New York
Eye and Ear
Infirmary of
Mount
Sinai

INSERVICE

PROGRAM

May 2015

Dear Colleague:

The New York Eye and Ear Infirmary of Mount Sinai is committed to assuring that all staff members are highly competent and consistently provide quality services to our patients and our community. This handbook is designed as a resource to help staff develop and maintain their competence. Topics have been selected because of their importance to our patients and the Infirmary.

It is essential that you carefully review the In-Service manual at the time of hire and annually thereafter. This is an institutional requirement that helps us meet the mandates of regulatory agencies such as The Joint Commission, the Occupational Safety and Health Administration (OSHA) and the New York State Department of Health (NYSDOH).

If you have any questions about the content of the handbook and how it applies to you and your department, be sure to discuss these issues with your manager or supervisor.

Most important of all, please remember to continue to incorporate the information that you have reviewed into your everyday practice.

Sincerely,

James C. Tsai, M.D., M.B.A.
President - New York Eye and Ear Infirmary of Mount Sinai
Delafield-Rodgers Professor and Chair Department of Ophthalmology
Icahn School of Medicine at Mount Sinai

TABLE OF CONTENTS

Revised 2015

Section I

Mission, Vision and Value Statement

Mission Statement

The New York Eye and Ear Infirmary Mount Sinai was established in 1820 to meet the eye care needs of New Yorkers, especially the working poor. In keeping with its heritage, today's Infirmary, a member of Continuum Health Partners, Inc., is a voluntary, not-for-profit specialty hospital providing comprehensive outpatient and state-of-the-art medical/surgical care in the disciplines of Ophthalmology, Otolaryngology/ Head & Neck Surgery, and Plastic & Reconstructive Surgery.

The Infirmary's outpatient ophthalmology and otolaryngology programs provide primary care and treatment in those specialties for the five boroughs of New York City, with concentrations in the institution's historic Lower East Side patient base, Brooklyn and Queens. The Infirmary also serves the regional, national and international communities with unique tertiary medical/surgical specialty services in our fields of expertise.

Vision Statement

The New York Eye and Ear Infirmary of Mount Sinai will continue to be the preferred provider of safe patient-focused specialty services in the disciplines of Ophthalmology, Otolaryngology/ Head & Neck Surgery, and Plastic & Reconstructive Surgery and will continue to be responsive to the needs of patients and physicians.

Value Statements

Patient Care:
To provide the highest quality, most technologically advanced and consistent multidisciplinary care in an environment where the safety, dignity and comfort of each patient are paramount. In delivering patient care, the Infirmary will strive to provide an error-free environment.

Community Health:
To serve as a community resource through an ongoing series of lectures, seminars, health screenings and dissemination of information to the public.

Medical Education:
To develop highly qualified, well-trained physician/surgeons through programs of residency training, post-graduate fellowships and continuing medical education.

Scientific Research:

To pursue programs of applied clinical and basic research, which advance knowledge and treatment within our areas of specialty and to enhance patient care through that scientific advancement.

Staff:

To value competence in the abilities of our Physicians, employees and volunteers to serve those entrusted to our care and to provide a professional practice environment.

Fiscal Responsibility:

To carry out these activities in a financially responsible manner to ensure the Infirmary's continued vitality and viability as a provider of specialty health care services while meeting the needs of the communities it serves.

Approved by the NYEE Board of Directors May 22, 2003

FOUNDED IN 1820

Section II

Environment of Care

ENVIRONMENT OF CARE

"Environment of care" refers to a variety of "key elements and issues" such as light, colors, signage, security and safety in the workplace. All of which contribute to a safe secure healthy working and health care delivery environment.

Seven plans have been developed to manage the environment of care:
1. Safety
2. Security Plan
3. Hazardous Materials
4. Emergency Management
5. Fire Prevention
6. Medical Equipment
7. Utilities Management Plan

Everyone in the hospital participates in the process of making the care environment safe and effective. Leadership is responsible for identifying and allocating appropriate space, equipment and resources to safely and effectively support the hospital's staff and services and staff is responsible for identifying and communicating hazards.

Emergency Calls and Services	
333	**Code D (Disaster)**
333	**Code Red (Fire)**
333	**Code Blue (Cardiac Arrest)**
333	**Code 99 (Eye Trauma)**
333	**Code Pink (Missing Child)**
399	**Security (Emergencies Only)**

EMPLOYEE/VOLUNTEER ACCIDENT REPORTING

IF YOU ARE INJURED AT WORK:

In case of an accident, the supervisor completes the *Employee Injury/Illness Report Form*. It is not necessary for you to have been injured, only that an accident occurred which could have resulted in injury.

1. Notify your supervisor immediately.
2. The supervisor must complete the Employee Injury/Illness Report Form.
2. Report to Employee Health Services or an Emergency Room as appropriate
3. Get treatment as necessary.

It is essential that the accident be investigated as quickly as possible. The Employee Injury/Illness Report Form should be completed and submitted within 24 hours to the appropriate departments:

- Safety Department   x4615
- Employee Health   x4433
- Human Resources Department x4276
- Departmental Employee File

It is important to read the directions before completing the form.

For more information contact:

Safety Hotline x8257 – Residence Building – Room 1F
Safety Officer, x4615

SLIPS, TRIPS AND FALLS

Falls are the second most common type of job related accidents. With a little awareness, you can avoid serious injuries cased by falls.

SLIPS

Whenever possible, stay off wet floors. If you have to walk on a wet floor:

❖ Slow down
❖ Shorten your stride
❖ Point your toes out slightly
❖ Make wide turns

When walking in rain or slush:

❖ Wear shoes that provide added traction
❖ Carry work shoes and change at work

TRIPS

Always keep the workplace clean and clutter free. A piece of paper or pencil stepped on just right can be very dangerous.

Take extra care when walking from carpeted to smooth hard surfaces.
Follow these tips to avoid tripping hazards:

❖ Take your time and watch where you are going
❖ Keep walkways clutter free
❖ Never leave file cabinet drawers open
❖ Secure loose carpeting and cut loose threads
❖ Never run loose power cables across a walkway
❖ Never run power cords under carpet
❖ Report unlit light bulbs in hallways and staircases

FALLS

Always use a ladder or step stool to reach an object over your head:

❖ Lock the ladder into position
❖ Never use the top two rungs
❖ Whenever you place a ladder in front of a door, secure the door so no one can open it
❖ Take it easy on stairways and use the handrail
❖ Never leave objects on staircases
❖ Report any injury to your supervisor immediately

Ergonomics

Each working environment has its own physical challenges. What appears to be a harmless activity can have dangerous physical consequences. For instance, the simple action of using a keyboard can take a toll on your body when the work is repeated continuously and rapidly day after day.

SHIFTING TO NEUTRAL

Working in awkward positions increases your chance of injuring muscles, tendons, nerves or joints. Following these tips can prevent these injuries.

- ❖ Shift to neutral body positions
- ❖ Periodically relax your arms, letting them hang by your side
- ❖ Keep your shoulders relaxed, your neck straight and your elbows by your side
- ❖ Relax your back by aligning its three gentle curves;
  - In at the neck
  - Out in the chest
  - In again at your lower back
- ❖ Avoid slumped sitting positions, rounded shoulders, sway back or an overly straight, stiff posture
- ❖ Adjusting the height of your workstation or chair so that your hands are about two inches above or below your elbows
- ❖ Keeping commonly used items located within arm's reach

REDUCING BACK STRAIN

- ❖ Select a chair with a firm, padded back that adjusts vertically and horizontally
- ❖ Use a lumbar cushion or rolled towel against your lower back if your chair doesn't provide lower back support
- ❖ Adjust the chair so that:
  - Your feet are flat on the floor and your knees are at the same height as your hips
  - Your work surface is at your waist
- ❖ Sit close to your work so that you don't bend over it

LIFTING

If regular lifting is not a part of your job, you can be more vulnerable to back injuries than those who lift objects every day.

- ❖ Use a push cart when moving heavy loads
- ❖ Keep loads close to your body when you pick them up
- ❖ Avoid twisting your back at the waist
- ❖ Use your feet to pivot

MINIMIZING STRESS AND STRAIN

Here are a few tips on how computer users can minimize daily stress and strain.

- ❖ Use a padded swivel chair
- ❖ Position equipment carefully
- ❖ Place the top of your video monitor at eye level
- ❖ Keep wrists in a neutral position
- ❖ Place the keyboard at elbow height and at a slight incline
- ❖ Use wrist pads to support your wrists and use a hard-copy holder
- ❖ Reduce the glare on monitors
- ❖ Use indirect lighting
- ❖ Install diffusers on lights and use shades or blinds on windows - exercise your eyes by periodically looking away from your work and focusing on something else

MINI-BREAKS

- ❖ Take regular mini-breaks to minimize strain all over the body
- ❖ Circling, shrugging, stretching and arching help to increase your circulation and relieve tension – varying your work routine also helps relieve tension

BODY MECHANICS

The basic lifting rule –
think things through before you Start !

1. Look the object over and decide how you can best hold/grasp it.

2. Clear a path so there are no obstacles.

3. Know where and how you will put the object down.

4. Get help if you have any doubts about lifting the object.

General Rules for Lifting Things Safely!

1. Stand close to the object with wide stand and firm footing
2. Squat down and keep back straight and bend knees
3. Grasp object firmly so it won't slip
4. Breathe in – inflated lungs help support the spine
5. Lift with legs – straighten and knees
6. Hold object close to body

Be aware of awkward positioning, which can include,

- Twisting while lifting
- Bending over to lift
- Lateral or side bending
- Back hyperextension or flexion
- Forces on the spine increase when lifting, lowering or handling objects
- Reaching forward or twisting to support a patient from behind to assist them in walking.

CHRONIC STRAIN ON BACK MUSCLES

If your job requires you to sit or stand partly bent over for long periods of time, it can cause chronic strain on your back muscles.

To prevent or relieve the fatigue and strain you can do the following at work:

• **Change Position** as often as possible. Shift your weight by alternating feet on a footrest during standing jobs.

• **Stretch.** Clasp hands behind head; bring elbows back. Then bend forward until back is horizontal.

• **Adjust Working Heights** to prevent slumping or excess reaching.
• **Relax.** Let shoulders and neck muscles go limp; swivel head and let it droop all the way forward.

FIT-TESTING

All staff wearing **N95 respirators** must be "fit-tested" prior to use. The purpose of fit-testing is to ensure that the mask used creates an air tight seal around the person's nose and mouth. This testing is documented and a copy is placed in the employee's health record in Employee Health Services.

The primary respirator used at NYEE is the 3M ™ N95 particulate respirator. When fitted and used correctly, this product is 95% effective in preventing the spread of particulate matter as small as 5 microns. This product comes in two sizes, small and regular. Staff members who are unable to be fitted with either of these 2 masks will be evaluated using other models. <u>Regular surgical masks do not provide this protection, and are ineffective in preventing tuberculosis and other communicable diseases.</u>

Individual facial characteristics, eyeglasses, and/or facial hair, may make it more difficult to obtain an adequate mask seal. Facial scarring, dental work, a change in weight of more than 20 pounds, reconstructive or facial surgery or other conditions may affect the seal of a previously fitted mask. In these situations the employee should have a repeat fit-test.

SECURITY DEPARTMENT MISSION

Among other things the mission of the security department is to provide a safe, secure, supportive, and effective environment for patients, staff members, and other individuals in the hospital.

Security Sensitive Areas

Security Sensitive Areas are those whose function or activity in the area present an environment in which there is a significant potential for injury, abduction, or security loss.

The following six (7) areas have been designated as sensitive areas:

1. Cashier
2. Emergency Service
3. Pediatrics
4. Mailroom
5. Medical Records
6. Pharmacy
7. Telecommunications

Personnel assigned to work in sensitive areas receive department level continuing education. The Security Director, on an annual basis, conducts a sensitive area training session that focuses on special precautions or responses that pertain to their area.

WORKPLACE VIOLENCE

The management for this facility is committed to providing a safe working environment for our employees. This includes reducing or preventing violence in the workplace.

Violence of any type – including intimidation, threats, and harassment - will not be tolerated.

Examples of Inappropriate Behavior

A. Unwelcome name-calling, obscene language, and abusive behavior
B. Intimidation through direct or indirect verbal threats
C. Throwing objects
D. Physically touching in an intimidating, malicious, or sexually harassing manner. This includes hitting, slapping, poking, kicking, pinching, etc.
E. Physically intimidating others: obscene gestures, fist-shaking, etc.

Any employee who experiences or witnesses such acts, conduct, behavior or communication must immediately contact his/her supervisor or:

Security Emergency at x399

- **Never hesitate to call Security when you notice something unusual**

- **For your protection and the Security of the Hospital everyone must wear his or her IDENTIFICATION CARDS**

- **If you see someone that you do not recognize DO NOT CHALLENGE THEM, calmly call Security at x4346**

- **Working late tonight!!!!! Give Security a Call x4346**

- **Lock all doors when not in use**

"Security is everyone's business."

NYEE Property Passes: Must be obtained from the department head or the security desk when removing equipment from NYEE. The pass must be signed by the department head. (*Security has the right to inspect packages both entering and leaving NYEE.*)

HAZARDOUS MATERIALS

Types of Hazardous Substance:

FLAMMABLE – CORROSIVES – TOXINS – REACTIVES

The most common way hazardous substances enter the body is through the:

LUNGS – SKIN – DIGESTIVE SYSTEM

Forms of Hazardous Substances

SOLIDS – DUST – FUMES – LIQUIDS – GAS – VAPORS

Hazardous Substance Labels

Bulk chemicals and multi use containers are labeled by the manufacturer or vendor.

Q. How can I learn about the chemicals and other hazardous materials in my work area?

A. Each employee is responsible to become familiar with the chemical hazards in his/her work area. This can be accomplished by accessing the Material Safety Data Sheets (MSDS) and by Department In-services. If you need more information, please contact your supervisor.

Q. What should you do if you are worried about chemicals or other hazards in the workplace?

A. Your first line of action should be to notify your supervisor or department head. Let them know about the chemicals or hazards in your workplace so that they can look into the problem. After examining the situation, your supervisor or department head will initiate the proper action.

