

Managing the Mandatories

August 2023



EXTRAORDINARY CARE FOR EVERY GENERATION

In order to satisfy your annual requirements, please read this entire course.

Because there are several different locations within Covenant HealthCare, you will also need to review any departmental policies and procedures, specific to your area, for any of the topics covered in this course. If you have any questions, please contact your manager, Safety Officer/EM (3.2756), Safety Manager (3.4090), Infection Prevention and Control or Central Education. Quizzes are due by September 1, 2023. Newly hired employees must complete within 14 days of their start date.



PATIENT *RIGHTS*

As a natural outgrowth of our basic values and mission statement, Covenant HealthCare aspires to treat our patients with fairness and concern, strives to recognize their needs and wishes, and to exceed their expectations.

We recognize that patients have the right to receive safe, respectful and dignified care without discrimination due to age, sex, race, color, religion, sexual orientation, income, education, national origin, ancestry, marital status, culture, language, disability, gender identity or ability to pay. If a patient is unable to exercise their rights, they are entitled to have an appropriately identified surrogate decision-maker exercise their patient rights without coercion, discrimination or retaliation.



PATIENT *RIGHTS*

WE BELIEVE THAT ALL PATIENTS AND/OR THEIR REPRESENTATIVES HAVE A RIGHT TO:

1. Participate in the development and implementation of their plan of care.
2. Make informed decisions regarding their care. This includes being informed of their health status, being involved in planning and treatment, and being able to request or refuse treatment. This right must not be construed as a mechanism to demand the provision of treatment or services deemed medically unnecessary or inappropriate.
3. Formulate Advance Directives and to have the hospital staff and practitioners who provide care in the hospital comply with these directives.
4. Have a family member or representative of their choice and their own physician notified promptly of their admission to the hospital.
5. Every consideration of personal privacy.
6. Receive care in a safe setting.
7. Be free from all forms of abuse or harassment.
8. Expect that all communications and their clinical records be treated as confidential.
9. Access information contained in their clinical records within a reasonable time frame. The hospital must not frustrate the legitimate efforts of individuals to gain access to their own medical records and must actively seek to meet these requests as quickly as its record keeping system permits.
10. Be free from restraints of any form that are not medically necessary or used as a means of coercion, discipline, convenience or retaliation by staff.
11. Be fully informed of and consent or refuse to participate in any unusual, experimental or research project without compromising their access to services.

PATIENT RIGHTS, CONT.

WE BELIEVE THAT ALL PATIENTS AND/OR THEIR REPRESENTATIVES HAVE A RIGHT TO:

12. Know the professional status of any person providing their care/services.
13. Know the reasons for any proposed change in the professional staff responsible for their care.
14. Know the reasons for their transfer either within or outside the hospital.
15. Know the relationship(s) of the hospital to other persons or organizations participating in the provision of their care.
16. Have access to the cost, itemized when possible, of services rendered within a reasonable period of time.
17. Be informed of the source of the hospital's reimbursement for their services, and of any limitations which may be placed upon their care.
18. Be informed of the right to have pain treated as effectively as possible.
19. Consent to receive visitors, whom they designate, including but not limited to a spouse, a domestic partner (including a same sex domestic partner), another family member or a friend. The patient also has the right to withdraw or deny such consent at any time. Visitation may not be restricted on the basis of race, color, national origin, religion, sex, gender identity, sexual orientation or disability.
20. Know any clinically necessary or reasonable restrictions or limitations placed upon visitation by the hospital and the reasons for such limitations.
21. Designate a Primary Support Person to be available during important times in their hospital stay (i.e., health care provider visits, discussions about the plan of care and to reinforce education).
22. Have their family/representative receive informed consent of organ and tissue donation, when appropriate.
23. Be informed of and provided access to the complaint/grievance process.

PATIENT *RIGHTS*

COMPLAINT/GRIEVANCE HANDLING

If at any time you feel you are not being treated in a fair and caring manner, share your concerns with any Covenant HealthCare employee or your care provider.

You may also notify the Patient Advocate at 989.583.4317 about your complaint. The Patient Advocate can be contacted Monday-Friday during regular business hours. On evenings, weekends and holidays, please contact the Covenant operator at 989.583.0000 who will contact the Shift Administrator to assist you.



HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

The Health Insurance Portability & Accountability

Act of 1996 (HIPAA) is a federal law that establishes a set of national standards for the protection of certain health information. The law defines how a patient's protected health information (PHI) can be accessed, used and disclosed. PHI is any information that could be used to identify a patient including demographics and can be verbal, written or in electronic form. This information can be related to any past, present, or future physical or mental health condition and includes, but is not limited to: name, address, date of birth, age, social security number, phone number, driver's license number, e-mail address, medical record number, diagnosis, medical history, medications, and insurance information.

Two key components of HIPAA are the Privacy and Security Regulations:

1. The Privacy Regulations address what information is protected.
2. The Security Regulations address how that information should be protected. You cannot have privacy of patient information without security measures being implemented and enforced.



HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

Privacy Rule

HIPAA imposes a duty on every healthcare worker to maintain privacy of the patient's PHI. The major goal of the Privacy Rule is to assure that PHI is protected while providing high quality health care. Therefore, anything that is heard or seen during the course of your employment at Covenant HealthCare involving our patients and any patient contact is considered PHI. The law requires that all communications with or about patients involving PHI be private and limited to those who need to know the information in order to provide treatment, obtain payment, or support health care operations. This means that you should not use or share a patient's PHI with anyone if it is not needed as a part of your job. If you do need to access, use or disclose PHI for your job, you should access, use or disclose only the minimum necessary PHI to accomplish your job.

The Privacy rule establishes the following patient rights:

- Patients must receive a Notice of Privacy Practices from providers
- Patients may request restrictions on disclosures to others of PHI
- Patients may request alternative means of communication PHI
- Patients may inspect and copy their own PHI
- Patients may request amendments to PHI
- Patients must be given an accounting of disclosures of PHI if requested
- Patients must be able to complain about privacy violations



Covenant HealthCare's HIPAA Privacy Policies can be found on the Covenant Intranet – in the Administrative Manual, Section 13.

HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN



Security Regulations

The **HIPAA Security rule** establishes a national set of security standards for protecting health information that is held or transferred in electronic form. A major goal of the Security regulations is to protect the privacy of PHI while allowing health care entities to adopt new technologies to improve the quality and efficiency of patient care. The Security regulations define the safeguards necessary to secure an individual's electronic protected health information (ePHI). This includes, but is not limited to, any PHI that is stored in a patient database, patient records stored on a computer or patient billing information stored on a computer. The law mandates that health care entities control who has access to electronic PHI and how it is used. The amount of access to ePHI that a Covenant HealthCare employee has is based upon the job duties required of their position. Employees should not access confidential patient information even if they have the ability to do so, unless it is required to perform the duties of their job. Employees should also take note that posting PHI on social networking sites, e-mail, or text messages is a violation of the law.



Covenant HealthCare's HIPAA Security Policies can be found on the Covenant Intranet – in the Administrative Manual, Section 14.

Human Resources also has two policies related to HIPAA. HR Policy #901: Confidentiality and Security and HR Policy #512: EMR Usage.

Policy 901 has been referred to as Covenant's "Vegas Rule", (i.e. what happens at Covenant stays at Covenant). Any information about a patient that you encounter while at work is considered confidential and should not be shared with anyone even if names are not mentioned. This is including but not limited to posting information on social networking sites, such as Facebook, MySpace, and Twitter. Sending e-mail, sending text messages, and having personal conversations about situations is also prohibited.

Policy 512 states that access to the EMR is based on an employee's job role and the department in which they work. Moreover, it states that employees are prohibited from accessing their own patient information or that of any family member or friend via the EMR unless it is within the scope of their job duties. Employees may access their patient information at the Health Information Management department located at 900 Cooper Ave. or via the My Chart application.

HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

Privacy and Security Principles

- Every employee of Covenant HealthCare has a responsibility to protect, secure, and keep PHI confidential.
- PHI may be accessed, used or disclosed for treatment, payment and healthcare operations. For most other uses, an authorization to use and disclose PHI must be obtained.
- Use and disclosure of PHI must be limited to the minimum necessary amount to accomplish the intended purpose.
- Access, use and disclose PHI only if there is a legitimate need for you to know.
- Procedures and technical safeguards are in place to protect the integrity, confidentiality and availability of PHI.
- Access to all ePHI is controlled through unique user ID's and passwords and automatic tracking of all access to ePHI is performed as well as periodic audits.

HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

DO NOT...

- Share your log in ID or password with anyone.
- Log in to any system for someone else.
- Leave your computer logged on and unattended.
- Remove PHI from Covenant premises (electronic or paper form).
- Store any PHI on a “mobile” device; laptop, flash drive, CD, cell phone, etc.
- Store PHI on a shared network drive.
- **Access your own patient information or that of any family member unless it is within the scope of your job.**
- Snoop or sneak a peak into a medical record for a friend, family member or fellow co-worker.
- Post patient information on Facebook or other social media sites.
- Gossip.
- Discuss anyone’s business in public or private except your own.
- Send mental health information or substance abuse information via e-mail.
- Do not text PHI unless you use a secure application (ex. Vocera).
- Open e-mail or e-mail attachments from senders you do not know.



HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

DO...

- Keep your password secure.
- Keep computer screens pointed away from the public.
- Use encryption when sending PHI via e-mail outside of Covenant using [send secure]. *This step is not necessary when sending PHI to a Covenant (chs-mi.com) email.*
- Use care when faxing PHI.
- Speak quietly or choose a private location when talking about a patient.
- Lock cabinets or rooms containing PHI.
- Take proper measures to dispose of wastes labeled with PHI (i.e. shredding).
- Remember that phone lines are not always secure so be careful about giving any information out over the phone as you may not be able to verify the caller's identification.
- Request PIN numbers before giving information over the phone.
- Knock on a door and ask permission to enter before entering a room.
- Ensure that laptops are encrypted.
- Password protect all mobile devices.
- Set auto lock feature on mobile device.



HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

Protecting our systems – BEWARE!

Covenant HealthCare uses scanning software to block spam email. Unfortunately, people are clever and figure out ways around it. How? For example, we block by certain key words like profanity. This only works if they spell the profane words with real letters. Sometimes words are spelled incorrectly such as PROFAN1TY. Other people try to make it look like a legitimate email. Pay attention to who the email is from. When an email arrives, you see the display name, but by clicking show details you can see the email address. **ALL email sent from Covenant will end with name@chs-mi.com or name/Covenant.**

- When using a single sign on workstation on the floors, please tap in and tap out. If you do not have your badge, please click on the disconnect button when leaving your desktop unattended.
- If you are a regular office user, please use CTRL+ALT+DEL to lock your desktop. Even if your office is locked, please secure your workstation.
- Use a passphrase. A short sentence is much more secure than a commonly used word and number.
- Emails send from someone outside of Covenant will have this statement at the top:

EXTERNAL EMAIL: If this email looks suspicious, please forward it to spam@chs-mi.com

DO NOT give your password to anyone. If someone calls or approaches you, stating that they are from Information Technology and need your password to fix a computer problem do not give them your password; immediately report the incident to the IT help desk at 583.6014. If you are experiencing a computer problem an employee from Information Technology will never ask you for your password.

HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

Violations

- Covenant HealthCare is committed to protecting patient privacy, regardless of whether the PHI is in verbal, paper or electronic form. It is a violation of HIPAA, and in many cases state law, to release PHI without proper authority or failing to adequately protect it from unauthorized access. Such violations can result in civil fines and criminal penalties of up to \$250,000 per incident and 10 years in prison.
- Each and every employee has a responsibility to report any intentional, accidental or suspected violation of HIPAA. Violations can be reported to your manager, the Corporate Compliance Hotline (1-888-421-5776), the Privacy Officer (583-4142), the Security Official (583-0224), or to Human Resources (583-4080).
- After a report of a suspected HIPAA violation is received, a thorough investigation is completed. As previously mentioned, any confirmed reports of violations will be addressed appropriately. This includes notification to the individual whose PHI has been breached. Employees who violated patient confidentiality will be disciplined up to and including termination.

HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

Privacy Principles

- Use a passphrase not a password – PurpleMonkeySpider1 is much better than Monkey1 for a password
- Do not share your passphrase
- Do not handle patient data outside of Epic unless needed
 - Only export the minimum amount of data needed if your job requires it
- Clean out your sent items/inbox
- Dispose of PHI in shredding bins

HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

Privacy Principles

Only use Covenant computers and devices for work related task.

