RECORD CARD

- 1) **Name:** obtain from Surgery Schedule, Census Report or PA scheduling board.
- 2) **Sex:** obtain information from Census Report; this assists in determining the type of pillow to give the patient.
- 3) **Age:** obtain from Census Report; write down the range of the age. If age is 63, write down 60-65. This will help us in how we approach the patient.
- 4) **Address:** request the patient for his/her address so information material, e.g., MH bulletin, AHA pamphlets, etc. can be mailed to him/her.
- 5) **Telephone #:** request the patient's telephone number for follow-up call after discharge.
- 6) **Hospital:** mark "FX".
- 7) **Admit Date:** obtain from Census Report.
- 8) **Room Location:** from Census Report.
- 9) **Surgery Type:** check for CABG (do not write the number), AVR, MVR, or other.
- 10) **Discharge Date:** obtain from three ring binders at the 4th floor nurses stations.
- 11) **Remarks:** should only show comments regarding language barriers, e.g., "only speaks Korean, or Farsi" etc. Do not write the condition of the patient, e.g., "diabetic, CABG 10 years ago, having a hard time breathing," etc.
- 12) **Upper Left and Right Hand Corners:** to be initialed after a pillow and Path Packs are given to the patient.
- 13) **On the back of the card:** Date = today's date. Comments = should be kept in general nature, e.g., "interested in rehab information", "in good spirit", "good family support," etc. No remarks about medical conditions. Note: Stress the importance of diet and exercise to the patient. Type = PO for patient only / PF for patient and family / FO for family only. Inits = Initial the last box.

VISITING PROCEDURES

Any requested visit should be treated with priority

Priority 1: Visits to Pre-Ops patients are a priority. Clear with patient's nurse if patient is located in CCU.

Priority 2: Visit Post-Ops patients who have not been given pillows.

Priority 3: Visit Post-Ops patients every other day (avoid daily visits unless requested).

Notes: a) Pillows are to be given only to patients who have already had surgery (i.e., not pre-op patients).

b) No visits to ICU, IMC, CCU, & PEDS unless requested.

c) The hospital suggests visiting after lunch for Post-Ops patients, due to busy staff schedule in the morning.

DISCHARGE CARDS

1) To be filed by last name in alphabetical order and by month. Once one month is completed, tie cards together with rubber band and put them inside the locked left file drawer.

2) Cards are kept only for the last two months in our INOVA Fairfax office. Cards for earlier months will go to the Mended Hearts Office at American Heart Association (AHA) building in Annandale.

3) Make copies of cards of patients who need follow-up phone calls and mail or call them in to Ray Solomon at (703) 569-4828, MH member in charge for this task.

4) Patient cards will be shredded three (3) months after patient is discharged.

FILLING SYSTEM

1) Pre-Op Card File

To be filed by last name in alphabetical order: enter patient's Pre-Op room number and bed location.

2) ICU Card File

To be filed by last name in alphabetical order: enter patient's ICU room number in case we are asked to visit the patient.

3) Active or Post-Op File

To be filed by room number in numerical order: enter patient's room number and bed location. Verify patient's room number by checking Cardiac Telemetry Unit (East/West) patient locator boards before visiting.

4) Discharge/Home Card File

To be filed by last name in alphabetical order: enter patient's discharge date.

Note: Blank patient record cards are located in the back of the card box. For additional new cards, check the upper drawer of the filing cabinet.

