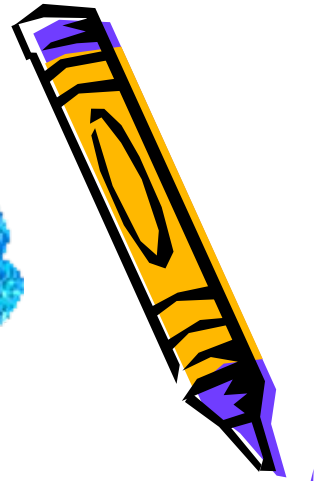


# Welcome



- **Directions**
  - Review each slide of the presentation.
  - To advance to the next slide, either:
    - click on the appropriate heading in the table of contents, found on the left, OR
    - use the navigation arrows found toward the bottom of your browser.
  - Once you reach the last slide
    - click on the Post Test link



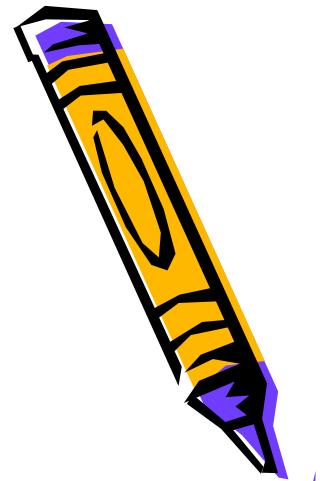


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# **ORGANIZATIONAL OVERVIEW**

# SUNY Downstate Medical Center Brooklyn's Academic Medical Center



## ● Mission

- To provide outstanding education of physicians, scientists, nurses and other healthcare professionals.
- To advance knowledge through cutting edge research and translate it into practice.
- To care for and improve the lives of our globally diverse communities.
- To foster an environment that embraces cultural diversity.



# SUNY Downstate Medical Center Brooklyn's Academic Medical Center

## ● Vision

- SUNY Downstate will be nationally recognized for improving people's lives by providing excellent education for healthcare professionals, advancing research in biomedical science, health care and public health, and delivering the highest quality, patient-centered care.



# SUNY Downstate Medical Center Brooklyn's Academic Medical Center

## ● Values

### ● Pride

- to take satisfaction in the work we do every day, and to value our collective contributions to the Downstate community.

### ● Professionalism

- We commit to the highest standards of ethical behavior and exemplary performance in education, research, and patient care.

### ● Respect

- We value the contributions, ideas and opinions of our students, coworkers, colleagues, patients and partnering organizations.

### ● Innovation

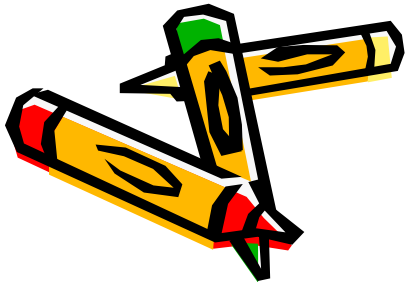
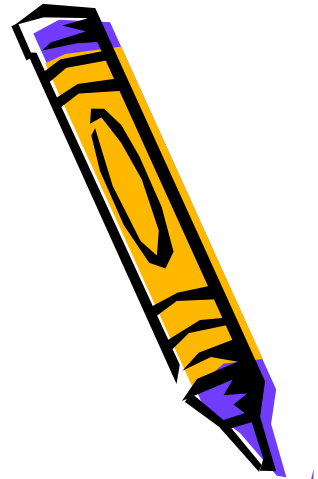
- We research and develop new and creative approaches and services for the anticipated changes in healthcare.

### ● Diversity

- We embrace our rich diversity and commit to an inclusive and nurturing environment.

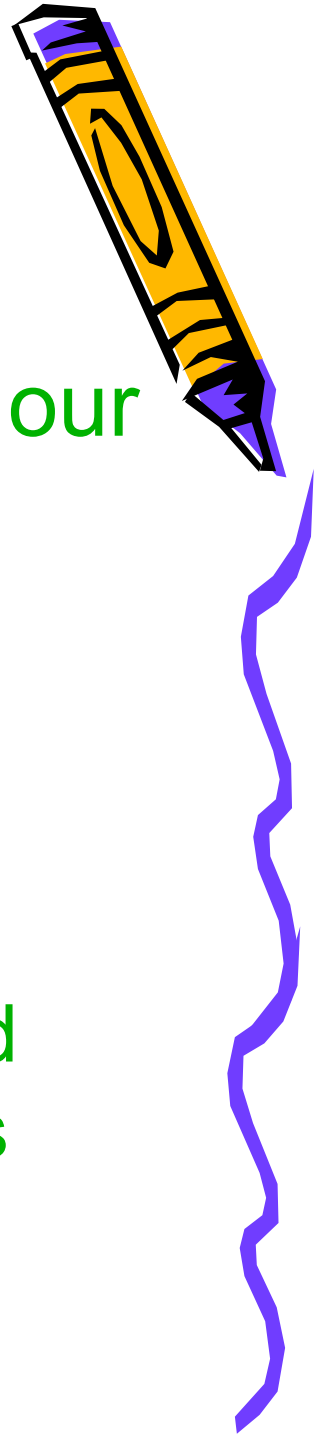
### ● Excellence

- We commit to providing the highest quality of education and service to our students, patients and community by holding ourselves, our coworkers and our leaders to high standards of performance.



# STRATEGIC PLAN

- Guided by our mission and vision, our strategic plan focuses on
  - community needs - by providing accessible, timely, appropriate, and fiscally sound health care services
  - collaboration and partnership to strengthen our clinical enterprise and meeting our customers' expectations





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# PERFORMANCE IMPROVEMENT



# Performance Improvement means . . . . .



- Doing the Right Thing and Doing the Right Thing Well!
  - The goal of improving organizational performance is to continuously improve patient health outcomes by
    - the ***availability*** of appropriate care to meet the patient's needs
    - the ***timeliness*** of care
    - the ***effectiveness*** of care to achieve desired health outcomes
    - the ***continuity*** of care provided to the patient in collaboration with other services, practitioners, and providers over time





# PDCA

## ➤ How do we do this?

### ➤ Plan

- plan the improvement and the data collection.

### ➤ Do

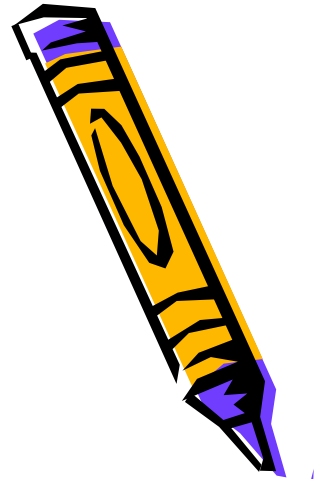
- do the improvement and the data collection.

### ➤ Check

- check the results of the implementation.

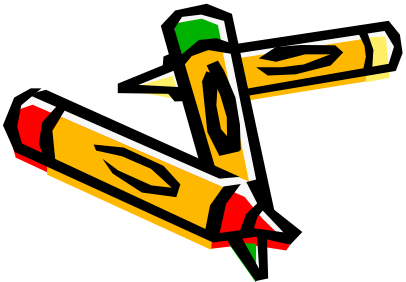
### ➤ Act

- act to hold the gain and continue improvement.



# Performance Improvement means that We work as part of a team!

- **Teambuilding and interdisciplinary collaboration mean**
  - **involving other departments, services, and disciplines in addressing issues or problems that need improvement**
    - **team members may be ancillary, professional or administrative staff**
  - **working together to find solutions**
  - **making recommendations to the appropriate personnel**
  - **being responsible for monitoring recommendations when they are implemented**
  - **escalating problems/issues that need attention at a higher level**





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# CORE COMPETENCIES

# Our 7 Core Competencies Are

## 1. **Customer Service**

demonstrating respect and courtesy to all

## 2. **Communication**

communicating effectively with customers, visitors, patients, and staff

## 3. **Quality Management**

Delivering the highest standard of care

## 4. **Resource Management**

taking an active role in managing resources



# Our 7 Core Competencies Are



## 5. **Personal and Professional Development**

taking an active role in one's own learning

## 6. **Civility**

using ethical principals to guide decisions and actions consistent with DMC operating goals and objectives

## 7. **Safety Management**

maintaining a safe and efficient work environment



# Corporate Compliance

Presented by the *Office of Compliance & Audit Services (OCAS)*



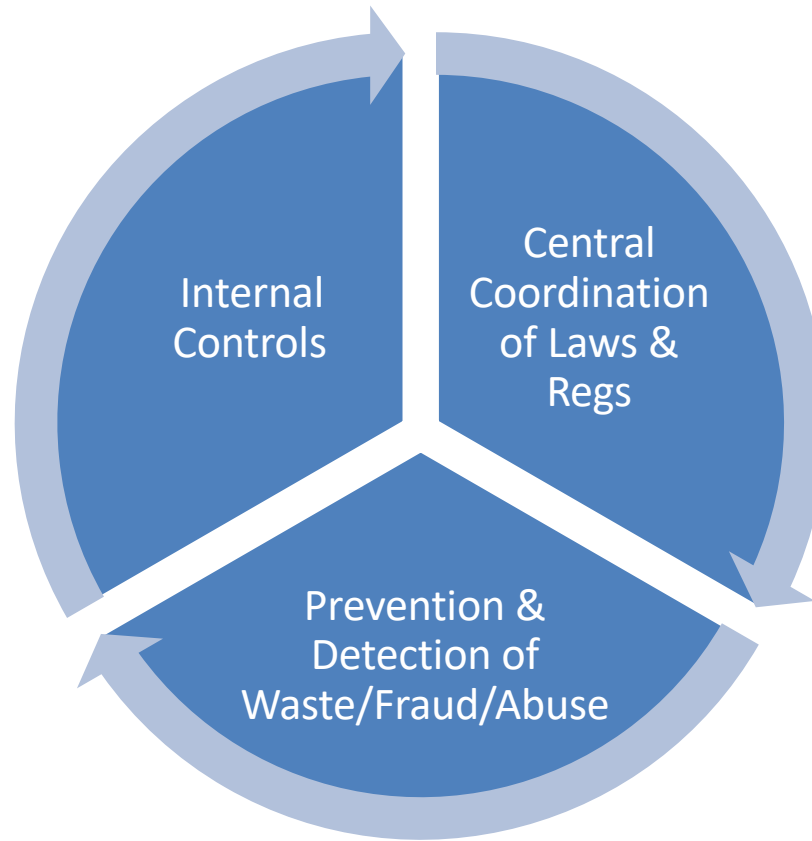
SUNY Downstate's Corporate Compliance Program is mandated by the State of New York's Office of Medicaid Inspector General.

DMC's Compliance Program provides a framework of policies, procedures and assessment activities designed to help prevent and detect violations of laws and regulations.

Corporate Compliance provides the framework to help DMC meet requirements established by Federal, State and Local regulations.



*We identify process deficiencies to foster performance improvement*



*We create P&Ps based on laws & regulations*



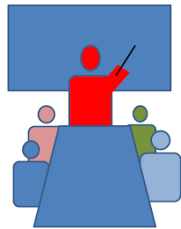
*We monitor high risk areas to prevent and detect costly errors*





In order to ensure that DMC's program is effective, **8 elements** of the Program have been established....

**1. Written Policies & Procedures:** DMC's Compliance Program Document & Code of Ethics & Business Conduct outline general operations/employee responsibilities in maintaining compliance. Other Compliance P&Ps are available on the website.



**2. DMC's Compliance Officer:** The VP for the Office of Compliance & Audit Services (OCAS) is responsible for the daily operations of the Program and reports to the President of DMC as well as an executive committee.

**3. Training & Education:** General / specific training is conducted based on role. This presentation is part of your Compliance Education!

**4. Open Lines of Communication:** The Table of Organization /contact info. is available on our [website](#). You can also call or web-report (confidentially and anonymously) through the [Compliance Hotline](#).



**5. Auditing / Monitoring:** OCAS annual work plans are developed to identify compliance risk areas throughout the organization.



**6. Good Faith Participation:** All workforce members are required to participate in DMC's Compliance Program. Disciplinary measures will be enforced for failure to report possible violations and/or non-compliant behavior.

**7. Investigation and Remediation:** OCAS works closely with many other departments including Human Resources, Labor Relations, IT and Counsel's Office to investigate and remedy identified issues.

**8. Non-Intimidation & Non-Retaliation:** OCAS works to protect the confidentiality and anonymity of reporters. Retaliation for good faith participation in DMC's Compliance Program is not tolerated.





[Visit our Website](#)

[www.downstate.edu/compliance](http://www.downstate.edu/compliance)

**Office of Compliance and Audit Services**

Home > Office of Compliance and Audit Services

## Office of Compliance and Audit Services

### Welcome to OCAS - the Office of Compliance and Audit Service website

State University of New York Downstate Medical Center (SUNY DMC) is proud of its long tradition of ethical and responsible conduct and is committed to continuing to conduct its business lawfully and ethically. Each member of SUNY DMC is expected to adhere to this high standard whenever he or she acts on behalf of SUNY DMC. This includes, but is not limited to, when dealing with other employees, patients and their families, vendors, government regulators or the general public. Violations of legal or ethical requirements jeopardize the welfare of SUNY DMC, its employees, patients and the communities it serves.

The Compliance Program is intended to define the conduct expected of colleagues and employees, to provide guidance on how to resolve questions regarding legal and ethical issues, and to establish a mechanism for reporting of possible violations of law or ethical principles within SUNY DMC.

The Compliance Program applies to all SUNY DMC entities, including the Colleges of Medicine, Nursing and Health Related Professions, University Physicians of Brooklyn, Clinical Practice Management Plan, University Hospital of Brooklyn and the Research Foundation.

Please feel free to contact the Office of Compliance & Audit Services at (718) 270-4033 and use this website to support your compliance activities. Compliance is everyone's responsibility.

**Compliance Quick Links**

- ▶ [Contact Us](#)
- ▶ [Complete Compliance Training \(HIPAA, Professional, Corporate, DRA\)](#)
- ▶ [Report a Violation](#)
- ▶ [HIPAA web site](#)
- ▶ [Research Conflict of Interest web site](#)

### OCAS Divisions

The Office of Compliance and Audit Services (OCAS) serves the entire SUNY Downstate Medical Center and includes the following divisions:

```
graph TD; VP["Vice President  
Office of Compliance & Audit Services  
x4033"]; CRD["Clinical Reimbursement Division  
x4327"]; IA["Internal Audit Division  
x4033"]; ICP["Internal Control Program  
x4033"]; HIPAA["HIPAA  
x4033"]; RCD["Research Compliance Division  
x7470"]; CCD["Compliance Coordination Division  
x2095"]; VP --- CRD; VP --- IA; VP --- ICP; VP --- HIPAA; VP --- RCD; VP --- CCD;
```

# Code of Conduct Guidelines

Click on the Code of Ethics and Business Conduct brochure below to see the full document.

- Compliance with Laws and Regulations
- Adherence to Ethical Standards
- Patient Care
- Non-Discrimination
- Confidentiality
- Record Accuracy and Retention
- Protection of Assets
- Avoidance of Conflict of Interest
- Business Relationships
- Academic/Research Integrity
- Environmental Laws
- Occupational Safety
- Maintenance of a Drug and Alcohol Free Workplace



# Deficit Reduction Act (DRA)

## Detection & Prevention of Fraud, Waste & Abuse

- DMC is committed to preventing the submission of false claims for payment from a Federally or State funded healthcare program (Medicare/ Medicaid).



- The DRA requires education on the Federal and State laws regarding fraud and abuse, whistleblower protections under these laws and DMC's Compliance policies in preventing and detecting fraud, waste and abuse.

# DRA Federal & State Laws

- Federal False Claims Act
- New York False Claims Act
- New York State Finance Law

These laws establish liability for any person who engages in unlawful acts with respect to Federal, State or local government.

A false claim is a violation of State and Federal Law. Civil, administrative and criminal penalties may be levied based assessment of the following factors:

- Knowingly presenting a false claim for payment
- Knowingly making, using or causing a false statement to get a false claim paid;
- Conspiring to defraud; or
- Knowingly making, using or causing a false statement to conceal, avoid or decrease an obligation to pay.

Violations may include up to \$21,553 per false claim and exclusion from Federal health care programs.

Private persons are eligible to file qui tam/whistleblower lawsuits (without threat of employer retaliation) on behalf of the Federal government.\*

If successful, 15-30% of recoveries may be awarded.

*\*Downstate Medical Center is a component of the State University of New York, and thus is a State agency. The United States Supreme Court has held that private persons may NOT be eligible to file qui tam / whistleblower lawsuits against State agencies and may NOT be entitled to a share of the proceeds of any FCA recoveries.*

# DRA Federal & State Laws – Other Applicable Laws

- Federal Program Fraud Civil Remedies Act
- New York Social Services Law
- New York Penal Law
- New York Labor Law

## EXAMPLES OF FALSE CLAIMS:

- A physician billing Medicare / Medicaid for medical services not provided;
- A government contractor who submits false records that indicate compliance with contractual or regulatory requirements;
- A hospital that retains interim payments from Medicare / Medicaid throughout the year and then knowingly files a false cost report at the end of the year in order to avoid making a refund.



# Reporting Violations

Employees must report real or suspected violations regarding:

- Code of Ethics & Business Conduct;
- Detection, Prevention of Fraud, Waste & Abuse (DRA);
- Violations of law.

Reports can be made to:

- Supervisor or responsible VP;
- Chief Compliance Officer;
- SUNY Counsel's Office; or
- DMC's Compliance Hotline (anonymous).

Concerns Regarding:	Department	Phone
	Office of Compliance & Audit Services	Main Number 270-4033
		Training Inquiries (email) Compliance @downstate.edu
Legal Issues	University Counsel	270-4628
Disciplinary Issues	Human Resources	270-1191
	Labor Relations	270-3019
Patient Confidentiality	HIPAA Privacy Officer	270-7470
Security of Information Systems	Information Security Officer	270-8593
Patient Abuse	Patient Relations	270-1111
EEO/Diversity Issues	Office of Opportunity & Diversity	270-1738
Research	Research Administration	270-8202
Environmental Health & Safety	Facilities Management & Development/Environmental Safety	270-1216
Threats & Physical Violence	University Police	270-2626
Compliance Hotline	<a href="#">Click here for Web-based reporting</a>	877-349-SUNY



## Discipline for Violations



*DMC will take disciplinary action, including termination when appropriate, against any workforce member who violates legal requirements or institutional policies, including anyone who fails to report violations or retaliates against any individual for reporting a possible violation in good faith.*



# Compliance Hotline



DMC's confidential Compliance Line is a 24/7 hotline service available as an internal reporting mechanism for reporting illegal or unethical conduct.

**If you become aware of a situation that may jeopardize DMC's ethical integrity, it is up to you to report it!**

- Call: Compliance Line (877)-349-SUNY; or
- Click on "Compliance Line" link on DMC webpage @ [www.downstate.edu](http://www.downstate.edu)

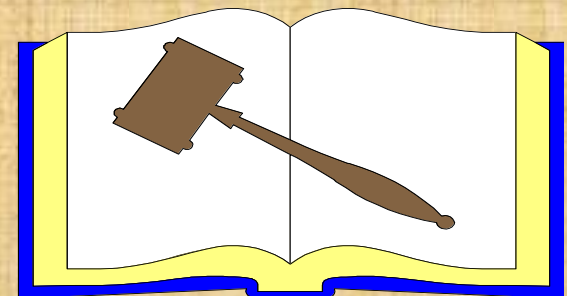




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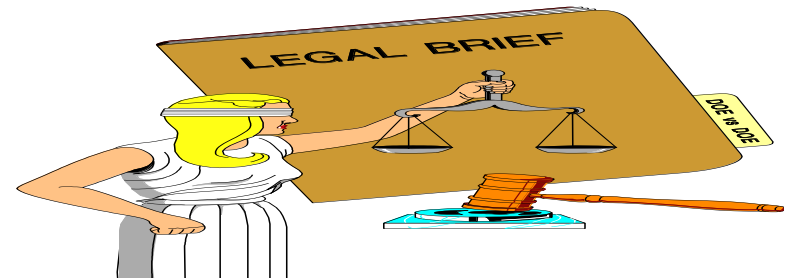
# Patient's Bill of Rights





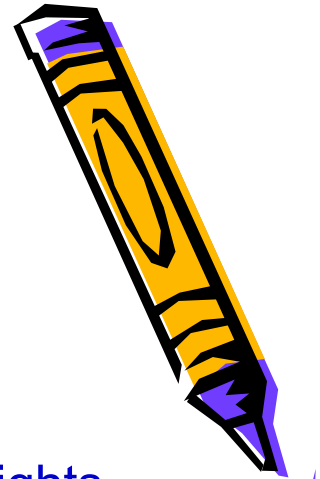
# Patient's Rights

- All patients have rights
- Health care institutions must
  - advise patients of their rights under state law and hospital policy
  - provide services to patients who have physical, hearing, and speech impairments
- If the patient is unable to make decisions for himself/herself, or if the patient is a minor, these rights can be exercised on the patient's behalf by a designated surrogate or proxy decision maker.





# The patient has the right to...



1. Understand and use these rights. The hospital must provide assistance, including an interpreter, to help you understand your rights.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, or source of payment.
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.
6. Know the names, positions, and functions of any hospital staff involved in your care and refuse their treatment, examination, or observation.



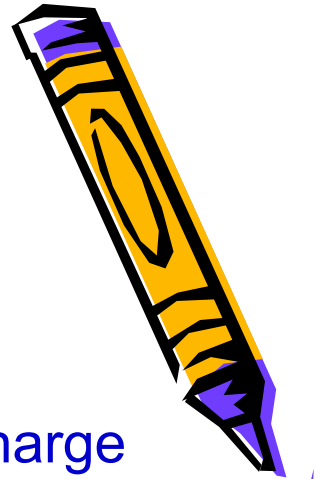
# The patient has the right to

...

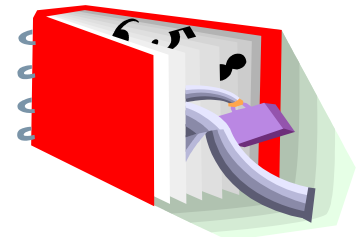
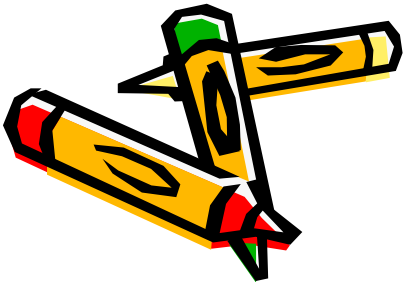
7. Receive complete information about your diagnosis, treatment, and prognosis.
8. Receive all information you need to give informed consent for any proposed treatment or procedure.
9. Receive all information you need to give informed consent for an order not to resuscitate.
10. Refuse treatment and be told what effect your decision may have on your health.
11. Refuse to take part in research.
12. Request privacy while in the hospital and confidentiality of all information and records regarding your care.



# The patient has the right to ...



13. 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.
14. Review your medical record.
15. Receive an itemized bill and explanation of all charges.
16. Complain, without fear of reprisals, about the care and services you are receiving.
17. Authorize those family members who will be given priority to visit based on your ability to receive visitors.
18. Make known your wishes in regard to organ donation.





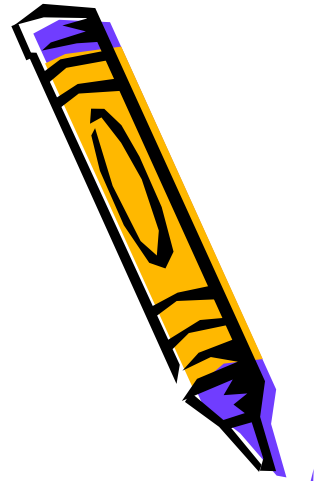
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# **Patient Feedback**

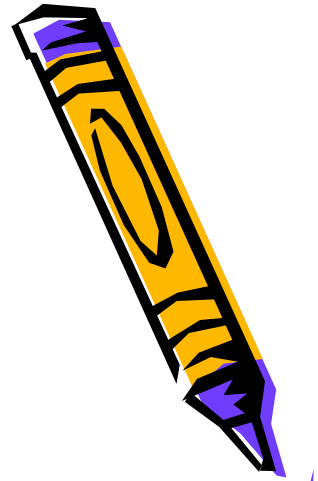
# Patient Complaint Management

- The policy for patient complaint management recognizes and supports the rights of the patients, their families and/or significant others to freely express concerns and/or complain about the care of services received.



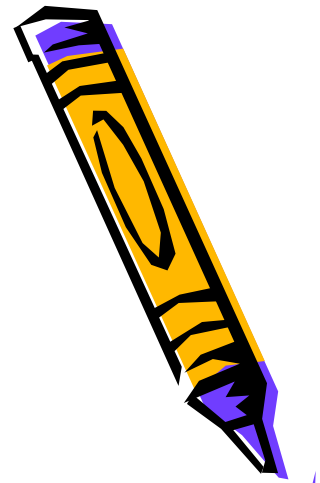
# Who Manages and Coordinates Patient Complaints?