Only use the internet for work related task.

- If you see this message, it was not sent from within Covenant.

EXTERNAL EMAIL: If this email looks suspicious, please forward it to spam@chs-mi.com

Verify emails sent by external senders

- Microsoft would never send from the domain @accounts-security.com
- Microsoft would only send from @Microsoft.com



Microsoft account team <no-reply@accounts-security.com>

To: You

PCI – CREDIT CARD SECURITY

IT'S EVERYONE'S CONCERN

Credit Card Security

Credit Card Information is very important. Please guard this data.

- Do not write down Credit Card information from the credit card on unsecure documents such as scratch notebooks or sticky notes.

Credit card Readers

- Criminals will sometimes tamper with a reader to install a skimming device on the reader.
- If you accept payment using a machine, inspect it for tampering. If the machine looks like it has been tampered or manipulated, please report it to IT immediately at 36014.
- Keep credit card readers behind the desk, away from the public.
- Know the people walking around the credit card reader. People in sensitive areas, need to wear identification.

HIPAA – PRIVACY AND SECURITY

IT'S EVERYONE'S CONCERN

Visitation Policy Review

Visits from family and friends play an important role in a patient's healing and recovery process. RNs will need to assess the patients will to designate a Primary support in the EMR upon admission. *(This does not replace the Durable Power of Attorney-Healthcare.)*

Visiting Hours:

- General hours are from 10am-8pm
- A maximum of 2 visitors at a time is recommended
- For safety/rest of our patients, our facilities are secured from 8pm-6am
 - After hours visiting-Visitors must check in at front desk
 - Security will contact the unit for visitation permission
 - Staff must gain permission from the patient to allow after hours visitation
 - Please consider the rest/needs of all patients at all times eg. Semi-private rooms

Clinically Necessary Restrictions:

- May be indicated for rest, privacy, clinical acuity, infection risks, noise level, etc. Nurse and provider discretion of these indicators are imperative. Patient Advocacy must occur for all patients/families.

Patient Family Education:

- Please review the *"Covenant HealthCare Patient & Visitor Guide: Patient Rights, Responsibilities & Visitor Information"* brochure with every patient upon admission.
- At points of concern, during the stay, please feel empowered to reinforce the rationale of why we would need to limit or address visitation at that time with the patient and family. We have a duty to educate our patients and visitors on privileges and risks of visitation.

Administrative Policy #389 -"Visitation Policy/Patient Designation of Primary Support Person"

CYBER SECURITY

IT'S EVERYONE'S CONCERN

Only use Covenant Computers and Devices for work related task.

Only use the Internet for work related task.

This message is only displayed on external emails:

EXTERNAL EMAIL: If this email looks suspicious, please forward it to spam@chs-mi.com

Email Tips:

- Verify external senders by looking at the domain they are sending from
Bad actors can change the display name of the mailbox.
Pay attention to the actual email address (**sender@gmail.com**)
- Pay attention to the context of the message. Do not feel the need to click right away.
- When in doubt, don't click. Go to the website directly and verify.
If you get a suspicious email about your credit card, open a web browser and go to the site that way.

QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT

The **Covenant HealthCare Board of Directors** is responsible for the QAPI – Quality Assessment and Process Improvement plan within the organization. They delegate the operational responsibility to Covenant Leadership including the E-Team, Directors and Physician Leaders. Covenant’s Board of Directors and Leaders identify our priorities and make sure we have adequate resources to support high quality care.

The Patient Safety and Quality Steering Committee oversees the quality and patient safety program within the organization. They review data about key metrics, identify areas for improvement, provide direction and remove barriers. Their goal is to improve patient outcomes, reduce medical errors, and improve the safety, efficiency and value of care provided to our patients. They also provide direction to the patient safety program (High Reliability Organization or HRO). Reports from this committee go to the Board of Directors.

The Medical Staff Quality Improvement Committee oversees the physician quality program. Results of medical record reviews to evaluate physician care are reported through this committee. Reviews are conducted on blood usage, procedures, complications, deaths, medication use, infections, medical necessity and unexpected occurrences. Improvement reports related to physicians are also reviewed. This Committee reports to the Medical Executive Committee and to the Board of Directors.