HAZARDOUS MATERIAL SPILLS

All major spills must be reported to the Safety Hotline at x8257

and the Plant Operations Dept. at x4332.

MATERIAL SAFETY DATA SHEETS

Material Safety Data Sheets (MSDS) can provide you with a great deal of information. This Information allows you to become more aware of the materials and substances you encounter in your work.
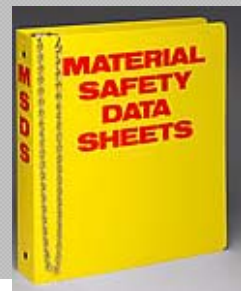
Material Safety Data Sheets (MSDS) contain:
1. Hazards of the chemicals used in the workplace (including target organ)
2. Prevention and protection methods
3. Emergency and first aid procedures
4. PPE (Personal protective equipment) and disposal methods
5. Physical and chemical properties of the product
6. Product name and manufacturer

Material Safety Data Sheets can be found in the yellow binder in your department and on the Infirmary Intranet. Contact the Safety Hotline at ext. 8257 if you have any questions.

WASTE MANAGEMENT

The infirmary is committed to the environment. Wherever you work, in whatever position, you are responsible for proper disposal of the waste you generate. Refer to the policy and procedure for the Hazardous Material and Waste Management Plan.

What goes in red bags?	Red bag waste (Regulated Medical Waste) disposal is expensive. They are used for: • Blood and blood products; • Anything soaked, caked or dripping in blood (not blood-tainted); • Cultures and stocks of infectious agents; • Serums and vaccines; • Suction canisters, hemovac and pleurovac drainage containing any fluid; • Waste generated from patients with <u>highly</u> communicable diseases (examples: Small Pox, Ebola); • Pathological Waste such as animal carcasses, placenta and surgery and autopsy waste.
Sharps	Anything that can cut or puncture the skin must be discarded in a sharps' container. Do not overfill sharps' container. • Needles and syringes (even syringes without needles) • Scalpels • Slides, pipettes • Razor blades • Test tubes
Paper Recycling	In the **blue** recycling receptacles deposit: • Papers, newspapers, magazines • Junk mail • Post-its • File folders • Brochures, pamphlets
Cytotoxic Drugs/ Chemotherapy	In the **yellow**, rigid chemotherapy waste containers deposit all items labeled "Chemotherapy waste": • IV bags and tubing used with these drugs • Bottles • Needles and syringes used in preparation and/or administration • Spill cleanup materials

EMERGENCY MANAGEMENT

The NYEE Disaster Plan is found in the Emergency Management Plan. You are required to know your responsibilities under this plan. The Disaster Plan serves as a guide in carrying out your fundamental responsibilities to the patients who are dependent upon the NYEE personnel for their safety. This can only be achieved with full cooperation of all employees through continual drills and training. We conduct two drills each year, one internal and one external disaster.

Types of Disasters

There are basically two types of disasters:

> ❖ **I**nternal – an internal disaster is an event that causes or threatens to cause physical damage and/or injury to the NYEE, personnel or patients located within the facility. An Internal Disaster may be due to external events threatening the hospital
>
> ❖ **External** – an external disaster are events which are not threatening to the structure or its staff, but requires expansion of facilities to receive and care for an influx of a large number of casualties.

NBC - New York Eye and Ear Infirmary has a **Nuclear Biological and Chemical Plan** for responses to certain emergency events.

The Code for Disaster is: "CODE D"

What to do when "Code D" Sounds

- ❖ Wear ID at all times, visibly, chest high
- ❖ End all non-emergency phone calls
- ❖ Avoid using telephones or elevators
- ❖ Reassure patients and others who may be with you
- ❖ Continue working in usual area until otherwise instructed
- ❖ Follow instructions of each area supervisor
- ❖ Don't go to the disaster treatment area unless directed

Incident Command System

The Infirmary utilizes the Hospital Incident Command System **(HICS) pronounced "hikes"** to actively manage serious emergencies.

FIRE PREVENTION

What is the Fire Plan?

TIP: Look at the emergency card with your name badge

If you suspect a fire or smell smoke:

Duty of an individual discovering a fire.	
R	Rescue – persons in immediate danger
A	Alarm – Pull alarm at the closest alarm pull station and then dial – **333**
C	Confine – Close all doors and windows to confine smoke and fire.
E	Extinguish - if safe to do so/or Evacuate - if instructed to do so.

Other Items to Remember

❖ **Code for a fire is:** "**Code Red**"

❖ If the fire alarm does not sound (malfunction), dial extension **333** or dispatch a runner to the Switchboard Room

❖ Know the location and type of extinguisher in your work area and learn how to effectively use one before an emergency occurs

❖ Know the location of all Pull Stations (Fire Alarms)

❖ <u>**Do not use elevators during a fire**</u>

❖ When the fire bell sounds and/or **"Code Red"** is announced, all staff members on duty should remain at their assigned work area. Those staff members who are away from their assigned work areas **should not return to their work** area until the "All Clear' is announced.

❖ Follow the instructions of the person in-charge (Safety Officer, Security, or Fire Marshall, Nursing Supervisor)

❖ Do not use telephones except for emergency

❖ Move patients from the danger area first horizontally if it's safe to do so - If not, then vertically, while announcing **"Code Red"** to alert anyone in the area to pull the nearest alarm box – *in the South Building or in 230 2ⁿᵈ Ave.* move patients via the stairways to outside

❖ Refer to the **NYEE FIRE PLAN** for detailed instructions regarding who is responsible for evacuation and the primary and secondary escape routes. Be sure you are familiar with the Fire Plan.

❖ Check temperature of doors before opening, if warm DO NOT OPEN

❖ Turn off oxygen in patient rooms (authorized by NCC only)

❖ Turn off appliances and utilities (except lights)

❖ Close windows and turn off A/C units

❖ Wait for the arrival of the Emergency Response Team and the "All Clear" announcement before resuming normal operations

The best way to fight fires is to prevent them. Good office housekeeping is the key. Trash should always be placed in appropriate containers and emptied daily.

Remember: There is no smoking at NYEE!

PREVENTING ELECTRICAL FIRES:

❖ Replace damaged cords or plugs
❖ Keep cords away from heat and water
❖ Never run cords under rugs

- ❖ Never remove the third prong on a grounded plug
- ❖ Avoid plugging too many cords into an electrical outlet
- ❖ Do not use multi-outlet electrical strips
- ❖ Do not use an extension cord for fixed equipment
- ❖ Always pull an electrical cord from an outlet by the plug and never by the cord

Fire is fast!

IF YOU BECOME TRAPPED:

- ❖ Don't panic
- ❖ Look for another exit
- ❖ Feel doors for heat with the back of your hand – if it's hot, don't open it
- ❖ If you can't find an alternative way out, stay where you are
- ❖ Use anything available to seal doors, windows and vents from smoke, heat and flames

TYPE A - the water extinguisher • Used for **fires** which involve paper, linen, clothing, mattresses, waste containers, wood, and other combustibles.	
TYPE BC - the carbon dioxide extinguisher ▪ Used for **fires** which involve flammable liquids such as oils, greases, chemicals, flammable gases, plastics and electrical fires.	
TYPE ABC - the dry chemical extinguisher • Can be used on **ALL FIRES.**	

To use a fire extinguisher you - PASS.

P   ***Pull the pin.*** The pin is in place to prevent the accidental discharge of the fire extinguisher. Check its location on the extinguisher.

A   ***Aim the nozzle.*** The nozzle is usually clipped to the side of the extinguisher. In the event of a fire, aim the nozzle at the base of the fire.

S   ***Squeeze the handle.*** Use firm pressure.

S   ***Sweep.*** The extinguisher from side to side. Evenly coat the entire area of the fire. Keep applying the fire extinguishing agent even after the flames are put out.

MEDICAL EQUIPMENT

All patient care equipment is inspected for proper performance when it is initially received. The Biomedical program is a composite of responsibilities, represented by the Biomedical Engineer and the departments. Before medical equipment is placed into service for use on any patient, the Biomedical Engineer must ensure that it meets all applicable standards. Once these are met, the equipment will be placed on a rotating inspection schedule that is administered by the Biomedical Engineer. Each department is responsible for managing the equipment (equipment repair, contracts for repair of the equipment, etc.)

Investigation and Reporting of Equipment Management Problems, Failures and User Errors:

All equipment failures and user errors will be investigated and reported to the Biomedical Engineering Department. Included in the report will be the error/failure date, location of the equipment, cause or affected area, resolution and follow-up. In the event the equipment problem was caused by user error, the user(s) will be in-serviced on the operation and use of the equipment.

Failed equipment must be removed from service and held out of service pending clearance from Biomedical Engineering.

All questions regarding medical equipment, its performance, safety, in-service, etc, are to be referred to <u>Biomedical Engineering at x4085.</u>

UTILITY MANAGEMENT

The Plant Operations Department is responsible for maintaining and repairing utility systems:

1. Electrical (normal and emergency power)
2. Elevators
3. Heating/ventilation/air conditioning (HVAC)
4. Medical gas and vacuum (suction)
5. Steam, Water, Gas and Sewer
6. Plumbing
7. Nurse Call systems
8. Fire Alarm system

Emergency power is available throughout the hospital in the event of a power failure. It is provided by emergency generators that start automatically upon loss of power from the local utility.

Remember:
- Emergency power availability varies depending on location
- A red electrical receptacle indicates that emergency power is available at that outlet

If repairs are necessary call:
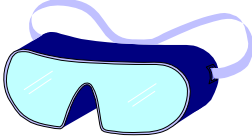
Monday – Friday 8:00am – 4:00pm call x**4332**

Off-hours, Holidays and Weekends call the Information Desk x**4346**

Section III

Infection Prevention

INFECTION PREVENTION PROGRAM

Who can be contacted for information about infection prevention?	Contact the Infection Prevention Nurse about any infection prevention questions at extension x4028 After hours, call the Administrative Coordinator on duty at extension x4354.
What is the most important way that healthcare workers can prevent infection?	Hand hygiene (hand washing with soap and water **or** use of an approved alcohol hand-rub) remains the most important way to prevent the spread of infection for both patients and staff. Alcohol based hand-rubs are available in all clinic and patient units to make hand hygiene easier and more effective. This is the preferred method of cleaning hands in the healthcare setting, expect in situations listed below. Hand washing with soap and water is necessary when hands are visibly soiled or contaminated, before eating, after using the restroom and with c difficile and anthrax.
What is the proper hand washing technique to be used between patient contacts?	The hand washing procedure outlined below is important for every hospital employee to follow. Despite advances in modern technology, **hand washing remains the single most important way to prevent the spread of infection for both patients and staff.** • Wash with soap and running water for at least 15 seconds. • Lather palms, back of hands, fingers and wrists. • Point fingers downward when washing and rinsing. • Pat dry thoroughly. Use the towel with which you dried your hands to shut off the faucet.
What are Standard (Universal) Precautions?	Blood and certain body fluids of **all** patients are considered potentially infectious for human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and other bloodborne pathogens. **All HCW must use Standard Precautions when caring for all patients**. Standard Precautions are explained in the Infection *Prevention Manual.* You follow Standard Precautions when you: • Wash your hands or use alcohol-based hand-rub between patient contacts. • Use protective barriers to reduce the risk of exposure, such as gloves when handling non intact skin, mucous membranes and any blood or body fluids. Wear gown and face protection if there is a risk of splash exposure. • Prevent injuries by needles, scalpels and other sharps by handling and disposing of them properly. • Reporting all needle and sharp injuries and mucous membrane exposures to Employee Health Service (EHS). • Obtain the Hepatitis B vaccine if your work puts you at risk to come into contact with blood and body fluid. Use approved hospital disinfectants to clean up and decontaminate spills of blood and body fluids.

What are the categories of isolation and the employeed precautions?	The following are the isolation/precautions categories to be used if infectious conditions are diagnosed or suspected: 1. **Airborne and Contact Precautions – use of fit tested N95 respirator mask and negative pressure room and gown and gloves** (disease e.g. chicken pox, disseminated herpes zoster, SARS) 2. **Airborne Precautions – use of fit tested N95 respirator mask and negative pressure room** (disease e.g. tuberculosis, measles) 3. **Droplet Precautions – use of surgical mask or procedure mask when within 6 feet of patient** (disease e.g. – influenza, meningitis, pertussis) 4. **Contact Precautions – use of gown and gloves upon entering patient room or environment** (multi-resistant organisms, draining wounds, diarrhea) 5. **Droplet and Contact Precautions – use of surgical or procedure mask and gown and gloves** (disease e.g. respiratory illnesses in children under age 6 years Please remember when patients are placed in precautions these should remain in place until the patient is either discharged or colonization/infection is no longer suspected. Isolation Precautions should be instituted and discontinued under the supervision of attending physician and Infection Prevention Manager. Always notify the Infection Prevention Nurse at x4028 when considering need for isolation precautions. We do not admit confirmed TB patients to NYEE. The patient is assessed and once stable the patient is transferred from NYEE.
How are bloodborne pathogens transmitted?	Common ways of blood exposure: • Injection of blood, blood component, or blood containing fluid by a needlestick or cut from a sharp instrument contaminated with blood or blood product; • Splash of blood, blood component or blood-containing fluid onto exposed skin which has severe dermatitis, acne, open cuts, wounds or scrapes; • Splash of blood, blood component or blood-containing fluid onto mucous membranes such as mouth, eyes, nostrils.
What items are considered Personal Protective Equipment (PPE)?	PPE is primarily described as items worn to protect the HCW from contracting bloodborne pathogens as part of Standard Precautions. PPE (one time use) to be worn when caring for all patients include: • **Gloves** - to protect hands if there is a chance of exposure to blood or body fluids. • **Mask** - to protect the mouth if there is a chance of blood splatter into the mouth. • **Eyewear** - to protect eyes if there is a chance of blood splatter into the eyes. • **Gown** - to protect clothes if soiling by blood or body fluid is possible.