- Director of Patient Relations (ext 1111)
- All Complaints are forwarded to appropriate department heads for review and action
- Handled accordingly to DMC policy on confidentiality





# Responsibility of DMC Employees, Volunteers, and Contract Personnel



- All complaints are taken seriously and must be reported to immediate supervisor
- Addressing and resolving complaints must be facilitated at the unit, service or departmental level
- If attempts to resolve complaints fail, refer to Patient Relations

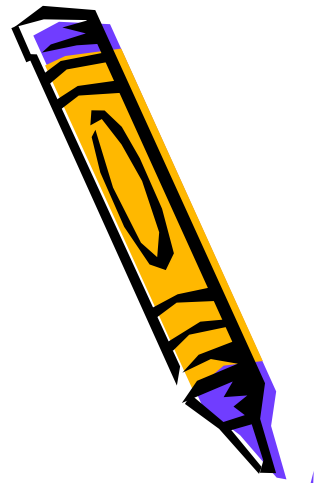


# Regulatory and Accreditation Agencies



# Regulatory and Accreditation Agencies

- To protect the safety of patients and employees, the medical center must comply with the standards and guidelines set forth by the following regulatory and accreditation standards
  - The Joint Commission (*TJC - formerly JCAHO*)
  - NYS-DOH
  - CMS
  - EMTALA



# EMTALA

- EMTALA stands for the Emergency Medical Treatment and Active Labor Act
  - Also known as the Patient Transfer Act or the Anti-Dumping Law
- Requires a hospital to provide an appropriate medical screening examination to any person who comes to the hospital emergency department and requests treatment or an examination for a medical condition



# EMTALA

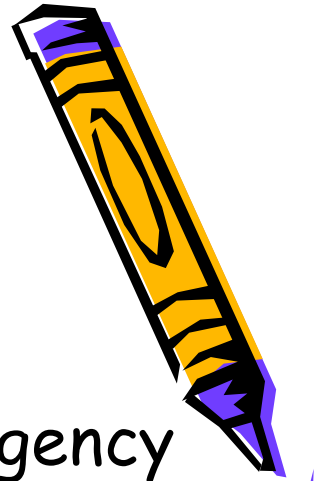
- If the examination reveals an emergency medical condition, the hospital must also provide either necessary stabilizing treatment or an appropriate transfer to another medical facility
- Applies to all hospitals that participate in the Medicare program and offer emergency services and covers all patients treated at those hospitals, not just those who receive Medicare benefits



# EMTALA

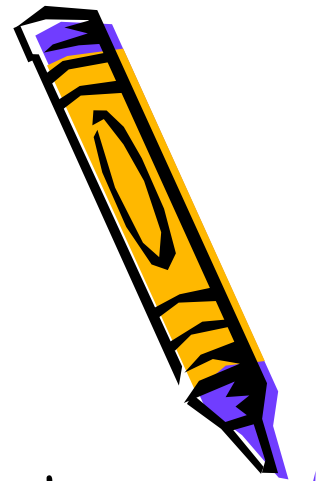
- All SUNY Downstate Medical Center and University Hospital of Brooklyn employees, staff, and physicians are responsible for ensuring that EMTALA regulations are followed

- Examples of Emergency Medical Conditions
  - emergency condition
    - Acute MI (Heart Attack), Stroke, Seizure, Pain
  - condition that may place the patient's health in jeopardy
    - psychiatric condition, substance abuse
  - condition that threatens to impair bodily functions unless immediate medical attention is provided



# Medical Screening Examination (MSE) Process

- The MSE may never be delayed to inquire about financial or insurance information
- The MSE must be conducted by a qualified medical professional
- The facility must provide appropriate services to the patient in order to evaluate, treat or stabilize the emergency medical condition
- If the MSE reveals that no emergency medical condition exists, EMTALA regulations no longer apply
- Once a patient has been evaluated, treated, and admitted to the hospital for acute, inpatient care, EMTALA regulations no longer apply



# Center for Medicare and Medicaid Services – CMS

A federal agency within the U.S. Department of Health and Human Services that is responsible for

- overseeing Medicare & Medicaid
- ensuring that hospitals comply with the conditions of participation for Medicare programs





# New York State Department of Health-NYSDOH

- The NYSDOH is charged with assessing hospital compliance with health care and safety-related Rules and Regulations through routine surveys, investigations of patient complaints, and/or incidents reported by the facility through NYPORTS (New York Patient Occurrence and Tracking System)
- All hospitals in New York State must comply with the established New York Code Rules and Regulations



# The Joint Commission

- The Joint Commission is an accreditation agency that assesses hospital compliance with established functions and guidelines related to
  - Ethics, Rights, and Responsibilities
  - Provision of Care, Treatment, and Services
  - Competency and Credentialing
  - Medication Management
  - Surveillance, Prevention, and Infection Control
  - Leadership
  - Management of the Environment of Care
  - Management of Human Resources
  - Management of Information
  - Medical Staff
  - Nursing Staff



*Patients May Contact The Joint Commission by dialing 1-800-994-6610.*

# Patient Safety Standards

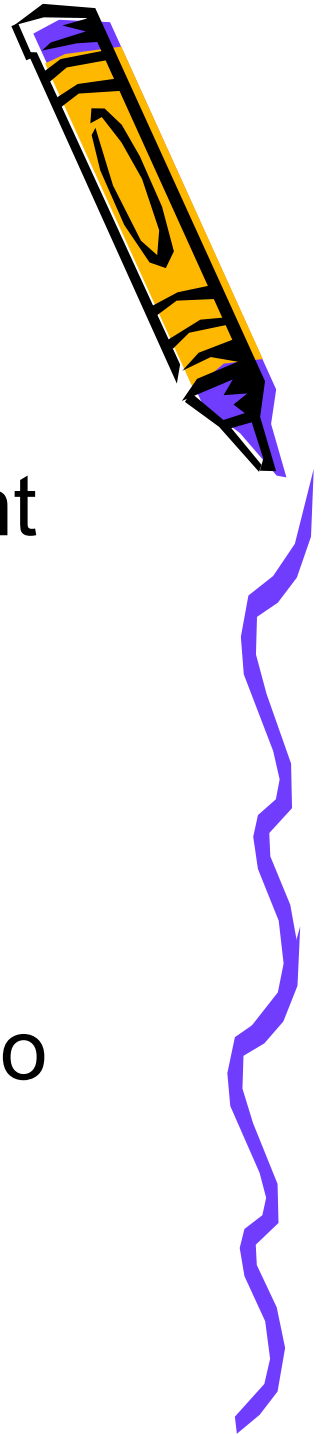


# Patient Safety

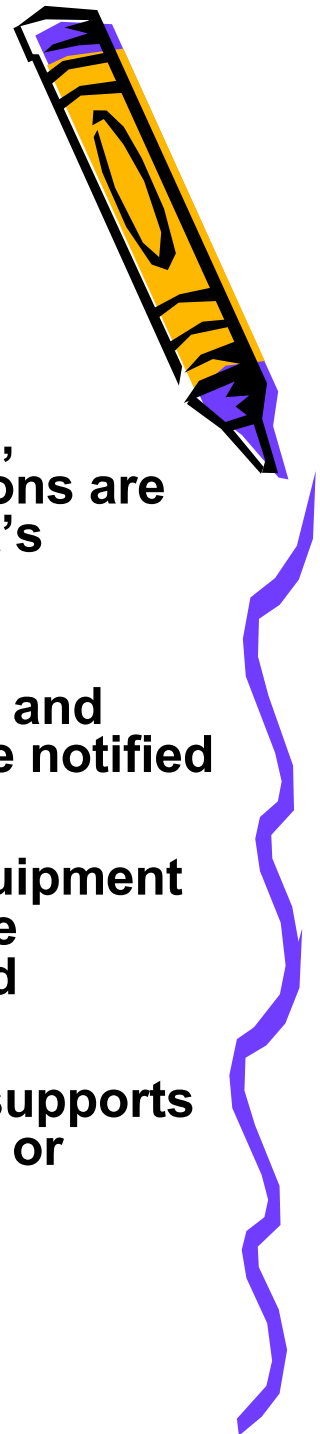


# Definitions

- Patient Safety
  - is a process that guards against any adverse condition occurring in a patient as a result of testing or treatment by caregiver(s).
- Medical Error
  - is the failure of a planned action to be completed as intended (i.e., error of execution) or the use of a wrong plan to achieve an aim



# Who is Responsible for Patient Safety?



- ***All hospital employees***
- **We strive to provide a blame free culture. Any employee who observes a patient safety risk should immediately report it to his/her direct supervisor**
- **In addition, all employees have the right to report concerns about the safety or quality of care provided in the hospital to the Joint Commission**
- **The hospital will take *no disciplinary action* because an employee reports safety or quality of care concerns to the Joint Commission**
- **When an event occurs, appropriate interventions are dictated by the patient's clinical conditions**
- **Appropriate physician and hospital leadership are notified**
- **Information and/or equipment related to the event are secured and preserved**
- **Hospital encourages/supports staff that report actual or potential errors**





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# Patient Safety Overview

*Muhammad Islam, MBBS, MS, MCH, LSSBB*

*Director of Patient Safety*

*SUNY Downstate Medical Center*

# Introduction

## Definition:

- ❖ **Patient Safety** is defined as the avoidance and prevention of patient injuries or adverse events resulting from the processes of health care delivery
- ❖ **Patient Safety Event:** An event, incident, or condition that could have resulted or did result in harm to a patient

## Patient Safety Program focuses on, but is not limited to:

- ❖ **Assessing culture of safety in the hospital**
- ❖ **Identifying risk points, development & implementation of action plans, and sustaining the improvements**
- ❖ **Compliance with the Joint Commission standards for National Patient Safety Goals**



# Culture of Safety

- ❖ **Conduct a Culture of Safety survey**
- ❖ **Disclosure of any adverse medical event to appropriate family member(s) of the patient**
- ❖ **Incident reporting process for medical event (Incident Report Form is available electronically on hospital desktops) (reporting of near-miss/ good catch to harmful event)**
- ❖ **Root Cause Analysis (RCA) to focus on the system, not to blame a person**
- ❖ **Failure Mode Effect Analysis to ensure system-based improvement.**
- ❖ **Staff participation is strongly encouraged in all patient safety activities**
- ❖ **Implementation of Behavioral Safety Program**



# National Patient Safety Goals 2018

are developed by the Joint Commission to identify & prevent the most common medical Errors that may cause patient harm During the patient care

## Goal #1: Improve Accuracy of Patient Identification

Use at least two patient identifiers – preferably an alphanumeric process (Alphabetical- Patient's Name, & Numerical- Pt's Date of Birth) (**NOT the Location or Room number**) during:

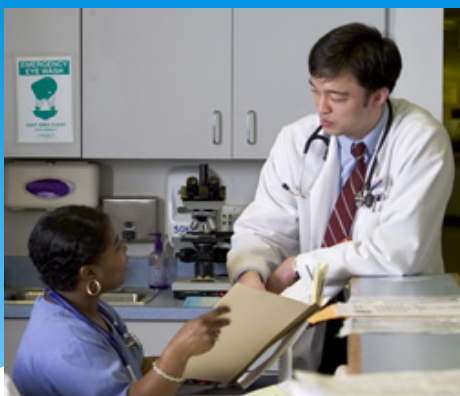
- ❖ Prescribing / Administering Medication
- ❖ Treatment and/or ordering for any diagnostic procedures (i.e., CT-Scan, MRI, X-Ray, prior to initiating Hemodialysis)
- ❖ Labeling containers used for blood and other specimens in presence of a patient with the correct label
- ❖ Completing the request for Blood or Blood Component Order Form with the correct patient information to avoid any WBIT (wrong blood in tube)

# National Patient Safety Goals 2018

are developed by the Joint Commission to identify & prevent the most common medical Errors that may cause patient harm During the patient care

## Goal #1: Improve Accuracy of Patient Identification

- \* Patient Registration
- \* Patient's Dietary request and food service
- \* Deceased Donor Tissue Identification, Recipient's medical record tissue type and unique identifier
- \* Storage of Patient's body in the Morgue
- \* Patient Transport
- \* Receiving patient at ED Triage
- \* Scheduling for clinic appointment and OR Reservation Form



# National Patient Safety Goals 2018

are developed by the Joint Commission to identify & prevent the most common medical Errors That may cause patient harm During the patient care

## Goal #2: Improve Communication Among Caregivers

- ❖ Timely reporting of critical results for tests or diagnostic procedures to the patient's caregiver within an established time frame so the patient can be treated promptly.
  - For verbal or telephone orders or for telephonic reporting of critical test results
    - ✚ Write down the order or test result
    - ✚ Verify the order or test result by having the person receiving the order or test result “read back” the complete order or test result
  - ❖ Implement a standardized approach to “hand off” communication (i.e., including an opportunity to ask and respond to questions – SBAR- situation, background, assessment, and recommendation)
- ❖ Avoid use of unauthorized abbreviations in any part of the medical record:
  - I. QD/ qd for daily
  - II. U/u for unit
  - III. QOD/ qod for every other day
  - IV. Trailing zero after decimal (3.0 instead of 3), or missing the leading zero before the decimal (.3 instead of 0.3)
  - V. mgSO<sub>4</sub> (magnesium sulfate) and mSO<sub>4</sub> (morphine sulfate)



# National Patient Safety Goals 2018

are developed by the Joint Commission to identify & prevent the most common medical Errors that may cause patient harm During the patient care

## Goal #3: Improve Medication Safety

- ❖ Label all medications and medication containers (syringes, medicine cups, basins) in perioperative and other procedural settings
- ❖ Reduce the likelihood of patient harm associated with the use of Anticoagulation Therapy Management Process (i.e., use a protocol for heparin & warfarin)
- ❖ Medication Reconciliation Process: Obtain, Maintain & Communicate medication information with the patient, through different levels of care. Provide a copy of patient's current medication usage information to the next provider (complete admission and discharge medication reconciliation)



# National Patient Safety Goals 2018

are developed by the Joint Commission to identify & prevent the most common medical Errors that may cause patient harm During the patient care

## Goal #6: Reduce the Harm Associated with Clinical Alarm Systems

- ❖ Develop a policy to improve the safety of Clinical Alarm Systems and educate appropriate staff about the system
- ❖ Establish clinically appropriate alarm settings and identify responsible staff who can set or change the alarm settings
- ❖ Avoid any unnecessary alarms that may contribute to alarm fatigue

# National Patient Safety Goals 2018

are developed by the Joint Commission to identify & prevent the most common medical Errors that may cause patient harm During the patient care



## Goal #7: Reduce the Risk of Infections

- ❖ **Hand Hygiene: Use of hand sanitizer(for dry hands), and use of soap and water(for soiled hands) before and after patient contact (wash your hands for at least 20 seconds). Also practice hand hygiene after using gloves**
- ❖ **Implement evidence-based practices to prevent health care-associated infections due to:**
  - ❖ **Multi Drug Resistant Organisms**
  - ❖ **Central Line Associated Bloodstream Infections**
  - ❖ **Surgical Site Infections**
  - ❖ **Catheter Associated Urinary Tract Infection**

# National Patient Safety Goals 2018

are developed by the Joint Commission to identify & prevent the most common medical Errors that may cause patient harm During the patient care



## Goal #15: Identifies Patient Safety Risks (Prevent patient harm from Suicidal Ideation)

- ❖ Identify the patients at risk for suicide by conducting a risk assessment and screening process (for inpatient, outpatient, ED and med-surge patients)
- ❖ Suicide Prevention Information & Crisis Hotline: 1- 800- 273- TALK (8255)



# National Patient Safety Goals 2018



are developed by the Joint Commission to identify & prevent the most common medical Errors that may lead to patient harm During the patient care

## Universal Protocol for Preventing Wrong Site, Wrong Procedure, and Wrong person surgery

- ❖ Conduct a Time-out process immediately before initiation of an invasive or non-invasive procedure either inside the operating room or at patient's bed-side, ensuring that the correct patient is selected for a correct procedure on the correct side and site of the body part (mark the correct site)
- ❖ Conduct a pre-procedure verification process, mark the site/side and complete the universal protocol check list on time-out

# Any Questions? Thank You

References: The Joint Commission, AHRQ Culture of Safety Survey

**Please contact: Department of Patient Safety**

**Located at UHB- Room# ALL1-362**

**Telephone: (718) 270-4237**

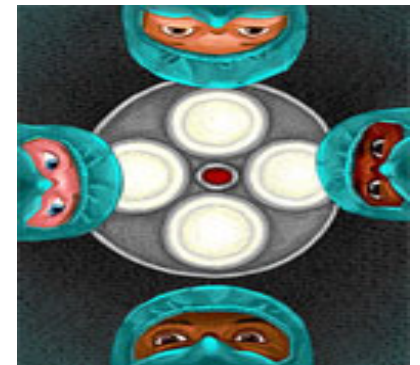
**Fax: (718) 613-8755**

# UNIVERSAL PROTOCOL (UP 1)

- Conduct a pre-procedure verification process to ensure ...
  - Correct person
  - Correct side & site of the body part
  - Correct procedure
- Mark the operative site with INITIALS of the surgeon/interventionist
- Conduct a ACTIVE "time-out" immediately before starting the procedure



*It's Not Just For The OR!!!!!!*



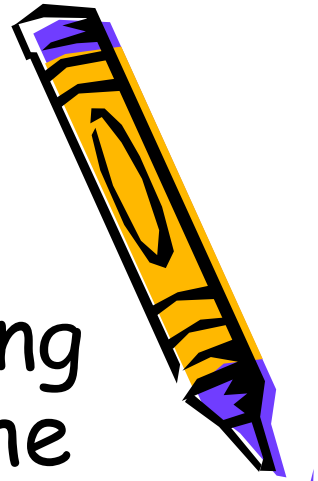
# "Time-Out"

- Initiated by a designated member of the team (i.e., Registered Nurse)
- During a time-out
  - activities are suspended to the extent possible so that team members can focus on active confirmation of the patient, site, and procedure
  - it involves the immediate members of the procedure team, including the individual performing the procedure, the anesthesia providers, the circulating nurse, OR technician, etc.



# Time-Out for Multiple Procedures

- When two or more procedures are being performed on the same patient, and the person performing the procedure changes, perform a time-out before each procedure is initiated
  - During the time-out, the team members agree, at a minimum, on the following: a) Correct patient identity, b) Correct side & site, c) Correct procedure.
  - Document the completion of the time-out with the appropriate signature, time and date.

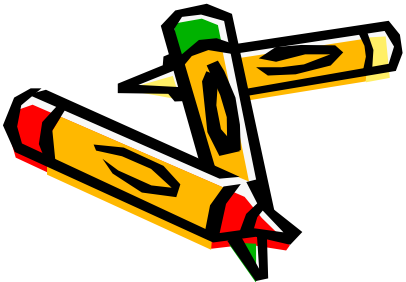


# **Sentinel Event**

**A sentinel event is an unexpected occurrence involving death or serious physical or psychological injury or the risk thereof,  
a “near miss”**

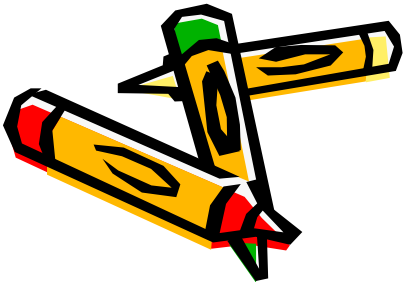
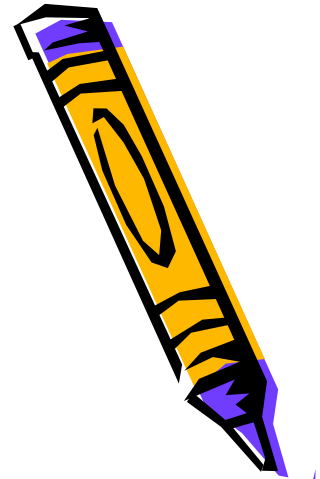
# What are Examples of Sentinel Events?

- Medication errors that result in harm to patients
- Wrong site Surgery
- Inpatient Suicide
- Infant Abduction
- Infant discharge to the wrong family
- Operative and post-operative complications
- Blood transfusion error



# How do we investigate a sentinel event?

- **The goal for a Root Cause Analysis is to find out**
  - What happened
  - Why did it happen
  - What to do to prevent it from happening again.
- **Root Cause Analysis is a tool for identifying prevention strategies. It is a process that is part of the effort to build a culture of safety and move beyond the culture of blame.**
- **Root Cause Analysis is:**
  - Inter-disciplinary, involving experts from the frontline services
  - Involving of those who are the most familiar with the situation
  - Continually digging deeper by asking why, why, why at each level of cause and effect.
  - A process that identifies changes that need to be made to systems
  - A process that is as impartial as possible





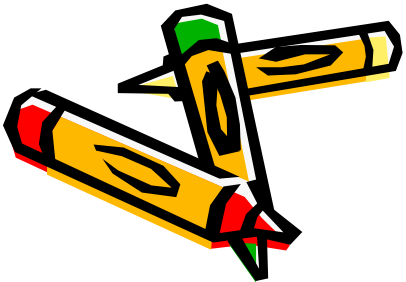
# Incidents/Occurrences/Near Misses

- An incident/occurrence is any event that is not consistent with the desired operation of the hospital, or the care of patients.
- A "near miss" is recognition of a situation that has potential to cause harm.
- All incidents must be reported to Risk Management by completing an Incident Report.
- The Incident Report can be downloaded from any hospital desktop.
- Risk Management should be called or paged 24/7 to report incidents involving serious harm to a patient.



# Reporting Employee Accidents/Incidents

- Employee Accident and Investigation Report Form (E.A.R.)
- Employee incidents should be reported immediately to the supervisor of the employee involved



# Failure Mode & Effects Analysis (FMEA)



- What is a *failure modes and effect analysis*?

A failure modes and effect analysis (FMEA) is a simple technique which identifies the potential problem areas of a product or a process and initiates corrective action to reduce harm. We use FMEA's in hospitals to identify processes that could result in *patient harm*.

- The steps in conducting an FMEA are:
  - Describe each part of a process
  - Identify what could go wrong
  - Identify how much harm could occur to a patient if something went wrong
  - Plan action to improve the process to reduce the likelihood of patient harm

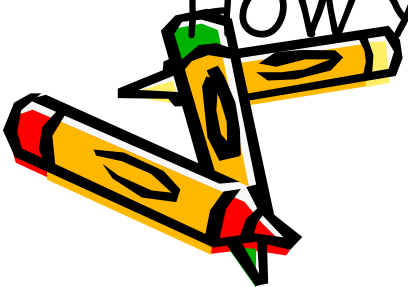


# Culture of Safety Survey

WE CONDUCT A CULTURE OF SAFETY SURVEY IN EVERY TWO YEARS ON THE BASIS OF "AHRQ" MODEL.

SURVEY RESULTS ARE SHARED WITH STAFF AND ENCOURAGE TO STRIDE FOR THE CONTINUOUS IMPROVEMENT

FOCUS AREAS ARE: WORK AREA, SUPERVISOR, COMMUNICATIONS, REPORTING OF AN EVENT, HOW YOU VALUE YOUR HOSPITAL CULTURE



# Alarm Management

## Objectives

All Staff will be able to:

1. Identify Joint Commission National Patient Safety Goals (NPSG06.01.01)
2. Recognize alarm fatigue and its causes/effects
3. Identify risks if essential alarms go unanswered

# Alarm Management

## Policy

- ▶ Hospital staff or Medical Staff, will not bypass, shut off or adjust medical equipment alarm volumes to a level that cannot be readily heard when the alarm activates.
- ▶ The unit staff member assigned to or treating the patient must immediately respond to medical equipment

# Alarm Management

- ▶ **Joint Commission National Patient Safety Goal (NPSG. 06.01.01):** Improve the safety of clinical alarm systems.
- ▶ Requires all hospitals to:
  - ▶ reduce risks associated with mismanaged clinical alarms.
  - ▶ establish alarm system safety as a priority.
  - ▶ identify alarm hazards to be addressed.
  - ▶ develop and implement specific policies and procedures to combat identified hazards.
  - ▶ educate their staff accordingly.

# Alarm Management

## AACN Practice Alert

- ▶ Alarm fatigue develops when a person is exposed to an excessive number of alarms. This situation can result in sensory overload, which may cause the person to become desensitized to the alarms. Consequently, the response to alarms may be delayed, or alarms may be missed altogether.

– ECRI Institute. Alarm related terms. Paper presented at Medical Device Alarms Summit; October 4–5, 2011; Herndon, VA.



# Alarm Management: Priority Levels

- ▶ **High Priority (RED)**– life threatening audible alarms requiring immediate attention and could result in temporary or permanent harm( *i.e. Asystole, Ventricular Fibrillation, Ventricular Tachycardia, Extreme Tachycardia, extreme Bradycardia*)
- ▶ **Medium Priority (YELLOW)** – warning audible alarms that require attention, but inattention for several minutes is not likely to result in temporary or permanent harm; and
- ▶ **Low Priority (WHITE/BLUE)** – advisory audible or visual alarms meant to call attention to medical device or patient condition that needs re-assessment. A response is required but inattention for a short period is not likely to result in patient harm.

# Strategies for Managing Alarm Fatigue

- Troubleshooting false alarms at the time they occur.
- Never disabling or turning off an alarm—rather, silencing the alarm while troubleshooting the problem.
- Tailoring alarm parameters to the individual patient and/or to the specific patient population.
- Ensuring all alarms are audible and visually displayed
- Ensuring certain critical alarms (i.e., Arrhythmia: SVT, VT, VF, 3<sup>rd</sup> degree HB, Asystole, Fetal Heart monitor, Infant/Pediatric Abduction, Infusion Pump, Ventilator) are distinguishable over unit noises and other alarms.

# Strategies for Managing Alarm Fatigue

- Individualizing the SpO<sub>2</sub> alarm threshold to the individual patient's condition.
- Using disposable, adhesive pulse-oximetry sensors and replacing them when they no longer properly adhere to the patient's skin.
- Appropriately preparing the skin before applying ECG electrodes.
- Routinely replacing ECG electrodes every 24 hours to prevent them from drying out.

# Alarm Management

## Proper skin prep for Electrode placement:

- Wash the isolated electrode area with soap and water.
- Wipe the electrode area with a rough washcloth or gauze to roughen a small area of skin.
- Clip/remove excessive hair in electrode area according to hospital policy.
- Select flat, non-muscular sites for electrode placement, avoiding joints and bony protrusions.
- **Do not use alcohol** for skin preparation (it dries out the skin, causing more impedance).
- Never use expired or dried out electrodes.
- Change the electrodes **daily** or more often if needed.

# Electrodes

- Using evidence based practice (AACN Practice Alert):

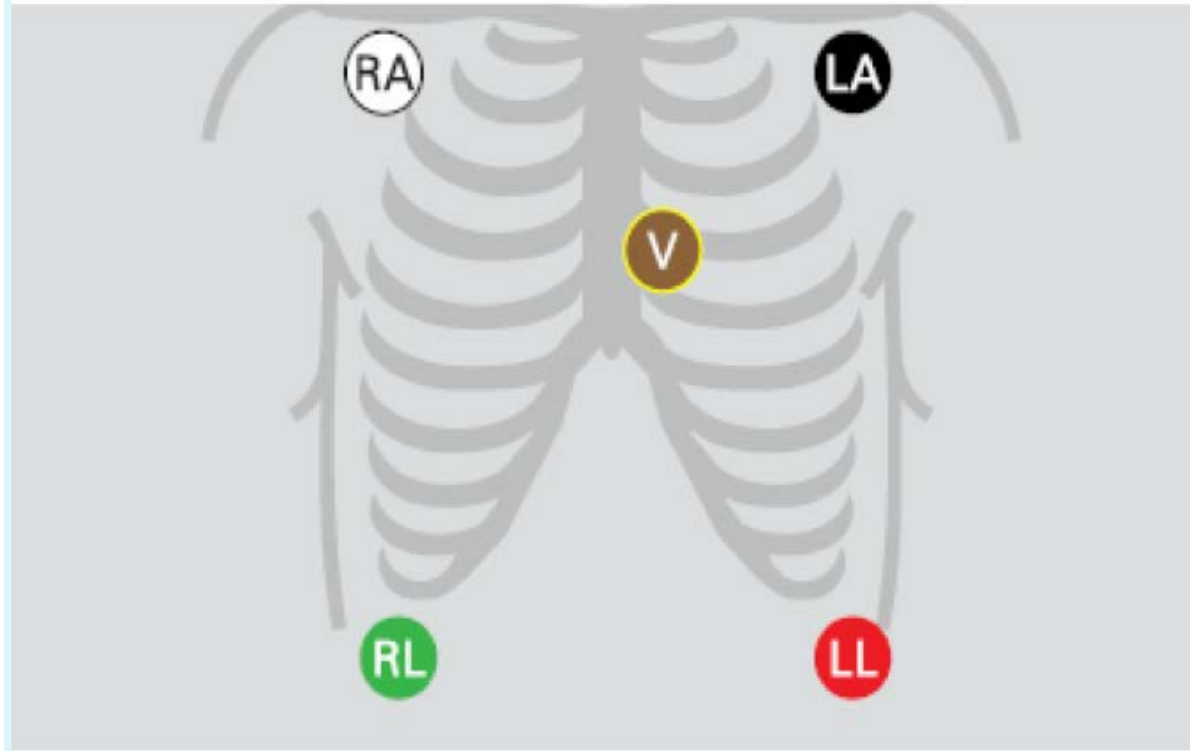
Practice change: change electrodes daily

Effect:

....the average number of alarms per bed per day **decreased by 46%** simply by changing the ECG electrodes daily

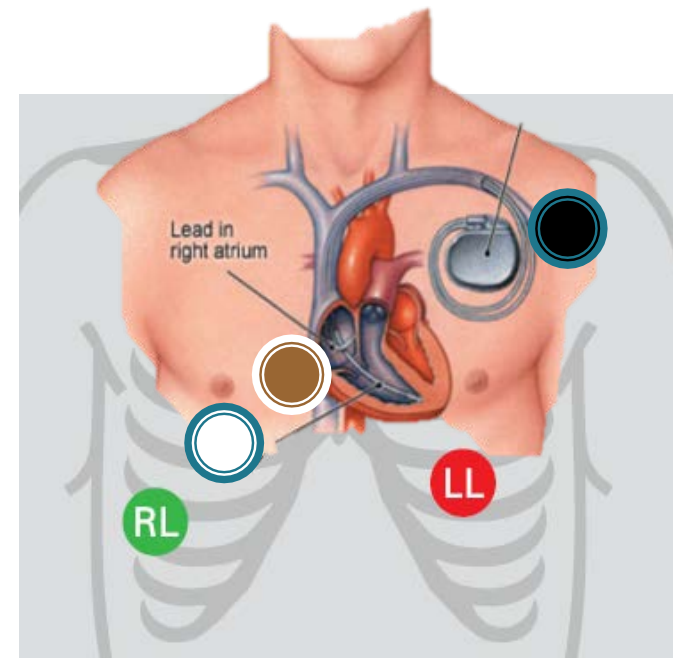
# Proper placement of electrodes:

**Standard configuration, five electrodes**



# Proper placement of electrodes:

- ECG Lead Placement Location Paced rhythm



# Pulse Oximetry Monitoring

- ▶ Assessing the sensor for appropriate positioning based on circulatory status and patients' activity levels. Choose the site with the best pulsatile vascular bed.
- ▶ Set alarm limits based on predetermined goals as per MD/NP/PA order.
- ▶ Assess appropriateness for patients with irregular or rapid heart rhythms, excessive movement such as shivering, extreme hyper or hypotension.