The Nursing Quality Council has the authority, accountability and responsibility for monitoring the appropriateness and effectiveness of the care provided by nursing staff while assessing and ensuring compliance with established evidence-based standards of care and practice. The NQC collaborates with The Patient Safety and Quality Steering Committee to monitor and develop action plans regarding all quality measures and initiatives.



The top performance improvement priorities for the organization for FY24 are:

- Reduce readmissions
- Reduce HAIs (hospital acquired conditions)
- Maintain an “A” for the Leapfrog Safety Grade
- Improve STAR Rating to 5 Stars

QUALITY ASSESSMENT/PERFORMANCE IMPROVEMENT

Quality patient care is continually monitored and reported to CMS (Centers for Medicare and Medicaid Services) through our Core Measures and HAIs (hospital acquired infections):

1. Sepsis (providing quality care to patients with severe sepsis)
2. CAUTI (catheter associated urinary tract infection)
3. CLABSI (central line associated blood stream infections)
4. SSIs (surgical site infections)

Ultimately it is the responsibility of the care providers at every level to ensure the highest level of safety and quality as we provide patient care.



Other High Priority Improvement Projects for FY24 are:

- Reduce Falls with Injury
- Reduce Pressure Injury
- Increase Sepsis bundle compliance
- Reduce SSE Rate
- Increase Near Miss events
- Increase hand hygiene compliance

THE CULTURE OF SAFETY:

BECOMING A HIGHLY RELIABILITY ORGANIZATION



A High Reliability Organization (HRO) is defined as one that operates in complex, high-hazard situations for extended periods while managing to avoid serious failures. These organizations continually evolve their operations to maintain this high standard.

As a HRO, we want to diminish, as best we can, any issues that may cause harm to a patient, visitor or an employee by developing and sustaining a Culture of Safety. We know that mistakes may be made, but it is our duty to learn about these mistakes and understand how and why they happened so we can prevent those same errors in the future.

HRO requires a cultural change, which includes learning and practicing new safety behaviors and tools.

At Covenant, those safety behaviors and tools are:

Support the Team	Pay Attention to Detail	Practice and Accept a Questioning Attitude	Communicate Clearly	Covenant Health Safety Phrase
<p><i>I will demonstrate a personal and peer commitment to safety. (200% accountability)</i></p> <ul style="list-style-type: none"> Practice peer checking and coaching (5:1). Speak up using the ARCC: <ul style="list-style-type: none"> – Ask a question. – Make a Rquest. – Voice a Concern. – If no response, use the Chain of command. 	<p><i>I will attend carefully to all of the important details.</i></p> <ul style="list-style-type: none"> Focus on the task. Practice self-checking using STAR: <p>Stop. Think. Act. Review.</p>	<p><i>I will both ask questions and question answers.</i></p> <ul style="list-style-type: none"> Stop, validate and verify Report problems, errors and events 	<p><i>I am personally responsible for professional, accurate, clear and timely verbal and written communication.</i></p> <p>Use three-way repeat back and read back.</p>	<p><i>“I have a concern...”</i></p> <ul style="list-style-type: none"> Use ARCC to voice your concern. <p><i>“Let me repeat that back...”</i></p> <ul style="list-style-type: none"> Ask clarifying questions. <p><i>“Let me ask a clarifying question...”</i></p> <ul style="list-style-type: none"> Use phonetic and numeric clarifications. Use SBAR to communicate care needs.

THE CULTURE OF SAFETY:

BECOMING A HIGHLY RELIABILITY ORGANIZATION



New Terminology for Our HRO Journey

Daily Check-In (DCI): Each day, Covenant leaders check in with one another to report actual/potential safety issues and discuss how best to resolve them. The 15-minute meeting takes place each morning at 9:00 am in the Andersen Wellness Center. You're invited to attend to get a closer look at how we share information aimed at maintaining situational awareness of immediate problems impacting safety and quality of patient care at the front line.

Lessons Learned: From DCI and/or investigations into safety events we share Lessons Learned. This is in the form of an article we send out to everyone in the organization detailing an important safety lesson that we have learned.