How can needlesticks be prevented?	Preventing needlestick injuries is every employee's responsibility. Nobody wants to cause an accidental needlestick to himself or anyone else. You can prevent needlestick injuries by: • Using safety devices. • Discarding needles in the Sharps' Container. • Never overfilling or forcing a needle into the Sharps' Container. • Being aware of "at-risk" situations. (Example: an agitated patient resisting blood drawing.)
What do you do if you experience a needlestick or blood exposure?	If you experience a needlestick or blood exposure: 1. Contact your supervisor, and complete occurrence report. 2. Contact Employee Health Services or designee. 3. Post-exposure evaluation includes a review of the healthcare worker's HBV vaccine status, serologic testing of source patient. 4. If the source patient is positive or at high risk for HIV infection, a decision regarding antiviral prophylaxis should be made immediately. **If prophylaxis is elected it should be started as soon as possible, within an hour if possible.** 5. Also see Infection Prevention policy Accidental exposure to patient's blood or body fluids #4026 on intranet. 6. Reporting needlesticks not only gives you a source of information and care, it also helps Infection Prevention and EHS track sources of exposure and make recommendations to help eliminate needle sticks.

LATEX ALLERGY

Reports of reactions to latex have risen in recent years, especially among health care workers where latex gloves are widely used to prevent exposure to HIV, Hepatitis B and other blood borne pathogens. The increase is also the result of more and more latex-containing products and medical equipment in health care facilities and the environment in general. The amount of exposure needed to cause a reaction is not known. Reactions can begin within minutes of exposure, or they can occur hours later. Employees using latex gloves or latex products should be aware of the types of latex reactions both for themselves and their patients.

Allergic Contact Dermatitis	• Caused by exposure to latex and chemicals added to products, such as gloves, during manufacture. • It causes skin reactions similar to poison ivy. • Rash occurs 24-48 hours after contact and may progress to blisters.
Latex Allergy	• A more serious reaction. • Begins within minutes but can occur 1 - 2 hours later. • It can progress from skin redness, hives or itching to respiratory symptoms including sneezing, running nose, asthma and anaphylactic shock and possible death (rare).
Who is at risk for latex sensitivity/allergy?	Individuals with history of: • general allergies • latex exposure at work • food allergies, especially banana, kiwi, avocado • previous surgical procedures • allergic reactions during anesthesia, surgery, dental work, catheterization, rectal or vaginal exams • congenital abnormalities such as spina bifida which require frequent bladder catheterizations
What items in the healthcare environment contain latex? 	Many products contain latex: medical supplies, personal protective equipment, office supplies. Here are a few examples: **Emergency Equipment**　**Hospital supplies**　**Office supplies** Blood pressure cuffs　Catheters　Rubber bands Stethoscopes　 Wound drains　 Erasers Gloves　Injection ports Tourniquets　Multidose vials IV tubing　Anesthesia masks Electrode pads Endotracheal tubes

EMPLOYEE HEALTH SERVICE

The Employee Health Service provides the following services:

- **Pre-employment screening**
- **Annual testing of all employees for tuberculosis. Testing may be done more frequently in certain area depending upon risk of transmission of TB**
- **Vaccinations as needed**
- **Treatment and follow-up for needlestick / splash exposure**
- **Treatment and follow-up for communicable disease exposure**
- **Latex allergies information**

Employee Health Services provides the employee with:

- **Assistance with on-the-job injury or illness. (Employee Injury / Illness report is required)**
- **PPD testing**
- **Return-to-work clearance**
- **Regulatory agency compliance requirement services**
- **Flu shots and other vaccinations that may be required**
- **Bloodborne pathogen exposure treatment and follow-up**
- **EAP (Employee Assistance Program) information**

You are responsible for:

- **Obtaining your TB test (PPD) or annual assessment**
- **Reporting if you experience an accidental needlestick / splash**
- **Reporting your exposure to communicable diseases (i.e.: TB, hepatitis B, meningitis, chicken pox, measles, mumps, rubella, shingles)**
- **Keeping your immunizations up to date**
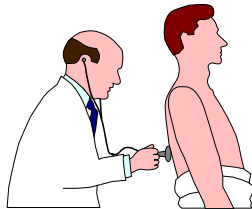
Employee Health Services x4433

Section IV

Patients' Rights

PATIENTS' BILL OF RIGHTS

As a patient in a hospital in New York State, you have the right, consistent with law, to:

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet *"Do Not Resuscitate Orders - A Guide for Patients and Families."*
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

Public Health Law (PHL) 2803 (l) (g) Patients' Rights, 10NYCRR, 405.7, 405.7 (a) (l), 405.7 (a) (2)

PATIENTS' BILL OF RIGHTS

Patients' Bill of Rights	Each patient in a hospital in New York State has rights under the law; they are described in the *Patients' Bill of Rights* on the previous page. Basically, a patient is viewed as an equal partner in the healthcare process. These are some highlights from the *Patients' Bill of Rights* stating each patient has the right to: • a complete understanding of the diagnosis and treatment; • refuse treatment and know the consequences; • considerate and respectful care, without discrimination; • privacy and confidentiality; • the service of an interpreter if needed; • complain about care without fear, and receive a response; • get the telephone number for **NYS Health Department, 212-268-6477**, to register a complaint.
A copy of the Patients' Bill of Rights can be found:	• On the Inpatient Unit. • In the Outpatient/Ambulatory Departments. • In the Patient Registration and Admitting Departments
How can you demonstrate respect for patients' rights?	• Identify yourself to the patient by name and position. • Explain your role in the care of the patient to the patient. • Listen to patients and answer their questions. • Identify problems early and refer them to your supervisor. • Respect a patient's need for privacy and confidentiality. • Assess each patient for possible special needs, and do what you can to meet them. • Obtain interpreter assistance if the patient has special communication needs.

FINANCIAL ASSISTANCE

All Continuum hospitals help the uninsured or the underinsured through our financial assistance policy. Those patients who lack health insurance or the financial resources to pay for quality health care services have the opportunity to apply for financial assistance.

The Financial Assistance Policy:

• Patients will have access to information regarding charges for hospital services.

• Our staff will first assist in determining eligibility for government sponsored programs.

• Patients who do not qualify for government sponsored programs may apply for the programs that are offered through our hospitals including charity care.

• The Policy applies to hospital charges for medically necessary in-patient elective/emergent/urgent care, ambulatory surgery, out-patient emergency, clinic, and referred ambulatory services within our coverage areas. All patients are eligible to apply for Emergent/Urgent care. In addition, all patients living in the 5 boroughs of NYC are eligible to apply for Elective services.

• The Policy excludes deductibles, co-payments and co-insurance imposed by third party payers on hospital claims.

• Our Policy gives all patients the opportunity to apply for a full or partial discount on their hospital bills.

• The Department of Financial Counseling will determine eligibility based on a patient's family size, income and resources.

• Patients who have completed the Financial Assistance Policy application process will qualify for a prompt-pay discount or an extended payment plan, based on a patient's ability to pay.

Patients inquiring about financial assistance for In and out--patient services should be directed to **the Department of Financial Counseling**. Eligibility for discounts, and/or payment plans will be made by Director of Financial Counseling.

If a patient needs access or information about any of our Financial Assistance Programs, please direct them to NYEE Financial Counseling 212-979-4745.

EMTALA

What is EMTALA?

The Emergency Medical Treatment & Active Labor Act (EMTALA) is a Federal law. Its purpose is to ensure emergency care for anyone who needs it regardless of his/her ability to pay or insurance coverage. EMTALA is sometimes called the "Anti-Dumping" statute or COBRA Law.

What is our Commitment?

At NYEE, we are committed to providing quality emergency healthcare services regardless of an individual's potential to pay. Not just because it is the law, it is this hospital's mission.

KEY POINTS

- The concept of EMTALA ensures healthcare for the nation's most vulnerable populations, including the poor, under-insured and the uninsured. There is no valid excuse to justify refusal or delay in providing emergency treatment and services.
- Fines can be extremely high for any violations ($25,000-$50,000 per violation).
- EMTALA violations can result in the hospital and individual healthcare providers being excluded from Medicare and Medicaid reimbursement.

BASIC OBLIGATIONS

First, we must provide a medical screening examination to determine whether an emergency medical condition exists.

Second, where an emergency medical condition exists, hospitals much either provide treatment until the patient is stabilized, or if they do not have the capability, transfer the patient to another hospital according to EMTALA provisions.

An appropriate transfer:
   -Patient must agree/consent to transfer
   -Receiving hospital must agree to accept the transfer
   -Must be accompanied by necessary medical records
   -Must be effected through qualified personnel and
    transportation equipment as required.

This law applies to all patients in the hospital, not only Emergency patients.

What All Healthcare Providers Need to Know

Report any suspected violations to your supervisor.

If you have any questions regarding the transfer, the administrator-on-call will assist in making appropriate plans based upon what is safe, legal and in the best interest of the patient.

CULTURAL COMPETENCY

The workforce of NYEE and the patient population we serve represent many nationalities, races, religious and cultural beliefs. These differences can impact the quality of our communication, the quality of our work environment and the quality of patient care.

Every employee is expected to develop a basic level of cultural competency, enabling him or her to work effectively in cross-cultural situations.

Valuing Workplace Diversity

Workplace diversity refers not only to the different characteristics of employees such as life experience, age, gender, sexual orientation, national origin and physical abilities but also work experience, job title, union affiliation, seniority and other workplace related differences. To create an inclusive work environment, one which enables all employees to make a full contribution to the success of NYEE, all employees are encouraged to:

- ✓ Show respect for one another
- ✓ Engage in open discussions about cultural, racial or other differences
- ✓ Constructively address misunderstandings and conflict.

Employees are encouraged to respectfully address negative behaviors that may occur in the workplace such as:

- ➢ Remarks perceived as offensive or demeaning
- ➢ Unresolved cultural misunderstanding or disagreements
- ➢ Judging cultural beliefs of others
- ➢ Active exclusion of others.

> **Diversity Charter:**
> **Create a multicultural environment that works for everyone**
> **-**
> **Value and respect each other's contributions to the workplace**

CARING FOR PATIENTS AND FAMILIES

Providing Culturally Competent Care

Challenges	**Solutions**
Patients have different religious and cultural beliefs about health care	Develop skills to better hear what people from different cultures want to communicate to you
Patients are at greater risk to some diseases than other ethnic groups	Learn about the cultures you serve and use that knowledge to provide individualized care to each patient
Patients may be more receptive to care if the environment is familiar and respectful of their culture	Conduct a cultural audit to assess the cultures served by your area. Take actions such as using posters and magazines in waiting areas that reflect the population served, offer appropriate pastoral services, meet dietary requests when possible and hang appropriate signage.
Deaf patients and patients with Limited English Proficiency (LEP) must have access to medical information in their preferred language	Utilize interpreter services properly and provide translated documents when available.

> **Keep in mind that while it is helpful to learn about different cultures, we do not treat cultures; we treat individuals.**
> **Our Diversity Mission:**
> **To treat each patient as an individual within their own cultural context.**

DIVERSITY

**PEOPLE ARE DIFFERENT
FROM ONE ANOTHER IN MANY WAYS:**

DIVERSITY CLARIFICATION	Diversity includes, but is not limited to race, religion, ethnicity, gender, sexual orientation, socio-economic status, age, disability, language, education, position, nation of origin, etc. It is most commonly thought of in ethnic or racial terms. THE WIDER VIEW OF DIVERSITY IS MORE COMPREHENSIVE. The concept incorporates differences in gender, age, ethnicity, race, religion, physical or mental ability, military status and sexual preference. People have other differences too: lifestyle, thinking styles, culture and education levels. We vary in the ways we process information, show respect to authority, learn, think and reach agreements.
INFIRMARY POLICY	• Creates an environment which supports a diverse workforce that facilitates tolerance and respect. (EEOC's policy in the Human Resources Personnel Policy Manual). • Ensures patients receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment. (Patient's Bill of Rights). • Ensures NYEE's compliance with mandated regulations & policies.

CONFIDENTIALITY

The Patients' Bill of Rights ensures patient confidentiality. Also, New York State passed a law guaranteeing confidentiality to all persons related to **HIV status** and **HIV testing**. If HIV information is released without proper authorization, the individual can be charged with a misdemeanor and fined up to $5000.

Do not discuss any patient information in public areas such as elevators, hallways, and the cafeteria or with:

- one patient about another.
- relatives and friends of the patient (*unless officially authorized*).
- visitors to NYEE.
- representatives of the news media.
- other staff except when in a conference.
- your own relatives, friends and/or neighbors.

ADVANCE DIRECTIVES

Important questions may arise about the type and duration of treatment of a patient who becomes too ill to speak for him/herself. Patients can make their wishes known in advance through a legal form known as an advance directive. Examples of advance directives are:

- **Health Care Proxy**
- **Living Will**
- **Do Not Resuscitate (DNR) forms**

New York State Law requires that all hospitalized patients be given the opportunity to complete an advance directive. The *Health Care Proxy* is given to each patient on admission. Patients are provided with information regarding the *Health Care* Proxy or any other advance directive.

HIPAA OVERVIEW

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is an important federal law that affects how our organization handles confidential health information.

FACT #1

HIPAA covers a number of significant issues.
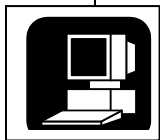
HIPAA includes a section on administrative simplification. Among other things, it creates standards for electronic transactions ("EDI standards"), setting forth how health care claims may be transmitted and processed.
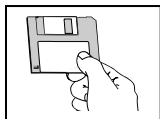
HIPAA sets the framework for standards on maintaining the security and privacy of health information – this is the "accountability" part of HIPAA.

FACT #2

HIPAA applies to us.

HIPPA applies to three types of "covered entities": health care providers, health plans, and health care clearinghouses. In order to comply with HIPPA, we:

❑ Sign or amend contracts with our business employees to protect the privacy of health information.

❑ Provide job-specific privacy training to our personnel.

❑ Implement safeguards to protect health information from improper disclosure.

❑ Establish a reporting and response system for privacy violations.

❑ Develop a sanctions policy for the discipline of privacy violations by our employees, agents, and contractors.

FACT #3

The final HIPAA privacy regulations require us to take specific steps to protect the privacy of health information.