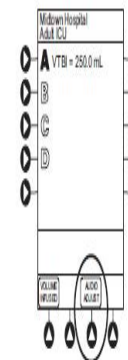


# Alaris® Infusion Pump

- Assess patient's condition before silencing an alarm.
- Do not silence alarm if patient safety might be compromised.
- Verify that the alarm limits are appropriate for the patient before each use.
- The Alaris® System performs a self check during power up.
- The PC Unit should beep, no errors should occur, **and** if a module is connected, all LED segments should flash.
- If the Alaris® System fails the self check, remove the failing PC Unit or module from use.
- To sample alarm loudness level, select **Audio Adjust** from main screen, then press Test soft key. **CAUTION:** Setting the audio volume to the lowest level will lower all system alarms, including secondary alarms such as End of Infusion.

## Adjust Audio Volume

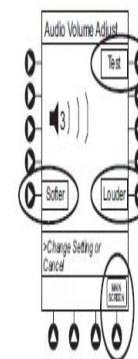
1. Press AUDIO ADJUST soft key.



2. To change volume to desired level, press either **Louder** or **Softer** soft key. To sample alarm loudness level, press **Test** soft key.
  3. To return to PC Unit screen, press **MAIN SCREEN** soft key.
- After 30 seconds without a key press, Main Display appears.

### CAUTION

Setting the audio volume to the **lowest level** will lower all system alarms, including secondary alarms such as End of Infusion.



# REFERENCES:

- ▶ ECRI Institute, Alarm related terms. Paper presented at: Medical Alarms Summit; October 4–5 2011; Herndon, VA
- ▶ The Joint Commission Standards: National Patient Safety Goals 06.01.01
- ▶ Sentinel Event Alert Issue 50: Medical device alarm safety in hospitals
- ▶ AACN Action Pak: Alarm Management Practice Alert  
[www.aacn.org/actionpak](http://www.aacn.org/actionpak)
- ▶ AACN Protocols for Practice: Noninvasive Monitoring, 2<sup>nd</sup> ed (Burns SM, ed: Sudbury, MA: Jones and Bartlett; 2006
- ▶ AACN Practice Alert: Non–invasive Blood Pressure Monitoring  
[www.aacn.org/AACN/practiceAlert](http://www.aacn.org/AACN/practiceAlert)
- ▶ UHB Policy: **CLINICAL ALARM SAFETY**; No. PTSAF–10

# HIPAA Refresher Training

Presented by:

The

Office of Compliance & Audit Services

# Protect & Handle Securely

Protect and Handle Securely



How does HIPAA really work? HIPAA regulations can be complicated but they are all based on one basic idea....

***Information contained in a patient's health record must be handled securely and should not be accessed or shared in ANY manner unless there is a treatment, payment or other job related reason for doing so.***

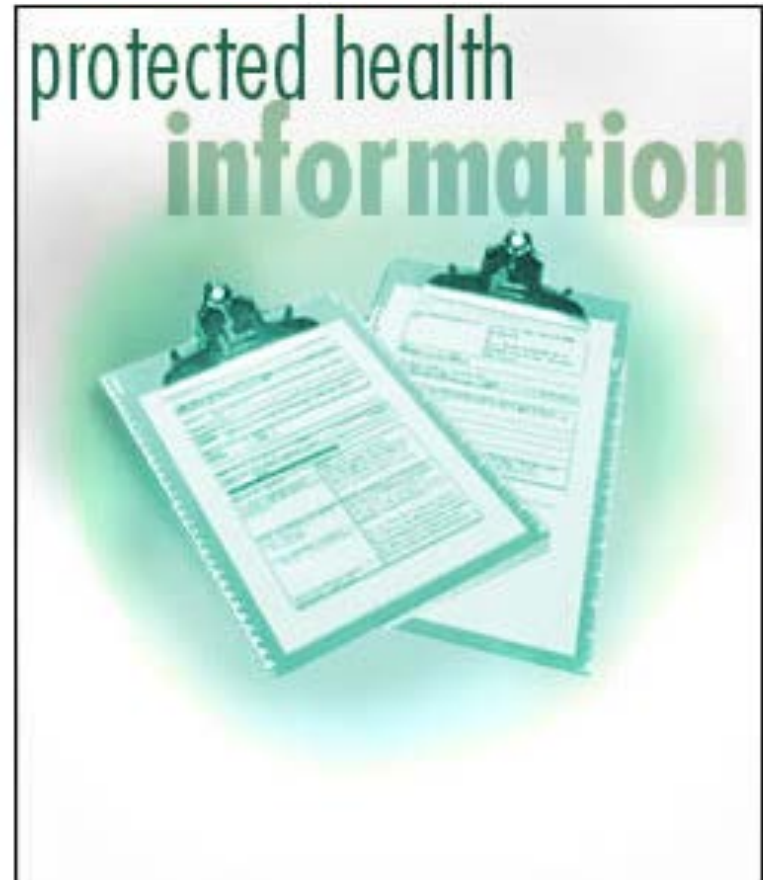
- Even then, the persons accessing and receiving the information must be authorized to do so under HIPAA.
- HIPAA includes specific rules for accessing information, sharing information and maintaining it in a secure environment.
- In general, only the patient or those who are specifically involved in the patient's treatment, payment or healthcare operations (TPO) have the right to see or hear the patient's PHI.

# What Does HIPAA Protect?

Under HIPAA regulations, the health information we've been talking about is called Protected Health Information (PHI). HIPAA itemizes 19 identifiers that, when combined with health information, allow the identification of an individual. In this course, "PHI" means health information combined with one or more of these identifiers.

PHI identifiers include:

- Patient name
- Birthdate
- Address
- Social Security number
- Insurance information
- Payment information including credit card numbers
- Full face photos



*NURSE #1:* I'm having such a hard time with Maria Panelli. I know she's very ill but I just can't do anything right for that woman. She is SO cranky!

*NURSE #2:* Well, try not to take it personally. She's just received some very bad news - - her cancer is inoperable.

HOSPITAL VISITOR: Mrs. Panelli?



Should the nurses be discussing protected health information in an environment where others can overhear?

Should the nurses be discussing protected health information in an environment where others can overhear?

**NO**

- Under HIPAA, you are required to take reasonable precautions to prevent disclosures that are not intended.  
*Clearly the nurses did not think about their surroundings and spoke about protected health information (PHI) when an unknown person could clearly hear it. What if that person had been the patient's husband and he did not yet know of his wife's condition?*
- You must always be aware of your surroundings when discussing PHI and ask yourself the following questions:
  - Am I in an environment where others can overhear? Waiting rooms, hallways, elevators, cafeterias and shared hospital rooms are often not private and provide opportunities for others to overhear PHI being discussed. Check your surroundings before speaking.
  - Do I really need to disclose PHI? If you are not in a private area, think about how much you really need to say. Maybe you don't need to identify the person you are discussing.
  - Can I adapt the physical space to increase privacy? Asking bystanders to move further away, closing a door or curtain or utilizing an empty hallway for discussion are all reasonable precautions that help to protect patient PHI.

*CAROL:* Hey Lori, come on!  
We're waiting for you to go  
to lunch!

*LORI:* Look at this desk! I'm  
in the middle of a huge  
project straightening out all  
these patient accounts.

*CAROL:* And you've been  
sitting for hours. Come on!  
Aren't you hungry?

*LORI:* Ok. I'll come. My  
blood sugar probably is low,  
(looking over her cluttered  
desk)...



Should Lori have left patient files and  
computer data unattended and  
accessible on her desk?



Should Lori have left patient files and computer data unattended and accessible on her desk?

**NO**

- Under HIPAA, protected health information (PHI) in your possession is your responsibility.

*Lori's desk was cluttered with patient files and her computer screen was displaying open patient records. Anyone passing by could learn, acquire or change PHI on a number of patient records.*

- PHI should never be left in an uncontrolled situation.

*To minimize risk, employ common sense practices like returning files to locked or secure storage at the end of each day and always make sure to follow DMC's procedures for handling electronic PHI.*



*DOCTOR:* Sam listen I'm sorry I don't have the test results in yet. I know you're anxious but the reports should be in by... Monday and I will call you just as soon as I've looked them over.

*SAM:* By Monday I'll be on my way to France. Why don't you just send me an e-mail when it's over?

*DOCTOR:* We don't, we don't use e-mail in the practice...

*SAM:* Don't you have a personal e-mail address? Look, I've been seeing you professionally for at least 10 years and we've been friends for about that long. What's the problem?

*DOCTOR:* I guess you're right, what's your e-mail address again?



Is it ever acceptable to send PHI via unencrypted e-mail?

Is it ever acceptable to send PHI via unencrypted e-mail?

**NO**

- Unencrypted email does not secure the information being transmitted.  
*Unencrypted email from cell phones, computers, smartphones and other devices can be intercepted by unauthorized persons.*
- PHI contained in emails including names, addresses, credit card numbers, or even lab results can then be used by criminals for identity theft or other harmful purposes.
- Make sure you always follow DMC's technical safeguards and procedures for electronic PHI.  
*If you are authorized to send work-related emails from your home computer, make sure you follow the policies for working offsite. Check with DMC's HIPAA Security Officer if you do not understand any of the procedures or whether they apply to you.*



Under certain circumstances – pursuant to DMC Policy - a patient themselves may authorize that we communicate their PHI through unencrypted email. This is only permissible when the patient has acknowledged the risks associated with unencrypted transmission and provided written documentation of their authorization to do so.

**WORKER:** I'm looking forward to getting this project finished. Do I have permission to take the data home this weekend?


**BOSS:** Yes, that request was approved. I'm transferring it right now to a portable flash drive. This will have everything you need, just plug it into your computer at home. Here you go! (The worker takes it and accidentally misses his coat pocket; the drive falls on the floor.)

**WORKER:** Oops! I missed that.  
(bending to pick up drive)

**BOSS:** Losing that would be a disaster! You better find a safe place to keep this. And don't forget to bring it back on Monday!



Are there any risks to transporting PHI on portable devices?



Are there any risks to transporting PHI  
on portable devices?



YES

Flash drives are a convenient way to transport digital files -- but these small devices are also easy to lose or steal. Protected health information (PHI) can also be transported on devices like smartphones, cell phones, CD-ROMS, portable disk drives, servers, laptops or back-up tapes. All of these methods of data transportation present unique security issues.

When transporting any mobile device that contains PHI, follow DMC's Mobile Device Usage policy available on the DMC IT website. Some guidelines include:

- Use reasonable safeguards including
  - keeping all bags containing the devices with you at all times;
  - never leaving devices in unsecured vehicles;
  - never leaving devices powered up, accessible and unattended in your home if others live with you.
- Never send PHI via personal email – Downstate's Office Outlook must be used
- Encrypt PHI whenever possible – but always encrypt when transmitting via internet
- **Patient images taken with mobile devices must be uploaded and immediately deleted before going off- site**
- **USB drives/ portable devices containing PHI may never be taken off- site or used for long term/ permanent storage unless they meet DMC encryption standards**

\*\*\* Portable devices include laptops, notebooks, hand-held computers, tablets (iPads), Personal Digital Assistants, smart phones and USB drives \*\*\*



You have just reviewed several scenarios that may or may not include HIPAA violations.

Now identify which of the items listed to follow include HIPAA violations....

Is this a HIPAA Violation?	Yes or No
Accessing medical records of family members, friends, well known people without a job-related reason.	
Leaving PHI in your locked desk drawer.	
Sending unencrypted emails containing PHI from your home computer.	
Transporting PHI on encrypted portable devices with appropriate security measures in place.	
Looking up the PHI of the local star athlete for personal reasons or curiosity.	
Releasing PHI to a patient's spouse without verifying the relationship or checking for appropriate authorization.	
Discussing PHI with a coworker in an elevator when others present can hear.	
Asking a patient to verify his or her Social Security number by writing it down for you.	
Sharing medical information with your friend, a fellow employee, about another fellow employee when there is no job-related reason for your friend to know the information.	

Is this a HIPAA Violation?	Yes or No
Accessing medical records of family members, friends, well known people without a job-related reason.	YES
Leaving PHI in your locked desk drawer.	No
Sending unencrypted emails containing PHI from your home computer.	YES
Transporting PHI on encrypted portable devices with appropriate security measures in place.	NO
Looking up the PHI of the local star athlete for personal reasons or curiosity.	YES
Releasing PHI to a patient's spouse without verifying the relationship or checking for appropriate authorization.	YES
Discussing PHI with a coworker in an elevator when others present can hear.	YES
Asking a patient to verify his or her Social Security number by writing it down for you.	NO
Sharing medical information with your friend, a fellow employee, about another fellow employee when there is no job-related reason for your friend to know the information.	YES





# SAFEGUARDS



- Always avoid removing PHI from DMC's premises unless absolutely necessary.



- Appropriate safeguards must be in place for all PHI in your possession or control, whether on- site or off- site.

## Keep PHI Out of Sight and Out of Earshot!

- Professional conversations should never take place in public areas
- Semi-private rooms: use reasonable precautions (lower your voice)
- Voice messages/Intercom announcements: No info specific to patient's service/conditions
- Monitors should be facing away from public view
- Sign-In Logs should have Name, Date & Time only
- Secure Patient Charts/ Interoffice mail
- NEVER Leave PHI Unattended
- Check with patient or review his/her chart for consent before discussing care with visitors, including stating medications out loud



# SAFEGUARDS

## Keep Databases / Workstations on Lock!

- NEVER share passwords
- Exit / log-out before leaving a workstation
- Use privacy screens on monitors when necessary
- Restrict access to minimum necessary



## Properly Dispose of PHI!

- NEVER dispose PHI in trash cans – Use secure bins or shredders
- All printed materials and copies including faxes, emails, or reports containing PHI must be shredded or placed in secure bins designated for shredding
- Diskettes and CD's must also be disposed of properly; destroyed or placed in designated bins for shredding
- Properly and permanently delete PHI from electronic storage before disposal
- Follow role change / termination procedures to ensure PHI is returned, when appropriate



# [www.downstate.edu/hipaa](http://www.downstate.edu/hipaa)

Check Downstate's HIPAA website for Policies, Resources, and Contact Information

**SUNY DOWNSTATE Medical Center** Find A Physician Home | Library | myDownstate | Newsroom | A-Z Guide | E-mail | Co

Search

**HIPAA**

- Welcome
- HIPAA Privacy Policies
- HIPAA Training Program
- HIPAA Safeguards
- HIPAA Audit Program
- HIPAA Resources
- UPB HIPAA Policies
- HIPAA Links

Home > Office of Compliance and Audit Services - HIPAA

## HIPAA - Health Insurance Portability and Accountability Act

### Welcome to the Downstate HIPAA Web-Site

The purpose of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) is to improve the efficiency and effectiveness of the healthcare system by standardizing the electronic exchange of administrative and financial data and to protect the security and privacy of protected health information (PHI). As a healthcare provider who conducts transactions electronically, SUNY Downstate Medical Center is considered a covered entity under the rule and required by federal law to implement these standards and regulations.

**The regulations are comprised of three essential areas:**

- **Privacy** - *Oversight Responsibility:* Office of Compliance & Audit Services, (718) 270-4033/2095
- **Transaction & Code Sets** - *Oversight Responsibility:* Hospital Finance, (718) 826-4900
- **Security** - *Oversight Responsibility:* Information Services, (718) 270-2431

#### HIPAA Quick Links

- ▶ [Contact Us](#)
- ▶ [Complete HIPAA Training](#)
- ▶ [HIPAA Pocket Guide](#)
- ▶ [Report a Violation](#)
- ▶ [Office of Compliance and Audit Services web site](#)
- ▶ [Patient Notice of Privacy Practices](#)

### Staff

**The Office of Compliance and Audit Services *HIPAA Division* is staffed by the following professionals:**

**RENEE PONCET - Vice President, Compliance and Audit**  
Vanessa Carter - Executive Assistant

**SHOSHANA MILSTEIN, RHIA, CHP, CCS - Assistant Vice President, Compliance and Audit**  
Alexandra Bliss, CHC, CPHIT, CPEHR- Compliance Coordinator  
Jessica Chen, AAS, RHIT - Compliance Training Specialist



# Report HIPAA Violations:



## Compliance Hotline

DMC's confidential Compliance Line is a 24/7 hotline service available as an internal reporting mechanism for reporting illegal or unethical conduct.

**If you become aware of a breach of protected health information or other HIPAA violation, it is up to you to report it!**

- Call: Compliance Line (877)-349-SUNY; or
- Click on "Compliance Line" link on DMC webpage @ [www.downstate.edu](http://www.downstate.edu)



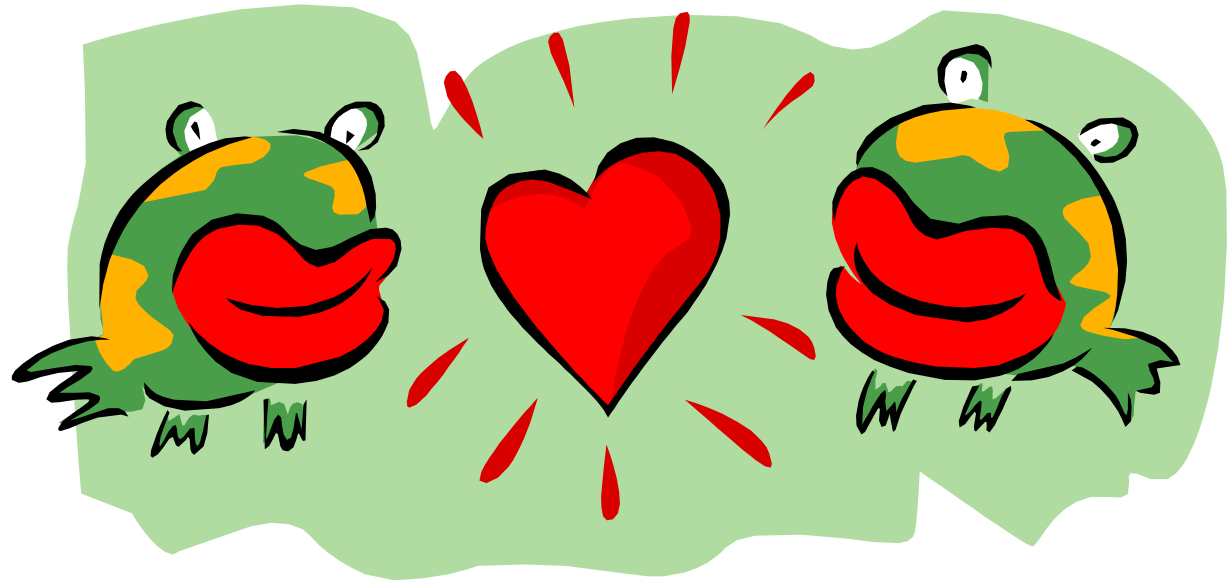
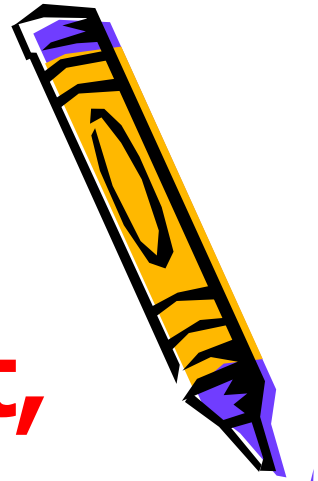
SUNY  
**DOWNSTATE**  
Medical Center

University  
Hospital of  
Brooklyn

**Customer Service**



**Customer Service occurs  
whenever a customer (patient,  
family, visitor) comes into  
contact with any aspect of DMC.**

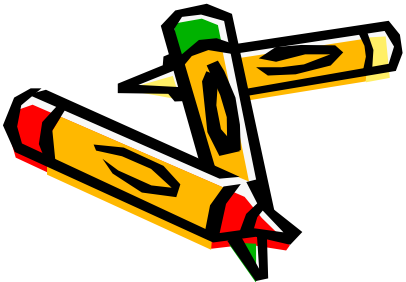


# Who Are Our Customers ?

■ Our customers come from **diverse** cultural, **ethnic**, **linguistic**, **spiritual**, **educational**, and **social** backgrounds

■ Our customers include:

- Our Patients
- Their Families
- Each Other
- The Community



**There are universal human needs that need to be recognized in all individuals.**

**They include the need to:**

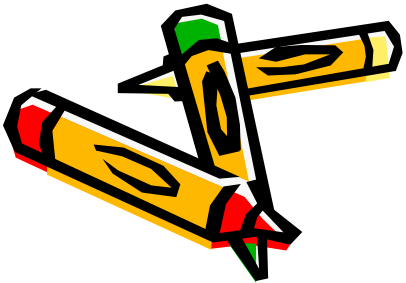
- **feel welcome and receive attention**
- **receive timely service**
- **feel comfortable**
- **be understood**
- **receive help or assistance when required**
- **be recognized and remembered as an individual**
- **feel appreciated**



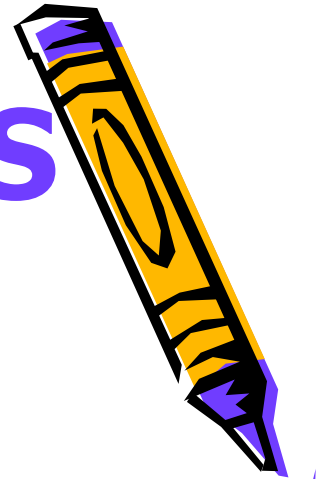


# PROMOTING CUSTOMER SATISFACTION INCLUDES:

- **Establishing rapport/friendly relationships**
- **Listening with accuracy**
- **Anticipating customer concerns and needs**
- **Demonstrating dedication and decorum**



# MAJOR DO'S AND DON'TS OF CUSTOMER SERVICE

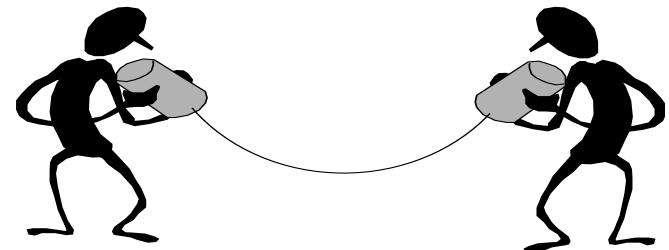
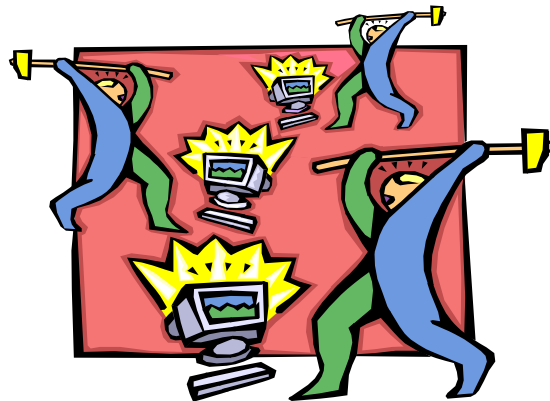


## ■ Don't Say:

- I don't know
- No
- That's not my job
- You want it by when?
- I'm too busy!

## ■ Do Say:

- I'll find out
- How can I assist you
- This is who can help you
- Let's find a solution
- I'll find someone to help you



# CUSTOMER SERVICE FACTS:



- A dissatisfied customer will tell 10-20 people about their experience
- A satisfied customer tells only 1-2 people
- Customers don't care that "it's against policy," they want to know what you can do for them
- Our hospital's reputation can improve or decline based on how well we met our customers' needs
- Excellent customer service helps ensure job security
- Most customers don't make a fuss when they are dissatisfied, they simply don't come back
- Do not criticize your company in front of customers. It gives them a negative impression



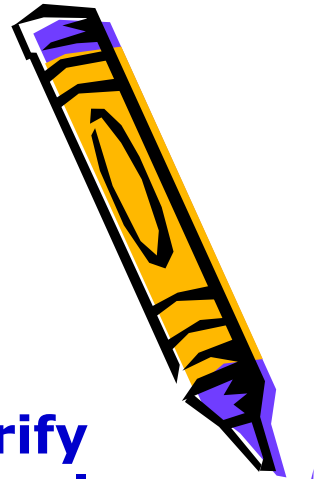
# How can you create a positive impression for customers??



- **Welcome/Greet the customer.**
- **Use customer's name.**
- **Introduce self and role.**
- **Smile, make eye contact.**
- **Use touch**
  - **ask first !!!**
  - **handshake or touch customer's arm, as appropriate**
- **Make customer comfortable-both physically and emotionally**
- **Be polite**
- **Treat customer with respect**
- **Recognize customer as an intelligent being**
- **Give full attention/listen**
- **Use appropriate language - do not talk down to the customer or speak over their heads**



## *What are some techniques you can use to effectively communicate with Customers ???*



- Listen effectively/attentively
- Be sensitive to nonverbal clues
- Give positive cues to customer
- Express concern
- Nod in agreement
- Maintain direct eye contact
- Paraphrase their questions to confirm understanding
- Ask questions to clarify
- Speak clearly and slowly
- Reveal what you CAN do
- Explain reasons (avoid "it's policy")
- Explain process for care and procedures
- Work to educate and inform
- Offer alternative solutions
- Be authentic, genuine



# Cultural Competency in Healthcare



# What is Culture?

- “the learned and shared beliefs, values, and lifeways of a designated or particular group which are generally transmitted intergenerationally and influence one's thinking and action modes”  
*(Leininger, 1995)*
- “health and illness states are strongly influenced and often primarily determined by the cultural background of an individual” *(Leininger, 1970)*





# Our patients are diverse. Let's see just how diverse they are.

- 30% of US population are ethnic minorities
  - By 2050, 50% of the U.S. population will be ethnic minorities
- 28 million are foreign born
- 47 million people speak a language other than English at home
  - Over 300 languages are spoken in the USA
- Ethnic minorities are poorly represented among US healthcare professionals
  - 6% of physicians
  - 9% of nurses
- This discrepancy leads to
  - Poor Health Outcomes
  - Health Disparities





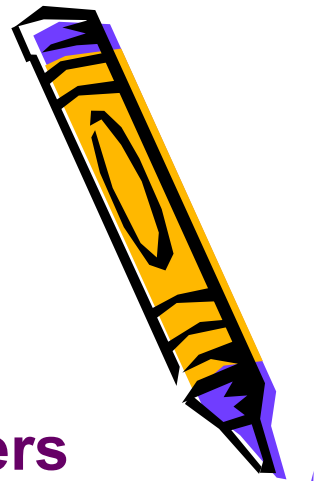
# What Is Culturally Congruent Care ?

- refers to the use of sensitive and meaningful care to fit with a person's values, beliefs, and lifestyles. This may mean helping them with difficult life situations, disabilities, or death  
*(adapted from Leininger, 2002)*



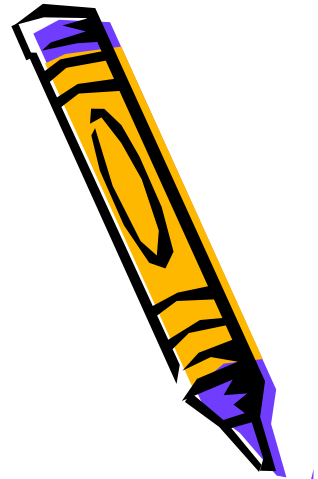
# Why Do We Need To Become Culturally Competent Healthcare Providers?

