

PATIENT RESTRICTED

Coalinga State Hospital

OPERATING MANUAL

SECTION - HOSPITAL OPERATIONS
ADMINISTRATIVE DIRECTIVE NO. 722
(Replaces A.D. No. 722 dated 12/7/06)

Effective Date: July 12, 2007

SUBJECT: TELECOMMUNICATION

I. PURPOSE

This directive is published for the purpose of acquainting all hospital employees with policy and procedure in the handling of Telecommunications.

II. AUTHORITY

By Order of the Hospital Executive Director, as appointed by the Director of Mental Health; Special Order 001.02, Article 3; California Welfare & Institutions Code, Section 5328, and the California Code of Federal Regulations.

III. POLICY

Only the General Services - Office Services staff and service personnel are authorized inside the Telecommunications equipment area. The Telecommunications Department principles listed below will be followed:

- A. Use the U.S. mails whenever practical.
- B. Fax machine requests go through the Hospital General Services Administrator II. Use facsimile transmission when a written record is needed. For clarity, all messages should be legible. Telecommunications Department will not fax any documents containing Protected Health Information (PHI). Fax machines are to be in secure locations within the hospital, designated for in-house, local, or long distance calls through Telecommunications, and used only for state business. Facsimile logs will be maintained by each fax machine. Personal messages are not to be sent through State fax machines.
- C. The hospital does not accept collect calls except from staff on official State business, unless arrangements are made with the telephone operators before leaving the hospital, or they are approved by the Executive Director, Medical Director, Clinical Administrator, Hospital Administrator, or their designees.
- D. Death notices and "critical" messages will be given priority, whether incoming or outgoing.
- E. Knowledge of the content of all official messages or correspondence is restricted to the person or persons having official need for the information. Confidentiality of patient information is imperative.

PATIENT RESTRICTED

IV. METHOD

The Telecommunications Operations Department performs the following operational functions:

- A. Directs incoming calls to appropriate departments, and staff.
- B. Arranges for instrument and phone line repairs within the hospital.
- C. Issues telephone equipment to departments.
- D. Arranges for new line service within the hospital.
- E. Issues cell phones to authorized personnel.
- F. Issues pagers to authorized personnel.
- G. Updates all hospital directories.
- H. Keeps inventory records on communication devices issued, their location, and responsible person.
- I. Assembles telephone billing records and forwards to department heads for review.
- J. Adds and deletes class-of-service options within hospital guidelines and authorizations.
- K. Provides language lines, telecommunications for the Deaf (TTY), and other telecommunications services within the hospital guidelines.
- L. Sets up Voice Mail.
- M. Assists with Telegrams (for death notification).

V. PHONE CHANGE PROCESS

Requests for changes of phone service, options or types of phones will be requested using the Telecommunications Phone Change Request and processed by the Office Services Supervisor II. This form is available on the Hospital Intranet listed as "TeleChange". The form can be filled out and brought to the Telecommunications Operations Center or e-mailed to the Office Services Supervisor II. Requests for additional service types, classes, or phones must be approved by the authorized manager.

PATIENT RESTRICTED

VI. TELEGRAMS

A. Outgoing Official Telegrams:

1. The Executive Director, Medical Director, Clinical Administrator, Hospital Administrator, Assistant Hospital Administrator, Personnel Officer, and/or Department Head/Program Director may originate telegrams pertinent to their functions and their signature approval shall appear on these telegrams. All other telegrams will be approved by the Executive Director, Medical Director, or Hospital Administrator, depending on whether the message refers to clinical or administrative services. For identification, the name and job title of the originator must appear at the bottom of the message, along with the name of the facility.
2. All messages must be typewritten or printed legibly. The recipient's name and address are to be confirmed by the originator before transmission. Telecommunications will send the Western Union messages via the facsimile machine to the Western Union Center. A toll free number is called after the transmission of the message to assure the message was received and was legible.

B. Incoming Telegrams:

Telecommunication personnel are responsible for timely notification of all incoming messages received.

VII. FACSIMILE MESSAGES

A. Outgoing Facsimile Messages:

1. Hospital personnel may originate messages pertinent to their functions. Fax reports to courts and to other legal agencies such as the Board of Prison Terms may be originated by the Individual responsible for providing these reports to the receiving agency, or designee.
2. All messages must be in legible writing or typewritten. Do not staple or have staple holes in the paper submitted for faxing nor use red color ink on paper. For clarification purposes, all fax cover letters shall include the sending and receiving agencies, contact persons, fax numbers, and telephone numbers, along with a confidentiality statement.
3. Hospital personnel may originate messages pertinent to their functions. Fax reports to courts and to other legal agencies such as the Board of Prison Terms may be originated by the individual responsible for providing these reports to the receiving agency, or designee.