We have taken many different steps to comply with the final HIPAA privacy regulations. These are some of the things we have done:

❑ Adopted policies and procedures to protect the privacy of health information.

❑ Adopted policies and procedures giving individuals specific rights with regard to their health information.

❑ Created a written notice describing how we use and disclose confidential health information.

❑ Have appointed a privacy official to handle privacy complaints and questions about our notice of privacy practices.

FACT #4

The HIPAA security regulations require us to take steps to safeguard the integrity and availability of Electronic Protected Health Information (EPHI).

There are many different steps to comply with the HIPAA security regulations.

❑ Don't give anyone your password.

❑ Don't download unauthorized software.

❑ Don't go to unknown websites.

❑ Don't send EPHI in emails going outside the network (without encrypting them) or in instant messaging.

❑ Don't leave your workstation without first locking your computer or signing off.

❑ Maintain heightened awareness around computer work stations.

❑ Report all security concerns to Information Systems.

FACT #5
There are serious civil and criminal penalties for HIPAA noncompliance for individuals and the institution.

❑ General noncompliance with HIPAA security, privacy and EDI regulations (for example, failure to adopt or adhere to a specific requirement): $100 per violation and up to $25,000 per person for all identical violations in a calendar year.

❑ Specific noncompliance with privacy regulations: $50,000 fine and imprisonment for one year if we knowingly obtain or disclose individually identifiable health information; $100,000 fine and imprisonment for five years if we knowingly obtain or disclose individually identifiable health information under false pretenses; and a maximum fine of $250,000 and/or up to 10 years' imprisonment if we obtain or disclose individually identifiable health information with the intent to sell, transfer or use the information for commercial advantage, personal gain, or malicious harm.

FACT #6
There are other risks of noncompliance.

Other risks of noncompliance include increased exposure to lawsuits for breach of confidentiality; loss of accreditation; audits/ investigations; and harm to business interest (for example, if a security or privacy breach becomes public knowledge).

FACT #7
As a covered entity, we are required to promptly <u>notify affected individuals when there is a breach of unsecured PHI</u>. The same requirement applies to the business employees of covered entities. Effective September 23, 2009, new regulations require HIPAA covered entities to provide prompt notification to affected individuals following the discovery of a breach of unsecured protected health information (PHI).

❑ The Secretary of the Department of Health and Human Services (HHS) must be notified immediately if the breach involves more than 500 individuals.

❑ For breaches involving less than 500 individuals, covered entities may maintain a log of the breaches and annually submit the log to HHS. In some cases, notification to the media may be required.

❑ Business employees who discover a breach of unsecured PHI are required to notify the covered entity of the breach.

❑ The Secretary of HHS is required to post on an HHS web site a list of covered entities that experience braches of unsecured PHI involving more than 500 individuals.

❑ Encryption and destruction are the technologies and methodologies that render PHI secure, or "unusable, unreadable, or indecipherable to unauthorized individuals."

<u>FOR MORE INFORMATION ABOUT HIPAA</u>

<u>US Department of Health & Human Services:</u>

http://www.hhs.gov/ocr/privacy/hipaa/understanding/index.html

<u>Centers for Medicaid and Medicare Services</u>

http://www.cms.gov/hipaageninfo/

WHAT IS PROTECTED HEALTH INFORMATION (PHI)?

Protected health information (PHI) under HIPPA includes any individually identifiable health information. Identifiable refers not only to data that is explicitly linked to a praticular individual (that's identified information). It also includes health information with data items reasonably could be expected to allow individual indentification.

PHI includes many common identifiers, including:

- Patient Name and/or address

- Names of relatives

- Names of employer(s)

- Birth date

- Telephone number

- Fax number

- Email address

- Social security number

- Medical record number

- Health plan beneficiary number

- Account number

- Certificate and/or license number

- Any vehicle or device serial number

- Web URL

- Internet protocol address

- Finger or voice print

- Photographic images

- Any other unique identifying number, characteristic or code (whether generally available in the public realm or not.)

Interpreter Services

It is the policy of The New York Eye & Ear Infirmary to offer assistance to all patients requiring Interpreter Services and/or Communication Assistance in order to facilitate communication between care provider and the patient who is not fluent in English and/or patients who are visually or hearing impaired.

It is the Infirmary's policy to provide skilled interpreters and persons skilled in communicating with vision and/or hearing impaired individuals. This service will be provided to inpatients and outpatients, within 20 minutes, of a request for such services, and within 10 minutes for patients in the Urgent Care Service area. The delivery of emergency care will not be delayed while an interpreter is obtained. ***There is no charge to the patient for the following services.***

<u>Foreign Language Interpretation</u>

In the event that an interpreter is needed for a Limited English Proficiency (LEP) patient, staff may request an interpreter through the **Language Bank or Language Line**. If it is not immediately clear what language the person speaks, s/he will be shown the Language Identification Card which contains the phrase "Point to Your Language" in over 50 different languages.

<u>Visually Impaired Patients</u>

Staff will read aloud all forms provided to visually impaired patients. The **Patient Bill of Rights is available in Braille** in Admitting. Escort service is available as needed.
-

<u>DOCUMENTING INTERPRETER SERVICES</u>

Whenever Medical Information is provided or offered to an Limited English Proficiency patient, it should be recorded in the patient's medical record. If a patient refuses interpreting services or chooses to use a non NYEE interpreter, staff should document this refusal of offered language assistance in the medical record, as well as who the outside interpreter is and their relationship to the patient.

COMMUNICATION ASSISTANCE FOR PATIENTS
WHO ARE DEAF OR HEARING IMPAIRED

All services are provided free of charge

There are two methods for providing Sign Language Interpreters:
Remote Video Interpreting Service:
- Available on-site, 24 hours a day, 7 days a week.
- Use this service for patients who will require an hour or less of sign language interpretation.

One video cart is available:
- North Building, 1st Floor, Urgent Care Area, Triage Room.
- Instructions and a sign out log are located on each cart.
- The cart must be returned and signed back in immediately after it is finished being used. It must be readily available for any patient requiring sign language interpretation.

Sign Language Interpreter Service
- For any patient who is unable to use the video remote sign language interpreting service.
- **Arrangements are made by calling the Secretary in Ambulatory Care Services, x4473**.
- Provide the following information:
    - Patient's name and medical record number.
    - Location and time of appointment or time interpreter is needed.

After 4:30 pm, and on Saturday, Sunday and Holidays:
Contact the Administrative Nursing Supervisor who will call Deaf and Hard of Hearing Interpreting service at (212) 647-1092.

ASSISTIVE DEVICES FOR THE HEARING IMPAIRED

A) **New York Relay Service (NYRS)** is available in the telephone switchboard room at the main lobby. The NYRS is a telecommunications system that enables conversations between regular telephones and text telephones. A hearing or speech impaired person using a text telephone contacts a relay operator. The operator then tells the third party what the typist wrote. The telephone relay system is available 24 hours a day, every day, with no restrictions on the length or number of calls. There is no charge to use the relay service; calls are billed as if they were made without the use of the relay service.

B) **Telephone with large buttons and amplifier capability** is available at the Information Desk in the main lobby.

C) **Telephones in patients' rooms** have amplification capability.

D) **Pocket Talkers (amplification devices)** are available in the following areas: Operating Room, PACU, ENT & Eye Clinics, Social Service, Ambulatory Surgery and Inpatient Units.

E) **Closed caption TV** is available throughout the Infirmary.

F) **Amplified pay telephones** are available in the following locations to make outside calls and to receive incoming calls.

North Building	South Building
1st Fl. 473.8557/8558	2nd Fl. 473.3610
5th Fl. 777.1478	3rd Fl. 473.8595
6th Fl. 473.8623	4th Fl. 473.9438
8th Fl. 979.0543/0917 or 529.6318	
9th Fl. 473.9874	

POLICY
It is the policy of The New York Eye & Ear Infirmary to be fully compliant with federal, state and city mandates to provide communication assistance to all patients requiring such services with the expressed objective of improving patient care. Such services shall be available to inpatients and outpatients within 20 minutes and to patients with emergent conditions within 10 minutes of a request by the patient, the patient's family or representative or the medical care provider. The delivery of urgent care will not be delayed while waiting for an interpreter.

OBJECTIVE
To facilitate effective communication with patients involving their medical conditions, treatment, services and benefits.
To provide the necessary auxiliary aids without cost to the patient.

APPLICABILITY
All hospital personnel, medical staff and allied health professionals.

Procedure for providing auxiliary aids
1. **Identification and Assessment of need**

   The Infirmary will provide notice of the availability of and procedure for requesting auxiliary aids and services through notices included in outpatient and inpatient informational packets, as well as notices posted in key areas of the Infirmary. An Infirmary brochure, "Communication Assistance to patients who are Deaf or Hearing Impaired," is also available throughout the Infirmary.

   The Infirmary staff, whenever possible, will give primary consideration to the patient and/or their family member/companion who are involved in their care, as to the type of auxiliary aid needed to ensure effective communication.

   A communication assessment will consider all relevant facts and circumstances, including, but not limited to the following:

   ➢ the nature, length, and importance of the communication at issue

   ➢ the individual's communication skills and knowledge;

   ➢ the patient's health status;

   ➢ the patient's and/or companion's request for or statement of the need for an auxiliary aid; and the reasonably foreseeable health care activities of the patient (i.e., group therapy sessions, medical tests or procedures, rehabilitation services, meetings with health care professionals or social workers, or discussions concerning billing, insurance, self-care, prognoses, diagnoses, history, and discharge;

49

> The determination as to the type of auxiliary aid shall be made at the time an appointment is scheduled, or on the arrival of the patient at NYEEI, whichever is earlier.

2. **On-going Assessment**
   > The Infirmary staff shall continue to assess the effectiveness of communication, as necessary, throughout the course of the patient's care and services at the Infirmary. In the event, that a determination is made that the communication is not effective, the Infirmary staff shall reassess which appropriate auxiliary aids and services are necessary, in consultation, where possible, with the patient.

3. **The following types of communication assistance are available:**
   > Sign language Interpreter Services
   > Remote Video Interpreting Services
   > New York Relay Service
   > Amplification Devices (Pocket Talkers)
   > Closed caption TV
   > Amplified pay telephones
   > Telephone with amplification capability is located at the Main Security/Information Desk

4. **To arrange for a Sign Language Interpreter:**
   a. Contact the Ambulatory Care administrative assistant to arrange for a live sign language interpreter. After 4:30 P.M. and on Saturday, Sunday and holidays contact the Administrative Nursing Supervisor who will make the appropriate arrangements by contacting American Sign Language at (212) 477-0775.
   b. Provide the following information when requesting a sign language interpreter.
      > Patient's name and medical record number
      > Location and time of appointment or time interpreter is needed.
      > Requests are maintained in the Ambulatory Care administrative office.
   c. The assistance of a sign language interpreter will be recorded in the medical   record by the patient's provider.

5. **To provide for video remote interpreting (VRI) service, this is available on site, 24 hours a day, and 7 days a week.**
   a. One video cart is available:
      > North Building, 1st Floor: Urgent Care

   b. Instructions and access code are located on the cart.

   c. The cart must be returned as soon as the service has been completed. It must be readily available for any patient requiring sign language interpretation.

   d. The VRI provides effective communication by meeting the following performance standards:

      > High quality, clear, delay-free full-motion video and audio over a high-speed internet connection;

      > Clear, sufficiently large, and sharply delineated picture of the interpreter's, the patient's or the patient's representative's heads, arms, hands, and fingers regardless of the body position of the patient.

      > Clear and easily understood transmission of voices; and

      > Training of non-technicians to accomplish efficient set-up and operation of VRI.

      a. The use of the VRI will be documented in the medical record by the patient's provider.

6. Pocket talker II amplifiers are available for patients in the Operating Room, PACU (Recovery Room), ENT and Eye Clinics, Social Service, and the Ambulatory Care and Inpatient Units.

7. A New York Relay Service (NYRS) is available for use in the telephone switchboard room at the main lobby. The NYRS is a telecommunications system that enables conversations between regular telephones and text telephones. With the system, a hearing or speech impaired person using a text telephone contacts a relay operator. The operator then tells the third party what the typist wrote. The telephone relay system is available free of charge 24 hours a day, every day, with no restrictions on the length or number of calls. (Example P.3)

8. Closed caption television is available throughout the Infirmary system.

There are is a phone at the Main Information Desk with amplifier capability.

9. Amplified pay telephones are available in the following locations to make outside calls and to receive incoming calls, in the following locations:

North Building	South Building	380 2nd Avenue
1st Fl. 473.8557/8558	2nd Fl. 473.3610	212-473-8601
5th Fl. 777.1478	3rd Fl. 473.8595	212-473-8572
6th Fl. 473.8623	4th Fl. 473.9438	
8th Fl. 979.0543/0917 or 529.6318		
9th Fl. 473.9874		

See photos for example. There are also phones with amplification capability in each patient room.

I. Patient's Right to file a Grievance

In the event a patient is dissatisfied with the service provided every effort should be made by the Infirmary staff to resolve the complaint. However, it is the right of the patient to file a Section 504 Grievance, if he believes he has been subjected to discrimination based on his disability. The Section 504 Grievance Procedure for the deaf and hard of hearing is prominently posted in all patient waiting and reception areas including the Faculty Practice. ***(See Attachment A, Section 504 Grievance Procedure.)***

II. All Infirmary staff will be provided with this policy and the Section 504 grievance procedure at new employee orientation, the Annual Employee In-service, and on-going periodic staff training.

III. The appropriate staff will receive training as to the use of the video remote interpreting service.

Resources:

U.S. Department of Health & Human Services, Office for Civil Rights, Region II

The New York State Department of Health

The New York Eye & Ear Infirmary

Administrative Policy No. 99.1

TITLE: Section 504 Grievance Procedure

Effective: January 2009

Policy:
It is the policy of The New York Eye & Ear Infirmary not to discriminate based on disability. NYEEI has created an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973. Section 504 states, in part, that "no otherwise qualified handicapped individual ...shall, solely by reason of his handicap, be excluded from the participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance. The Director of Quality will coordinate the efforts of the Infirmary to comply with Section 504.