- **Misunderstandings may occur due to language barriers**
- **Poor communication can lead to medical errors and mistrust**
- **Doctor shopping, late presentation of disease, and inappropriate use of the ED can arise from mistrust of medicine and dissatisfaction with care that is not culturally responsive**
- **Lack of cultural competence and understanding of a patient's health beliefs can contribute to non-compliance, poor health outcomes, and widespread racial/ethnic disparities**



# How do I become Culturally Competent?

- Being culturally competent DOES NOT mean you know everything about every cultural group you work with
- Know your own cultural beliefs and practices-think about how your culture and upbringing affect you
- Learn about the beliefs and values of other people from other cultures
- Integrate these values into the plan of care
- Treat each patient as an individual



# Standards and Guidelines

- The organizations below have developed Standards and Guidelines to ensure that we meet the culture care needs of patients and their families
  - Institute of Medicine
    - Core Competencies for Health Care Professionals
  - Joint Commission
    - Standards for Cultural Competency in Health Care
  - Office of Minority Health
    - National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health Care





U.S. Department of Health & Human Services

The Office of Minority Health  
1-800-444-6472

***Culturally and Linguistically  
Appropriate Healthcare Services  
(CLAS Standards)***



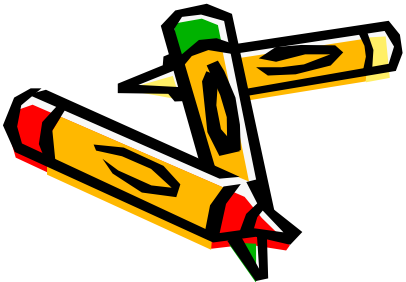
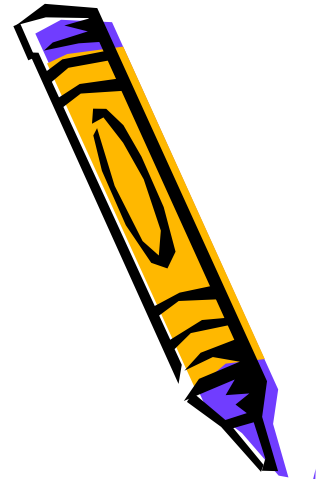
# CLAS Standards

1. Effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.
2. Strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.



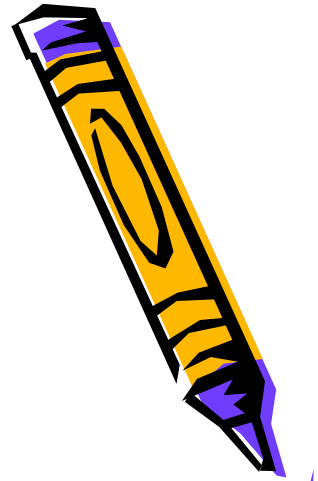
# CLAS Standards

3. Staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
4. Language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.



# CLAS Standards

5. Provide patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6. Competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).





# CLAS Standards



7. Easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.
8. Written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.



# CLAS Standards



9. Initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.
10. Data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.



# CLAS Standards

11. Current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
12. Participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.



# CLAS Standards

13. Conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.
14. Public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

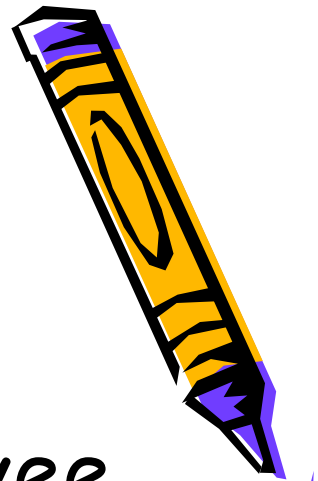


**L.E.P.**

Limited English Proficiency

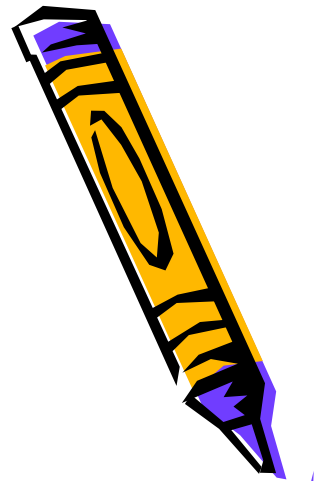
# Definitions of Language Services

- **Interpreter** - a multilingual employee
- **Language assistance coordinator** - responsible for carrying out, overseeing, and ensuring full implementation of language service policies and procedures



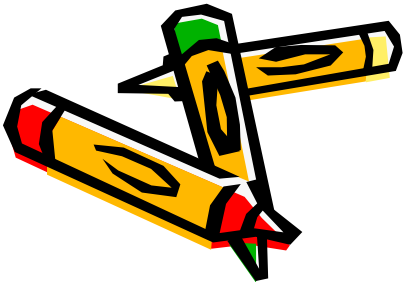
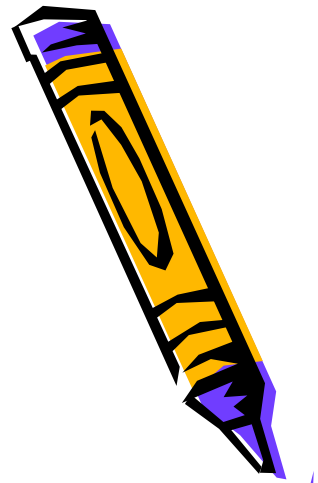
# Definitions of Language Services

- **LEP patient** - patients whose primary language is not English and who cannot speak, read, write or understand the English language at a level sufficient to permit such patient to interact effectively with health care providers



# Why Provide Language Services?

- Title VI of the 1964 Civil Rights Act
- Joint Commission Standards
- 405.7 Patient's Rights
- State and Federal Regulations
- Less Risk for Healthcare Practitioners





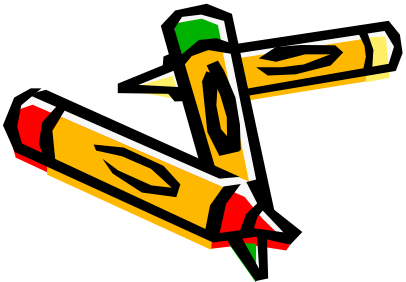
# What Populations Are Targeted?

- Limited English Proficient
- Vision Impaired and Deaf
- Persons with Mental, Developmental, and/or Physical Disabilities
  - Non-verbal
  - Limited verbal ability
  - Limited ability to comprehend and communicate complex medical information



# L.E.P. Program

- Ensures all patients who require language assistance to receive interpretation at no cost to them
- Provides meaningful access to hospital services
  - Interpreters
  - Cyacom phones-If patient's bedside phone is not turned on, dial 5300
  - Translated documents
  - Deaf Talk - For patients who are deaf
  - TTY [telephone telegraphy]



# Requirements

- Language Assistance Coordinator
- Development of Policies and Procedures for the Plan
- Management of skilled interpreters for L.E.P. patients and with vision and/or deaf individuals
- Annual needs assessment of area population
- Translation of significant hospital forms and instructions will be available for languages serving our communities' needs, i.e. Spanish, Haitian Creole



# Meeting an L.E.P. Patient, What to Do?

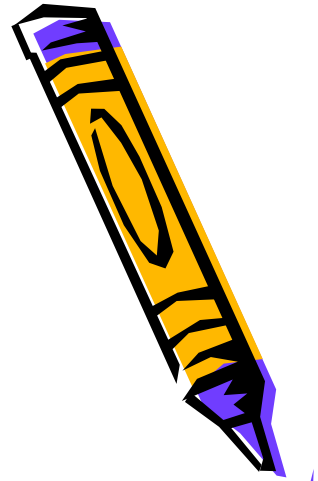
- Inform Patients of Their Right to Free Language Assistance Services
- Identify a L.E.P. Patient's Language
- Time Limit on Securing Language Assistance Services
- Documenting Services Provided in Patient's Chart



# What Happens If A Patient Refuses Our Interpreting Services?

- If a patient refuses our services
  - Bi-lingual Staff Interpreter
  - Cyracom Phone
  - Agency Interpreter

- DOCUMENT, DOCUMENT,  
DOCUMENT!



# What Not to Do!

- DO NOT ask children younger than 16 years of age to interpreter
  - EXCEPTION TO THE RULE
    - Only in an Emergency
- DO NOT use family members, friends or non-hospital personnel as interpreters, unless:
  - the patient agrees to their use
  - free interpreter services have been offered and patient refuses



Infection Prevention & Control Requirements  
Hand Hygiene  
Isolation  
Flu Mask Regulations  
Cleaning Reusable Equipment

REQUIRED BY

HOSPITAL POLICY & PROCEDURE

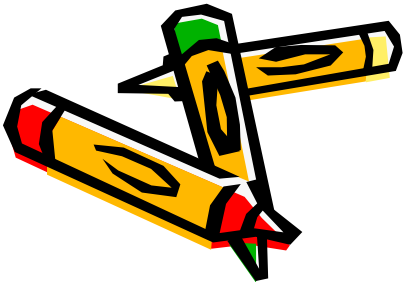
CMS

THE JOINT COMMISSION; NEW YORK STATE DEPARTMENT OF HEALTH &  
NEW YORK CITY DEPARTMENT OF HEALTH & MENTAL HYGIENE



# **INFECTION CONTROL**

- **This section contains the following topics:**
  - **Hand Hygiene**
  - **Transmission of Infection**
  - **Standard/Universal Precautions**
  - **Isolation Procedures**
  - **Safe Injection Practices**





# Compliance with Hand Hygiene and Isolation Precautions

- Hand Hygiene is the most important way to prevent the transmission of infections
- Compliance with isolation procedure reduces the potential for the spread of communicable diseases and multi-drug resistant pathogens
- All personal protective equipment (PPE) including shoe covers must be removed before leaving the patient care area where it was donned.

# Wash/Sanitize Your Hands Before & After Each Patient Contact, Before Donning and After Removing Gloves

- Use a waterless product if hands are not visibly soiled before contact with the patient and/or equipment (e.g. monitors, bedside table, or other equipment in the patients' environment)

**AND**

- Use a waterless product, **ONLY** if hands are not visibly soiled, after contact with the patient and/or equipment (e.g. monitors, bedside table, or other equipment in the patients' environment).

# Wash/Sanitize Your Hands Before & After Each Patient Contact, Before Donning and After Removing Gloves

- Use soap & water if hands are visibly soiled or if the patient has a spore forming pathogen such as *C. difficile*
- Wash your hands for 20 seconds each time (say 1:1000 through 1:2000 or the happy birthday song twice).

# Clean/Sanitize All Reusable Equipment After Each Patient

Include: Glucometer, thermometer, blood pressure cuff, etc.

- Clean with soap & water if visibly soiled
- Sanitize – Wipe down with the available germicidal disposable wipe (PDI Sani-Cloth AF3 must remain wet for 3 minutes).

# Isolation Precautions Requirements

Isolation signs updated 1/2015

- **Use Respiratory Airborne Precautions – color coded BLUE:**
- diseases known to be transmitted via the airborne route - TB, Varicella Zoster
- **Single Room** - Airborne Infection Isolation Room (AIIR) with negative pressure or portable HEPA filter
- Wash/sanitize hands before and after patient contact, (N95 Respirator required for TB; fluid resistant gown ONLY to be worn when performing procedures where soiling is anticipated.



# AIRBORNE



## Precautions



WASH/SANITIZE HANDS N95  
LAVARSE/LIMPIAR LAS MANOS  
LAVE MEN OU/DESENFEKTE



MASK  
MASCARA  
MASK



GLOVES  
GUANTES  
GAN

VISITORS: SPEAK WITH THE NURSE BEFORE ENTERING THE ROOM

VISITANTES: HABLAR CON LA ENFERMERA ANTES DE ENTRARA LA HABITACION

VISITE` : PALE AK ENFIMYE` A ANVAN OU RANTRE NAN CHANM PASYAN AN

# Isolation Precautions Requirements

Isolation signs updated 1/2015

- **Use Droplet Precautions – Color code Green:** diseases known to be transmitted via respiratory droplets - Invasive meningococcal disease, pertussis, H1N1
- Single room preferred, can cohort. Maintain spatial separation of 3 feet.
- Wash/sanitize hands before and after each patient contact; surgical mask is required – (N95 Respirator required for H1N1), fluid resistant gown ONLY worn when performing procedures where soiling is anticipated.



# DROPLET



## Precautions



**WASH/SANITIZE HANDS**  
**LAVARSE/LIMPIAR LAS MANOS**  
**LAVE MEN OU/DESENFEKTE**



**MASK**  
**MASCARA**  
**MASK**



**GLOVES**  
**GUANTES**  
**GAN**

**VISITORS: SPEAK WITH THE NURSE BEFORE ENTERING THE ROOM**

**VISITANTES: HABLAR CON LA ENFERMERA ANTES DE ENTRAR A LA HABITACION**

**VISITE` : PALE AK ENFIMYE` A ANVAN OU RANTRE NAN CHANM PASYAN AN**



# Isolation Precautions Requirements

Isolation signs updated 1/2015

- **Contact Precautions – Color coded Orange:**
- patients with multi-drug resistant pathogens including MRSA, VRE, ESBL, CRE, KPC, *C. difficile*, or with diseases known to be transmitted by direct contact or indirect contact with contaminated objects.
- Single room preferred, can cohort. Maintain spatial separation of 3 feet. Cohort *C. diff* only with another patient with *C. diff*
- Wash/Sanitize hands before and after each patient contact; gowns are worn for close contact when entering patients' room. Fluid resistant mask/face shield, fluid resistant gown worn when performing procedures where splashing & soiling is anticipated.



# contact

---

# Precautions



**WASH/SANITIZE HANDS**  
**LAVARSE/LIMPIAR LAS MANOS**  
**LAVE MEN OU/DESENFEKTE**



**GOWN**  
**BATA**  
**ROB LOPITAL**



**GLOVES**  
**GUANTES**  
**GAN**

**VISITORS: SPEAK WITH THE NURSE BEFORE ENTERING THE ROOM**

**VISITANTES: HABLAR CON LA ENFERMERA ANTES DE ENTRAR A LA HABITACION**

**VISITE` : PALE AK ENFIMYE` A ANVAN OU RANTRE NAN CHANM PASYAN AN**

# Flu Mask Regulations

- NYS Law require all healthcare personnel who did not receive the Flu vaccine during the current Flu season when the Commissioner of Health has declared that Flu is prevalent must wear a **surgical mask** when they are in the patient care areas.
- Mask must be tied at both the top of the head and at the nape of the neck and snugly cover mouth and nostrils.
- N95 Mask should only be used for patients on Airborne Isolation.
- Managers/supervisors in the clinical areas must enforce this requirement.



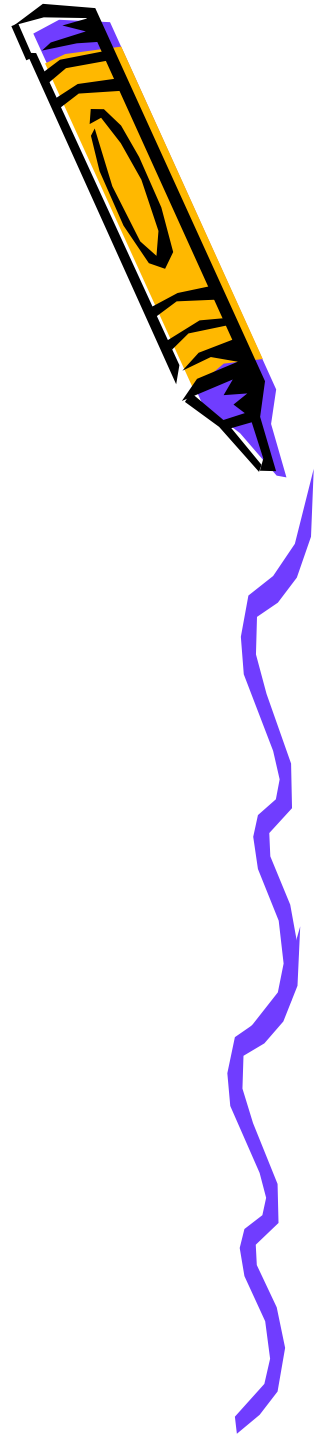
N95 Respirator Mask



Surgical Mask

# SOURCES OF INFECTION

- **Sources of infection include**
  - **patients, employees, or visitors with active disease, incubating or in a carrier state**
  - **Contaminated objects may also be a potential source of infection**

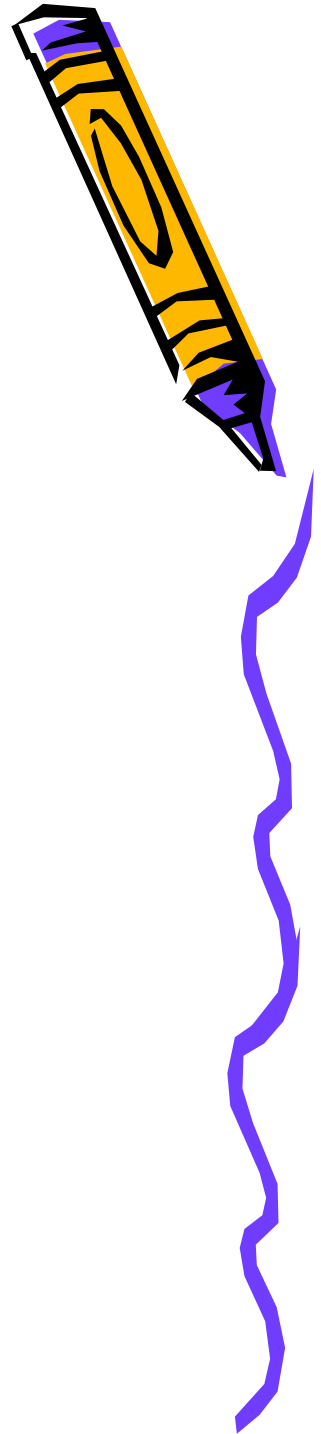


# SPREAD OF INFECTION

What is the Chain of Infection?

For infections to spread you need a(n)

1. **Infectious Agent**
2. **Source/Reservoir**
3. **Means of transmission**
  - **Contact, indirect contact, droplets, airborne, common vehicle or vector**
4. **A susceptible host**
5. **Portal of entry**
6. **Portal of exit**



# STANDARD/Universal PRECAUTIONS

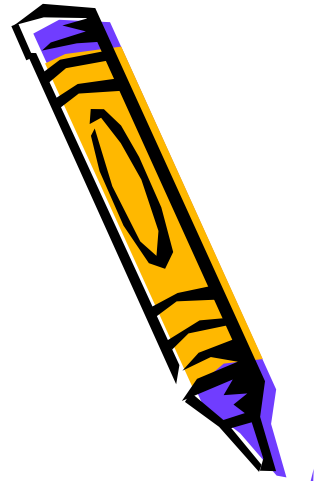
- are used when caring for ALL patients
- includes hand washing/hand hygiene regardless of whether gloves are worn
- wearing gloves when handling all body fluids, secretions, and when handling items soiled with blood or body fluids
- requires the use of protective equipment (gloves, masks, gowns, goggles) when performing procedures that may require contact with
  - blood
  - body fluids
  - secretions (except sweat)
  - non-intact skin and mucous membranes, or
  - any item soiled or contaminated with any of these substances
- changing gloves after each patient contact
- take precautions to prevent injuries when using needles or other sharp instruments
- making sure immunizations are up to date
- Implement evidence-based practices to prevent indwelling catheter urinary tract infections (CAUTI);and Central Line Associated Blood Stream Infection (CLABSI)



# Safe Injection Practices

## "One Needle, One Syringe, Only One Time"

- Providers Shall:
- Never administer medications from the same syringe to more than one patient, even if the needle is changed
- Never use the same syringe or needle to administer IV medications to more than one patient
- Do not administer medications from single-dose vials or ampules to multiple patients or combine leftovers for later use.
- If multi-dose vials must be used, both the needle and the syringe used for accessing the multi-dose vials must be sterile.





# Safe Injection Practices

- The rubber septum should be disinfected with alcohol prior to piercing.
- Do not use intravenous solutions in bags or bottles as a common source of supply for multiple patients.
- Medication vials should be discarded upon expiration or any time there are concerns regarding sterility.
- Ensure proper hand hygiene before handling medications.





# PREVENTION IS PRIMARY!

*Protect patients...protect healthcare personnel...*

*promote quality healthcare!*

*Hand Hygiene is Primary*

**SAFER • HEALTHIER • PEOPLE™**

# FALLS PREVENTION



IS  
Everybody's  
Business

# Fall Definition

**“A sudden, unintentional change in position causing an individual to land at a lower level, on an object, the floor or other surface.”**

**This includes:**

- **Falling into other people**
- **Being lowered to the floor**
- **Loss of balance**
- **Legs giving away**

***Slips and Trips may lead to “Falls”***



*When You See This "Rose",  
Think Falls Prevention !!!*



# *High Risk For Falls*



**R**echarging

**O**ur

**S**afety

**E**fforts



# Recharging Our Safety Efforts

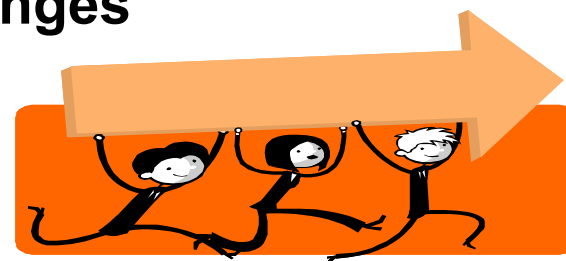
## Common Elements of Fall Risk Assessment:

- History of recent falls
- Depression
- Confusion/Disorientation
- Altered elimination
- Dizziness/Vertigo
- Alteration in functional mobility
  - Amputations
  - Musculoskeletal impairments
- Medications (For Example)
  - Antihypertensives
  - Antidepressives
  - Anticoagulants
  - Diuretics
- IV lines/equipment attached to patient
- Environmental hazards: spills, wires/cords, broken tiles/flooring

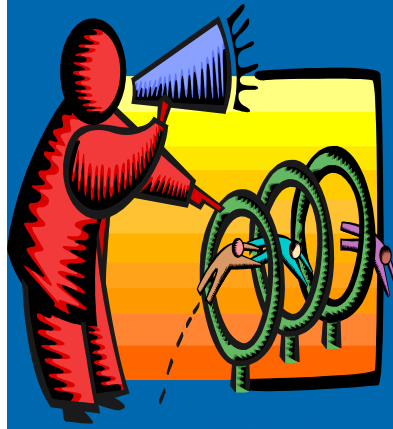


# Recharging Our Safety Efforts

- Change culture.
- Assess/reassess fall risk every shift.
- Assess/reassess when patient's condition changes
- Report environmental hazards
- Identify patient at risk for falls
- Educate the family.
- Develop a team approach to fall assessment and reassessment
- Patients who are at Risk for Falls ...
  - Wear non-skid red foot wear/socks
  - Wear a gold neon wrist band
  - Have a “Rose” sign posted at the patient's room door or over the patient's bed
  - Patients being transported to/from procedural areas will have the “Rose” sign affixed to the front of the chart.
  - The patient's chart **MUST** be sent with the patient when the patient leaves the unit for procedures, surgery, transfer, etc.







# Management of the Environment of Care

- **This section of your Annual Mandatory Education Program includes the following topics:**
  - **Fire Safety**
  - **Electrical Safety**
  - **Hazard Communication**
  - **Radiation Safety**
  - **Disaster/Emergency Preparedness**
  - **Security Management**
  - **Environmental Safety**
  - **Magnetic Resonance Imaging – Safety Issues**



# DOWNSTATE MEDICAL CENTER

**ENVIRONMENTAL HEALTH & SAFETY OFFICE**

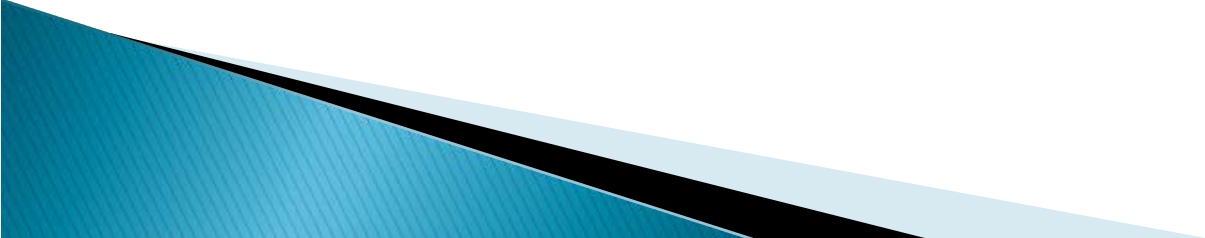
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**SAFETY IN-SERVICE**

**2017**

# SAFETY IN-SERVICE

This presentation provides an overview of occupational safety topics that you need to be aware of while working or volunteering at the SUNY Downstate Medical Center.



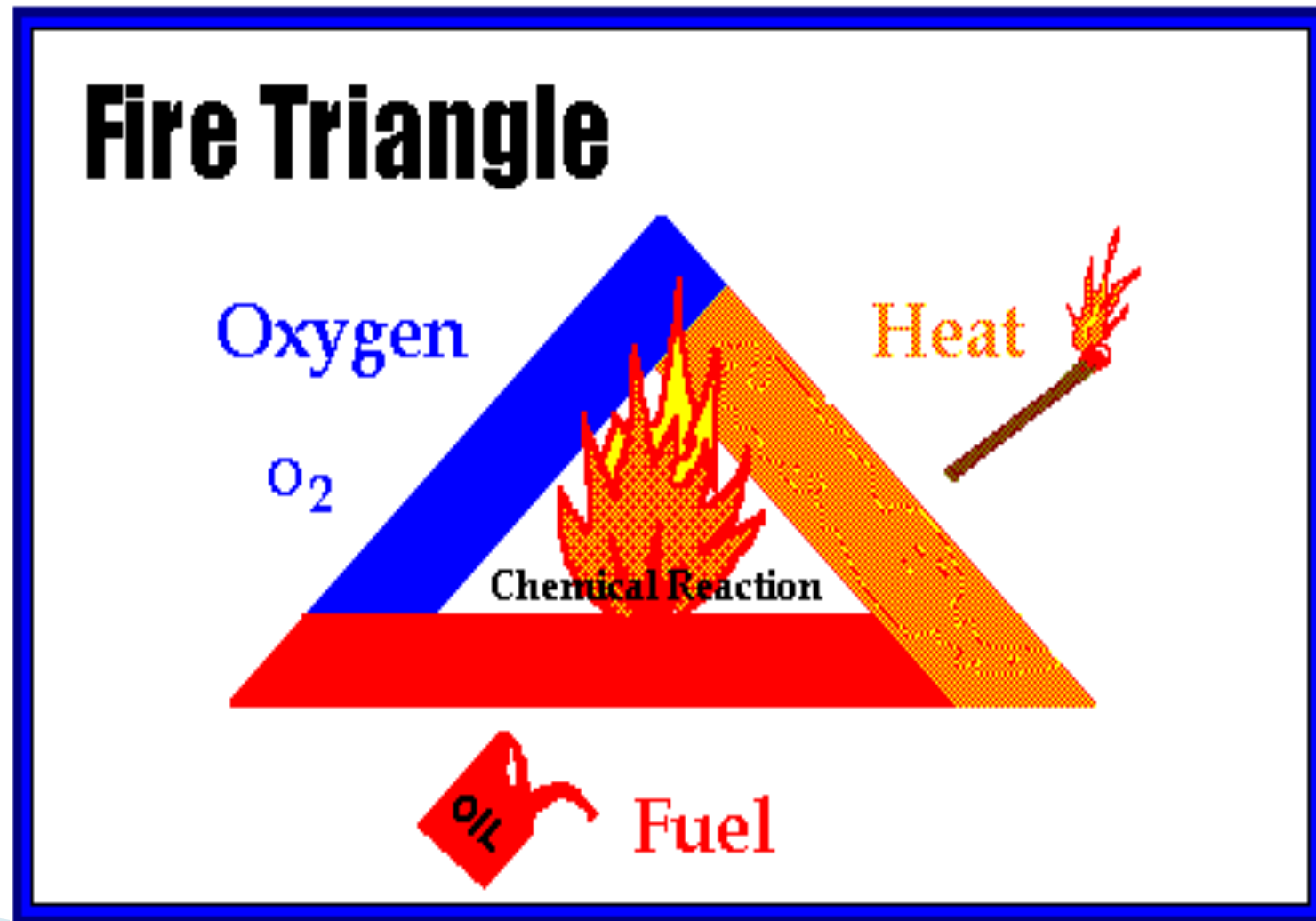
# FIRE SAFETY




# LEARNING OBJECTIVES

- ▶ State the three elements that complete the fire triangle and how to prevent fire.
- ▶ Describe the steps to take during a fire using A.R.C.E. and P.A.S.S.
- ▶ State your responsibilities during a fire:
  - pulling the alarm, alert occupants, and dialing x2626 and reporting the location of the fire.

