

Facility Site Review Other Trainings

Personnel Training

- What does the FSR team look for to verify Evidence of Staff Training?
 - Informal in-services
 - New staff orientation
 - External training courses
 - Educational curriculum & participant list
- What if documentation not on site?
 - Staff must be able to locate and use training information
 - Example: staff able to describe policies and procedures
- Note: Training requirements may differ between site staff based on roles, job functions and responsibilities, or scope of practice

Personnel Training

- SFHP resources for documenting completed trainings
 - [Evidence of Staff Training Log](#)
 - [Training Crosswalk Template](#)
 - Identify and match internal/external trainings to required trainings

EVIDENCE OF STAFF TRAINING			
Employee's Name:			Date of Hire:
Employee's Position:			License Number:
Trainer or Learning Management System (LMS):			
Annual Trainings			
Topic	Brief description of training content	Training Dates	
Infection Control & Universal Precautions			
Blood Borne Pathogens Exposure/Prevention			
Biohazardous Waste Handling			
Trainings Upon Hire (and as needed)			
Topic	Brief description of training content	Training Date	
Fire Safety & Prevention			
Non-Medical Emergency Procedures: natural disaster (e.g. earthquakes), workplace violence, etc.			
Medical Emergency Procedures & Action Plan			
Patient Confidentiality			
Informed Consent, including Human Sterilization			
Prior Authorization Requests			
Grievance/Complaint Procedure			
Child, Elder, Domestic Violence Abuse			
Sensitive Services/Minors' Rights			
Health Plan Referral Process/Procedures/Resources			
Cultural & Linguistics			
Disability Rights & Provider Obligations			
Trainings as needed			
Topic	Brief description of training content	Training Date	
Medication Administration Methods			
Operation of Medical Equipment or Performance of Critical Laboratory Procedures			

Training Name	Training Platform/Trainer	Course Name	Description
Infection Control & Universal Precautions			
Blood Borne Pathogens Exposure Prevention			
Biohazardous Waste Handling			
Fire Safety & Prevention			
Non-Medical Emergency Procedures			
Medical Emergency Procedures & Action Plan			
Patient Confidentiality			
Informed Consent, including Human Sterilization			
Prior Authorization Requests			
Grievance/Complaint Procedure			
Child, Elder, Domestic Violence Abuse			
Sensitive Services/Minor's Rights			
Health Plan Referral Process/Procedures/Resources			
Cultural & Linguistics			
Disability Rights & Provider Obligations			

Personnel Training

- Standard: There is evidence that site staff has received information and/or training
 - Child, Elder, Domestic Violence Abuse
 - Patient Confidentiality
 - Informed Consent, including human Sterilization Consent
 - Sensitive Services/Minor's Rights

Domestic Violence

What is Domestic Violence?

- Domestic violence is a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain power and control over another intimate partner.
- Domestic violence can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions that occurs in a domestic setting such as marriage or cohabitation.

Why is it important to know about it?

- Learning about the signs of domestic abuse and how to report it can save lives.

Child, Elder, Domestic Violence Abuse

Your FSR reviewer may ask:

- Do you know what are signs of child/ elder abuse? What are some examples?
- Do you know what forms to use to report abuse and where to find them?
- Do you know where to find the number to report elder or child abuse?
- How can you assist a patient suspected of being abused?
 - (I.e., Education/resources/reporting assistance)

How to Report Abuse

Reports must be made both by telephone and in writing to a local law enforcement agency

- A telephone report must be made immediately or as soon as possible
- A written report within 2 working days of receiving the [suspicious injury report](#)
- If the battered patient is a minor, then the Child Abuse and Neglect Reporting Act applies

What to include in the report?

- Name of the injured person
- The injured person's location
- Character and extent of the person's injuries
- The identity of the person who allegedly inflicted the injury
- Indicate any special concerns regarding how the report should be handled to maximize patient safety

What to include in the Medical Record?

- Any comments by the injured person regarding past domestic violence or regarding the name of any person suspected of inflicting the injury
- A map of the injured person's body showing and identifying injuries and bruises
- A copy of the reporting form

Important Considerations

Sensitivity and awareness

- Reassure patient that he/she is not alone and doesn't deserve to be treated this way
- Do not imply patient is to blame
- Patient might be scared of seeking care because they do not want to involve the police
- Some patients may fear for other reasons (Ex. Immigration status)
- There are many barriers to leaving an abusive relationship (Ex. Threats, financial situation, hope the relationship might work, embarrassment, humiliation and degraded about the abuse, feel responsible for the battering)

Educate Patient

- Address the risk of retaliation by the batterer and discuss how the patient might protect her/himself from further abuse
- Discuss the short-term option and plan, including if patient can safely return home
- Provide patient referrals to domestic violence services
- Assist in calling a domestic crisis line if willing
- If children are involved, ensure patient files a “Good Cause Report” which protects them from kidnapping charges.

