



PULSE

**October 31, 2017
VOL. 28 NO. 10**

NEWS OF INTEREST TO RPMH EMPLOYEES

EMPLOYEE OF THE MONTH



Congratulations to Kendra Morales, our October Employee of the Month! Kendra has been with RPMH since April 2016. She was nominated by a patient's family on a customer comment card. "Kendra CNA – WOW!! What a personality." They went on to say that, "She is excellent and knows just how to brighten someone's day! She's so pleasant and good at her job!" Kendra attended high school in Eagle Pass, Texas and then furthered her studies receiving her Certified Nurse Aide Certification in 2015. Congratulations to Kendra, our October Employee of the Month!

SPECIAL DAYS



November 5 – Daylight Savings Time Ends
November 7 – Election Day – VOTE!!!
November 11 – Veteran's Day
November 16 – 1,000 Cans of Care Food Drive
November 17 – Nursing Scholarship Auction 9 AM – 3 PM
November 23 – Thanksgiving Day

Volunteer News

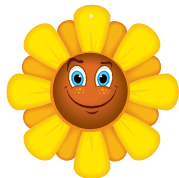


Christmas Shopping in the Gift Shop began November 1, 2017. Stop in and see our new line of rings. They'll be excellent stocking stuffers!! Deductions will be taken beginning in January 2018.

The Gift Shop will be closed Wednesday, November 22 – Friday, November 25 so that our volunteers may celebrate Thanksgiving with their loved ones.

Can you name the Core Values of RPMH? They are Excellence, Accountability, Stewardship, Compassion and Others First.

SPECIAL MENTIONS



Ryan Moore
Jennie Daniel
Michelle Delacruz

NEW EMPLOYEES



WELCOME!!!

Welcome New RPMH Employees:

Admissions: Carla Ruiz
Business Office: R.C. West
Dr. Leidkte's Office: Wendy Riley, Chasity Rodgers
Lab: April Sparkman
Nursing: Tonya Bird, Amanda Logan and Elizabeth Vinken
RHC: Maribel Sanjuan Smith

PATIENT OPINION POLL



"I really appreciated the service I received from the Dietary department. They were so friendly."

"I wanted to thank the ladies who cleaned my room. They were friendly and did a great job."

"I can't begin to explain what this hospital and staff have done for me and my daughter, Tanya Fox and family. The staff is amazing and very caring. I have never felt worry when leaving Tanya overnight in the care here. Tanya is severely disabled and has been hospitalized here probably a dozen times. The care she receives is never less than spectacular. The aides care for Tanya as much as the nurses and Dr. Smola. We are now here for Tanya's stay in hospice and the staff amazing treatment and love. People here have fallen in love with Tanya, which is not hard to do. I could not ask for better people to help me and my family through Tanya's transition to heaven. Thank you all so much for everything you do every day."

PROFESSOR ED



EDUCATION



Online Education: health.edu, growing up with us.com (newsletter staff login: 435617), txhealthsteps.com, netce.com

CPR Renewal: November 17th at 1 pm, Cardiac Wellness Classroom

Safety Storm Gamma: November 13th at 10 am, 1pm Cardiac Wellness Classroom

November 20th at 10 am, 1 pm Cardiac Wellness Classroom

State Board Requirement for Nursing Education

- A nurse is required to retain continuing competency records for three licensure renewal cycles at a minimum. 20 hours of CNE's is required every 2 years.
- LVN's and RN's are required to complete at least two contact hours of CNE in nursing jurisprudence and ethics prior to the end of each third two-year licensure renewal cycle. You may complete this at health.edu Course #33317.
- LVN's and RN's whose practice includes the older adult or geriatric population is required to complete at least two contact hours each renewal cycle. You may complete this at health.edu Course #35815.
- ER nursing staff needs to complete a one-time Forensic Evidence Collection. You may complete this at health.edu Course # 311614.

Remember to check bulletin boards and RPMH calendar for upcoming education!