# FIRE TRIANGLE

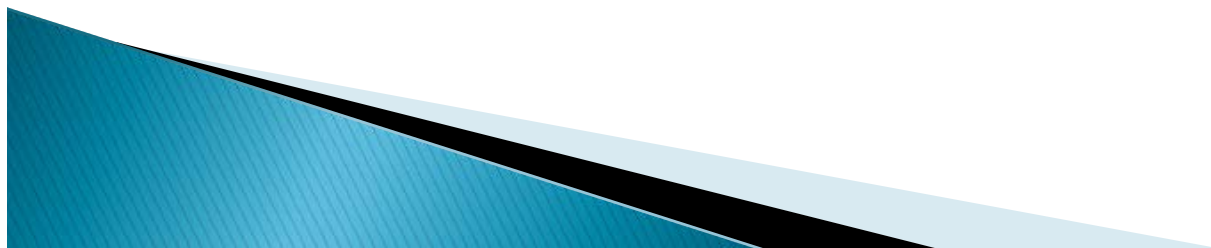


# FIRE TRIANGLE

- ▶ Oxygen, heat, and fuel are frequently referred to as the "fire triangle."
  - ▶ The important thing to remember is: take any of these elements away and you will not have a fire or the fire will be extinguished.
  - ▶ Fire extinguishers put out fire by taking away one or more elements of the fire triangle.
- 

# FIRE PREVENTION

- ▶ Fire safety, at its most basic, is based upon the principle of keeping fuel sources and ignition sources separate.







# What Do We Do When We Discover A Fire?

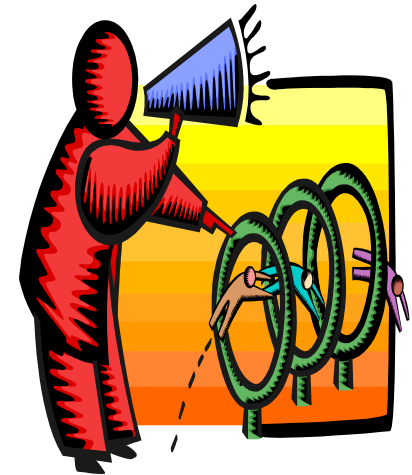


# ALARM

- ▶ Any employee discovering fire or the presence of heat and/or smoke must immediately cause an alarm by shouting “code red” and activating the fire alarm.
- ▶ Go to the nearest pull station and pull on the lever. Dial **x2626**, identify yourself and give the operator the exact location of the fire: building, floor, room number and your name.

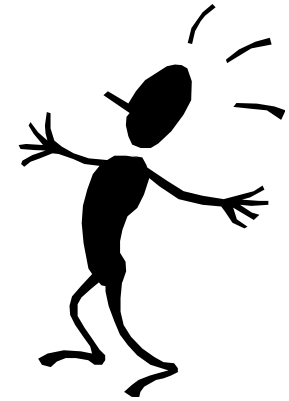
# ALARM

- ▶ Let everyone know that a fire exists.
- ▶ Shouting “Code Red”
- ▶ Pull a fire alarm box
- ▶ Call **x2626** for the University Police



# R-ESCUE/R-EMOVE

- ▶ **R**escue/**R**emove anyone in immediate danger
- ▶ Make certain that all patients or employees are removed from immediate danger of fire or smoke, if possible



# C-ONTAIN

- ▶ Don't allow smoke and fire to spread
- ▶ **Contain** fire by closing doors and windows
- ▶ Move combustible materials away from the fire area
- ▶ Close all doors and windows to confine the fire, smoke, heat or gases.
- ▶ Keep office doors closed

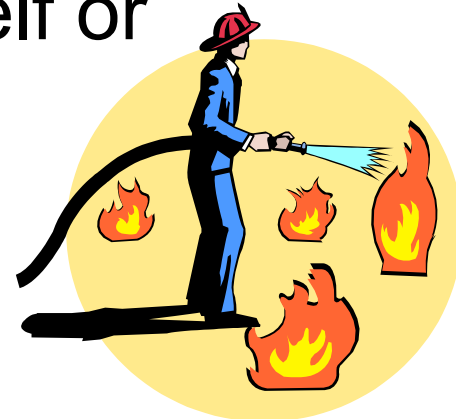


# E-EVACUATION

- ▶ In the event that an evacuation is necessary, the first stage is a **horizontal evacuation** to the adjacent compartment (i.e. east/west across the double corridors doors)
- ▶ A vertical evacuation maybe required an executed at the direction of the Fire Marshal
- ▶ Employees, clients and visitors are moved downward and out of the building
- ▶ Elevators are not to be used for evacuation

# E-XTINGUISH

- ▶ If the fire is small, you may attempt to put it out with the appropriate extinguisher.
- ▶ **Use an extinguisher only after you have initiated an alarm and rescued anyone in danger.**
- ▶ Do not attempt to extinguish the fire if in doing so you endanger yourself or anyone else.



# FIRE EXTINGUISHERS

- ▶ The most common type of fire extinguisher on our campus is:
- ▶ **“A,B,C”** Dry chemical Fire Extinguisher. They can be used on the following types of fires:
  - ordinary combustible fires
  - flammable liquid fires
  - electrical equipment fires





# CLASS A FIRES

- ▶ Ordinary combustibles
  - Wood
  - Paper
  - Plastic
  - Garbage



# CLASS B FIRES

## ▶ Flammable liquids

- Gasoline
- Kerosene
- Solvents
- Oil



# CLASS C FIRES

- ▶ Energized electrical equipment
  - Appliances
  - Switches
  - Panel boxes
  - Power tools



# HOW TO USE A FIRE EXTINGUISHER

- ▶ Pull
- ▶ Aim
- ▶ Squeeze
- ▶ Sweep



# When to use the phrase “Code Red”

- ▶ When a fire situation is discovered the term “**Code Red**” shall be called out loud by any personnel.
- ▶ Any person hearing the phrase “**Code Red**” shall go to the aid of that person calling the “**Code Red**”
- ▶ Any person in the area upon hearing “**Code Red**” called out loud shall pull the fire alarm.
- ▶ If the alarms are inoperative call/dial “**x2626**”. State “**Code Red**”



# Procedures Used in Case of a Fire Alarm



- ▶ Do not use elevators
- ▶ Do not transport patients until code race is cleared
- ▶ Close all doors and windows
- ▶ Keep telephone lines clear (answer only)
- ▶ Wait for “all clear” signal
- ▶ Nursing personnel must know location of unit’s oxygen shut off valve
- ▶ The charge nurse is responsible for turning off the oxygen shut off valve in case of a fire emergency



# FIRE ALARM NOTIFICATION

- ▶ In the event of fire alarm activation (pull-station, heat detector, corridor smoke detector or water flow-sprinkler)
- ▶ Strobes flash, alarm sounds and a pre-recorded voice message on the fire alarm activation compartment, as well as the adjacent compartments.
- ▶ The notification will be as follows:

***"Code Red, Code Red, Hospital Building, 4<sup>th</sup> Floor, Nurse Station 42."*** – REPEATED THREE TIMES –



# FIRE ALARM NOTIFICATION

- ▶ An alarm condition will annunciate (*audible and visual indication*) at each Nurses Station annunciator panel. Nursing Staff on the floors adjacent compartment will respond and assist the affected Nursing Station.

## Nurses Station Annunciator Panel





# FIRE ALARM NOTIFICATION

- ▶ The affected compartment will investigate and prepare for horizontal evacuation.
- ▶ The adjacent compartment will prepare corridors for evacuating patients.
- ▶ *“Attention... Your attention please... An emergency condition has been reported in your area. **Affected areas** prepare for horizontal evacuation. If asked to evacuate, walk, do not use elevator. Walk, do not use elevator.”*

# EVACUATION PREPARATION MESSAGE

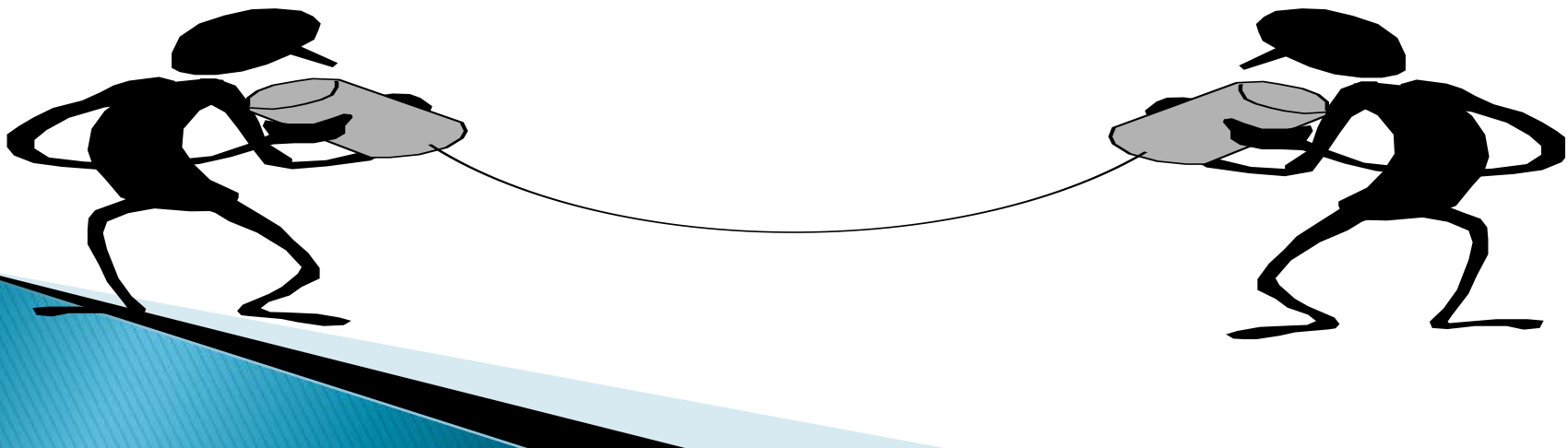
- ▶ *“Attention... Your attention please... An emergency condition has been reported in your area.*
- ▶ ***Affected areas prepare for horizontal evacuation. If asked to evacuate, walk, do not use elevator. Walk, do not use elevator.”***

## ALL CLEAR TO RE-OCCOUPY

- ▶ *“Attention... Your attention please... The building emergency condition has been cleared...you may return to your normal activities...the building emergency condition has been cleared... you may return to your normal activities.”*

# Attention!!!

- ▶ Don't waste time. While someone is activating the alarm, other personnel should begin to remove individuals from the area of immediate danger, close windows and doors.
- ▶ Always remain as calm as possible.
- ▶ Communicate and work together as a team.



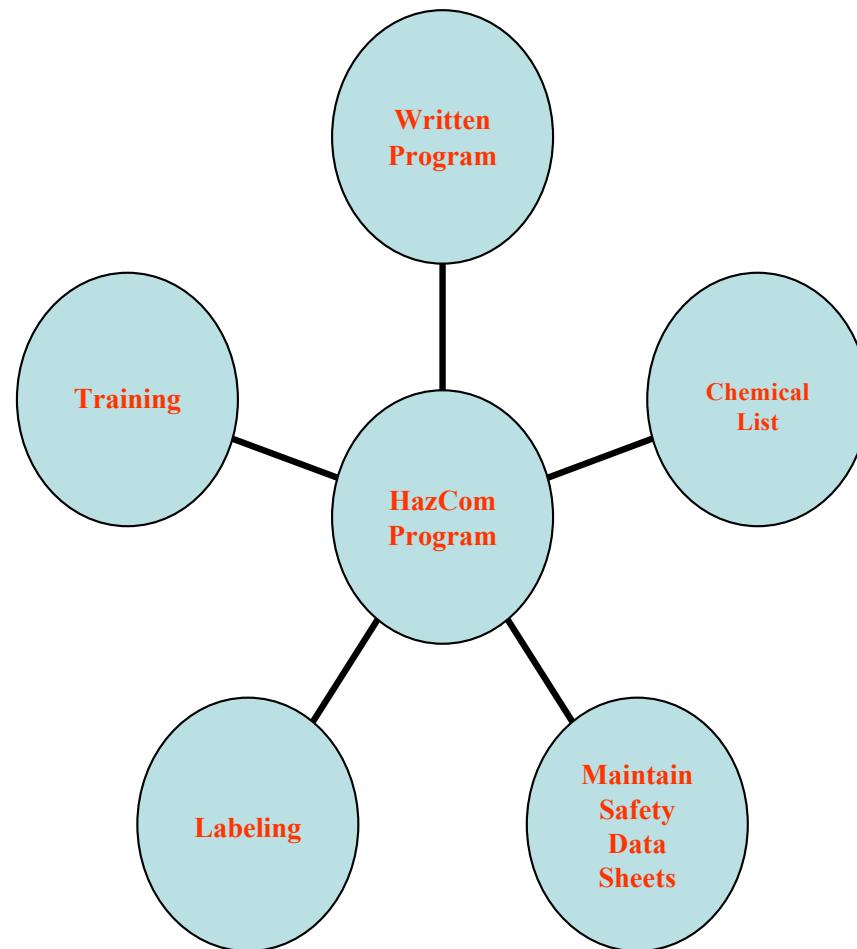
# HAZARD COMMUNICATIONS

**YOU HAVE A  
RIGHT-TO-KNOW!**

# LEARNING OBJECTIVES

- ▶ Define a hazardous chemical.
- ▶ Recognize physical and health hazard warnings on container labels.
- ▶ Locate and review Safety Data Sheets (SDS), to identify health and safety risks associated with chemicals.
- ▶ Identify requirements for proper secondary container labeling, chemical spill clean-up, and personal protective equipment.

# Hazard Communication Program Elements



# Hazardous Materials & Wastes Management

- ▶ The Right-To-Know Law or Hazard Communication Standard require employers to provide training upon initial assignment and when new chemical hazard is introduced
- ▶ Give information pertaining to hazardous materials in the workplace. Upon an employee's request, the employer shall provide a safety data sheet (SDS) specific to the chemical





# Hazardous Materials & Wastes Management

- ▶ The Safety Data Sheet or SDS, is a document supplied by the chemical manufacturer that describes the characteristics of their products



## How to Gain Access to Downstate Medical Center Safety Data Sheet (SDS) On-line

Please follow all instructions carefully. If any difficulties are encountered while trying to gain access to this information, please call the Environmental Health & Safety Office at x1216.

1. Go to [www.downstate.edu](http://www.downstate.edu)
2. On the left side of the computer screen, there is a list of services offered by SUNY. Click on the [“Administration”](#)
3. Scroll Down to [“Intranet”](#)
4. Click On: [“Safety Data Sheets”](#)
5. A search page comes-up with the following information:

Common Name: \_\_\_\_\_

Manufacture Name: \_\_\_\_\_

Full Text: \_\_\_\_\_

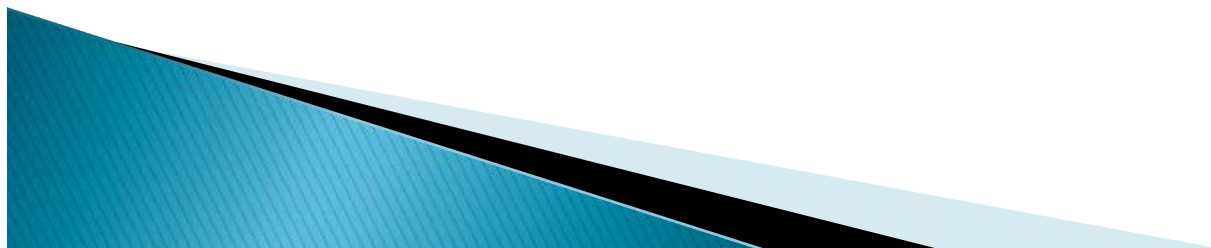
6. Type in [name of chemical or the manufacturers’ name](#), whichever is applicable/available. Then click on the [‘Search option’](#)
7. If no results came up when using the name of the chemical or the manufacturer’s name, a [full-text search](#) with name of the chemical can also be done to find the available information.

# Safety Data Sheets (SDS)

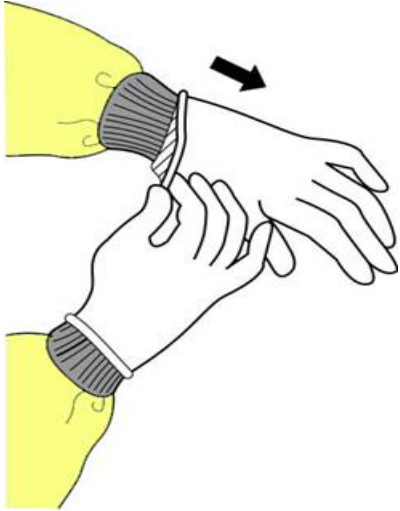
- ▶ Obtain SDS for all hazardous chemicals present or produced
- ▶ Obtain from manufacturer, distributor, retailer, or on-line resources
- ▶ Organize SDS so they may be located quickly
- ▶ SDS must be readily accessible to employees during all shifts

# Route of Entry

- ▶ Chemicals can only cause health effects when they come into contact with your body.
- ▶ Routes of Entry
  - Skin contact (absorption through the skin or damage on contact to skin or eyes)
  - Inhalation
  - Ingestion
  - Injection












# Personal Protective Equipment



# How are Hazards Communicated – Label Elements

- ▶ **Signal word** – Indicate the relative level of severity of hazard and alerts the reader to a potential hazard on the label
  - ***Danger*** – used for more severe hazards
  - ***Warning*** – used for less severe
- ▶ **Hazard statement** – Describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard
  - Toxic if inhaled
  - Causes severe burns and eye damage
  - Extremely flammable liquid
- ▶ **Pictograms**

# GHS Pictograms

<p style="text-align: center;"><b>Health Hazard</b></p>  <ul style="list-style-type: none"> <li>▪ Carcinogen</li> <li>▪ Mutagenicity</li> <li>▪ Reproductive Toxicity</li> <li>▪ Respiratory Sensitizer</li> <li>▪ Target Organ Toxicity</li> <li>▪ Aspiration Toxicity</li> </ul>	<p style="text-align: center;"><b>Flame</b></p>  <ul style="list-style-type: none"> <li>▪ Flammables</li> <li>▪ Pyrophorics</li> <li>▪ Self-Heating</li> <li>▪ Emits Flammable Gas</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>	<p style="text-align: center;"><b>Exclamation Mark</b></p>  <ul style="list-style-type: none"> <li>▪ Irritant (skin and eye)</li> <li>▪ Skin Sensitizer</li> <li>▪ Acute Toxicity</li> <li>▪ Narcotic Effects</li> <li>▪ Respiratory Tract Irritant</li> <li>▪ Hazardous to Ozone Layer (Non-Mandatory)</li> </ul>
<p style="text-align: center;"><b>Gas Cylinder</b></p>  <ul style="list-style-type: none"> <li>▪ Gases Under Pressure</li> </ul>	<p style="text-align: center;"><b>Corrosion</b></p>  <ul style="list-style-type: none"> <li>▪ Skin Corrosion/Burns</li> <li>▪ Eye Damage</li> <li>▪ Corrosive to Metals</li> </ul>	<p style="text-align: center;"><b>Exploding Bomb</b></p>  <ul style="list-style-type: none"> <li>▪ Explosives</li> <li>▪ Self-Reactives</li> <li>▪ Organic Peroxides</li> </ul>
<p style="text-align: center;"><b>Flame Over Circle</b></p>  <ul style="list-style-type: none"> <li>▪ Oxidizers</li> </ul>	<p style="text-align: center;"><b>Environment (Non-Mandatory)</b></p>  <ul style="list-style-type: none"> <li>▪ Aquatic Toxicity</li> </ul>	<p style="text-align: center;"><b>Skull and Crossbones</b></p>  <ul style="list-style-type: none"> <li>▪ Acute Toxicity (fatal or toxic)</li> </ul>

# Sample Label

## **Product Identifier**

CODE \_\_\_\_\_

Product Name \_\_\_\_\_

## **Supplier Identification**

Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Emergency Phone Number \_\_\_\_\_

## **Precautionary Statements**

Keep container tightly closed. Store in cool, well ventilated place that is locked.

Keep away from heat/sparks/open flame. No smoking.

Only use non-sparking tools.

Use explosion-proof electrical equipment.

Take precautionary measure against static discharge.

Ground and bond container and receiving equipment.

Do not breathe vapors.

Wear Protective gloves.

Do not eat, drink or smoke when using this product.

Wash hands thoroughly after handling.

Dispose of in accordance with local, regional, national, international regulations as specified.

**In Case of Fire:** use dry chemical (BC) or Carbon dioxide (CO<sub>2</sub>) fire extinguisher to extinguish.

### **First Aid**

If exposed call Poison Center.

If on skin (on hair): Take off immediately any contaminated clothing.

Rinse skin with water.

## **Hazard Pictograms**



## **Signal Word**

Danger

## **Hazard Statement**

Highly flammable liquid and vapor.

May cause liver and kidney damage.

## **Supplemental Information**

Directions for use

\_\_\_\_\_

\_\_\_\_\_

Fill weight: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Gross weight: \_\_\_\_\_ Fill Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_



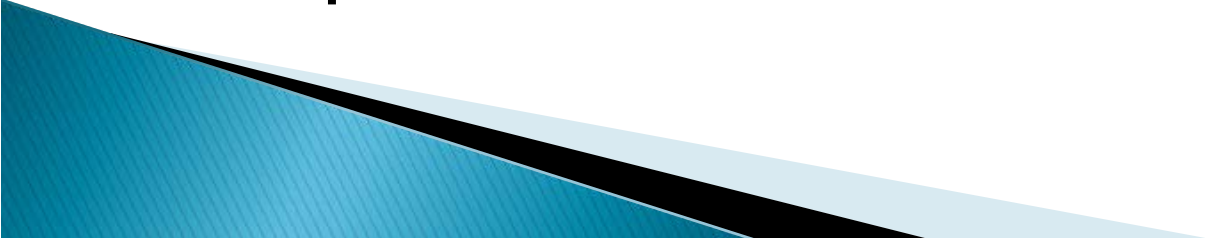
# EMPLOYEES RIGHTS

- ▶ You have the right to work in an environment that is *free from recognized hazards that are likely to cause death or serious harm.*
- ▶ You also have the right to:
  - information about workplace hazards,
  - exercise your rights without discrimination or reprisal

# EMPLOYEES RIGHTS

- request your medical examination and exposure monitoring results.
- ▶ Receive hazard communication training upon hire and refresher training as needed thereafter.

# EMPLOYEES RESPONSIBILITIES

- ▶ Use personal protective equipment as required.
  - ▶ Inform your supervisor of accidents, chemical exposure symptoms, unlabeled containers, and malfunctioning or unsafe equipment.
  - ▶ Follow safety procedures including container labeling, safe use, storage and disposal.
- 

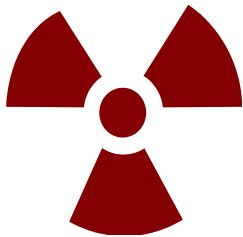
# **HAZARDOUS MATERIALS AND WASTE**

# LEARNING OBJECTIVES

- ▶ Identify the key components of the Hazard communication program: Right-to-Know, Safety Data Sheets (SDS) and PPE's.
- ▶ Identify the different types of waste streams in the Hospitals and Health Centers and how to properly dispose of waste.

# Hazardous Materials & Wastes Management

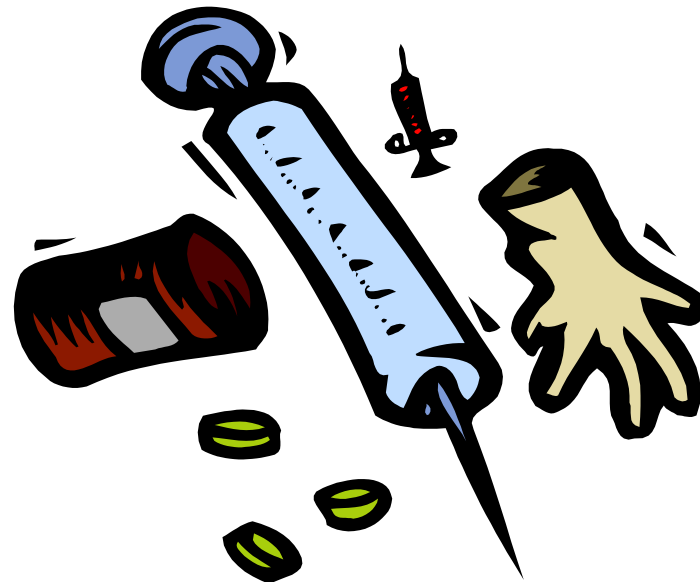
- ▶ Hazardous waste consist of the following categories:
  - *regulated medical waste or infectious waste*
  - *chemical waste*
  - *radioactive waste*



# Regulated Medical Waste

## ▶ The General Categories of regulated medical waste are:

- Clinical sharps that include but are not limited to:
  - *Medical needles*
  - *Scalpel blades*
  - *Glass slides*
  - *Blood vials*



# Regulated Medical Waste

- ▶ Human blood and blood products, including plasma and blood-soaked materials.
- ▶ Human pathological materials:
  - ***Body tissues***
  - ***Organs***
  - ***Fluids***





# Regulated Medical Waste

Culture and stocks of:

- ▶ ***Infectious agents***
- ▶ ***Vaccines***
- ▶ ***And the items contaminated by these materials***

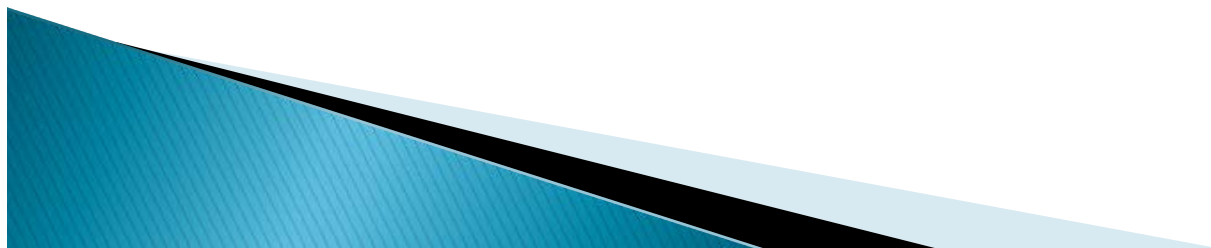


# Regulated Medical Waste

- ▶ Animal pathological materials:
  - *Animal tissues*
  - *Organs*
  - *Body fluids*
  - *Carcasses*
  - *And beddings*
- ▶ Any item that has the bio-hazard symbol on it

# Handling Regulated Medical Waste

- ▶ Regulated medical wastes are placed in red bags, specially designed and marked containers and removed from site for decontamination or destruction
- ▶ Regulated medical waste is **never** mixed with regular garbage



# Chemical Waste Disposal

- ▶ Chemical wastes are any liquid, solid or gaseous substances which are flammable, have toxic properties, can cause air and water pollution if released into the atmosphere, or produce adverse physiological reaction

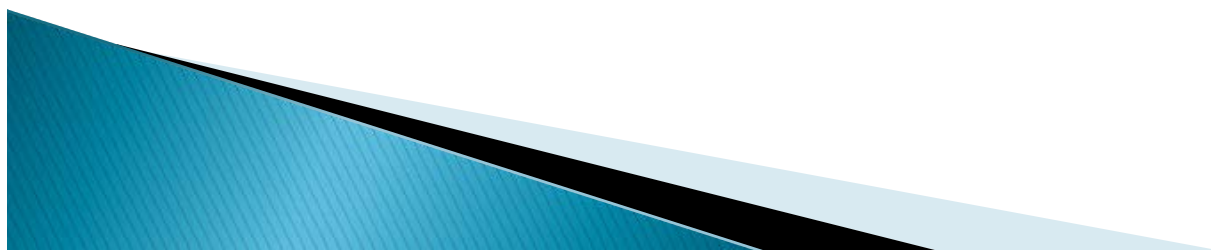
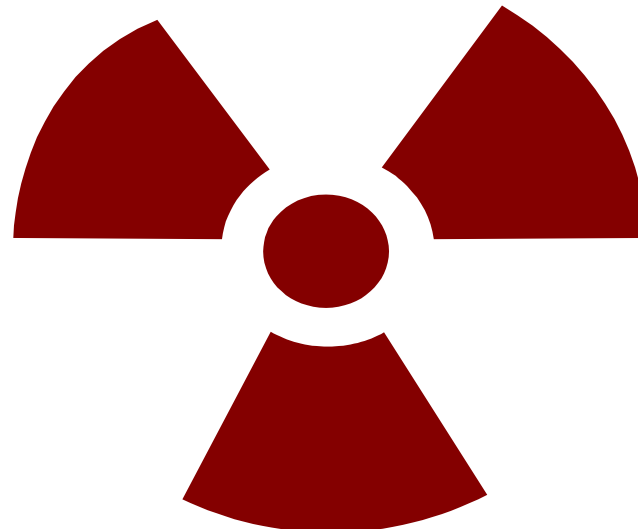


# Handling of Chemical Waste

- ▶ Disposal of chemical wastes is handled by the *Office of Environmental Health & Safety @ x1216 or x3389.*
- ▶ The waste must be in appropriate containers with labels of the waste's identity or composition.