Any person who believes she or he has been subjected to discrimination of the basis of disability may file a grievance under this procedure. It is against the law for the NYEEI to retaliate against anyone who files a grievance or cooperates in the investigation of a grievance.

Procedure:
Grievances must be submitted to the Section 504 Coordinator within one week of the date the person filing the grievance becomes aware of the alleged discriminatory action

The complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought. The grievance should be addressed to the:

<div align="center">

Director/Quality Department
The New York Eye & Ear Infirmary
310 East 14th Street
New York, New York 10003

</div>

The Section 504 Coordinator (or designee) shall conduct a thorough investigation of the complaint and provide a written decision within 30 days of receiving the grievance.

The person filing the grievance may appeal the decision of the Section 504 Coordinator by writing to the CEO of the Infirmary within 15 days of receiving the Section 504 Coordinator's decision. The CEO will respond in 30 days after receipt of the grievance.

The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination with the U.S. Department of Health and Human Services, Office for Civil Rights.

FILE: QualityDept/QLAN/OCR/Jan2009

Section V

Performance Improvement/ Risk Management

A+ QUALITY IMPROVEMENT

Quality Improvement (QI) is a system in which individuals or teams in the health care system look for ways to do things better. Our goal for quality improvement is to 1) Do the right thing and 2) Do it well.

Why is a Quality Improvement (QI) program needed?	A QI Program is needed because: • it provides a way to measure, improve, and deliver quality patient care and services; • it allows for open discussions about how things work in the hospital and how the functioning of these areas affect patient satisfaction and safety: • it provides a method to see how cost can be decreased while increasing the quality and value of patient care; • it helps to improve the overall performance of the hospital; • it checks any new processes that are designed to meet the needs of our patients; and • improve patient safety and reduce unanticipated adverse outcomes
What is quality and how can it be measured?	Quality is defined by meeting or exceeding the patient's needs and expectations. Quality can be measured by evaluating outcomes such as patient satisfaction, and how well the patient did during and after his/her hospital stay. Remember, a hospital would not exist without patients. Quality standards are also determined by various regulatory agencies, such as: The Joint Commission (TJC), New York State Department of Health (DOH), Occupational Safety and Health Administration (OSHA), Center for Medicare/Medicaid Services (CMS).
How are QI activities to be monitored selected?	Quality improvement topics can be selected from a variety of sources, such as: • mission, vision and values of the hospital; • community needs; • needs of patients and families; • input from medical staff and employees; • whenever there is a change in operational policy or procedure; • high volume diagnoses/procedures/processes; • high risk diagnoses/procedures/processes. • The Joint Commission National Patient Safety Goals • patient satisfaction surveys • culture of safety surveys

What is the QI process at NYEE	**PDCA** (a problem solving method) **P**lan the improvement **D**o the improvement **C**heck the results **A**ct to hold the gain
Blame-Free Environment **What is the QI process at NYEE**	The employees of the New York Eye and Ear Infirmary understand that it is our goal to maintain a blame free environment. Most adverse occurrences result from multiple system failures and not the act of a single individual. It is our intention to find the root cause of an occurrence and take the necessary actions to ensure that the mistake can be avoided in the future. The process is one of education and performance improvement.

EMPLOYEE QUALITY / SAFETY CONCERNS

Any individual who provides care, treatment, and services is free to raise concerns to The Joint Commission when the hospital has not adequately prevented or corrected problems that can have or have had a serious adverse impact on patients. No formal disciplinary actions (for example, demotions, reassignments, or change in working conditions or hours) or formal punitive actions (for example, harassment, isolation, or abuse) will be threatened or carried out in retaliation for reporting concerns to The Joint Commission.

The Joint Commission confidential number for concerns is 800-994-6610.

Additionally, if problems involve medical devices, drugs or medical supplies, the employee is encouraged to report the concern to the U.S. Food & Drug Administration using the online Voluntary Reporting Form, which can be found at:

http://www.fda.gov/medwatch/report/hcp.htm

ALL STAFF MUST:

Observe the Basic Rules of Conduct	- Strictly observe all laws and regulatory requirements that apply to their activities. - Be familiar with and understand the basic legal and regulatory requirements that are relevant to his or her duties. - Respect the cultural values and religious beliefs of patients, family members, co-workers, staff members and visitors - Prevent and/or refrain from, discrimination or harassment of any kind, including racial, ethnic or sexual harassment. - Protect the confidentiality of patient and hospital related information. - Ensure that all communications, internal and external, are truthful. - Adhere to the highest ethical standards when acting on behalf of the Continuum or a member institution. - Refrain from conflicts of interest or using a position for personal gain. - Report violations of legal, ethical or behavioral standards through the Chain of Command. - Comply with government requirements regarding record keeping.

Report possible violations through the Chain of Command	- Chain of Command
	In your everyday activities you might come upon a situation that does not seem right to you. In this circumstance you are required to make your concerns known through your Chain of Command. The usual chain of command is:
	  1. Immediate supervisor
	  2. Supervisor's supervisor
	  3. Department Head/Director/Vice President - Other resources for reporting your concerns are:
	  1. Human Resources x4276
	  2. Quality Department x4795
	  3. Corporate Compliance x4098
	  4. Corporate Compliance Anonymous Hotline
	      (212) 979-4682 - Reasonable belief that a violation is possible is sufficient to initiate a report. - No employee will be disciplined because he/she made a report in good faith.

What to report?	Report concerns about any legal, ethical, quality, behavioral or practical issue or any activity that you think might be a problem.

PROFESSIONAL MISCONDUCT & IMPAIRED HEALTH PROFESSIONAL

Professional misconduct is behavior by physicians, nurses or other health care professionals which violates professional standards of conduct and/or puts patients at risk. Any employee who believes he or she has observed professional misconduct must report it to the persons listed below.

Some of the main examples of professional misconduct include:
- Engaging in substance abuse or practicing the profession while impaired by alcohol, drugs, physical disability or mental disability
- Verbally or physically harassing, or abusing or intimidating, a patient or employee
- Refusing to care for a person because of race, color, religion, national origin, sexual orientation, age, sex, or ability to pay
- Breaching confidentiality
- Failing to tell the patient who will be involved in their non-emergency procedure or surgery
- Performing services which have not been authorized
- Abandoning or neglecting a patient
- Failing to maintain proper patient records
- Engaging in fraudulent activity in obtaining a license or in practice
- Permitting or aiding an unlicensed professional to perform activities that only a licensed professional can do
- Making false reports or failing to file reports
- Failing to give patients copies of documents which they request or failing to help them fill out insurance forms.

The decision about whether professional misconduct has occurred is made by the Compliance Department in consultation with hospital administration.

If any employee observes or suspects professional misconduct on the part of any professional, that employee must immediately report the circumstance and the facts upon which it is based to any of the following:

- His/her supervisor
- Department Head, Vice President or Department Chair
- Anonymous Compliance Hotline (212-979-4682)

Any supervisor who receives a report of professional misconduct or provider impairment must promptly relay it to any one mentioned above.

DISCRIMINATION

You should familiarize yourself with the following laws and regulations pertaining to discrimination.

Title VII of the Civil Rights Act
Prohibits discrimination on the basis of race, color, sex, religion, and national origin.

Age Discrimination in Employment Act
Prohibits discrimination on the basis of age for individuals 40 and over.

Genetic Information Nondiscrimination Act of 2008
Prohibits discrimination on the basis of differences in one's DNA that may affect his or her health.

Like the federal laws above, New York state laws also prohibit discrimination based on the protected characteristics of:

- Race
- Color
- Sex
- Age
- Religion
- National Origin
- Disability
- Sexual Orientation
- Genetic Information

What are some types of discrimination?

Sex Discrimination	Laws prohibiting discrimination "on the basis of sex" also prohibit:
	
	• Sexual Harassment
	  • Any verbal or physical advance that is sexual in nature
	  • Creating a "hostile" work environment by making sexual remarks, sexually oriented jokes, displaying suggestive pornographic pictures
	
	• Pregnancy Discrimination (Pregnancy Discrimination Act)
	  • Prohibits discrimination on the basis of pregnancy, childbirth, and/or related medical conditions
	
	• Pay Discrimination (The Equal Pay Act)
	
	• Sexual Orientation Discrimination (protected by NY State)

Age Discrimination	• The Age Discrimination in Employment Act of 1967 (ADEA) protects individuals who are 40 years of age or older. • NY State law protects those over 18 years old. Under this law, it is also unlawful to discriminate against someone for being too young.
Disability Discrimination	• The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of a disability, a record of a disability, or a perceived disability. • Employers must also reasonably accommodate employees with disabilities. This means making a change in the work environment that enables equal opportunity that does not impose undue hardship on the employer. • The ADA Amendments Act, effective January 1, 2009, broadens the interpretation of "disability."
Religious Discrimination	• Religious discrimination can include refusing to hire someone due to religious belief, allowing religious insults, or having dress codes or policies with a disproportionate impact on certain religions. • Employers must make reasonable accommodations for religious practices and beliefs unless this causes undue hardship.

National Origin Discrimination	• National origin discrimination means treating someone less favorably:
	    ▪ Because he or she comes from a particular place
	    ▪ Because of his or her ethnicity or accent
	    ▪ Because it is believed that he or she has a particular ethnic background
	    ▪ Because of marriage or other association with someone of a particular nationality
	
	• Ethnic slurs or jokes based on national origin create a hostile work environment.
	
	• Employment decisions may not be based on an employee's foreign accent unless the accent materially interferes with job performance.
	
	• English fluency can only be required if it is necessary for the effective performance of the position for which it is imposed.

HARASSMENT

What is harassment?

All of the discrimination laws above also prohibit harassment based on those protected characteristics because harassment is a form of discrimination.

Harassment is **unwelcome conduct** that is implicitly or explicitly made a **term or condition** of employment, or has the purpose or effect of **unreasonably interfering with** an individual's **work performance**, or creating **an intimidating, abusive, hostile, or offensive** working environment.

Harassment of all sorts (racial, religious, national origin, age-based, etc.) can be based solely on WORDS. A single poorly chosen word or unintended insult will probably not lead to liability. However, a pattern of offensive language could subject NYEE, and the speaker, to liability.

Do not forget that e-harassment is harassment too! Although e-mail exchanges are often drafted with less consideration of tone and content than traditional or verbal communications, a casual tone does not excuse disparaging or insulting comments. The display of inappropriate images on a computer screen may also contribute to a hostile work environment.

What Action Should I Take if I Feel I am Being Harassed?

The New York Eye and Ear Infirmary wishes to provide a safe and comfortable working environment for all. Therefore harassment is not tolerated.

If you feel you are being harassed:

- ❖ Ask the person to stop
- ❖ Notify the person's supervisor or your supervisor
- ❖ Report the incident directly to Human Resources or call the Compliance Officer

Non-Retaliation Policy

Staff will not be retaliated against for making a report of harassment, or any other form of discrimination, in good faith. In fact, it is the policy of The New York Eye and Ear Infirmary that all staff have a duty and responsibility to report suspected or actual violations of laws, regulations, policies, procedures, and the Code of Conduct. Any staff member who commits or condones any form of retaliation will be subject to disciplinary action, up to an including termination.

All reports of harassment will be investigated. If found to be true, disciplinary action up to and including termination will be taken.

OCCURRENCE REPORTING

The responsibilities of the person witnessing or discovering a patient or visitor occurrence are:

1. Call a physician or nurse immediately.
2. Remain with the patient, but do not move the patient.
3. Report what happened.

The healthcare professional will evaluate the situation and proceed as indicated. An occurrence reporting form must be completed. The occurrence reporting procedure is described in the administrative policy, #29.

Important: <u>Do not document in the patient's medical record that an occurrence report was completed</u>. Documentation in the medical record should be objective and state facts only. Opinions, assumptions and hearsay should be excluded from any documentation in the medical record.

TEAMWORK

Using a TEAMWORK approach is one of the best ways we can all improve performance. Elements of effective teamwork are commitment, common purpose, organization, interdependence, and strong leadership.

WHAT ARE SOME EXAMPLES OF HOW WE WORK AS A TEAM?
- When we care for our patients, each member of the patient care team (physician, nurse, nursing assistant, physical therapist, dietitian, etc.) contributes to the overall care. All of the members of the patient care team communicate with each other (in person or in writing) so that all know what each member is doing. This contributes to the most efficient care for the patient.
- When we respond to emergencies, we respond as a team and each member has specific tasks to perform.
- When a department has been assigned a large job to complete, the work is divided up among the members of the department so that the job can be finished quickly and accurately.
- When we work together on Quality Improvement Initiatives – for example, increasing patient satisfaction or decreasing medication errors.

THERE ARE MANY ADVANTAGES TO WORKING AS A TEAM:
- Teamwork uses everyone's skills and expertise
- Work is accomplished more efficiently
- Teams offer the opportunity to learn from each other

WHEN DO WE TRAIN AS A TEAM?
- Mock codes
- Fire drills
- Infant abduction drills
- Other _____(think of an example from your department)

THE JOINT COMMISSION 2010 NATIONAL PATIENT SAFETY GOALS AND UNIVERSAL PROTOCOL

The purpose of The Joint Commission's National Patient Safety Goals is to promote specific improvements in patient safety. The goals highlight problematic areas in health care.

GOAL #1: IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION:
- Use at a minimum two (2) patient identifiers when providing the patient with care, treatment or services. (At NYEEI, the two patient identifiers are Name and DOB. Use patient's SSN if there is a discrepancy) **Always** ask the patient to state his or her name.
- Label containers used for blood and other specimens in the presence of the patient
- Eliminate transfusion errors that are related to the misidentification of a patient.
  - Before initiating a blood or blood component transfusion:
    - Match the blood or blood component to the order
    - Match the patient to the blood or blood component
    - Use a two-person verification process
  - When using a two-person verification, one individual conducting the identification verification is the qualified transfusionist who will administer the blood or blood component to the patient.
  - When using a two-person verification process, the second individual conducting the identification verification is qualified to participate in the process, as determined by the hospital.

GOAL #2: IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS:
- Measure, assess and, if appropriate, take action to improve the timeliness of reporting, and the timeliness of receipt, by the responsible licensed caregiver, of critical tests and critical results and values.