PATIENT RESTRICTED

4. Verify receipt by calling the recipient or printing out a "Results Report" receipt from the fax machine to file with a copy of the documents sent. The phone number listed on the "Results Report" may be checked to ensure that it was sent to the correct fax destination.
5. Staff will need to attempt to mitigate damages for documents containing PHI that were faxed in error. Notification to the unintended recipient would be appropriate, along with the request to return or destroy the confidential information inadvertently sent. The unintentional disclosure would then be reported to Health Information Management Department (HIMD) or the Privacy Officer for compliance tracking.

B. Incoming Facsimile Messages:

1. It is recommended that all faxes include the name of the originator, telephone number as well as fax number, and agency letterhead or address on their cover letter.

VIII. TELEPHONE USE

A. Official Toll Calls:

1. Official toll calls are controlled by assigned level of service. Work area phones are for State business. Personal calls involving local calls, credit card or other special arrangements are to be placed through entrance or lobby pay phones. Exception to this policy may be made for emergencies with supervisory approval.
2. Official international long distance calls must have advance approval of one of the following:
 - a. Executive Director
 - b. Medical Director
 - c. Clinical Administrator
 - d. Hospital Administrator
 - e. Assistant Hospital Administrator
 - f. Program Director/Department Head
 - g. Executive Officer of the Day in the absence of all the above

PATIENT RESTRICTED

3. Program staff may place emergency calls for Individuals as authorized by the Program Director or designee. In order to facilitate treatment or discharge planning, the social worker may place a call for the Individual to his attorney, CONREP, family or other appropriate persons or agencies. Such calls are to be brief and kept to a minimum. The need for the call should be carefully evaluated and effort made to utilize alternative methods of communication. Calls made for an Individual shall be documented in the clinical record.
 4. Calls inquiring about the presence of a specific Individual at the facility:
 - a. During normal operating hours (0700-1700 weekdays), will be forwarded to the Public Relations Officer or litigations for response or routing to the appropriate office.
 - b. Outside of normal operating hours, the caller will be asked by Dispatch to call back during normal operating hours.
 - c. No calls will be forwarded to an Individual's phone.
 - d. Requests for PHI over the telephone shall be forwarded to an HIMD supervisor or the Director of HIMD.
- B. Telephone answering machines are only allowed in the hospital with the approval of the Executive Director, Clinical Administrator, or Hospital Administrator, depending on the area requesting such service.
- C. Voice Mail can be implemented on any hospital phone with prior approval from a Department Head, Program Director, Unit Supervisor, or above. Voice mail can be accessed only by the individual's user password for security.

IX. LANGUAGE LINE SERVICE

- A. The Language Line service provides staff with immediate and accurate translation in the provision of treatment services to non-English speaking Individuals and families. The service is available 24 hours per day, 365 days per year.
- B. The Language Line interpretation service is provided to complement existent bilingual staff. This service is not intended to discourage efforts to recruit, hire, and retain bilingual staff for the provision of ongoing individualized treatment services for monolingual Individuals. Every effort shall be made to provide treatment services by bilingual staff, when it can be done in a reasonable time frame.

PATIENT RESTRICTED

1. Using the Language Line:

- a. All Language Line calls are accessed through the hospital operator. Language Line usage shall be authorized by a Program Director, Department Head or designee(s). During off-hours, the Nurse Of the Day (NOD) may assist staff in accessing the Language Line by obtaining telephone authorization from the appropriate Program Officer of the Day (POD) of the program responsible for the Individual requiring translation services. The hospital operator and Assistant Coordinator of Nursing Services (during off-hours) are responsible for the security of the hospital's Language Line identification number.
- b. The staff member who will be involved in the translation process must complete the Language Line Authorization Request form. The program manager or designee responsible for the Individual must approve the form prior to accessing the Language Line.
 - i. Justification: The Language Line is used only when appropriate hospital staff is not available to translate for an Individual.
 - ii. Justification-Long-term: When a non-English speaking monolingual Individual will need ongoing translation services via the Language Line for the provision of treatment, clinical managers will make every effort to assign bilingual staff to meet the communication needs of the Individual. Long-term use is defined as clinical staff's projection of a daily need to use the Language Line to meet treatment objectives for the Individual on a treatment unit.
 - iii. Managers and supervisors shall assure prudent use of the Language Line to insure cost effectiveness of the service to the hospital.

C. Confidentiality:

Language Line Services has entered into a contractual agreement with Coalinga State Hospital (CSH), Department of Mental Health (DMH), wherein an officer of Language Line Services, signed a written "Oath of Confidentiality" binding Language Line Services and its employees, contractors, or subcontractors by the California Welfare & Institutions Code Section 5328.