Important Links

- [Health Care Provider Mandatory Reporting of Domestic Violence to Law Enforcement in San Francisco](#)
- [Health Care Provider Mandatory Reporting in San Mateo County](#)

Domestic Elder Abuse

What is domestic elder abuse?

- Domestic elder abuse is any physical (including sexual), abandonment, isolation, abduction, financial abuse, neglect or other treatment with resulting physical harm or mental suffering, or the deprivation by a care custodian of goods or services that is necessary to avoid harm or mental suffering.
- Signs of abuse can be physical, behavioral and there could be signs seen in the caregiver

Domestic Elder Abuse Signs

Physical Signs:

- Injuries that has not been cared for properly
- Injury that is inconsistent with explanation for cause
- Pain from touching
- Cuts, puncture wounds, burns, bruises, and welts
- Dehydration or malnutrition without illness-related cause
- Poor coloration
- Sunken eyes or cheeks
- Inappropriate administration of medication
- Soiled clothing or bed
- Frequent use of hospital or health care/doctor shopping (changes PCP frequently)
- Lack of necessities such as food, water, or utilities
- Lack of personal effect, pleasant living environment, and personal items
- Forced isolation

Domestic Elder Abuse Signs

Behavioral Signs:

- Fear
- Anxiety, agitation
- Anger
- Isolation, withdrawal
- Depression
- Non-responsiveness, resignation, ambivalence
- Contradictory statement, implausible stories
- Hesitation to talk openly
- Confusion or disorientation

Domestic Elder Abuse Signs

Signs by Caregiver:

- Prevents elder from speaking to or seeing visitors
- Anger, indifference, aggressive behavior toward elder
- History of substance abuse, mental illness, criminal behavior or family violence
- Lack of affection toward elder
- Flirtation or coyness are possible indicator of inappropriate sexual relationships
- Conflicting accounts of incidents
- Withholds affection

How to Report Abuse - San Francisco County

- State law required that you report it immediately to Adult Protective Services (APS)
 - (800) 814-0009 APD Hotline, 24 hours a day, 7 days a week
- If urgent and patient is in immediate physical danger call 911
- Non-urgent cases submit referral to reporttoaps.org
- Fax Form [SOC 341](#) or [SOC 342](#) to (415) 355-3549 or mail it to P.O. Box 7988, SF, CA 94120-7988 Attn: APS

How to Report Abuse - San Mateo County

- Call the TIES line at 1-800-675-8437 to report suspected abuse or neglect
- Complete form [SOC 341](#) or [SOC 342](#) and fax to 1-833-817-7482 or report via <https://www.smchealth.org/elderabuse>

Domestic Child Abuse

What is child abuse?

- Any act or failure to act on the part of the parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation
- The act or failure to act which presents an imminent risk of serious harm.
 - Physical abuse: physical injuries resulting from punching, beating, kicking, biting, burning or otherwise harming a child.
 - Neglect: failure to provide adequate food, clothing, shelter or medical care.
 - Sexual abuse:
 - Sexual Assault: Any act of sexual penetration or child molestation
 - Sexual Exploitation: Depicting a minor engaged in obscene acts in violation of law; preparing, selling, or distributing obscene matter that depicts minors; employment of minor to perform obscene acts.

Domestic Child Abuse Signs

Physical Signs:

- Fractures, laceration, bruises that cannot be explained, or explanations which are improbable given the extent of the injury
- Burns from cigarette, rope, scalding water, iron, or radiator
- Infected burns, indicating delay in seeking treatment
- Facial injuries (black eyes, broken jaws, broken nose, bloody nose, bloody or swollen lips) with nonexistent explanations
- Subdural hematomas, fractures or bruises in different states/stages of healing
- Hostile, aggressive, verbally abusive towards others
- Fearful or withdrawn behavior, wary of physical contact with adults
- Destructive (breaks windows, sets fires) and/or self-destructive (self mutilates, bangs head)
- Frightened of going home or frighten of parents/caretaker
- Attempts to hide injuries: wears long sleeves in hot weather
- Exhibits depression, suicide attempts, substance abuse, sleeping or eating disorder

Domestic Child Abuse Signs

Signs of Neglect:

- Failure to thrive- the child fails to gain weight at the expected rate
- Inappropriate dress for weather
- Dirty unkempt, extremely offensive body odor
- Unattended medical or dental conditions
- Child is antisocial or shows destructive behavior
- Often sleepy or hungry
- Child consumes alcohol or uses drugs

Domestic Child Abuse Signs

Sexual Abuse Signs

- Wears torn, stained, or bloody underclothing
- Physical trauma, visible lesions or irritation to the mouth anal/ genital area
- Swelling or discharge from vagina/penis or visible lesions around mouth or genitals
- Complaint of lower abdominal pain or painful urination
- Sexual transmitted diseases
- Age-inappropriate behavior such as wetting pants, bed wetting, fecal soiling, thumb sucking or pseudo maturity
- Drastic behavior changes
- Withdrawal clinical, clinical depression, apathy or chronic fatigue
- Sexualized behavior
- Compulsive indiscreet masturbation
- Unusually seductive with classmates, teachers, and other adults
- Excessive concern about homosexuality, especially by boys

How to Report Abuse - San Francisco County

- State law required that you report it immediately to (800) 856-5553 FCS Hotline, 24 hours a day, 7 days a week
- If child is in immediate danger, please call 911
- Submit a completed [Suspected Child Abuse Report \(SCAR\) form](#) within 36 hours of the verbal report to the hotline.
 - Fax: 415-557-5351
 - Address: Family & Children's Services
Attn: Hotline #110
P.O.Bpx 7988
San Francisco, CA 94120-7988
 - Email: hsafcsergax@sfgov.org

How to Report Abuse - San Mateo County

- Contact Child Abuse and Neglect Hotline at 650-802-7922 or 800-632-4615
- If child is in immediate danger, please call 911
- Email: HAS_ScreeningUnit@smcgov.org

Patient Confidentiality

Confidentiality of personal medical information is protected according to State and Federal Guidelines.

Privacy: Patients have the right to privacy for dressing/undressing, physical examinations, and medical consultation.

Confidentiality: Individual patient conditions or information is not discussed in front of other patients or visitors, displayed or left unattended in reception and patient flow areas.

Electronic Records: Electronic record-keeping system procedures have been established to ensure patient confidentiality, prevent unauthorized access, authenticate electronic signatures, and maintain upkeep of computer systems.

- Security protection includes an off-site backup storage system, an image mechanism with the ability to copy documents, a mechanism to ensure that recorded input is unalterable, and file recovery procedures.
- Confidentiality protection may also include use of encryption, detailed user access controls, transaction logs, and blinded files.

Patient Confidentiality

Record Release: Medical records are not released without written, signed consent from the patient or patient's representative, identifying the specific medical information to be released. The release terms, such as to whom records are released and for what purposes, and the expiration date of the consent to medical record release should also be described.

Storage and Transmittal: Health care services rendered shall confidentially and securely keep and maintain records of each service rendered, the beneficiary or person to whom rendered, the date the service was rendered, and any additional information as the department may by regulation require. FAX cover sheet shall have confidentiality statement.

Record Retention: Records required to be kept and maintained by the provider for a period of **10** years from the final date of the contract period between the plan and the provider, from the date of completion of any audit, or from the date the service was rendered, whichever is later.



Patient Confidentiality

Your FSR reviewer may ask:

- How is patient confidentiality protected at this site?
- What safeguards are in place to ensure patient confidentiality?
- Are physical files on-site blinded so that patient information is not visible?
- Please provide a copy of your Release of Information form?
- Please provide a copy of your Fax Cover Sheet.
- Please provide a copy of your Notice of Privacy
- How long are records maintained on site?

Patient Confidentiality

Resources

- Sample PnP, Forms, Resources on SFHP FSR Website:
<https://www.sfhp.org/providers/facility-site-reviews/>

Clinic's Name: _____	Patient's Name: _____
Address: _____	Medical Record Identifier: _____
	DOB: _____ Gender: _____
	Date of Service: _____
ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES	
By signing this form, you acknowledge that you received the <i>Notice of Privacy Practices</i> of the _____.	
The Notice tells you how we may use and disclose your protected health information. Copies of the current notice are also available on: _____	
_____ Signature of Legal Decision Maker/Patient	_____ Date
_____ Print Name: (Last) (First) (MI)	_____ Relationship to Patient

Informed Consent & Human Sterilization

What are informed consents and what does it includes?

- Informed consent is a document addressing the proposed treatment or procedure and includes medically significant risk, alternate courses of treatment or non-treatment and the risk involved in each situation.
- Information of the person who will carry out the procedure.

What is human sterilization?

- Is a medical method of birth control that leaves a person unable to reproduce.

Why is it important to be trained on informed consents and Human Sterilization Consents?