GOAL #3: IMPROVE THE SAFETY OF USING MEDICATIONS:
- Label all medications, medication containers, and other solutions on and off the sterile field in perioperative and other procedural settings.
  Note: Medication containers include syringes, medicine cups, and basins.

GOAL #7: REDUCE THE RISK OF HEALTHCARE-ASSOCIATED INFECTIONS:
- *Meeting Hand Hygiene Guidelines*
- Implement evidence-based practices to prevent healthcare-associated infections due to multiple drug-resistant organisms in hospitals and critical access hospitals
- Implement best practices for preventing surgical site infections.

GOAL #8: ACCURATELY AND COMPLETELY RECONCILE MEDICATION ACROSS THE CONTINUUM OF CARE: *Note: All requirements for Goal 8 are not in effect at this time.*

UNIVERSAL PROTOCOL: Eliminate Wrong-Site, Wrong-Procedure and Wrong-Patient Surgery

The Universal Protocol focuses on safety for all procedures: surgical and non-surgical invasive procedures alike.

        A. Conduct a Pre-Procedure Verification Process

        B. Mark the Procedure Site

        C. A Time-Out is performed immediately prior to starting a procedure.

PLEASE NOTE: *The goals are numbered correctly. Not all of The Joint Commission's National Patient Safety Goals apply to NYEEI and therefore have not been included.*

THE COLORS OF SAFETY

In today's health care facilities , certain patient conditions-known as "alert" conditions are identified by color-coding devices such as color-coded wristbands, stickers and binders in order to help prevent medical errors. From facility to facility, however –and sometimes within facilities-different colors are used to identify the same condition.

As part of their ongoing quality improvement initiatives, the Greater New York Hospital Association (GNYHA) and its long term care affiliate, the Continuing Care Leadership Coalition (CCLC) developed this voluntary initiative, *The Colors of Safety Across the Continuum of Care,* to standardize the color coding of certain alert conditions.

Purpose

The Colors of Safety Across the Continuum of Care initiative enhances patient safety by standardizing the color-coding of specific alert conditions across acute and long term care settings. This initiative spreads awareness about these standardized identifiers among clinical and non-clinical staff in health care settings as well as to patients, residents and their families.

The Colors of Safety Across the Continuum of Care is a risk reduction strategy that:
- ensures accurate and timely identification of patient/residents with certain conditions by standardizing the colors used to identify the conditions
- reduce variation in the clinical setting by:
    - reducing the potential for misidentifying patients
    - reducing time needed to orient staff
    - improving staff satisfaction

As part of a national effort to enhance patient safety, The New York Eye and Ear Infirmary uses pre-printed, color-coded patient wristbands which alert staff members to certain patient conditions:
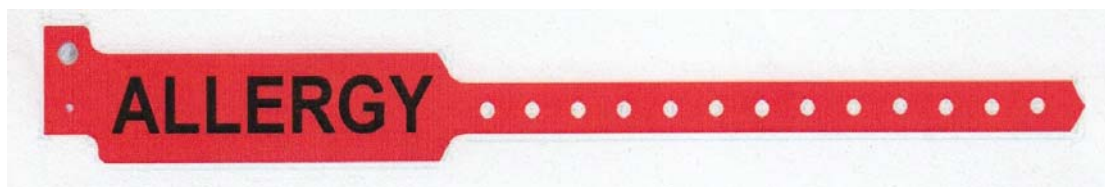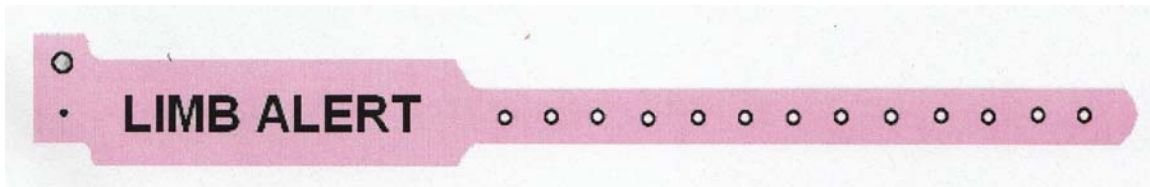

ALLERGY

RED means Allergy Alert

FALL RISK

YELLOW means Fall Risk

PURPLE means Do Not Resuscitate

PINK means LIMB Alert

GREEN means No Blood Transfusions

It is important to support and educate other staff members, patients and family members by carefully explaining the color-coding system:

"WHY DO I NEED A COLOR-CODED WRISTBAND?"
Color-coded wristbands allow us to quickly communicate important information between staff regarding your condition. We do this so every staff member can provide the best care possible. For example, staff can use the following descriptions in patient /family discussions:

RED = Allergy Alert. Red alerts us to stop and look in the medical record to find out information on your allergies, so we can provide safe care.

YELLOW = Fall Risk. Yellow alerts us to caution or slow down because you may need extra assistance when walking or transferring to prevent falls.

PURPLE = **Do Not Resuscitate. Some patients have expressed an end-of-life wish and we want to honor that request.**

PINK = Limb Alert. **Pink alerts us not to take B/P's, start IV's, or draw blood specimens in this arm. (Used in patients with mastectomies, dialysis shunts, etc.)**

GREEN = No Blood Transfusion. Green alerts us that you requested no blood transfusions and signed a consent defining what blood or blood products are permitted in your care.

What is the hospital policy about using patient alert ID bands?
- Patients will wear patient alert ID bands from the time of admission, or from the time the alert condition is identified, until discharge.
- If a patient is being transferred to another Continuum hospital, please DO NOT remove patient alert ID bands before transfer.

Is it the patient's right to refuse to wear an alert ID band?
A competent patient may decide, as with all other treatment decisions, not to wear patient alert ID bands. Please remember to document your discussion with the patient, and his/her decision against wearing the band(s) in the medical record**.**

How can we keep the patient safe if they refuse to wear an alert ID band?
All of the information on a patient alert ID band is also found in the medical record and should be part of handoff communication from nurse to nurse and to other caregivers:
- Allergies can be found in the provider's History and Physical, MD order sheet, Medication Administration record and the nursing admission assessment in MEDITECH.
- DNR requires an MD order and patient consent.
- Fall Risk can be found in nursing admission assessment in MEDITECH.

Continuum Health Partners added the alert conditions below:

- **<u>Limb alert</u> is usually an MD order, but may also be identified by nursing assessment**
- **<u>No blood transfusion</u> requires the patient's written consent.**

Can I expect to see similar patient alert ID bands on patients who are transferred to NYEE from another hospital or nursing home?

As more and more hospitals and nursing homes begin to participate in the Colors of Safety Program, we can expect to see patient alert ID bands in the same colors we are using.

SAFETY IS EVERYONE'S BUSINESS

If an employee has a *suggestion* related to reducing or eliminating a potential unsafe condition or practice, what can be done?	• Speak with his/her manager. • Call the Quality Department at x4795.
If an employee *causes* or *witnesses* a potential or actual risk to a patient, what should be done?	• Speak with his/her manager • Call the Quality Department at x4795
What role do all employees and physicians play in promoting patient safety?	• Strict adherence to all NYEE policies and procedures • Case finding and reporting of potential or actual unsafe conditions or practices

HOSPITAL COMPUTER SYSTEM SECURITY AND CONFIDENTIALITY

It is the objective of the hospital to ensure that all data and information throughout the facility is managed in a secure and confidential manner. To provide for the security and confidentiality of patient data, all individuals will be assigned access on a "need-to-know" basis.

Requirements for using the Infirmary Network/Hospital Information System
- Access to the Infirmary network and/or HIS (Hospital Information System) is granted only upon the written request of the Department Head/Manager, using the Application for Access to the Hospital Computer System. The request must include the specific role-based functions to be assigned to the staff member.
- The request form is reviewed by the IS department to ensure that users will have only the access needed to perform their job functions.
- New users must then report to the IS department where they will read and sign the Password Request and Confidentiality/Guidelines form.
- New users are then given access to the system using a temporary password that must be changed while they are in the IS department
- Passwords expire every 90-120 days and the user must change it when prompted.

Protecting Computer Information and Network Security/Integrity
- Never disclose your password to another person.
- Do not write down your password where others can gain access.
- Use passwords that are not easily guessed by someone attempting to gain unauthorized access to the system.
- Do not leave a Meditech workstation unattended. Always exit any routine or program until you see the 'Goodbye' prompt (on a terminal) or the window closes (on a PC). When using the Meditech system, users are automatically logged off after 5 minutes of inactivity.
- Do not allow other users to work from a PC or terminal that you have logged on to. The procedure is to sign out and have the other user sign on with their own access.
- Never install software on an Infirmary PC without the express permission of the IS Department. If the software is necessary for you to perform your job functions, IS staff will review the system requirements and install the software.
- Never open e-mails from unknown parties, especially if they contain attachments.
- The Infirmary's e-mail system is for business use only.
- Access to the Internet is for business use only. Do not download music, games, etc from the Internet to an Infirmary PC. Doing so contravenes the "business use" policy, takes network bandwidth away from business functions and therefore impacts on network availability, and exposes us to the very real danger of viruses, worms, and the like.

Protecting Patient Privacy

- The Internet is not secure. Do not include patient information in any e-mail that is sent outside the Infirmary network.
- Do not download and store patient information on your PC, laptop, or other portable device.
- Do not download and store patient information on disk, diskette, CD, DVD, or other removal media.

ABUSE
Child Abuse and Maltreatment Policy

This system has been established to identify, evaluate and report occurrences to the State Central Register.

Specific Criteria (children less than 18 years of age)

❖ Injury that could lead to loss of body organ, disfigurement or impairment of health, e.g. burns, lacerations, hyphema, fractures or other type of trauma.
❖ Lack of essential medical care, e.g. untreated injuries, and/or non-compliance with surgery or treatment.
❖ Sexual abuse, which includes sexually transmitted diseases in children under 12 years of age, e.g. gonococcal conjunctivitis, chlamydia trachomatis.
❖ Lack of adequate supervision and/or daily living necessities, e.g. injury to young children left alone, child not attending school.

Procedure

1. **Mandated Reporters** are **ANY** hospital staff engaged in the admission, examination, care or treatment of patients.

    Chapter 193 of the Laws of 2007 amended Section 413 of the Social Services Law requires any mandated reporter who works for a medical institution to personally report to the Statewide Central Register any case of suspected child abuse or maltreatment to 1-800-635-1522.

    When a mandated reporter has reasonable cause to suspect child abuse/maltreatment, the Child Protection Coordinator is notified to assure the coordination of the evaluation. If the Child Protection Coordinator has direct knowledge of the case and a report is indicated, the Child Protection Coordinator or her social work designee will make the actual the report to Statewide Central Register.

2. **Evaluation** is completed and documented by a physician, nurse or social worker.

3. **Child Protection Coordinators** are responsible to assure that the required evaluation; reporting and follow-up of child maltreatment cases are completed. *This is delegated to the Co-Directors of Social Service, Monday through Friday, 9:00 am to 5:00 pm. Nursing Administrative Coordinator covers evenings weekends and holidays.*

4. **Follow-up** with the Administration for Children's Services by Social Work Staff.

5. **A Second Report,** to ensure the early involvement of law enforcement officials in possible criminal acts, is required for cases involving physical abuse of children 10 year of age and younger. This second call is to the Manhattan Child Abuse Squad (New York City Police Department in Manhattan) at 917-492-3555.

6. **Children 11 years of age or older who fit into the physically abused category are reported to the 9th Precinct at 212-477-7811 or by calling 911, as well as making a report to the State Central Registry**. If sexual abuse is involved in cases of children 12 years of age or younger, a second call is made to the Manhattan Child Abuse Squad at 917-492-3555.

Domestic Violence Policy

This policy has been established to identify and treat adult victims of domestic violence.

Domestic Violence is a pattern of coercive behavior including physical, sexual and/or psychological abuse of one family member by another. The adult who is injured must make a report to the Police, District Attorney or Family Court.

Specific Criteria

- Central injuries especially to the face head, neck, chest, breasts, abdomen or genital areas
- Bilateral distribution of injuries or injury to multiple areas
- Contusions, lacerations, abrasions, ecchymoses, stab wounds, burns, human bites, fractures, particularly of the nose and orbits, and spiral wrist fractures
- Complaints of pain without tissue injury
- Sexual assault
- Injuries during pregnancy, vaginal bleeding, threatened abortion, spontaneous abortion; and
- Multiple injuries in various stages of healing

Procedure

1. Possible victims are **identified** at their point of entry into the Infirmary by staff of that particular area. Physician, Nurse and Social Worker are notified. After 5pm, weekends and holiday, please notify the Nursing Care Coordinator.

2. **Safety and privacy** are provided to the victim. Security Department is notified, if necessary.

3. **Evaluation & Treatment** is provided. The medical record includes the patient's account of the incident. Evidence, if present, is preserved and chain of possession is documented.

4. **Referrals** agreed to by the patient are made by the Social Worker after assessment of the patient's situation.

5. **New York State Law Requires "Notice of Victims Rights Document"** be given to all suspected or confirmed adult domestic violence victims with the telephone number of the Domestic Violence Hotline. The Social Worker provides the notice to the patient. On evenings, weekends and holidays, the notice is given by the Nurse. Documentation is required.

Elder/Adult Abuse

Procedures have been established to identify and appropriately treat and refer elder or adult abuse victims.

Possible Indicators:

-Lacerations or burns-unusual locations or shapes
-Bruises-shape similar to an object, clustered on torso, or bilateral
-Injuries related to use of restraints
-Delay in seeking treatment
-Physical findings inconsistent with patient or caregiver's explanation of the injury
-Unexplained sexually transmitted disease
-Dehydration
-Decubitus ulcer
-Poor personal hygiene
-Signs of misuse of medication
-Patient appears fearful of companion
-Companion denies patient the chance to interview privately with the physician

Procedure

1. Possible victims are identified at their point of entry into the Infirmary by staff of that particular area. Physician, nurse and social worker are notified. After 5pm, weekends and holidays, please notify the Nursing Care Coordinator.