Safety Alerts: Another important communication that comes from Patient Safety is the Safety Alert. You may receive an email about a serious safety risk with information on the next steps we want you to take. Events reported at DCI or through our Risk Improvement Reporting system are investigated by the Patient Safety Specialist and then classified into one of the following categories:

Serious Safety Event: A variation in the standard of care that reaches the patient and results in moderate to severe harm or death.

Precursor Safety Event: A variation in the standard of care that reaches the patient and results in minimal or no detectable harm.

Good Catch/Near Miss: A variation in the standard of care that does not reach the patient but is caught by a detection barrier or by chance.

Non-Safety Event: Occasionally, investigation of an event does not find any gaps or deviations in care.

THE CULTURE OF SAFETY:

BECOMING A HIGHLY RELIABILITY ORGANIZATION



If you are involved in, observe or discover a Safety Event/Near Miss:

- Step 1.** Report the event to your immediate supervisor.
- Step 2.** Complete the appropriate **SafeNet online** Improvement Report Form **on CovNet**.
- Step 3.** The department manager has the responsibility to review and complete all reports within 24 hours and report the event at the next DCI.
- Step 4.** The department manager or designee will follow-up on all reported events, providing verbal feedback at DCI and document actions taken and clinical outcomes on the appropriate section of the **SafeNet** online Improvement Report.
- Step 5.** The Patient Safety Team review all improvement reports to identify opportunities for improvement and work with stakeholders to implement action plans



With serious safety events, response time is crucial. Follow steps 1 through 5 as listed above **AND** call the Patient Safety and Quality Department and/or Risk Management Department. Physician and residents may report events using the Physician Safe Line at 583-SAFE (583-7233).

THE CULTURE OF SAFETY:

BECOMING A HIGHLY RELIABILITY ORGANIZATION



Other Important Information for You to Know

1. The information documented in the **SafeNet** online improvement report or collected during the investigation of the incident is protected by Michigan Peer Review Statutes. However, additional care must be taken by all parties involved to not destroy this protection.

Comments about the incident should not be discussed in public areas, in front of the patient, visitors or other third parties.

- The documentation in the medical record should only reflect the facts and treatment rendered, not that an Improvement Report was filled out.
- Improvement Reports should never be printed without the consent of Risk Management.

2. Please review Policy Number 606 Incident and Improvement Reporting and 610 Serious Safety Event Reporting and Investigation when completing the Improvement Report Form.
3. Contact your department supervisor if you require assistance with entering an Improvement Report.

The need to know about mistakes and errors is important in creating a Culture of Safety. Because of this, Covenant defines the Culture of Safety as a “**Just Culture**” or non-punitive environment. In most situations, we will provide coaching to those involved in errors. This does not mean that individuals are not held accountable for their actions (criminal acts, patient abuse, substance abuse, or acts that are intentionally or deliberately unsafe), but it does mean that people are not held responsible for flawed systems in which dedicated and trained people can still make mistakes.



Safety is everyone's job at Covenant. Each of you contributes every day to making Covenant HealthCare extraordinarily safe...everyone, everyday, everywhere.

Quiz Questions

1. Every department is responsible to identify, track and report measures that reflect the quality of care provided in their department. In addition, each department is accountable to support the organizational top-quality priorities for FY24, which are: Reduce our hospital acquired infections and readmissions, obtain Leapfrog Safety Grade "A" and Increase our CMS Star Rating.
 - a. True
 - b. False

2. Who is responsible for the Quality Assessment and Improvement Plan (QAPI) within the organization?
 - a. Patient Safety and Quality Steering Committee
 - b. Covenant HealthCare Board of Directors
 - c. Nursing Quality Council
 - d. Medical Staff Steering Committee

Quiz Questions

1. A Culture of Safety means:
 - a. Values and practices that are oriented (geared) toward understanding and decreasing errors
 - b. The need to know about errors and mistakes so that systems can be fixed
 - c. Being very careful in everything you do – paying attention to details and not taking shortcuts
 - d. All of the above

2. When should a SafeNet on-line Improvement Report be submitted? :
 - a) Any occurrence or event not consistent with the normal, or routine operations in this healthcare facility
 - b) The potential for injury and or property damage exists
 - c) Any event that involves a patient, visitor, employee or medical staff
 - d) All of the above