PATIENT RESTRICTED

D. Routing of Language Line Authorization Request Form:

The Language Line Authorization Request form can be obtained from the Central Warehouse and shall be completed each time the Language Line is used to provide translation services for an Individual. The user must obtain the approval of a manager or designee prior to the hospital operator connecting the user with Language Line Service. Statistical Information recorded in the shaded areas on the form will be used by the Assistant to the Hospital Administrator to track trends and patterns of Language Line usage and fiscal frugality. The user will follow the instructions on the back of the form.

X. TELECOMMUNICATION DEVICE FOR THE DEAF (TTY)

- A. The TTY service provides a communication option to all hearing impaired employees and to the general public. Located in the Lobby Reception, the TTY machine can be used by calling directly to 935-7120. When receiving an incoming call, the staff will notify the person being called, take a message or request the caller to hold.
- B. Employees and the general public may request to use the TTY machine by contacting the Personnel Office directly at 935-7120.

XI. PATIENT PHONES

CSH Individuals are afforded the right to access telephones, both to make and receive confidential telephone calls. Individuals may make outgoing collect calls and receive incoming calls on Individuals' living unit phones. A TTY machine is available for use by hearing impaired Individuals. In the case of an equipment breakdown, program management shall take proactive steps to ensure the intent of this policy is followed.

A. Outgoing calls:

Individuals at CSH may place outgoing confidential calls by using the phones on their individual living units. Program staff may place emergency calls on hospital phones for Individuals as authorized by the Program Director or designee.

B. Incoming Calls:

- 1. Individuals at CSH may receive confidential calls by using the phones on their individual living units. Individuals shall have reasonable access to receive incoming calls on these phones. Individuals are responsible for notifying their relatives, friends, and significant others of the phone number on their individual living unit and appropriate times to call when they are not involved in mandatory treatment activities. The incoming patient phone shall be operational during normal waking hours only (0700 to 2200) to avoid interruptions of Individuals during their normal sleep hours.

PATIENT RESTRICTED

2. Patient phones will be answered by Individuals only. When necessary, the Unit Supervisor, in consultation with the Wellness and Recovery Team, may determine the length of incoming phone calls. Collect incoming calls are not to be authorized.
3. Unit phones shall not be used for participating in any type of solicitation activities by any person, business, or agency. Staff shall report the appearance of any soliciting activities to Department of Police Services for investigation.

XII. PAGERS AND CELL PHONES

A. Assignments:

Pagers and cell phones will be assigned to hospital staff with prior requests in writing from the Department Head or designees, and with administrative approval. Battery replacements for the pagers will be the responsibility of the department/program.

B. Personal Pagers and Cell Phones:

1. Personal pagers and cell phones will not be handled by the hospital Telecommunications Office.
2. Camera Cell phones or other personal communication devices will not be allowed behind security, including the visiting room.

XIII. RESPONSIBILITIES

A. Supervisor Responsibility:

Supervisors of hospital employees, volunteers, and contractors will have the final authority in determining appropriate versus inappropriate telecommunications behavior. Supervisors have the responsibility for acquiring telecommunications access for their employees who need it.

B. Employee Responsibility:

1. Use of the System – Acceptable Uses:

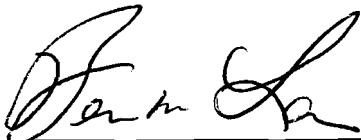
The state reserves the right to monitor and/or log all telecommunication activity with or without notice; users should have no reasonable expectation of privacy in the use of these resources.

2. Uses that are Unacceptable:

- a. It is unacceptable for a user to use, or transmit on any telecommunications system any information that:

PATIENT RESTRICTED

- i. Violates or infringes on the rights of any other person, including the right to privacy;
 - ii. Contains defamatory, false, inaccurate, abusive, obscene, pornographic, profane, sexually oriented, threatening, racially offensive, or otherwise biased, discriminatory or illegal material;
 - iii. Violates agency or departmental regulations prohibiting sexual harassment;
 - iv. Restricts or inhibits other users from using the system or the efficiency of the telecommunications system;
 - v. Encourages the use of controlled substances, or uses the system for the purpose of criminal intent;
 - vi. Uses the system for any other illegal purpose.
- b. It is also unacceptable for a user to use the facilities and capabilities of the system to:
- i. Conduct any non-approved business;
 - ii. Solicit the performance of any activity that is prohibited by law;
 - iii. Transmit material, information, in violation of any local, state, or federal law;
 - iv. Conduct any political activity;
 - v. Conduct any non-governmental-related activities;
 - vi. Engage in any activity for personal gain or personal business transactions;
 - vii. Make any unauthorized purchases.



BEN MCLAIN
Executive Director (Acting)

Cross Reference(s):

A.D. No. 146 Administrative Rules

A.D. No. 528 Individual Death

A.D. No. 580 Patient Medical Records: Confidentiality and Information Release,
Maintenance, Retention and Disposition