Jewel Parker, R.N.
Staff Educator
Ext. 6056

HENRIETTA



THE HIPAA HIPPO



How HIPAA¹ Allows Doctors to Respond to the Opioid Crisis

HIPAA regulations allow health professionals to share health information with a patient's loved ones in emergency or dangerous situations – but misunderstandings to the contrary persist and create obstacles to family support that is crucial to the proper care and treatment of people experiencing a crisis situation, such as an opioid overdose. This document explains how health care providers have broad ability to share health information with patients' family members during certain crisis situations without violating HIPAA privacy regulations.²

HIPAA allows health care professionals to disclose some health information without a patient's permission under certain circumstances, including:

☐ Sharing health information with family and close friends who are involved in care of the patient if the provider determines that doing so is in the best interests of an **incapacitated or unconscious** patient and the information shared is directly related to the family or friend's involvement in the patient's health care or payment of care.³ For example, a provider may use professional judgment to talk to the parents of someone incapacitated by an opioid overdose about the overdose and related medical information, but generally could not share medical information unrelated to the overdose without permission.

☐ Informing persons in a position to prevent or lessen a **serious and imminent threat to a patient's health or safety**.⁴ For example, a doctor whose patient has overdosed on opioids is presumed to have complied with HIPAA if the doctor informs family, friends, or caregivers of the opioid abuse after determining, based on the facts and circumstances, that the patient poses a serious and imminent threat to his or her health through continued opioid abuse upon discharge.⁵

¹ "HIPAA" refers to the Health Insurance Portability and Accountability Act of 1996 and, for purposes of this guidance, the HIPAA privacy and security regulations.

² This guidance does not discuss the requirements of other federal or state laws that apply to individuals' health information, including the federal regulations that provide more stringent protections for the confidentiality of substance use disorder patient records maintained in connection with certain federally assisted substance use disorder treatment programs (42 CFR Part 2 implementing 42 U.S.C. §290dd-2). HIPAA does not interfere with other laws or medical ethics rules that are more protective of patient privacy.

³ See 45 CFR §§ 164.510(b)(1)(i) and 164.510(b)(3).

⁴ See 45 CFR § 164.512(j)(1)(i).

⁵ HIPAA still requires that a disclosure to prevent or lessen a serious and imminent threat must be consistent with other applicable laws and ethical standards. 164.512(j)(1). For example, if a state's law is more restrictive regarding the communication of health information (such as the information can only be shared with treatment personnel in connection with treatment), then HIPAA compliance hinges on the requirements of the more restrictive state law.



HIPAA respects individual autonomy by placing certain limitations on sharing health information with family members, friends, and others without the patient's agreement.

¶ For patients with decision-making capacity: A health care provider must give a patient the opportunity to agree or object to sharing health information with family, friends, and others involved in the individual's care or payment for care.⁶ The provider is not permitted to share health information about patients who currently have the capacity to make their own health care decisions, and object to sharing the information (generally or with respect to specific people), *unless* there is a serious and imminent threat of harm to health as described above.⁷

HIPAA anticipates that a patient's decision-making capacity may change during the course of treatment.

¶ Decision-making incapacity may be temporary and situational, and does not have to rise to the level where another decision maker has been or will be appointed by law. If a patient regains the capacity to make health care decisions, the provider must offer the patient the opportunity to agree or object before any additional sharing of health information.⁸

For example, a patient who arrives at an emergency room severely intoxicated or unconscious will be unable to meaningfully agree or object to information-sharing upon admission but may have sufficient capacity several hours later. Nurses and doctors may decide whether sharing information is in the patient's best interest, and how much and what type of health information is appropriate to share with the patient's family or close personal friends, while the patient is incapacitated so long as the information shared is related to the person's involvement with the patient's health care or payment for such care.⁹ If a patient's capacity returns and the patient objects to future information sharing, the provider may still share information to prevent or lessen a serious and imminent threat to health or safety as described above.¹⁰

HIPAA recognizes patient's personal representatives according to state law.

¶ Generally, HIPAA provides a patient's personal representative the right to request and obtain any information about the patient that the patient could obtain, including a complete medical record.¹¹ Personal representatives are persons who have health care decision making authority for the patient under state law.¹² This authority may be established through the parental relationship between the parent or guardian of an unemancipated minor, or through a written directive, health care power of attorney, appointment of a guardian, a determination of incompetency, or other recognition consistent with state laws to act on behalf of the individual in making health care related decisions.

For more information visit: <https://www.hhs.gov/hipaa>

⁶ See 45 CFR § 164.510(b)(2).

⁷ See 45 CFR § 164.512(j)(1).

⁸ See 45 CFR § 164.510(b)(2).

⁹ See 45 CFR § 164.510(b)(1)(i).

¹⁰ See 45 CFR § 164.512(b)(2).