2. Safety and privacy are provided to the victim. Security Department is notified, if necessary.

3. Evaluation & Treatment is provided. The medical record includes patient's account of the incident. Evidence, if present is preserved and chain of possession is documented.

4. Referrals agreed to by the patient are made by the social worker after assessment of the patient's situation.

5. There are mandatory and investigator laws for institutional and home care abuse. The social worker or other member of the multidisciplinary team will contact the facility where the mistreatment is suspected and request a conference with the Medical Director to determine if the case needs to be reported to the New York State Department of Health for Institutional Abuse.

6. If there is still reasonable cause to believe that physical abuse, mistreatment, or neglect has occurred, a report is made to the New York State Department of Health for the following:

       -Nursing Homes 888-201-4563
       -Hospitals 800-804-5447
       -Home Health Care 800-628-5972

7. The Human Resource Administration is contacted for suspected abuse by Medicaid covered home attendant services at 212-643-3565

8. Adult Protective Services is a state mandated program to assist adults eighteen years of age or older who, because of mental or physical impairments, can no longer provide for their basic needs-food, clothing, shelter, medical care or protect themselves from neglect, abuse or hazardous situations. Referrals are made Monday through Friday from 9 am to 5 pm by the social work staff. Patients entering the hospital after 5pm, weekends or holidays are referred by the Nursing Care Coordinator to the Co-Director of Social Service via live order entry or voicemail in the event that the patient may require a referral. This will enable the social worker to follow-up on the next business day.

Section VI

Customer Service

STANDARDS OF CUSTOMER CARE

Standard #1: We will make our patients and their families feel welcomed.
- Introduce ourselves using name and title, and explain to the patient our role in his/her care
- Wear our hospital ID badge with name and picture visible
- Greet patients and families with a smile
- Respond promptly to inquiries or problems
- Offer assistance to individuals who are disabled or may be confused with the surroundings

Standard #2: Whenever we have a patient or staff interaction, we will act in a professional manner and we will dress professionally to communicate that visibly.
- Greet a patient using his/her formal name, unless invited to call him/her differently
- Interview a patient in private by closing the door, the curtain, or by finding a private place
- Always knock before entering a room and asking permission to enter
- Ask patient if he/she wants others present when discussing private medical matters
- Welcome, assist and orient new staff
- Identify ourselves to callers by name and department
- Ask permission to place a caller on hold and wait for an answer

Standard #3: We will maintain a peaceful, calm and healing environment.
- Speak in a quiet tone of voice
- Respect the privacy of our patients by closing doors and curtains during exams and treatments
- Provide a proper gown/robe/blanket to ensure a patient's modesty
- Offer assistance when needed and possible
- Ask "Is there anything else I can do for you?" when leaving a patient room

Standard #4: We will keep our personal frustrations separate.
- Keep staff gossip and personal matters out of a patient's hearing
- Disagree with colleagues in private
- Help others with our "know how" and ask for help when we need it
- Always link problem identification with problem solving suggestions

Standard #5: We will relieve the fears and anxieties of our patients by listening, answering questions and explaining procedures.
- Repeat a patient's request or concern so he/she knows we understand
- Communicate in a clear, easy to understand manner
- Inform a patient of the time of a test or procedure
- Give honest reasons for any delay without causing unnecessary anxiety
- Maintain eye contact when talking and listening
- Always try to go that "extra step"

Standard #6: We will acknowledge when we have failed to meet their expectations and apologize sincerely for inconveniences.
- Apologize for all delays – even though we may not be responsible for them
- Recognize and stay calm when a patient is upset and ask what we can do to help
- Assume ownership of a problem, regardless of fault
- Remain calm with an angry caller; the most important thing we can do is listen

We take pride in our environment by:	• Maintaining clear, uncluttered public workspaces. • Discarding trash in proper receptacles. • Cleaning up after ourselves. • Eating and drinking only in designated areas. • Keeping bulletin boards clean and up to date. • Reporting spills or slippery floors and other safety hazards immediately. • Reporting a need for repair, no matter how minor, to the appropriate department when we identify one. • Keeping noise level at a minimum.
We practice telephone etiquette by:	• Answering the telephone promptly. • **Identifying ourselves to callers by name and department.** • Asking permission to place a caller on hold and waiting for an answer. • Calling the person back promptly with the appropriate information, as promised. • Paying full attention to the caller by stopping our work and avoiding side conversations. • Remaining calm with an angry caller; the most important thing we can do is listen.

HCAHPS

(Hospital Consumer Assessment of
Healthcare Providers and Systems)

There is now a national survey for collecting and publicly reporting inpatient satisfaction called HCAHPS. CMS has required all hospitals who receive Medicare reimbursement to participate in the HCAHPS survey. An outside agency distributes the surveys to inpatients, collects, and organizes the scores. NYEE managers and administrators can keep track of our scores through NRC Picker.

There are 7 areas that will be measured:

• Nurse Communication
• Doctor Communication
• Cleanliness and quiet of the hospital environment
• Responsiveness of hospital staff
• Pain Management
• Communication about medicines
• Discharge Information

NYEE is committed to having the highest scores possible on the
HCAHPS survey so that patients will choose to come to our facilities.

Section VII

Age-Specific Needs

Patient Age	Care/Communication

Infancy: Birth - 1 year
	1. Involve parents
	2. Use distractions (pacifier, soothing voice)
	3. Maintain environment safety
	   a) keep crib side rails up at all times
	   b) no removable parts on toys
	   c) never leave unattended in high place
	   d) never prop feed

Toddler: 1 - 3 years
	1. Involve parents
	2. Prepare child shortly before procedure
	3. Give one direction at a time
	4. Allow some choice when possible, but set limits
	5. Use distractions (toys, conversation)
	6. Maintain environmental safety:
	   a) crib/bed side rails as necessary
	   b) no small objects, toys, dangerous items within reach
	   c) never leave unattended in high place
	   d) seat while being fed

 Pre-school: 3 - 6 years	1. Involve parents 2. Explain procedures 3. Demonstrate use of equipment 4. Encourage questions 5. Provide praise and rewards 6. Allow some choice when possible, but set limits 7. Maintain environment safety: a) crib/bed side rails as necessary
 School Age: 6 - 12 years	1. Involve parents 2. Explain procedures in advance using correct terms 3. Explain equipment 4. Provide privacy 5. Promote independence by allowing some control 6. Define and reinforce behavior limits
 Adolescence: 13-18 years	1. Encourage questions 2. Give reasons and use visual aids when explaining 3. Provide materials to review 4. Involve patient and parents in planning and decision making 5. Provide privacy 6. Involve parents

  Early Adulthood: 19 - 45 years	1. Involve patient and significant other in a plan of care 2. Explore impact of hospitalization/illness on work and family 3. Watch body language as cue for feelings 4. Allow patient as much decision-making as possible related to care 5. Provide teaching based on patient needs and learning style
  Middle Adult: 46-60 years	1. Involve patient, family/significant other in plan of care 2. Explore impact of hospitalization/illness to body image, work and family 3. Encourage as much self-care as possible 4. Allow patient as much decision-making as possible related to care 5. Provide teaching based on patient needs and learning style
  Late Adulthood: 61 - 79 years	1. Involve patient, family/significant other in care 2. Explore related conditions and the effect on patient's care: a) mental ability b) hearing c) vision d) balanced mobility e) condition of teeth f) sensitivity to heat and cold 3. Adjust care/communication related to the above 4. Encourage as much self-care as possible 5. Provide opportunities for decision-making related to care 6. Maintain environmental safety
  Late, Late Adult: 80 and above	1. Involve patient, family/significant other in care 2. Explore related conditions and the effect on patient's care (See #2 above) 3. Adjust care/communication related to above 4. Handle patient's body more with the palm of your hand rather than with your fingers 5. Reposition every two (2) hours 6. Allow for frequent rest periods 7. Encourage as much self-care as possible 8. Provide opportunities for decision-making related to care 9. Maintain environmental safety

Section IX

Corporate Compliance

Dear Continuum Health Partners, Inc. Colleague:

Continuum Health Partners, Inc. ("Continuum"), through its member hospitals, St. Luke's-Roosevelt Hospital Center, Beth Israel Medical Center, the Long Island College Hospital and the New York Eye and Ear Infirmary, is committed to providing and supporting health care excellence in the communities it serves throughout the New York City metropolitan area. As part of this commitment, it is critical that we furnish the highest quality health care services in a lawful and ethical manner.

This Handbook has been designed to serve as an essential resource for all employees to be informed about the various aspects and components of our Corporate Compliance Program. In addition, this Handbook is intended to serve as a training guide in regard to the Corporate Integrity Agreement that was entered into between NYEE and the Office of Inspector General of the federal Department of Health & Human Services.

It is essential that you carefully read and review this Corporate Compliance Handbook. It will provide you with both an overview, as well as specific information, regarding the many facets of our Corporate Compliance Program.

After reading the contents of this handbook, you will be required to answer some questions testing your knowledge. If you have any questions about the content contained in the handbook, and how it applies to you and your Continuum position, do not hesitate to discuss any issues with your supervisor or manager. I am available, as well as members of my staff, to answer your questions as well.

In closing, I wish to thank all of you for your commitment for conducting your responsibilities at Continuum with integrity and in accordance with the highest ethical standards.

Sincerely,

Louis I. Schenkel
Corporate Compliance Officer

What is Corporate Compliance?
What is Corporate Compliance?

What is Corporate Compliance?

There are many definitions as to what constitutes a Corporate Compliance Program. On a basic level it is about the commitment of the Continuum hospitals ("Continuum") to operate and assure compliance with and conform to all applicable federal, state and local laws, rules and regulations, as well as policies and standards set by the government, insurance programs and other payers (i.e. Medicare and Medicaid). Additionally, Continuum, as a provider of health care, is an organization that promotes integrity and ethical behavior through all levels of the organization.

Corporate Compliance – Introduction

Continuum has voluntarily established a Corporate Compliance Program in accordance with guidance set forth by the Office of Inspector General of the United States Department of Health & Human Services.

The purpose of the Corporate Compliance Program is to prevent, detect and investigate violations of law. This also includes fraudulent and unethical behavior, as well. Continuum is committed to educating and training staff to comply with the laws as well as encouraging staff to ask questions or seek advice to ensure that they conduct Continuum business in a lawful and ethical manner.

Corporate Compliance - Health Care Origins

In the 1970s and early 1980s the Department of Defense was paying exorbitantly high prices for supplies. (You may remember the news stories about $200 hammers and $500 toilet seats, at taxpayers' expense.) The Department of Defense and its suppliers developed and implemented self-regulatory guidelines to help eliminate such fraud and abuse. This was an early example of a compliance program.

Health care, as a component of the United States federal budget, exceeds well over $1.5 trillion, mostly through the Medicare and Medicaid programs. In the mid 1990's, government estimates regarding the extent of health care fraud amounted to approximately 10% of the total U.S. health care expenditures- more than $100 billion annually. At this time the U.S. government made combating health care fraud a high priority.

In February 1998, the Office of Inspector General declared a zero tolerance for fraud and issued voluntary guidance for hospitals that encouraged hospitals to establish their own internal corporate compliance programs. The guidance encouraged hospitals, among other things, to draft organizational Codes of Conduct, provide compliance orientation and training to its employees and to conduct auditing and monitoring.

Continuum's Corporate Compliance Program – History

Prior to 1998, each of the Continuum hospitals had their own separate and distinct Corporate Compliance program, and their own Corporate Compliance Officer. In the fall of 1999, it was decided to create a Continuum-wide Corporate Compliance Program. Louis I. Schenkel was appointed Continuum's Corporate Compliance Officer.

In January 2000, a Continuum-wide Code of Conduct was developed and distributed to all employees. The Code of Conduct's credo is **"One Way…the Right Way"**. During the spring of 2000, all staff received training regarding the newly developed Code of Conduct. Newly hired employees received Code of Conduct training at the time of their orientation.

Other Corporate Compliance Program milestones achieved include:

- The establishment of a Continuum-wide anonymous and confidential Corporate Compliance Hotline
- The establishment of a Corporate Compliance Committee
- Written compliance manuals for the areas of:
  - Physician Billing
  - Hospital Billing
  - Hospice
  - Laboratory
- The establishment of a comprehensive Continuum-wide Conflict of Interest Policy

---

The Risks of Non-Compliance

Healthcare organizations that are not in compliance with government laws and regulations face severe penalties that could result in monetary settlements, mandated compliance programs (through corporate integrity agreements), exclusion from government healthcare programs (i.e. Medicare, Medicaid), and possible criminal prosecution and incarceration for intentional and egregious acts.

Organizations suspected of fraud and abuse must deal with extensive government audits and reviews. These investigations usually result in costly civil monetary settlements and can disrupt routine hospital operations.

Fraud and Abuse

The terms fraud and abuse are often used in regard to Corporate Compliance Programs. The following are their definitions together with examples:

Fraud - is an intentional deception or misrepresentation which the individual or entity knows to be false or does not believe to be true and results in some unauthorized benefit. The most frequent kind of fraud arises from a false statement or misrepresentation that relates to payment from a health care program (i.e. Medicare, Medicaid, Empire Blue Cross, etc.) Fraud also includes reckless disregard for compliance with laws, rules and regulations. Examples of healthcare fraud may include the following:

- Incorrect reporting of diagnoses or procedures to maximize reimbursements
- Billing for services, supplies or equipment that were not rendered
- Disguising non-covered or non-chargeable services/supplies/equipment as covered items
- Deliberate double billing of payers and/or patients

Abuse - is used to describe incidents or practices of providers, physicians, or suppliers of services which, although not usually considered fraudulent, are inconsistent with accepted sound medical, business or fiscal practices, that directly or indirectly result in unnecessary costs to the government heath care programs, improper reimbursement, or payment for services that fail to meet professionally recognized standards of care or which are medically unnecessary. One type of abuse to which healthcare payers are particularly vulnerable is overutilization of medical and healthcare services. Abuse may include the following:

- Excessive charges for services or supplies
- Claims for services not medically necessary
- Improper billing practices (i.e. billing Medicare instead of another third party payer)

Corporate Compliance - Related Laws and Regulations

Below are a few of the significant laws and regulations that apply to healthcare organizations participating in federal health programs:

Medicare Regulations - delineates standards of patient care and billing and reimbursement procedures for participation in the federal Medicare program.