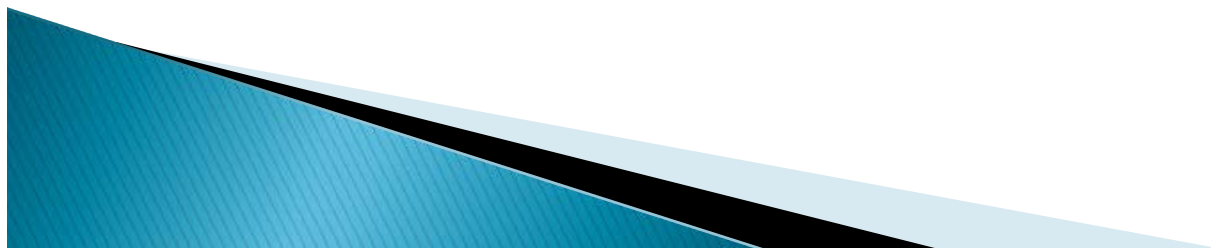
# Radioactive Waste Disposal

- ▶ Radioactive materials are solid, liquid, or gaseous substances that emit ionizing radiation
- ▶ When they lose their radioactive properties, they can be disposed of as chemical waste



# Handling of Radioactive Waste

- ▶ Procurement of radioactive materials and disposal of radioactive waste are coordinated by the *Office of Radiation Physics @ x1423*.



# EQUIPMENT SAFETY





# Electrical Safety



- ▶ Check to ensure equipment maintenance sticker is current prior to use.
- ▶ Extension cord use is **prohibited**.
- ▶ Power strips with a circuit breaker are permitted.
- ▶ Inspect all equipment and cords for damaged wiring, plugs, cords, EKG leads, etc.

# Electrical Safety

- ▶ Use caution when operating electrically powered equipment around sources of water (sinks & wet floors)
- ▶ If equipment does not operate properly, turn it off, unplug it, affix a defective tag, notify supervisor and send equipment for repair



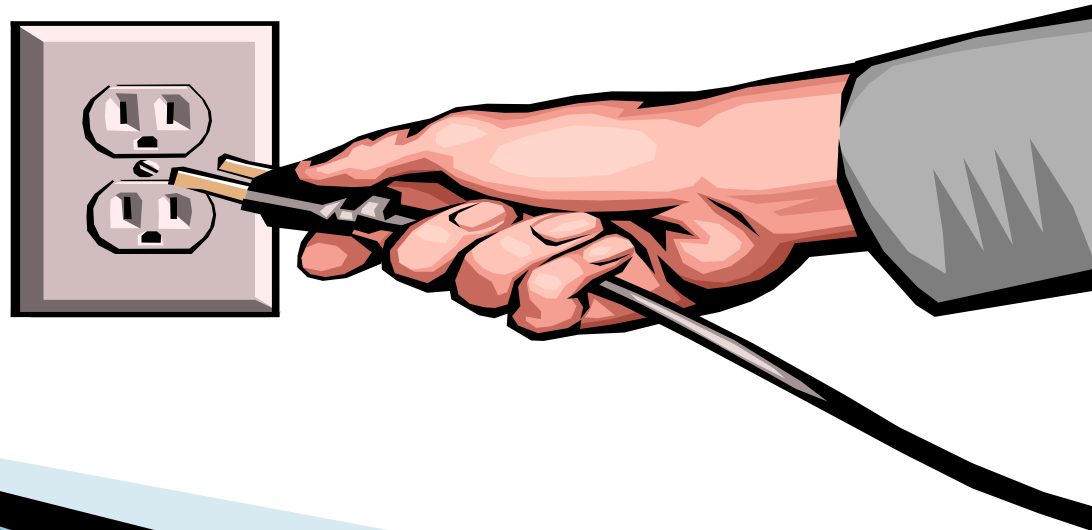
# Electrical Safety

- ▶ Any equipment or Biomedical device (purchased, rented and loaned) must be inspected by the Scientific Measurement, Instrumentation & Calibration Department (SMIC) prior to use.
- ▶ Send all malfunctioning medical equipment to SMIC Department or call x2385.



# Emergency Generator Outlet System

- ▶ Provides emergency power if an electrical failure occurs.
- ▶ The **red outlets** are used for life support equipment such as ventilators, cardiac monitors etc.
- ▶ Always disconnect plugs from the wall by grasping the safety plug and not the power cord.



# RADIATION SAFETY



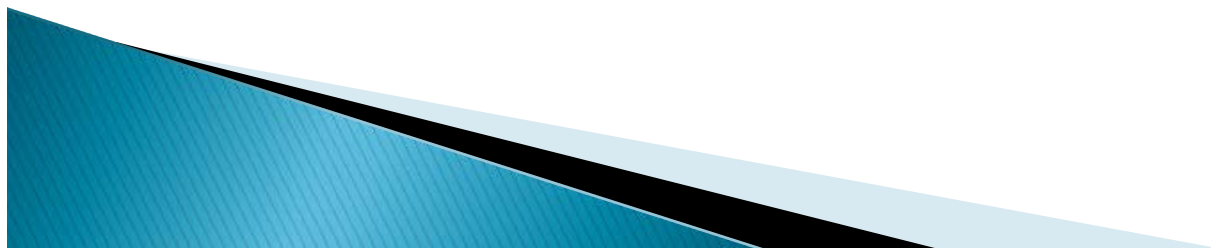
# Radiation Safety

- ▶ The guidelines for radiation safety include:
  - The less time in contact with the source, the less exposure
  - “Maximum Exposure” allowed is  $\frac{1}{2}$  hour per provider shift
  - A film badge or dosimeter should be worn by all employees in close proximity to patients



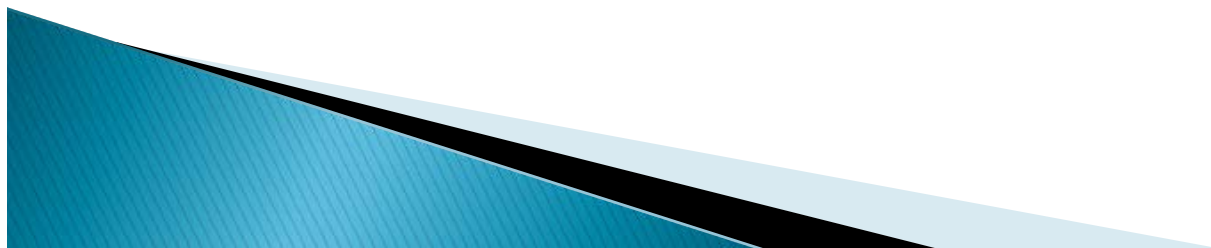
# Radiation Safety

- ▶ In general pregnant health care providers receiving diagnostic or therapeutic treatments should not care for patients with implants or assist with x-ray examinations.
- ▶ Consult the Radiation Office at x1423 for specific instructions.
- ▶ Children under 18 are not allowed to visit patients with implants or work radiation devices unless enrolled in a specific course.



# Radiation Safety

- ▶ Personal Safety Measures:
  - Wear a film badge when performing all duties which involve x-ray machines and radioactive sealed or unsealed sources.
  - Wear only the film badge assigned to you. Do not exchange badges with co-workers
  - Report lost or misplaced film badges to the Radiation Office so that a replacement can be issued.





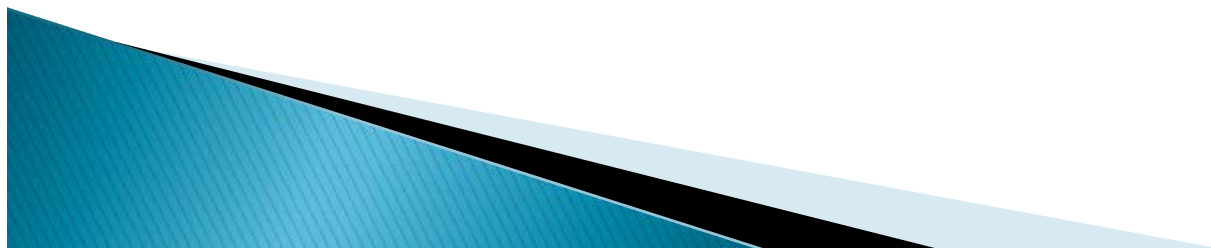
# Radiation Safety

- ▶ Do not interchange film badges or wear both badges, if working at more than one institution.
- ▶ Do not wear film badge while receiving medical or dental x-rays.
- ▶ Do not expose film badges to extreme heat.
- ▶ Do not wear film badge under lead or shielding aprons.



# Radiation Safety

- ▶ Wear appropriate shielding when assisting patients.
- ▶ Leave the room or stand 6 feet from the source while portable x-rays are taken, unless wearing protective gear.



# Disaster/Emergency Preparedness



# Emergency Preparedness Plan

- The emergency preparedness plan outlines your role and responsibilities should a disaster occur in the hospital or in the community
- Be sure to learn and follow your department's specific disaster and call back plan
- In the event that you receive a bomb threat, you **MUST** notify
  - University Police at x2626
  - and your immediate supervisor



Who Ya Gonna  
Call for other  
codes?

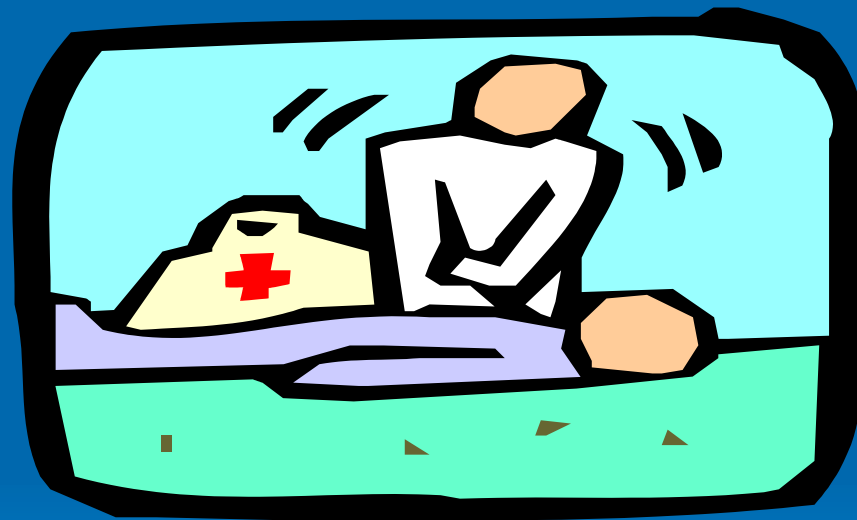


*CODE  
BUSTERS*

# FOR CARDIAC ARREST (aka CODE 99) and EARLY ACTIVATION CODE 66

CALL x2323 - adult

CALL x4040 - child



- The operator will announce this as a “Code 99” - a notification that a patient, visitor, or staff member is experiencing medical emergency

# DO WE HAVE OTHER CODES?

## Yes!

- Code D
  - Full Disaster
- Code H
  - Acute Chest Pain (Dial x2323)
- Code M (MOM)
  - Maternal Hemorrhage/Emergency (Dial extension 2323)
- Code PINK
  - Infant Abduction (Dial x2121)
- Code N
  - Neonatal Emergency (Dial x4040)

# DO WE HAVE OTHER CODES?

## Yes!

### ➤ Code S

- Acute Stroke (Dial x2323)

### Code SI

- Acute Stroke Intervention (Dial x2323)

### ➤ Code Purple (ED)

- ED Patient Volume Extended
- Incident Command Center Activated Call Ext. 2121

### ➤ OB Code Purple

- To Alleviate OB/L&D Obstetrical Overcrowding
- Call Ext. 2323

### ➤ Code Ice

- Induced hypothermia for post cardiac arrest victims via EMS (Dial x2323)



What if I need Security STAT  
call ext 2626



# Identification Cards

- **Wearing an identification card maintains a safe and secure hospital environment**
- **Patients have the right to know who is providing care for them (It is the law!)**
- **Co-workers have the right to know your name, title, and department**

# Reporting a Security Incident

- All UHB staff who witness physical altercations, theft, observe anyone with a weapon, and any other incidents must immediately call University Police at x2626



# Environmental Safety

## ➤ Spills

- Wet floors are one of the most common reasons people fall

## ➤ Falls

- Prevent falls by
  - Identifying people at risk for falls
  - Reporting dangerous situations such as wet floors or wires/cables on the floor

## ➤ The Environment

- Make sure the environment is
  - clear of clutter, wires, and spills
  - well lighted

## ➤ Pushing Carts

- Always be able to see over the cart that you are pushing
- Items MUST NOT be above eye level
- Make sure to remove any objects that may obstruct your view
- Just like driving a car, **KEEP YOUR EYES ON THE ROAD** at all times so you are able to see where you are going

# Report Spills and Prevent Falls

## ➤ Reporting Spills

- Notify your manager and the appropriate emergency responders immediately
- Contact Environmental Services Department Monday – Friday: 7:00 AM – 5:00 PM at x2997 or x2998
  - After 5:00 PM: in the event voicemail picks up, call the Page Operator (x2121) and have them contact the housekeeping supervisor on the shift
  - Weekends: in the event voicemail picks up, contact the Page Operator (x2121) and have a housekeeping supervisor contacted
- Information to Report:
  - Name and extension of person reporting the spill
  - Exact location of the spill
  - What instrument was broken
  - Amount of water or liquid
  - What action has been taken so far

## ➤ Precautions Taken By Cleaner:

- Caution signs are placed
- Gloves are worn
- Safety Glasses or Goggles are used

# Magnetic Resonance Imaging

- For your safety and the safety of your patients, please remember
  - THE MAGNET IS ALWAYS ON!!!!!!
- Failure to maintain safety in this restricted area can result in serious injury or death
- The primary danger related to MRI is the powerful magnetic field that will attract iron – containing objects and may cause them to move suddenly
  - This sudden movement is called the Missile Effect and poses a risk to the patient or anyone in an object's flight path



# Magnetic Resonance Imaging

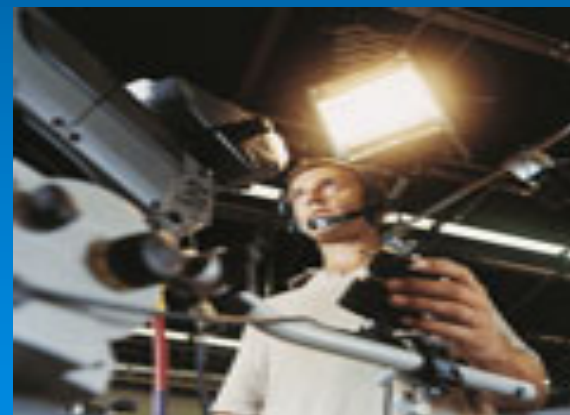
➤ The following items CANNOT be brought into the area where the MRI system is located

- Screwdrivers
- Hammers
- Knives
- Keys
- IV poles
- Mops/Metal buckets

- Oxygen tanks
- Watches
- Jewelry
- Items/clothing that may have metallic threads or fasteners
- Patients with
  - implants (surgical clips, orthopedic hardware, pacemakers, ICDs)
  - Nicotine patches
  - tattoos

# How Do I Respond to the Media

- Refer the media (newspaper, radio, reporters, TV) inquiries/questions to Institutional Advancement at x1176 or to the administrator-on-duty on off-tours, weekends, and holidays





# CMS Final Rule on Emergency Preparedness

SUNY UHB Emergency Preparedness

# CMS Final Rule

- Goals:
  - Address systematic gaps in past responses
  - Establish consistent framework for all healthcare entities
  - Encourage coordination

# CMS Final Rule

- Emergency Prep part of CMS since 11/16/16
- Providers must be compliant by 11/16/17

# CMS Final Rule

- Emergency Prep part of CMS since 11/16/16
- Providers must be compliant by 11/16/17
- Non-compliance: Remediation and Termination

# Components

- 40+ different requirement areas, applying to 17 types of providers
- GNYHA identified 9 areas relevant to most hospitals
- Additional requirement areas for transplant centers

# E-0004

## Develop and Maintain EP Program

Text	Interpretation	Survey
<p>The hospital must comply with all applicable Federal, State, and local emergency preparedness requirements.</p> <p>The hospital must develop and maintain a comprehensive emergency preparedness program that meets the requirements of this section, utilizing an all-hazards approach.</p>	<p>Need an emergency prep plan that is specific to facility, is reviewed annually and considers particular hazards most likely to occur</p> <p>Natural disasters Man-made disasters <b>Facility-based disasters</b></p>	<ul style="list-style-type: none"><li>● Request to see copy of the plan and review it</li><li>● Ask faculty leadership to identify the hazards in the RA and how RA was conducted</li><li>● Verify it has been updated annually</li></ul>

# E-0006

## Maintain Annual EP Updates

Text	Interpretation	Survey
<p>The facility must develop and maintain an emergency preparedness plan that must be reviewed, and updated at least annually. The plan must do the following:</p> <p>(1) Be based on and include a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.</p>	<p>Similar to previous</p>	<ul style="list-style-type: none"><li>● Request to see copy of the plan and review it</li><li>● Ask facility leadership to identify the hazards in the RA and how RA was conducted</li><li>● Verify it has been updated annually</li><li>● Verify RA is based on facility-specific all-hazards approach</li></ul>

# E-0007

## EP Program Patient Population

Text	Interpretation	Survey
<p>The plan must do the following:</p> <p>(1) Address patient/client population, including but not limited to, patients at risk; the types of services the facility has the ability to provide in an emergency; and continuity of operations, including delegations of authority and succession plans.</p>	<p>Emergency plan must specify pop served by facility, esp <b>AT-RISK</b>.</p> <p>Emergency plan must include succession planning and continuity of operations</p>	<p>Interview leadership to describe:</p> <ul style="list-style-type: none"><li>● At-risk population in facility</li><li>● Strategies for addressing their needs</li><li>● Services facility can provide during emergency</li><li>● Plans to continue operations during emergency</li><li>● Succession plans</li></ul>



# E-0015

## Sustenance Needs

Text	Interpretation	Survey
<p>At a minimum, the policies and procedures must address the following:</p> <p>(1) The provision of subsistence needs for staff and patients whether they evacuate or shelter in place, including:</p> <ul style="list-style-type: none"><li>(i) Food, water, medical and pharmaceutical supplies</li><li>(ii) Alternate sources of energy to maintain:<ul style="list-style-type: none"><li>(A) Temperatures to protect patient health and storage of provisions.</li><li>(B) Emergency lighting.</li><li>(C) Fire detection, extinguishing, and alarm systems.</li><li>(D) Sewage and waste disposal.</li></ul></li></ul>	<p><b>Facilities must be able to provide subsistence of all patients and staff</b></p> <p><b>Alternative sources of energy depend on facility</b></p>	<ul style="list-style-type: none"><li>• <b>Verify emergency plan includes policies for subsistence needs</b></li> <li>• <b>Verify emergency plan includes policies to maintain temperature, lighting, fire detection, and sewage.</b></li></ul>

# E-0020

## Evacuation Policies/Procedures

Text	Interpretation	Survey
<p>At a minimum, the policies and procedures must address the following:</p> <p>Safe evacuation from the hospital, which includes consideration of care and treatment needs of evacuees; staff responsibilities; transportation; identification of evacuation location(s); and primary and alternate means of communication with external sources of assistance.</p>	<p>Must have evacuation protocols for staff, patients, family members, volunteers, and other</p> <p>These protocols must address transportation services</p> <p>Policies for evacuation triage and communication of patients' records</p> <p>Outline primary and alternative methods of communication with external sources of assistance</p>	<ul style="list-style-type: none"><li>Review the emergency plan to verify it includes policies and procedures for safe evacuation from the facility and that it includes all of the required elements.</li></ul>

# E-0037

## EP Training Program

Text	Interpretation	Survey
<p>The hospital must do all of the following:</p> <ul style="list-style-type: none"><li>(i) Initial training in EP policies and procedures to all new and existing staff, individuals providing on-site services under arrangement, and volunteers, consistent with their expected roles.</li><li>(ii) Provide EP training at least annually.</li><li>(iii) Maintain documentation of the training.</li><li>(iv) Demonstrate staff knowledge of emergency procedures.</li></ul>	<p><b>Must provide EP training to all new (during orientation) and existing staff at least once a year</b></p> <p><b>Flexible focus of the training</b></p> <p><b>Must be evaluated and documented</b></p>	<ul style="list-style-type: none"><li>• Ask for copies of the facility's initial EP training and annual EP training offerings.</li><li>• Interview staff to verify staff knowledge of emergency procedures</li><li>• Review a sample of staff training files to verify staff have received initial and annual emergency preparedness training.</li></ul>

# E-0039

## EP Testing Requirements

Text	Interpretation	Survey
<p>The hospital must</p> <p>(i) Participate in a full-scale exercise that is community-based or when a community-based exercise is not accessible, an individual, facility-based. If the hospital experiences an actual natural or man-made emergency that requires activation of the emergency plan, the hospital is exempt from engaging in a community-based or individual, facility-based full-scale exercise for 1 year following the onset of the actual event.</p> <p>(ii) Conduct an additional exercise</p> <ul style="list-style-type: none"><li>-A second full-scale exercise that is community-based or individual, facility-based.</li><li>- A tabletop exercise that includes a group discussion led by a facilitator, using a narrated, clinically-relevant emergency scenario, and a set of problem statements, directed messages, or prepared questions designed to challenge an emergency plan.</li></ul> <p>(iii) Analyze the hospital's response to and maintain documentation of all drills, tabletop exercises, and emergency events, and revise the hospital's emergency plan, as needed.</p>	<p><b>Must conduct at least a tabletop drill AND a full-scale exercise annually</b></p> <p><b>Drill can be community-based or individual facility-based</b></p> <p><b>Must document compliance and lessons learned from drills in last 3 years</b></p>	<ul style="list-style-type: none"><li>• <b>Ask to see documentation of annual tabletop and full-scale exercises</b></li><li>• <b>Ask to see efforts to identify full-scale community based exercise</b></li><li>• <b>Request documentation of facility's analysis and response, as well as update to emergency plan</b></li></ul>

# E-0041

## Emergency Power

Text	Interpretation	Survey
<p>The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) 62 of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section.</p> <p>Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code, Life Safety Code, and NFPA 110.</p> <p>Emergency generator inspection and testing. The hospital must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>Emergency generator fuel. Hospitals that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p>	<p><b>Hospitals must comply with NFPA 101 (LSC) and NTPA 99 requirements, plus implement emergency and standby power systems to meet subsistence needs based on facility's established emerg plan</b></p> <p><b>Perm generators must be located, maintained, tested and fueled under NFPA 99 and NFPA 110 guidelines</b></p>	<ul style="list-style-type: none"><li>• Verify that the hospital has the required emergency and standby power systems to meet the requirements of the facility's emergency plan and corresponding policies and procedures</li><li>• Review the emergency plan for "shelter in place" and evacuation plans.</li></ul>

# E-0042

## Integrated Health Systems

Text	Interpretation	Survey
<p>If a hospital is part of a healthcare system consisting of multiple separately certified healthcare facilities that elects to have a unified and integrated emergency preparedness program, the hospital may choose to participate in the healthcare system's coordinated emergency preparedness program.</p> <p>(1) Demonstrate that each separately certified facility within the system actively participated in the development of the unified and integrated emergency preparedness program.</p> <p>(2) Be developed and maintained in a manner that takes into account each separately certified facility's unique circumstances, patient populations, and services offered.</p> <p>(3) Demonstrate that each separately certified facility is capable of actively using the unified and integrated emergency preparedness program and is in compliance [ (4) The unified and integrated emergency plan must also be based on and include a documented community-based risk assessment and facility-based risk assessment, utilizing an all-hazards approach.</p> <p>(5) Include a coordinated communication plan, and training and testing programs</p>	<p><b>If desired, healthcare systems with multiple facilities can develop single unified EP plan</b></p> <p><b>Unified plan must address the unique circumstances at each facility and include coordinated communication and training plan</b></p>	<ul style="list-style-type: none"><li>• Verify if the facility has opted to be part of its healthcare system's unified and integrated EP program and check documentation.</li><li>• Ask to see a copy of the entire integrated and unified EP program and all required components (emergency plan, policies and procedures, communication plan, training and testing program)</li></ul>

# Transplant/ESRD Centers

# E-0002/0005/043

## Transplant EP Plan

Text	Interpretation	Survey
<p>A transplant center must have policies and procedures that address emergency preparedness. These policies and procedures must be included in the hospital's emergency preparedness program.</p>	<p>The transplant center's EP plans must be included in the hospital's emergency plan and be involved in hospital's risk assessment.</p> <p>A representative from each transplant center must be actively involved in development of hospital's EP plan</p>	<ul style="list-style-type: none"><li>• Verify the transplant center has EP policies and procedures.</li><li>• Verify that the transplant center's EP policies and procedures are included in the hospital's EP program.</li><li>• Verify hospital documentation that a representative from each transplant center participated in development of EP plan</li></ul>



# E-0003

## ESRD EP Plan

Text	Interpretation	Survey
<p>The dialysis facility must comply with all applicable Federal, State, and local emergency preparedness requirements. These emergencies include, but are not limited to, fire, equipment or power failures, care related emergencies, water supply interruption, and natural disasters likely to occur in the facility's geographic area. The dialysis facility must establish and maintain an emergency preparedness program that meets the requirements of this section.</p>	<p><b>The ESRD facility must develop and update an EP plan that meets all the health and safety needs of their patient population during an emergency.</b></p>	<ul style="list-style-type: none"><li>• Ask to see written or electronic documentation of the program.</li></ul>



SUNY  
**D**OWNSTATE  
Medical Center

University  
Hospital of  
Brooklyn

**Workplace Safety**  
**Protect Your Back; Protect**  
**Your Patients**

# Proper Body Mechanics

- **Definition: Body mechanics is the utilization of correct muscles to complete a task safely and efficiently, without undue strain on any muscle or joint**