¹¹ See 45 CFR § 164.502(g).

¹² See generally HHS Office for [Civil Rights Guidance on Personal Representatives](#) (providing a chart which explains who must be recognized as a personal representative and the legal exceptions applicable to unemancipated individuals and abuse, neglect and endangerment situations).

For more information visit: <https://www.hhs.gov/hipaa>



WOULD YOU KNOW IT?

There's something I wanted to tell you but don't know where to start I wish my words could save you from deceptions of the heart.

The words above are from a survivor's poem. This survivor was a survivor of a life that she lived for years without recognition, without help. I want to tell you a story this month about another survivor, that if nothing else may make each of us think more about the person standing next to you and to ask "Is there something I can do, Is there something I should see?"

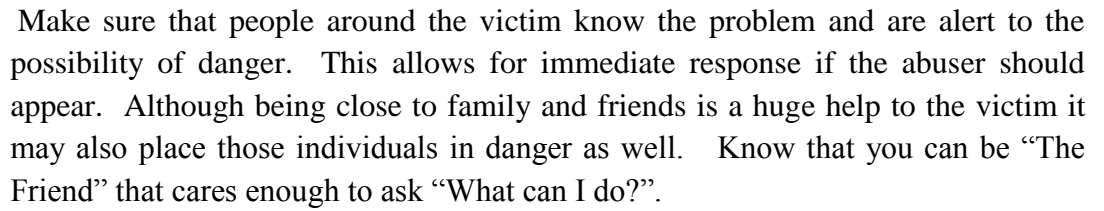
She is your co-worker, at work she is strong, a leader. She is the first one into battle to protect a co-worker or patient. She occasionally is a little withdrawn but functions well. Occasionally she reacts a little funny to a quick action around her - and did you notice that sometimes she moves away from confrontation? "She must be the coldest blooded individual in the world". "What is she thinking wearing those long sleeves in summer?" How many times has she been absent for injuries you'll never see? These are all things the survivor above might have done heard and seen.

Do you know this person? This is the person that is your go to person when in a bind because she never says no. She is the person that you want behind you if you are in a jam and need someone to "Have your back". But do you really know this person. Do you know that she is married to an individual that in an instant can go from hugging her in love to trying to strangle the life from her with the same arm? Did you know that last night she didn't set his dinner plate in the right spot and she now has a bruise in the center of her back and a cut just beneath her hairline-from the plate? He made sure to put them where YOU wouldn't see them. Did you know that when she leaves work her self-esteem that she has beside you- *the one that is fearless, becomes that of a broken moth*. She doesn't look at him in the eyes or face like she does you and she is in danger from the time she leaves work until the time she returns. She won't ask for help. She won't tell you what is happening and she won't leave him today. How do I know these things? I was this person for 14 years of my previous life.

Domestic violence happens and it happens in all walks of life. It happens to those people whom you think are the strongest and all realms in between. Is it recognized? Many times not, and those living in that world won't tell you about it because they don't want to be told how easy it is to leave, or hear "Why don't you just leave?" They know better.

How can you help? First recognize the signs. Be aware of that person that covers the bruises placed in anger beneath the long sleeves or that you notice has frequent injuries that happen just a little too frequently. Be ready to be someone that will sit and listen, not someone who tells them what to do. If you just let them talk they will find their way to help, they just need to know someone has their back. Sometimes the first step to getting help is simply being able to state there is a problem. Know the resources that they need to escape the situation: housing and finances being the biggest. If the victim is willing to accept help from outside resources they may need a ride to them. But know that the period of leaving the relationship is the most dangerous time in the victim's life. The victim is 70% more likely to be injured or killed in the two weeks following the decision to leave their abuser. The abuser during this time realizes that they have lost control and will go to all lengths to intimidate, threaten, injure or kill the victim to regain that control.





1 in every 4 women in the United States will or has experienced Domestic Violence.

Domestic violence is the third most common reason for Homelessness in the United States and 75% of the homeless are mothers with children just trying to survive.

20% of these children will be injured or killed while trying to help save their mom.



Nov. 8: Lunch & Learn: Preparing for What's Next, 12-1pm

Nov. 17: Nursing Scholarship Auction

All Month: Great American Smokeout
Home Health Month



OCTOBER BREAST CANCER AWARENESS LUNCHEON

BREAST CANCER



AWARENESS