- It is very important to know and understand the patients' rights

Informed Consent & Human Sterilization

Your FSR reviewer may ask:

- What is a consent form?
- What is human sterilization?
- What information needs to be given to the patient before signing the consent?
- What is the form required for human sterilization?
- Where do you find the consent form PM330?

Informed Consent & Human Sterilization

Before the patient signs the consent:

- Offer booklet published by the DHCS that has information on the procedure
- Answer any questions the patient may have
- Inform patient they have the option to withdraw or withhold consent to procedure at any time before the procedure takes place
- Explain fully the description of discomforts and risk and benefits of the procedures
- For those going through human sterilization:
 - Describe fully available alternatives of family planning and birth control
 - Advise that the sterilization procedure is considered irreversible

Once all this takes place have the patient sign the consent and make sure to give them a copy

Informed Consent & Human Sterilization

PM330 sterilization consent forms can be ordered from DHCS by placing a request to:

Department of Health Care Services Warehouse
1037 North Market Blvd, Suite 9
Sacramento, Ca 95834 Fax: 916-928-1326

Or click [here](#) to print them. We recommend saving this page under your favorites in the computer.

The non-sterilization consent forms can be created by your own clinic.

State of California – Health and Human Services Agency **CONSENT FORM** Department of Health Services
PM 330

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

■ CONSENT TO STERILIZATION ■
I have asked for and received information about sterilization from _____
When I first asked for _____
the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.P.D.C. Medicaid that I am now getting or for which I may become eligible.
I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED **PERMANENT AND NOT REVERSIBLE.** I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.
I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.
I understand that I will be sterilized by an operation known as a _____
The discomfort, risks and benefits associated with the operation have been explained to me. All of my questions have been answered to my satisfaction.
I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.
I am at least 21 years of age and was born on _____ / ____ / ____
I, _____
last _____ / ____ / ____
hereby consent of my own free will to be sterilized by _____
method called _____
My consent expires **180 days** from the date of my signature below.
I also consent to the release of this form and other medical records about the operation to:

- Representatives of the Department of Health and Human Services.
- Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.
Signature of individual to be sterilized _____ Date: ____ / ____ / ____

■ STATEMENT OF PERSON OBTAINING CONSENT ■
Before _____ signed the consent form, I explained to him/her the nature of the sterilization operation _____
the fact that it is intended to be a final and irreversible procedure and the discomfort, risks, and benefits associated with it.
I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.
I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.
To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.
Signature of person obtaining consent _____ Date: ____ / ____ / ____
Name of Facility where patient was counseled _____
Address of Facility where patient was counseled _____ City _____ State _____ Zip Code _____

■ PHYSICIAN'S STATEMENT ■
Shortly before I performed a sterilization operation upon _____
the fact that it is intended to be final and irreversible procedure and the discomfort, risks and benefits associated with it.
I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.
I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.
To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/she knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.
Instructions for use of Alternative Final Paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery when the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. **Cross out the paragraph below which is not used.**
(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.
(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances: **check applicable box below and fill in information requested.**
 Premature delivery date: _____ / ____ / ____ Individual's expected date of delivery: _____ / ____ / ____ (Must be 30 days from date of patient's signature)
 Emergency abdominal surgery; describe circumstances: _____
Date: ____ / ____ / ____
Signature of Physician performing surgery _____

■ INTERPRETER'S STATEMENT ■
If an interpreter is provided to assist the individual to be sterilized, I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.
Signature of Interpreter _____ Date: ____ / ____ / ____

PM 330 (1/99)

Informed Consent & Human Sterilization

Resources

- Sample PnP, Forms, Resources on SFHP FSR Website:
<https://www.sfhp.org/providers/facility-site-reviews/>

Sensitive Services and Minor's Rights

What are Minor's Rights?

- California Family Code provides that a minor may, without parental consent, receive a number of sensitive services including services related to sexual assault, pregnancy, pregnancy-related services, family planning, sexual transmitted diseases, drug and alcohol abuse, and outpatient mental health treatment and counseling.
- A minor who is at least 15 years of age, living apart from their parents and managing their own finances is consider an emancipated minor and can consent to any medical treatment.

Why is it important to know about it?

- In these circumstances all communication should be directed to the patient and no contact shall be made to the parents or guardians.

Sensitive Services and Minor's Rights

Your FSR reviewer may ask:

- What type of procedures can be done for a minor without parental/guardian consent?
- How do ensure that the member receives sensitive service/results communications directly?
- Who is an emancipated minor?



THANK YOU

For more information or if you have questions about the FSR, please email FSR@sfhp.org