# Principles of Good Body Mechanics

- **Maintain a stable center of gravity**
  - Keep your center of gravity low
  - Keep your back straight
  - Bend at the knees and hips
- **Maintain a Wide Base of Support. This will provide you with maximum stability while lifting**
  - Keep your feet apart
  - Place one foot slightly ahead of the other
  - Flex your knees to absorb jolts
  - Turn with your feet
- **Maintain the Line of Gravity. The line should pass vertically through the base of support**
  - Keep your back straight
  - Keep the object being lifted close to your body
- **Maintain Proper Body Alignment.**
  - Tuck in your buttocks
  - Pull your abdomen in and up
  - Keep your back flat
  - Keep your head up
  - Keep your chin in
  - Keep your weight forward and supported on the outside of your feet

# Techniques of Good Body Mechanics

## ■ Lifting

- Use the stronger leg muscles for lifting
- Bend at the knees and hips; keep your back straight
- Lift straight upward, in one smooth motion

## ■ Reaching

- Stand directly in front of and close to the object
- Avoid twisting or stretching
- Use a stool or ladder for high objects
- Maintain a good balance and a firm base of support
- Before moving the object, be sure that it is not too large or too heavy

## ■ Pivoting

- Place one foot slightly ahead of the other
- Turn both feet at the same time, pivoting on the heel of one foot and the toe of the other
- Maintain a good center of gravity while holding or carrying the object

## ■ Avoid Stooping

- Squat (bending at the hips and knees)
- Avoid stooping (bending at the waist)
- Use your leg muscles to return to an upright position

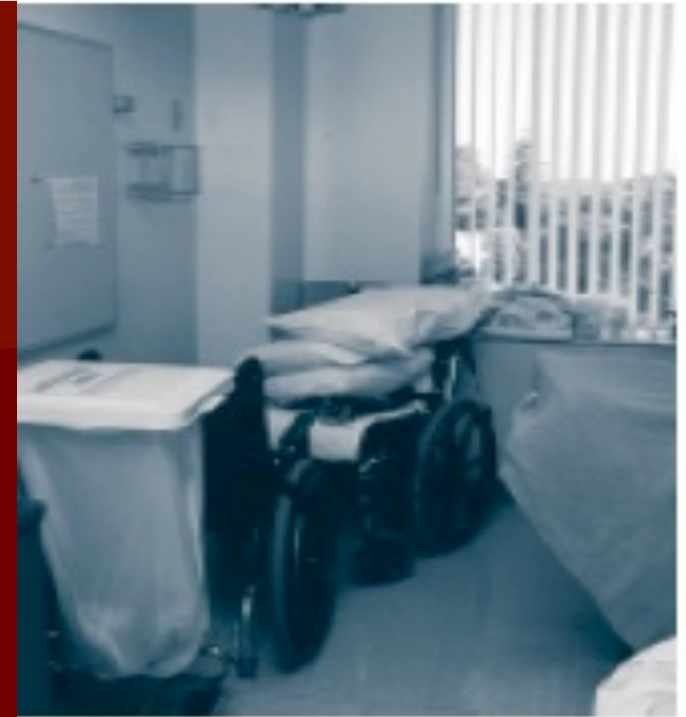
# General Considerations

- **It is easier to pull, push, or roll an object than it is to lift it**
- **Movements should be smooth and coordinated**
- **Less energy or force is required to keep an object moving than it is to start and stop it**
- **Use the arm and leg muscles as much as possible, the back muscles as little as possible**
- **Keep the work as close as possible to your body. It puts less of a strain on your back, legs, and arms**
- **Rock backward or forward on your feet to use your body weight as a pushing or pulling force**
- **Keep the work at a comfortable height to avoid excessive bending at the waist**
- **Keep your body in good physical condition to reduce the chance of injury**

# Lifting

When lifting or moving patients, there are a number of factors which can lead to the development or aggravation of back injuries, including

- 1. Physical demands of work*
- 2. Equipment and facilities*
- 3. Work practices or administrative issues*
- 4. Personal factors*



**Be cautious of**

**Bending, twisting or reaching when:  
*Attaching gait or transfer belts with handles (e.g., the bed or chair is too low or far away)***

***Providing in-bed medical care (e.g., the bed is too low and side rails up)***

***Washing patient's legs and feet in a shower chair (e.g., the shower chair is too low and access is limited)***

***Dressing or undressing patients or residents***

***Repositioning or turning patients in bed (e.g., the side rails are up, bed is too low, and the provider reaches across patient or resident)***

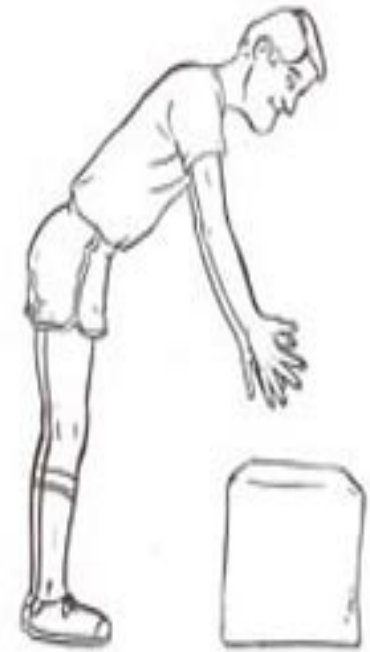
***Performing stand-pivot transfers (e.g., the wheelchair is too far from the bed and the providers twist their bodies instead of moving their feet )***





**Top: Incorrect lifting technique**  
**Bottom: Proper lifting technique**

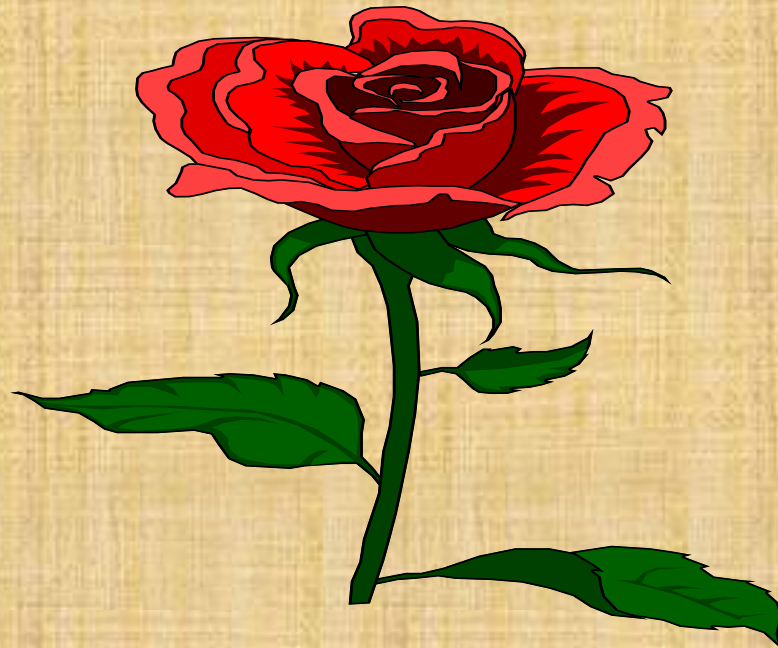
- **Pick up load and bring it close to you**
- **Lift by using your legs and buttocks and push up to straighten your body**
- **If turning, DON'T twist. Turn your feet by taking small steps**



# Remember ...

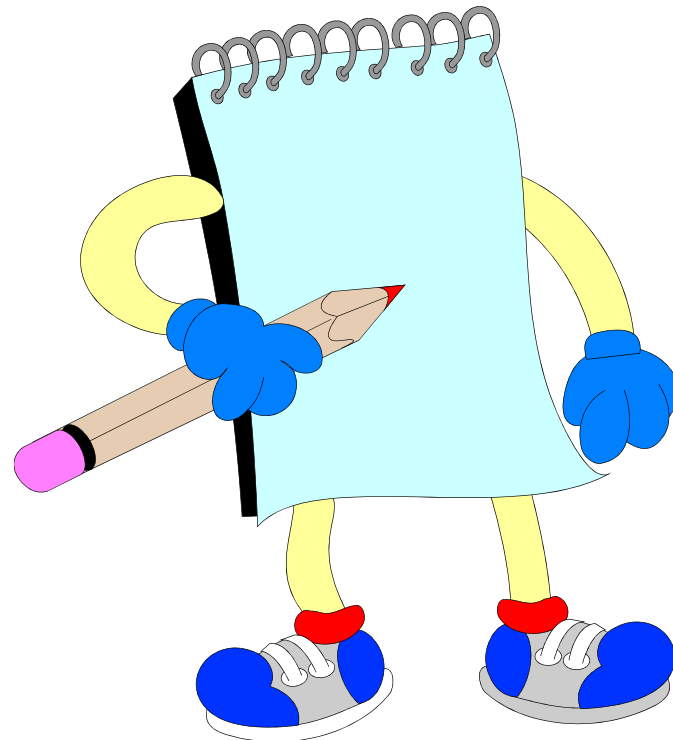
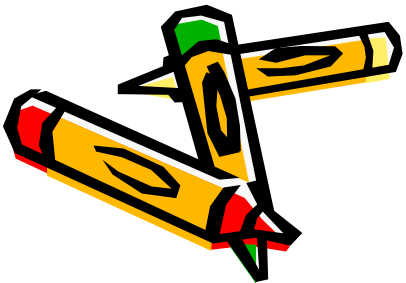
- **Use proper body mechanics in order to avoid the following:**
  - **Excessive fatigue**
  - **Muscle strains or tears**
  - **Skeletal injuries**
  - **Injury to the patient**
  - **Injury to assisting staff members**

**What YOU Know About  
Domestic Violence  
Can Save A Life !!!!**



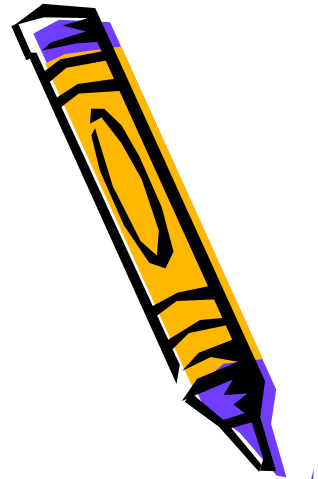
# Give Me The Facts!!!!!!!

- ✓ **1 in 4 households are involved in active abuse**
- ✓ **Domestic violence carries over into the workplace**



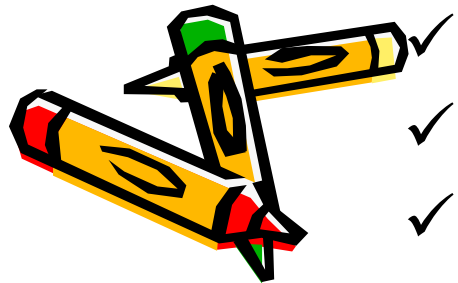


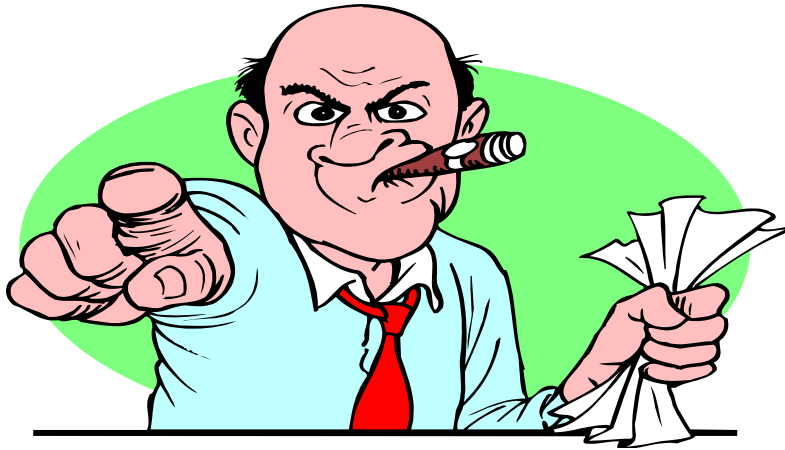
## Could I Be a Victim of Domestic Violence?



### ✓ Does my Partner:

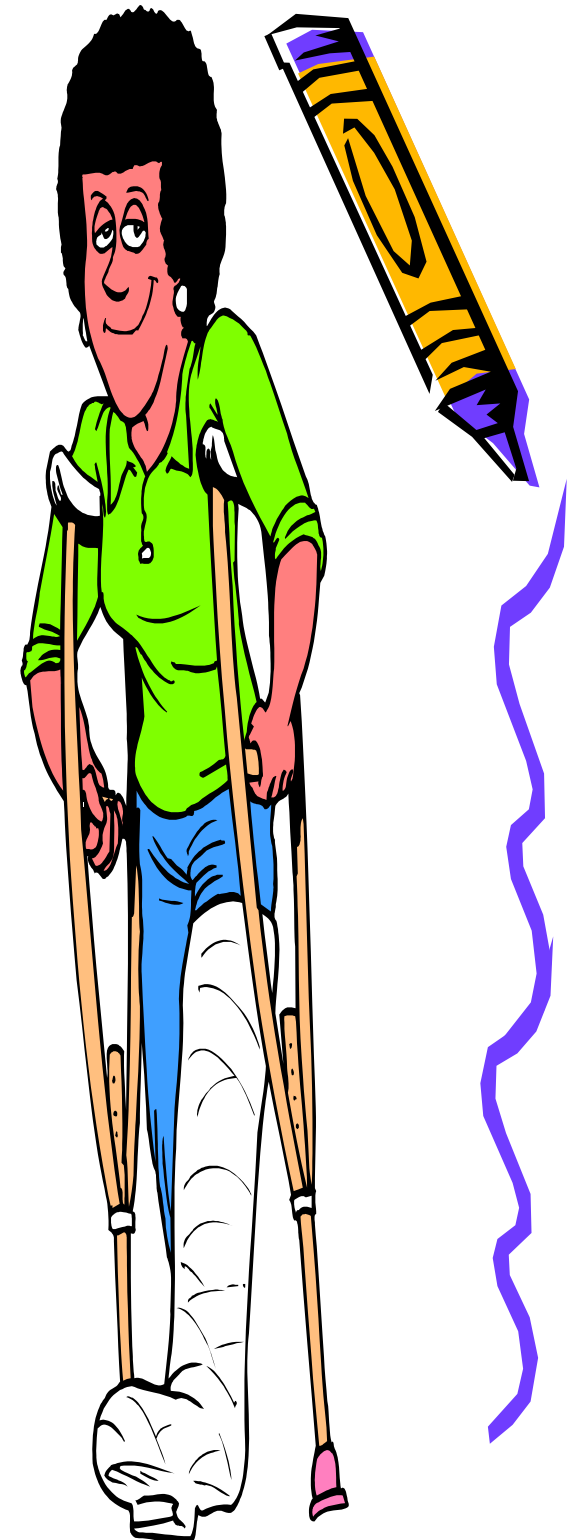
- ✓ **constantly criticize me**
- ✓ **behave in an over-protective or jealous manner**
- ✓ **threaten to hurt me or my children**
- ✓ **prevent me from seeing my family**
- ✓ **get suddenly angry or “lose temper”**
- ✓ **destroy personal property/throw things around**
- ✓ **deny me access to bank accounts, credit cards, car**
- ✓ **hit, punch, slap, kick, shove, choke me**
- ✓ **use intimidation or manipulation**
- ✓ **humiliate or embarrass me**





## ✓ Domestic violence

✓ is a pattern of controlling behavior which can be physical, sexual, economic, emotional, and/or psychological



# **DOMESTIC VIOLENCE in the WORKPLACE**

**Domestic violence** occurs when one person does a variety of things to control another person in an intimate relationship.

## **TACTICS OF CONTROL**

- a. physical violence
- b. sexual violence
- c. emotional/psychological abuse
- d. isolation, coercion, threats
- e. minimizing, denying and blaming
- f. using children
- g. using male privilege
- h. economic abuse

# ***Signs of Domestic Violence***

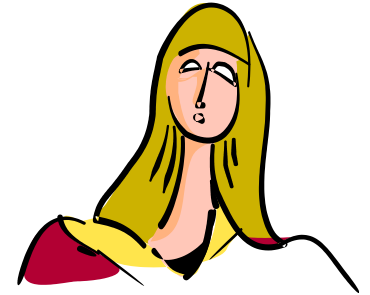
- **Unexplained injuries**
- **Stories that don't make sense**
- **Excessive absences and medical appointments**
- **Anxiousness**
- **Startles easily**
- **Difficulty making decisions**
- **Changes in appearance, behavior**

## **Places to contact for help outside UHB:**

- Safe Horizon's Domestic Violence Hotline:  
800.621.HOPE (4673)
- NYC Domestic Violence Hotline (all languages)  
(800) 621-4673 TDD: (866) 604-5350

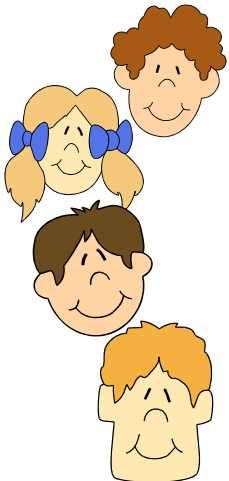


- ✓ **The vast majority of adult victims of Domestic Violence are women**



- ✓ **Every woman is at risk for becoming a victim of Domestic Violence**

- ✓ **The majority of men who batter their female partners are also abusive to their children**



- ✓ **Children from families in which there is adult Domestic Violence often suffer negative consequences, even if they are not the direct targets of abuse**

# Am I the Only One? Can somebody HELP ?



✓ **Support Groups will enable you to talk to other women who are in your situation**

✓ **24 hour HOTLINES:**

✓ - NY Coalition Against Domestic Violence **1-800-942-6906**

✓ NY Spanish Speaking Hotline **1-800-942-6908**

✓ NYC Domestic Violence Shelter Unit **1-800-621-HOPE**



# What is Exploitation?

- ✓ **Any attempt by any individual, whether immediate family member, relative, friend or acquaintance, to take financial or emotional advantage of and over the patient or any physical threat based on financial pressure towards the patient**



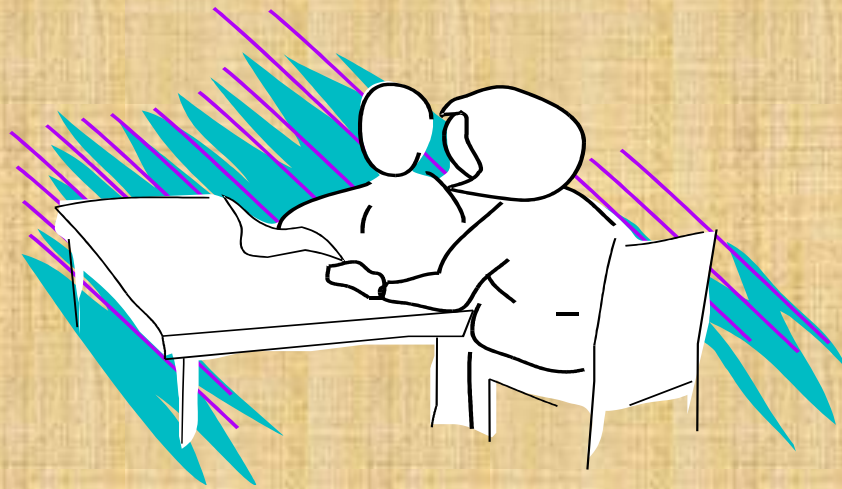
# Elder Abuse



- ✓ **Elder Abuse and Neglect has been around for centuries**
  - ✓ **It is the most recent form of family violence to come to public attention**
  - ✓ **Abuse may be physical abuse, physical neglect, psychological abuse, financial or material abuse, violation of personal rights**
  - ✓ **It occurs among men and women of all racial, ethnic and socioeconomic groups**
- The perpetrator of abuse is often the spouse, an adult child, or informal caregivers**



# Report Suspected Cases of Abuse to Your Supervisor



# WORKPLACE VIOLENCE- AWARENESS, PREVENTION, RESPONSE



# WORKPLACE VIOLENCE

- **Did you know that**
  - 1 out of 4 employees were attacked, threatened, or harassed at work in the last year
- **Policy**
  - All employees have a right to work in an environment free from discrimination, verbal abuse, sexual harassment, and violence



# TYPES OF VIOLENCE

- HITTING
  - SHOVING
  - PUSHING
  - KICKING
  - SEXUAL ASSAULTS
- SOURCES OF VIOLENCE
    - Internal  
comes from within the organization and is caused by employees or former employees



## External

comes from outside the organization such as angry visitors and patients



# CAUSES OF VIOLENCE

- Unstable economy
  - Widespread job layoffs
  - Rigid, authoritarian style of management
  - Insensitive terminations
  - Pressure for increased productivity
  - Psychological instability
  - Lack of individual responsibility
- **PATIENT AND VISITOR CAUSES**
    - They aren't satisfied with the service
    - They have to wait
    - Mistakes are made
    - Promises aren't kept



# **KNOW THE WARNING SIGNS**

- **Direct threats**
  - “I’ll get even with him”
- **Veiled threats**
  - “This place would shut down for days if the mainframe crashed and the backup was damaged”
- **Conditional threats**
  - “If I’m fired they will be really sorry”
- **Is usually argumentative**
- **Doesn’t cooperate well with others**
- **Has a problem with authority figures**
- **Frequently blames others for problems**
- **Demonstrates extreme or bizarre behavior**
- **Frequently appears depressed**
- **Is involved in alcohol or drug abuse**
- **Has a history of violence**

## DEFINITIONS

# Workplace Violence

**Unwelcome physical or psychological forms of harassment, threats or attacks that cause fear, mental or physical harm or unreasonable stress in the workplace.**

### **Harassment**

**The act of someone creating a hostile work environment through unwelcome words, actions or physical contact or stalking behavior NOT resulting in physical harm.**

### **Bullying**

**Negative actions committed repeatedly and over time, on the part of one or more other persons to another person or group. “Negative actions” can be understood as “when a person intentionally inflicts injury or discomfort upon another person, through physical contact, through words or in other ways.”**

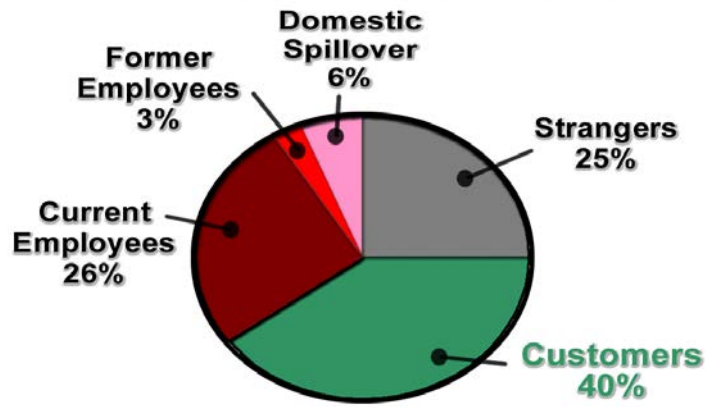
# **THREAT**

**An expression of an intent to cause physical harm at that time or in the future. Any words, slurs, gestures, stalking behavior or display of weapons which are perceived by the worker as a clear and real threat to her or his safety and which may cause fear, anxiety or the inability to perform job functions.**

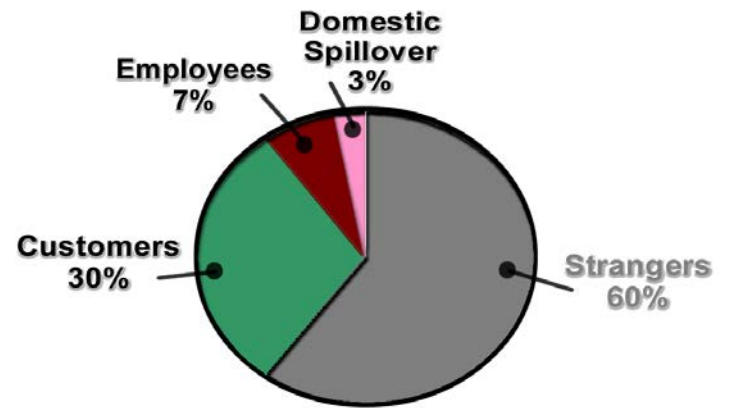
## **Physical Attack**

**With or without the use of a weapon, a physical attack is any aggressive act of hitting, kicking, pushing, biting, scratching, sexual attack or any other such physical act directed to the worker by a co-worker, patient, client, relative or associated individual which arises during or as a result of the performance of duties and which results in death or physical injury.**

# PHYSICAL VIOLENCE



# HOMICIDES



# Can potential aggressors be identified?

## POSTAL

**P**rofile + **O**bservable Warning Signs + **S**hotgun + **T**riggering Event = **A**lways **L**ethal

**P**rofile + **O**bservable Warning Signs + **S**hotgun + **T**riggering Event =  
**A**lways **L**ethal

**Profile** (of potentially violent persons):

- 1.Previous history of violence**, toward the vulnerable, e.g., women, children, animals
- 2.Loner**, withdrawn; feels nobody listens to him; views change with fear
- 3.Emotional problems**, e.g., substance abuse, depression, low self-esteem
- 4.Career Frustration** – either significant tenure on the same job OR migratory job history
- 5.Antagonistic relationships** with others
- 6.Some type of obsession**, e.g., weapons, other acts of violence, romantic/sexual, zealot (political, religious, racial), the job itself, neatness and order

**P**rofile + **O**bservable Warning Signs + **S**hotgun + **T**riggering Event =  
**A**lways **L**ethal

**Observable Warning Signs** (often newly acquired negative traits):

**1. Violent and Threatening Behavior**, hostility, approval of the use of violence

**2. "Strange" Behavior**, e.g., becoming reclusive, deteriorating appearance/ hygiene, erratic behavior

**3. Emotional Problems**, e.g., drug/alcohol abuse, under unusual stress, depression, inappropriate emotional display

**4. Performance Problems**, including problems with attendance or tardiness

**5. Interpersonal Problems**, e.g., numerous conflicts, hyper-sensitivity, resentment

**6. "At the end of his rope"**, e.g., indicators of impending suicide, has an unspecified plan to "solve all problems"



**P**rofile + **O**bservable Warning Signs + **S**hotgun + **T**riggering Event =  
**A**lways **L**ethal

**S**hotgun (not required for non-lethal violence):

- **Access to and familiarity with weapons**

**P**rofile + **O**bservable Warning Signs + **S**hotgun + **T**riggering Event = **A**lways  
**L**ethal

**Triggering Event** (the last straw, no way out, no more options):

1. Being fired, laid off or suspended; passed over for promotion
2. Disciplinary action, poor performance review, criticism from boss or coworkers
3. Bank or court action (e.g., foreclosure, restraining order, custody hearing)
4. Benchmark date (e.g., company anniversary, chronological age, Hitler's birthday ⚡ as was the case for Columbine)
5. Failed or spurned romance; personal crisis (e.g., divorce, death in family)

## **Police knew of Virginia killer's troubled history**

April 19, 2007

## **Horror At Fort Hood, Predictable or Not?**

## **Portrait Emerges Of Hasan As Troubled Man**

by [Jeff Brady](#) November 17, 2009

## **CNN poll: Majority think Fort Hood shooting was preventable**

November 19, 2009 10:49 a.m. EST

## **Press Release: Gov. Declares Workplace Violence Preventable**

**OFFICE OF GOV. BILL RITTER, JR.**

[WWW.COLORADO.GOV/GOVERNOR](http://WWW.COLORADO.GOV/GOVERNOR)

WEDNESDAY, OCT. 7, 2009

## **Doctor stabbed, attacker killed**

## **MGH patient shot by guard**

By [David Abel and Maria Cramer](#)