False Claims Act - this federal law imposes civil and, in some cases, criminal liability on organizations (and individuals such as physicians, pharmacists, etc.) that make or cause to be made false or fraudulent claims to the government. A False Claims Act violation can result in penalties of up to $11,000 per false claim, plus triple damages for

the billed amount. In addition, the government can exclude violators from participating in Medicare, Medicaid or other government healthcare programs.

The Anti-Kickback Statute – prohibits individuals from soliciting or receiving any form of payment, direct or indirect (money or non-monetary payment), in return for referrals of patients. Violators are subject to civil and/or criminal penalties up to $35,000 per violation, as well as imprisonment and exclusion from federal program participation.

Stark Laws - also known as Physician Self-Referral Laws, prohibits physicians from referring patients to facilities (i.e. laboratories, imaging centers, rehabilitation centers) in which they or family members have a financial or ownership interest for which payment may be made under Medicare, unless they meet certain statutory/regulatory exceptions. Violators are subject to civil and punitive penalties of up to $100,000 as well as exclusion from federal program participation.

Federal Deficit Reduction Act – as a participant in the Medicaid Program, this federal law mandates that hospitals adopt written policies and procedures for all employees that provide detailed information about the federal and New York State False Claims Acts, the rights of employees to be protected as whistleblowers and Continuum's policies and procedures for detecting and preventing fraud, abuse and waste. The law also requires that these policies and procedures be provided to our contractors and vendors as well.

Fraudulent or Abusive Billing Practices
Government agencies, along with fiscal intermediaries, are watchful for billing practices that could indicate fraud or abuse. A high-risk area for hospitals is the preparation and submission of claims or other requests for payment to the federal healthcare programs. The following list is a representative sampling of billing practices that could result in government scrutiny:

Upcoding – the practice of using a billing code that provides higher reimbursement than the billing code that actually reflects the services furnished to the patient. In a hospital setting, the focus is on code pairs (known as diagnosis related groups {DRG}) for similar medical conditions, with one pair resulting in a higher reimbursement depending on the condition of the patient and the level of services rendered.

Unbundling – the practice of submitting bills piecemeal or in fragmented form to maximize the reimbursement for various tests or procedures that are required to be billed together at a reduced cost. As a case in point, hospital-based laboratories are required to bill for multiple tests performed simultaneously on a patient at a lower rate than the individual tests.

Billing for Medically Unnecessary Services – claims that intentionally seek reimbursement for services not warranted by the patient's current and documented medical condition. Hospitals and physicians should only bill for services that meet Medicare's "reasonable and necessary" standard.

Billing for Services not Rendered – submitting a claim representing that the provider performed a service when the provider did not actually perform all or part of the service. For example, billing for services after the date of death.

Duplicate Billing – submitting more than one claim for the same service or submitting bills to more than one primary payer at the same time.

The Seven (7) Elements of a Corporate Compliance Program

The Office of Inspector General's ("OIG") compliance guidance for the hospital industry recommends that Corporate Compliance programs contain the following seven (7) elements for every Corporate Compliance Program:

1-Establishment of Standards of Conduct
This element represents the Code of Conduct that demonstrates Continuum's commitment to abiding to the relevant laws and regulations of federal and state government and federal healthcare program requirements. Further, to provide additional guidance, Corporate Compliance specific policies and procedures have been developed which are available to all staff, and which address certain identified risk areas.

2-Designation of Corporate Compliance Officer and Compliance Committee
Louis I. Schenkel is the Continuum Corporate Compliance Officer. The Corporate Compliance Officer is responsible for the development, operation and oversight of the Corporate Compliance Program. Mr. Schenkel was appointed to this position by the President & Chief Executive Officer. He has a dual reporting relationship to both the President, as well as the Board of Trustees. His office telephone number is (212) 523-2162.

The Board's Audit Committee serves as the Corporate Compliance Committee, and is comprised of members of executive management as well as the Board of Trustees. This multidisciplinary committee assists in the design, implementation and operation of the Corporate Compliance Program and serves in an advisory role to the Corporate Compliance Officer.

3- Training and Education
All newly hired staff receive a copy of the Code of Conduct and Corporate Compliance education and training at new employees orientation. The training includes an

explanation of the structure and operation of the Corporate Compliance Program and discussion of the risk areas. Topics include the seven (7) elements, the Code of Conduct, the Compliance Hotline and an overview of applicable laws and regulations and policies. Incumbent staff receives specific training on a periodic basis on issues such as federal and state laws, regulations and guidelines, as well as refresher training through the Annual In-Service.

4- Reporting Channels- Effective Lines of Communication
Open and effective communication enhances an organization's ability to identify and respond to compliance concerns and issues.

All staff have a duty to report suspected or actual violations of federal, state or local laws, rules, regulations, policies and procedures or the Continuum Code of Conduct to their supervisor, either in writing, by telephone or in person. All employees are encouraged to make reports through their administrative chain of command. Employees may contact the NYEE Compliance Office directly at (212) 979-4682.

5-Enforcement of Disciplinary Standards
All staff are accountable for complying with the standards of the Corporate Compliance Program. By enforcing disciplinary standards, NYEE helps to create an organizational culture that emphasizes ethical behavior.

Disciplinary actions may be taken for:
 • Violating the Code of Conduct or other laws and regulations
 • Failing to report a violation of the Code of Conduct or cooperate in an investigation
 • Retaliation against an individual for reporting a violation or possible violation of the Code of Conduct
 • Deliberately making a false report of a violation of the Code of Conduct

The extent of disciplinary action utilized will depend on the nature, severity and frequency of the violation. The Compliance Officer is authorized to recommend, in consultation with appropriate management staff, as necessary, appropriate discipline, up to and including termination.

6-Auditing and Monitoring
NYEE is committed to an ongoing evaluation process. Monitoring and auditing activities are conducted under the auspices of the Compliance Officer. Audits are designed to address compliance with laws, regulations and policies governing, among other things, coding, reimbursement, documentation, medical necessity and other areas that may be deemed as high-risk areas. Issues for audit are also based on publications such as OIG Special Fraud Alerts and the annual OIG Work Plan. Reports of audits are made to Administration.

7-Responding to Detected Offenses and Implementing Corrective Action Initiatives
All reported violations will be promptly, thoroughly and confidentially investigated by the Compliance Officer. Employees are required to cooperate with any investigation conducted in response to a report concerning compliance issues. Appropriate follow-up will be made to correct the issue and prevent recurrence.

Code of Conduct

Continuum's Corporate Compliance Code of Conduct has been adopted by the Continuum Board of Trustees to provide standards by which trustees, employees, physicians, volunteers and other affiliated entities will conduct themselves in order to protect and promote organization-wide integrity and to enhance Continuum's ability to achieve its mission The Code of Conduct is an encompassing foundation document based on the principle outlined in the Mission Statements of the Continuum hospitals and in accordance with organizational values based on integrity and trust. It also contains resources to help resolve any questions about appropriate conduct in the workplace. The Code of Conduct applies to all Continuum staff, including board members, physicians and vendors and sets forth Continuum's commitment to comply with all federal and state laws and regulations, inclusive of an emphasis on preventing fraud and abuse.

All staff receive the **Code of Conduct** upon hire and are required to sign an acknowledgement that they will abide by it during their employment at Continuum.

The Code of Conduct addresses many issues relating to lawful and ethical behavior. Some of these issues include:
- Patients' Rights
- Workplace Practices
- Conflict of Interest
- Billing/Reimbursement
- Confidentiality

Further, other fundamental provisions contained in the Code of Conduct, as well as requirements stipulated in the Corporate Integrity Agreement, include:

- Continuum's commitment to full compliance with all federal healthcare program requirements, including its commitment to prepare and submit accurate claims consistent with such requirements.
- The requirement that all staff are expected to report suspected or actual violations of any federal healthcare program requirements or of applicable laws and regulations or the Code of Conduct, through the respective employee's administrative chain of command or directly to the Corporate Compliance Officer.
- The right of all employees to make confidential and/or anonymous disclosures of any identified issues or questions employed with Continuum's policies, practices, applicable laws and regulations or the Code of Conduct, through their respective administrative chain of command, to the Corporate Compliance Officer or to the toll-free Corporate Compliance Hotline. All such reports will be in accordance with Continuum's non-retaliation policy.
- The possible disciplinary consequences to both Continuum and employees of failure to comply with federal healthcare program requirements as well as the failure to report such non-compliance.

Leaders' and Managers' Responsibility

While adherence to the Corporate Compliance Code of Conduct is the responsibility of all NYEE employees, it is expected that NYEE's leaders will set ethical and lawful examples and to be in all respects models of such behavior.

All NYEE leaders are expected to:

- Explain to their staff the importance of complying with
  ethical and lawful standards
- Create an environment to encourage discussion and
  dialogue of issues contained in the Code of Conduct
- Respond promptly and properly to concerns raised by their staff
- Ensure that appropriate issues are communicated to the Compliance
  Officer

ETHICS

Dual Employment
You may not engage in other business activities that may be in conflict with your Continuum position.

Gifts and Business Travel
Receiving gifts (including money, travel, tickets, etc.) from vendors, patients or others who you may be in contact with as part of your Continuum duties is prohibited.
You may, however, receive certain perishable or consumable gifts given to a group or a department (i.e. flowers, candy), which are considered items of nominal value. Under no circumstances may you solicit gifts. If you are unsure whether a gift is nominal in value or is otherwise acceptable, discuss it with your supervisor or the Corporate Compliance Officer.

Use of Confidential Information
You are not permitted to disclose confidential Continuum information or use it for your personal interests.

Your Role in Corporate Compliance

• **Become familiar with and abide by the Code of Conduct** - You are expected to read and understand and abide by the Code of Conduct. If you have any questions about the Code of Conduct ask your supervisor or the Compliance Officer.

• **Know and comply with applicable laws and regulations** - You are expected to be familiar with laws that apply to your specific job function and level of responsibility. If you are not sure about whether a law or standard applies, ask your supervisor.

• **Assume and take individual responsibility** - Compliance is everyone's business. Don't assume someone else is doing or not doing something about an issue. Step forward and tell someone about a concern or issue you may know of.

• **Report in good faith suspected or actual violations of laws, regulations or the Code of Conduct using the administrative chain of command.**

• **Ask questions** - If you don't know something or want answers to your questions, just ask; if you have doubts about the legal or ethical implications of a situation, ask your supervisor or the Compliance Officer.

• **Lead by example** - be a leader and role model of lawful and ethical behavior…"One Way…the Right Way"

Compliance is Everyone's Responsibility!

Corporate Compliance Case Scenarios

Compliance Issue # 1
You are a nurse caring for a nine (9) year old pediatrics patient. The parents of the patient ask you to "go the extra mile and give their baby a little more attention and TLC". When the child is preparing for discharge a few days later, the father thanks you profusely and gives you a $100 gift certificate to Banana Republic as a token of their appreciation.

Is there a problem with you receiving this gift certificate?

Answer: Yes, in a couple of ways. From a quality point of view, all patients should be afforded the same excellent quality of care that clinicians are known for. Additionally, accepting the gift certificate is against the NYEE HR Rules of Conduct policy. We do not accept "tips" from patients or their families for doing our job. The nurse should have thanked the father for his generosity and declined the gift certificate. If he insisted, the nurse should then suggest that any gifts or donations be made to the NYEE Department of Development.

Compliance Issue # 2
A patient arrives at the outpatient department with a physician's prescription order for a couple of laboratory tests—a urinalysis and a CBC (complete blood count) to rule out an infection. The patient, who knows he has high cholesterol, asks the registrar to add a cholesterol test (HDL and LDL) to the order because he wants to know how high his count really is. The registrar tries to call the physician to confirm if she wants to add these tests but is unsuccessful since the physician is currently in the O.R. doing surgery. The patient offers the registrar two box seats for a New York Yankees game if she will add the tests. Problem?

Answer: Yes. This also is a violation of the NYEE HR Rules of Conduct policy similar to scenario #1. The registrar did the right thing by calling to confirm with the physician whether she wanted the additional tests added to the order. If the registrar had added the lab tests to the order, the registrar would have broken the law, committed fraud and been unethical.

- Only qualified medical personnel such as physicians, nurse practitioners or physician assistants are permitted by law to order tests (i.e. lab tests, x-rays, etc.) for patients; the registrar would have been breaking the law;
- There was no apparent medical necessity to having the patient's cholesterol levels checked since it had nothing to do with his symptoms related to infection; the subsequent bill that would be submitted would then be considered a false claim and expose the hospital to a fraud claim;
- Generally speaking, the registrar would be committing an unethical and unlawful act by knowingly doing something illegal outside the scope of his job description.

Compliance Issue # 3
Your supervisor makes you and other members of your department uncomfortable with his rude and sexually oriented jokes. What should you do?

Answer: This type of behavior may be considered harassment, which is a form of discrimination. Talk to your supervisor about how you feel. If you are uncomfortable talking directly to your supervisor, talk to another manager, Human Resources or call the Compliance Officer. If you wish to remain anonymous, you may call the toll-free Compliance Hotline NYEE does not tolerate harassment or a hostile work environment. Staff will not be retaliated against for making a good faith report.

Compliance Issue # 4
Your brother owns a small company that sells medical supplies like stethoscopes and tongue depressors to NYEE. You are an electrician in the Department of Facilities Management and have nothing to do with his products. Should you tell anyone about this relationship?

Answer: Yes. You should discuss this issue with your manager who should refer to the Continuum Conflict of Interest Policy, as well as contact the Compliance Officer to make sure that no conflict exists.

Compliance Issue # 5
You support a particular political candidate in your community and would like to send some emails at work on your NYEE computer to employees and friends to encourage their support. Is this okay?

Answer: No. It is admirable that you are involved in the political process. However, unless your job requires you to do so, you are not permitted to utilize NYEE's resources (your time, funds, equipment, or materials) to support a particular candidate, and you should not engage in political activities while on the job.