Boston Globe Staff / October 28, 2009

December 7, 2009

## **Binghamton Student Says He Warned Officials**

By [MICHAEL S. SCHMIDT](#) and MICHAEL D. REGAN

NOVEMBER 7, 2009 8:21PM

## **Blind Eye: How the medical establishment let a doctor get away with murder**

# **HOW TO PROTECT YOURSELF IF CONFRONTED WITH A POTENTIALLY VIOLENT PERSON?**

- 1. Understand the mindset of the hostile or potentially violent person**
- 2. Practice "Active Listening"**



- 3. Avoid confrontation. Instead, build trust and provide help**
- 4. Allow a total airing of the grievance without comment or judgment**
- 5. Allow the aggrieved party to suggest a solution**
- 6. Move toward a win-win resolution**

# **REPORTING WORKPLACE VIOLENCE**

- **All staff and volunteers are required to promptly report any incidence of workplace violence including threats and menacing behavior to their immediate supervisor and Security**
- **All incidents must be recorded on an Employee Workplace Incident Report form**
- **There is an interdisciplinary task force charged with analyzing and tracking incidents of workplace violence, reviewing security measures and procedures, evaluating workplace safety hazards**





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Medical Center

**UHB Management is committed to the emotional and physical safety of all DMC personnel as well as UHB patients and to a respectful workplace.**

# Identification and Management of Patients At Risk For Suicide

- **Policy PSY-2:**
  - **ALL healthcare providers are responsible for recognizing and observing patient's suicidal feelings and behavior**
  - **ALL UHB staff are responsible for reporting observations of patient's suicidal feelings and behavior to the appropriate health care provide immediately (RN, LPN, MD)**

# Identification and Management of Patients At Risk For Suicide

- **Risk Factors for Suicide**
  - **Current suicidal ideation, intention, plan or suicidal behavior**
  - **Poor impulse control or poor frustration tolerance**
  - **Withdrawn or isolative behavior**
  - **Current symptoms of depression, anxiety, agitation of psychosis**
  - **Current hallucinations, especially command hallucinations and delirium**
  - **Presence of borderline personality disorder, especially with self-destructive tendencies**
  - **History of suicide attempts/ self-harm**
  - **Recent significant loss (e.g., spouse, job, etc)**
  - **Chronic serious mental illness**
  - **Excessive guilt or remorse**
  - **Family history of suicide**
  - **Feelings of hopelessness, worthlessness or helplessness**
  - **Marked change in behavior at home, job and/or leisure activities**
  - **Sudden improvement in mood**



# Identification and Management of Patients At Risk For Suicide

- Licensed Nursing and Medical Staff are responsible for:
  - Conducting a suicide risk assessment on admission and ongoing throughout length of stay (change in behavior/ideation)
  - Completing nursing admission note addendum (see side 2)
  - Initiating suicide observation (1:1), as per policy
  - Notifying MD immediately to obtain a Psychiatric consultation
  - Searching patient and environment for unsafe objects and Removing those objects from the environment (e.g. razors, nail files, glass objects, belts, ties, pantyhose, medications, matches, lighters, cords, breakable utensils, antiseptic solutions, alcohol, lotion, gauze, kling)
- Unlicensed Staff are responsible for:
  - Reporting observations of suicidal behavior or ideation immediately to RN/Charge Nurse, LPN, or MD

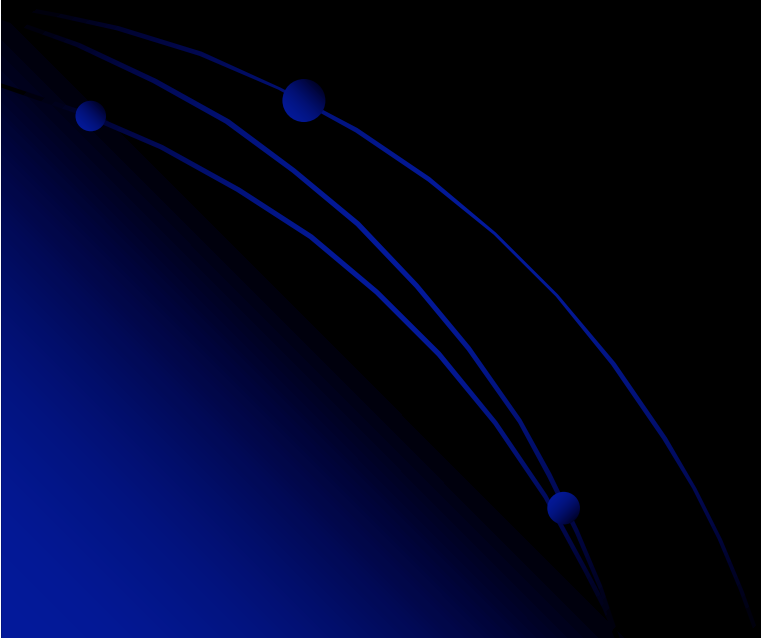
# Identification and Management of Patients At Risk For Suicide

- **Documentation:**
  - Progress Notes must include:
    - At risk behaviors
    - MD notification: name of MD, time
    - Note: Face-to- Face Psychiatric consultation and evaluation of the patient must occur within 1 hour
  - Interventions (e.g., institution of 1:1 observation)
  - Patient response
  - Resources provided to patient/family
  - Patient/family teaching
  - Discharge planning
  
  - One-To-One Observation Record
    - Complete Form as per policy

# Identification and Management of Patients At Risk For Suicide

- **Assessment**
  - **Complete Suicide Initial Risk Assessment Form**
    - Contained within the Nursing Admission Database
  - **Q-Shift Re-assessment form**
  - **1:1 Observation Form (See Below)**
- **For patients who were identified to be at risk or new risk identified**
- **Place Patient on 1:1 Observation for Suicide Precautions**
  - **Complete 1:1 Observation Record For Suicide/Self-Harm**
- **Search patient and room for contraband that might be used to harm self or others**
- **Request Psychiatric consult within 1 hour to assess patient**
- **Notify Patient Safety Department at extension 3709**
- **Provide patient/family/significant other with written Crisis Prevention information**

# Stroke - Basics



# Warning Signs of Stroke

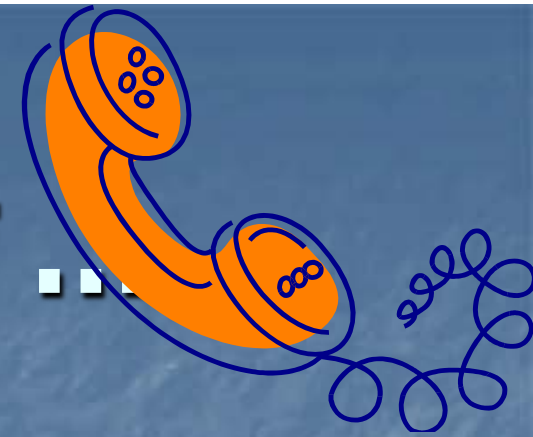
- **Sudden weakness or numbness of the face, arm or leg (especially on one side of the body).**
- **Sudden trouble seeing in one or both eyes**
- **Sudden confusion trouble speaking or understanding.**
- **Trouble walking, dizziness, loss of balance or coordination.**
- **Sudden severe headache with no known cause.**
- **If you see someone with these signs, call ext. 2323, for help immediately.**

# Family First Program

- Our program is modeled after the Condition H program at Johns Hopkins.
- The program was developed by the mother of 2 year old Josie King who died an unexpected death due to lack of communication.
- It is designed for a patient, family or visitor to obtain assistance when necessary.



# Families May Call If ...



- There is an emergency and you cannot get the attention of the hospital staff.
- You see a change in the patient's condition and the health care team is not recognizing the concern.
- You have spoken to hospital staff and you continue to have serious concerns about the patient's care.
- There is a breakdown on how care is given or uncertainty over what needs to be done.

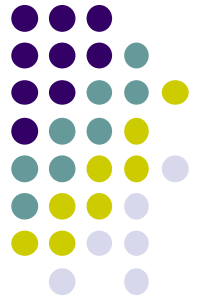
# Rapid Response Team Initiated by the Patient or Family Member/Visitor

- Patient, family/visitor contacts the primary RN and requests he/she call the Family First response.
- Can also directly dial **Ext. 5120** and request the Operator to call the Family First RN to the patient's room.
- During Tour II, the page will be answered by the Critical Care Nurse Manager carrying the code beeper.
- Tours I and III will be covered by the WHEN Tour Supervisors.
- Goal is to arrive in the patient's room within 5 minutes.





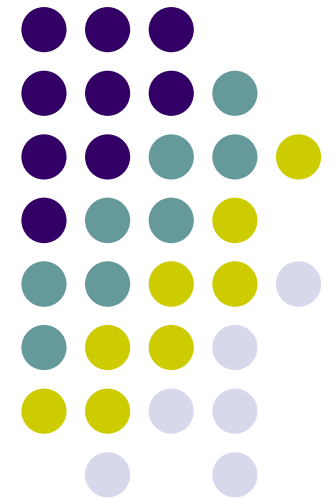
# ORGAN DONATION



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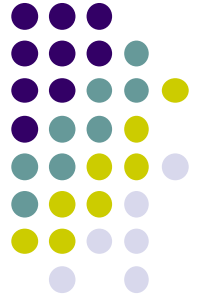
# LiveOnNY

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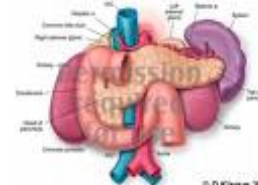


Caring for New Yorkers  
through Organ Donation

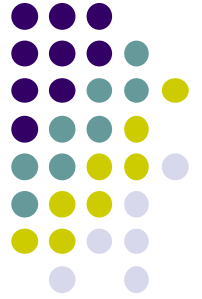
# Did You Know That ...



- 15 Americans die each day waiting for an organ to become available
- More than 75,000 men, women, and children now wait for a transplant to replace a failing heart, liver, lung or pancreas



- Each day about 70 people receive an organ transplant
  - BUT another 16 people on the waiting list die
- Every 16 minutes another person joins the waiting list
- Someone dies every 96 minutes because there aren't enough organs to go around

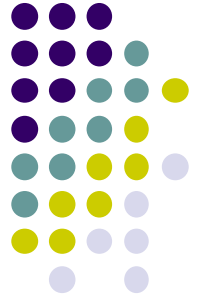


# MYTHS AND FACTS

- **MYTH**: I am too old to donate organs and tissues
- **FACT**: People of all ages may be organ and tissue donors. Physical condition, not age, is important



- **Organizers**: Robert Cardenas (front), a liver transplant recipient, offers support to those like Jerry Kelly, who is on the waiting list for a liver.



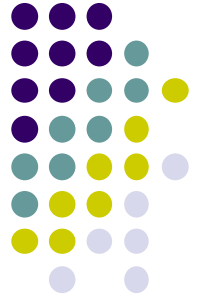
# MYTHS AND FACTS

- **MYTH**: Minorities should refuse to donate because organ distribution discriminates by race
- **FACT**: Organs are matched by factors, including blood and tissue typing, which can vary by race. Patients are more likely to find matches among donors of their same race or ethnicity



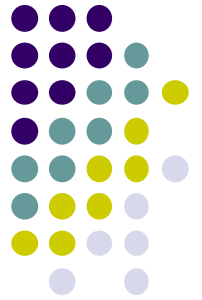
# MYTHS AND FACTS

([www.organdonor.gov](http://www.organdonor.gov))



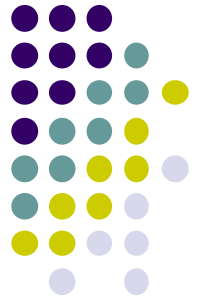
- **MYTH**: Doctors will not try to save my life if they know I want to be a donor
- **FACT**: The medical staff trying to save lives is completely different from the transplant team. Donation takes place only after all efforts to save a life have been exhausted and death is imminent or has been declared





- **STEP 1: Sign Your Driver's License or Non-Driver ID.** - sign the section on the back of your New York State driver's license where you agree to make an "anatomical gift." Be sure to have two people witness your signature, preferably your closest family members so that their names can be easily verified if the need arises.
- **STEP 2: Enroll in the [New York State Organ and Tissue Donor Registry](#)**
- **STEP 3: Discuss your decision with your family.** *Why do I need to tell my family?* The New York Organ Donor Network requests consent from next of kin of all medically suitable organ and tissue donors. Family discussion beforehand allows next of kin to make decisions about organ and tissue donation that meets the specific wishes of their loved ones.

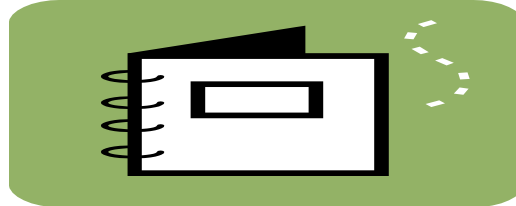
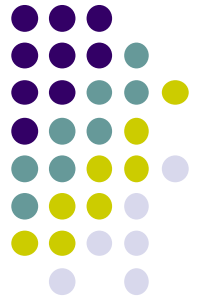
# Live On NY



Caring for New Yorkers  
through Organ Donation

- **Role of the Health Care Professional**
  - The role of the health care professional is critical to the success of organ and tissue donation
  - Nurses, physicians, and other health care professionals are the vital link between the New York Organ Donor Network and organ and tissue donors
  - It is this partnership that ensures that families of potential donors are given the opportunity to make informed decisions about donation

# What is the policy and procedure at SUNY Downstate Medical Center ?



- All deaths and imminent deaths are to be referred to the Organ Donor Network (ODN)
- Within 1 hour of every patient death, the Charge Nurse or designee will contact NYODN to inform them of the expiration.
- In the opinion of the health care team, cardiopulmonary death will likely occur within 60 minutes of the withdrawal of life support the physician will contact NYODN to advise them that the hospital has a potential DCD donor. The physician will also notify the admitting department that the Organ Donor Network was contacted.
- When necessary, the Nursing Supervisor will provide ODN with necessary clinical information





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## What is DSRIP?

- What does it mean at University Hospital of Brooklyn?
- Downstate Medical Center?





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- Where does DSRIP come from?

## Delivery System Reform Incentive Payment

- Revenue stream 
- For a five year period (2014-2020) 
- funded by the Federal government 
- and administered by the NYS Department of Health (NYSDOH) 
- plan to transform healthcare delivery and reduce **avoidable** inpatient admissions by 25% .

change  
**4**   **l**  **IFE**  
Eat well Move more Live longer



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## Delivery System Reform Incentive Payment ...

- Program that promotes
  - Patient **access** to high quality, **respectful** care
  - **Care coordination** through the continuum of care (inpatient/outpatient)
  - **Preventive** care
  - **Patient Empowerment**

~~impossible~~  
~~unable~~



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- New York State has 25 Preferred Provider Systems (PPS)
- The largest is our Preferred Provider System (PPS):
- Is a subsidiary of HHC
- OneCity Health (eligible to receive 1.2 Billion Dollars over 5 years)
- **Our Downstate PPO is OneCity Health**
- 657,070 DSRIP-attributed Medicaid Lives
- Patients speak >30 Languages
- Organized into 4 HUBS: Brooklyn, Bronx, Manhattan and Queens
- 220+ partners= 12,000 providers
- Workforce >119,600

NYC  
HEALTH+  
HOSPITALS

ONECITY  
HEALTH

## Underlying ALL Transformation Initiatives:

### 1. **Customer Service/ Cultural Competency**

Demonstrating respect and courtesy to all

### 2. **Communication/Health Literacy**

Communicating effectively with customers, visitors, patients, and staff

### 3. **Quality Management**

Delivering the highest standard of care

### 4. **Customer Satisfaction/Empowerment**

Patients taking an active role in managing their health /adopting a healthy lifestyle

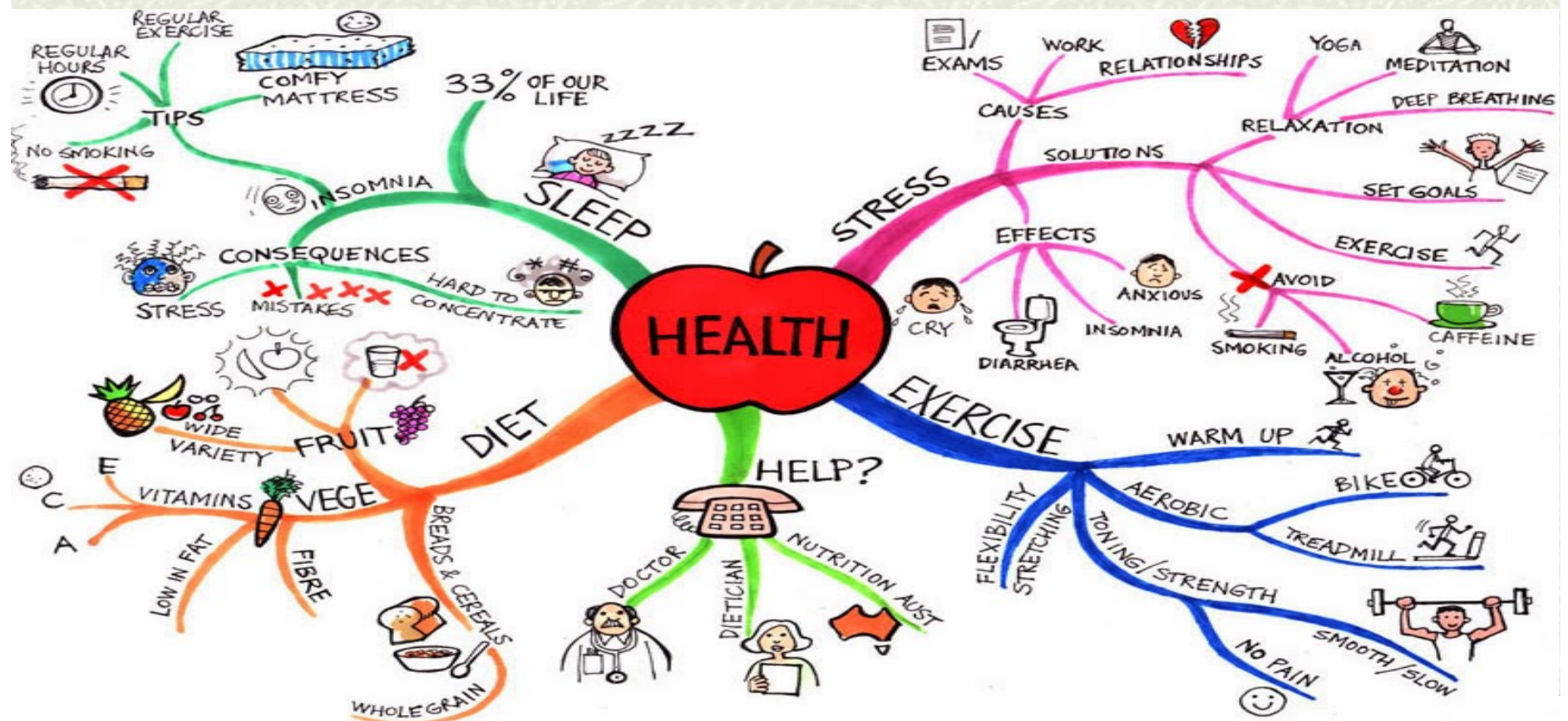




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## Determinants of Health: Diet, Sleep, Exercise, Family, Stress, Medical Care ...





# Transformation Initiatives

Clinical Champion

Work Flows/ Work Plans

Work Groups

Patient  
Activation  
Measure  
PAM

Transition  
of Care

HIV PrEP

Palliative  
Care

Asthma  
Remediation

ED  
Triage

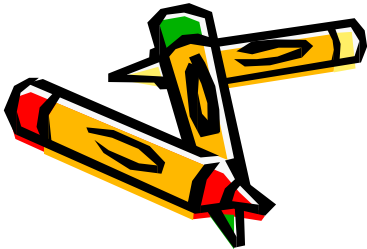
Team Approach to optimize and prioritize Care Coordination

Evidence –Based Care to enhance Quality of Care for all patients

Increased Patient Access, Cultural Competency/Health Literacy, Enhanced Patient Experience

# Specific Transformation Initiatives:

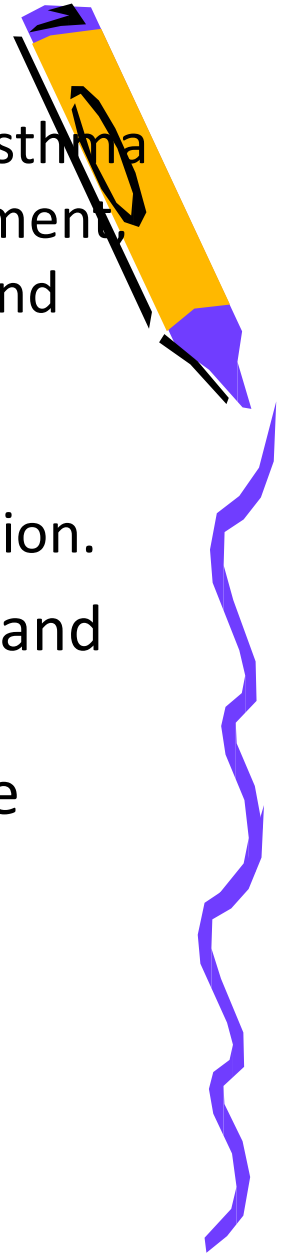
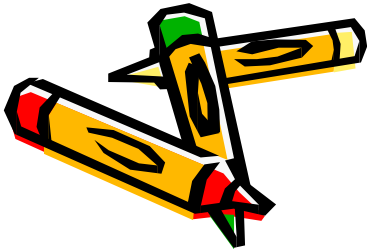
- **Project 11** : Patient Activation Measure (**PAM**), Uninsured members of our community-engage and empower the patient; Connect the patient to insurance, their Primary Care Provider, Care Coordinator for high risk patients.
- **Transition Of Care (TOC)**: seamless transition from the inpatient to the patient's primary care provider or/ Transition of Care Clinic followed closely by a Transition of Care Team for high risk patients; Care Coordination services provided in the short term and when indicated.
- **ED Triage**: Patient discharged from the Emergency Room with a PCP appointment...if needed, Care Coordination services.





# Specific Transformation Initiatives...

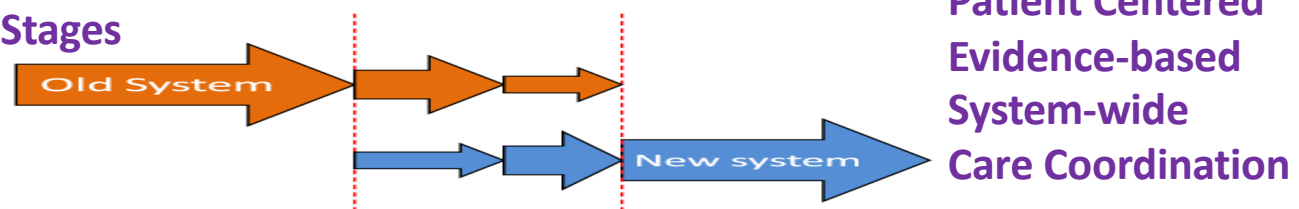
- **Pediatric Asthma:** Asthma control, Evidence Based-Care, Asthma Action Plan (AAP) Community Health Worker Home Assessment, Environmental Remediation; Reinforcement of Education and Medication Use to prevent Asthma exacerbation
- **PCBH Collaborative Care Initiative:** Behavioral Medicine integrated into Primary Care, treatment and care coordination.
- **CVD:** Motivational Interviewing, Prevent Heart Attack and Stroke- education & self-management of disease processes-the patient is the active participation in care planning.



# Specific Transformation Initiatives...

- **HIV: PrEP:** Prevent HIV; Maintain ongoing in treatment; Linkage to community based organization as needed.
- **Integrated Delivery System:** Primary Care Medical Home status; HEALTHIX accessible; EMR, staff and providers all communicates easily across the continuum of care
- **Palliative Care:** Patient with an Advanced Directive, Pain management & control, and, end of life management.

Transformation Phased In Stages

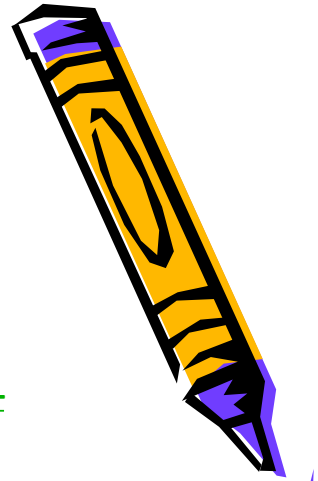


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# Special Considerations for DSRIP Compliance



- [http://downstate.edu/compliance/cp\\_ethics.html](http://downstate.edu/compliance/cp_ethics.html),

As well as NYC Health + Hospitals Principles of Professional Conduct (“POPC”) located at <http://www.nychealthandhospitals.org/wp-content/uploads/2016/07/principles-of-professional-conduct.pdf>

- Adhere to DMC’s Compliance, Audit and Internal Control Programs.

- Report Ethical/Legal Concerns:

- ✓ To your supervisor;

- ✓ To the DMC Office of Compliance & Audit Services:

**Renee Poncet, VP**

Main Office: (718)270-4033

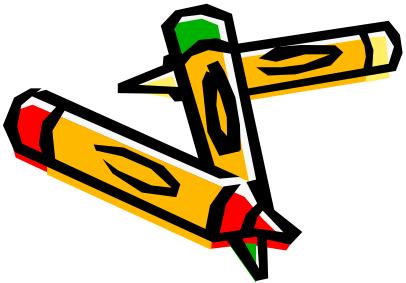
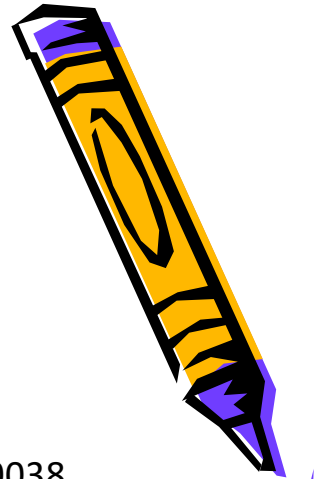
[compliance@downstate.edu](mailto:compliance@downstate.edu)

SUNY Downstate Office of Compliance & Audit Services, 450 Clarkson Ave MSC 1248, Bklyn, NY 11203



# Special Considerations for DSRIP Compliance...

- ✓ To the NYC Health + Hospitals OneCity Health  
**Mr. Wayne McNulty, Sr. AVP & Chief Corporate Compliance Officer**  
(646) 458-5632/ (646)458-5624  
[wayne.mcnulty@nychhc.org](mailto:wayne.mcnulty@nychhc.org) or [compliance@nychhc.org](mailto:compliance@nychhc.org)  
NYC Health + Hospitals, Office of Corporate Compliance, 160 Water St., Suite 1129, New York, NY 10038
- ✓ Via DMC's Compliance Line: (877)-349-SUNY or via website at [www.downstate.edu](http://www.downstate.edu) Click on "Compliance Line" link at bottom of page.
- ✓ Via OneCityHealth/ DSRIP Help Line at 844-805-0105 or online at at <https://helphhc.alertline.com/gcs/welcome> and select "NYC Health + Hospitals OneCityHealth" as the location of the issue.

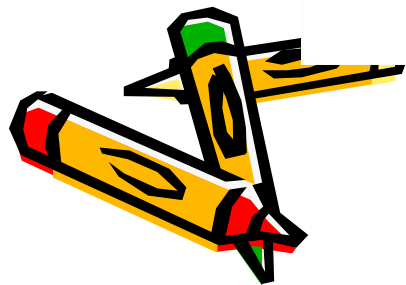


# DSRIP Belongs to all of us....

- Who we are!!!
- What we do...
- Do it together
- Begins and ends... with our patients
- DSRIP/Transformation is everyone's JOB!



Thank You



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**INSTITUTE OF  
CONTINUOUS LEARNING**

- **You are now completed.**
- **Nursing staff, please click [HERE](#) to take the Non Clinical Professional Providers Post Test.**
- **All other staff, please click [HERE](#) to take the Non Clinical Professional Providers Post Test.**