Mount Sinai South Nassau

Contracted Worker/ Student

Orientation Self-Study Packet

2023

INTRODUCTION

In providing care in the healthcare setting, it is also essential that each of us understand the healthcare environment and work in compliance with the safety and administrative protocols set forth by the regulatory agencies. To that end, all employees, medical staff, allied health professionals, contracted workers and students are required by the New York State Department of Health and the Joint Commission to receive orientation to provide an understanding of these protocols.

In recognition of the demands placed on your time and the need for all workers to have, on record in their credential files maintained by the facility, proof that they have undergone Orientation, Mount Sinai South Nassau has created a "Self-Study Education Program" that must be completed when you begin your assignment. This self-study program provides pertinent information on patient rights/ethical issues, patient safety, fire safety, infection control, corporate compliance and HIPAA regulations. At the end of the self-study program is a test that must be completed and forwarded to the Department Manager and Human Resources. Your file will not be considered complete or up to date until this form is received.

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MISSION

Mount Sinai South Nassau is committed to providing high quality, comprehensive and easily accessible health care services to all residents of the South Shore communities in a manner which reflects culture of excellence, personalized, culturally competent care and innovation.

VISION

To provide compassionate care, comprehensive services, and a commitment to excellence that results in the recognition by employees, physicians, patients, and payers that Mount Sinai South Nassau is the best place to work, the best place to practice medicine, and the best place to receive care.

VALUES

Community Priority
➢ We pledge above all to provide for the healthcare needs of our communities

Accountability
➢ We take responsibility for our actions

Resources
➢ We believe that our employees and physicians are our most valued resources

Excellence & Ethics
➢ We are committed to the highest standards of health care delivery and outcomes
➢ We value honesty, consistency, and treating others as we want to be treated

Strategic Priorities

Develop, Expand & Enhance Clinical Services Consistent with Community Needs

Improve Performance Quality, Patient Safety & Operational Efficiency

Enhance Our Financial Position to Ensure Our Ability to Continue to Serve

Meet the Physical Space Requirements to Support Clinical Needs

Develop an Information Technology Infrastructure that Supports Operational Efficiency, Patient Quality & Patient Safety

Service Excellence Framework
Mount Sinai South Nassau's service excellence framework consists of the Five Pillars of:

Organizational Imperatives
The organizational imperatives are based on the Five Pillars

1. **People**- *CULTURAL COMPETENCE* – Plan, design, implement & sustain cultural competence by providing **education** & training opportunities to strengthen each employees' performance potential aligned with Mount Sinai South Nassau's organizational culture of excellence. Plan, design, implement & sustain **communication** strategies that generate & reward innovation, transparency, and problem solving within service lines and across teams.

2. **Service**- *PERSON CENTEREDNESS* – Plan, design, implement & sustain **compassionate human interaction** in the delivery of all care and service processes for the best possible experience of each person.

3. **Quality**- *ORGANIZATIONAL EFFICIENCY* - Plan, design, & implement **care models, technologies, and workflows** to reduce excess days in the hospital for patients/families and align staffing with work volume.

4. **Financial**- *RESOURCE STEWARDSHIP* – Reduce expenses and promote revenue capture by planning, designing, and implementing a clinical denial program, conducting accountability meetings with direct reports, and contract renegotiations.

5. **Growth**- *CONTINUUM LOYALTY* – **Keep it in the family** by planning, designing, implementing & sustaining clinical programs that meet the current needs of the community, collaborating with Mount Sinai partners to expand services, promotion of programs & services and develop & implement incentives to avoid business migration outside of our system

Patients' Rights and Responsibilities

Patient Rights

In accordance with New York State Law, it is the policy of Mount Sinai South Nassau to respect the rights of all patients. A Patients' Bill of Rights is given to all patients admitted to the Hospital.

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital MUST provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, gender identity, national origin, disability, sexual orientation, age, 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 in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination, or observation.
7. Identify a caregiver who will be included in your discharge planning and sharing of post-discharge care information or instruction.
8. Receive complete information about your diagnosis, treatment, and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "Deciding About Health Care - A Guide for Patients and Families."
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge and obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. View a list of the hospital's standard charges for items and services and the health plans the hospital participates with.
18. Challenge an unexpected bill through the Independent Dispute Resolution process.
19. Complain without fear of reprisals about the care and services you are receiving and have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the State Health Department telephone number.
20. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
21. Make known your wishes regarding anatomical gifts. Persons sixteen years of age or older may document their consent to donate their organs, eyes and/or tissues, upon their death, by enrolling in the NYS Donate Life Registry or by documenting their authorization for organ and/or tissue donation in writing in several ways (such as a health care proxy, will, donor card, or other signed paper). The health care proxy is available from the hospital.

Patient's Responsibilities and Obligations

1. **Provision of Information:** A patient has the responsibility to provide, to the best of his/her knowledge, accurate and complete information about present complaints, past illnesses, hospitalizations, medications, and other matters relating to their health. A patient has the responsibility to report unexpected changes in their condition to the responsible practitioner. A patient is responsible for making it known whether they clearly comprehend a contemplated course of action and what is expected of them.

2. **Compliance with Instructions:** A patient is responsible for following the treatment plan recommended by the practitioner primarily responsible for their care. This may include following the instructions of nurses and allied health personnel as they carry out the coordinated plan of care and implement the responsible practitioner's orders, and as they enforce the applicable hospital rules and regulations. The patient is responsible for keeping appointments and, when they are unable to do so for any reason, notifying the responsible practitioner or the hospital.

3. **Refusal of Treatment:** The patient is responsible for their actions if they refuse treatment or do not follow the practitioner's instructions.

4. **Hospital Charges:** The patient is responsible for assuring that the financial obligations of their healthcare are fulfilled as promptly as possible.

5. **Hospital Rules:** The patient is responsible for following rules and regulations affecting patient care and conduct.

6. **Respect and Consideration:** The patient is responsible for being considerate of the rights of other patients and hospital personnel, and for assisting in the control of noise, smoking, and the number of visitors. The patient is responsible for being respectful of the property of other persons and of the hospital.

The Patients' Bill of Rights and Responsibilities is posted in all patient care areas including:

Outpatient Registrar	Emergency Department
Admitting	Patient Care Units

The Staffing Office, Emergency Department and Admitting Office have available Patients' Bill of Rights copies in the following languages:

English	Italian	Spanish
Mandarin	Russian	

In addition, for the visually impaired, the Patients' Bill of Rights is available in Braille located in the Staffing Office, Emergency Department and Admitting office.

If a patient is not visually impaired but is unable to read, the Patients' Bill of Rights will be read to them by the Admitting Department Staff, Nursing Staff on the floor, or other available patient advocate, including the patient's family member(s).

Preventing and Managing
MSSN Allegations of Physical, Sexual or Verbal Abuse
(Policies OF-ADM-363 & OF-ADM 364)

Physical Abuse- an act of a visitor, patient or staff member involving non-medical contact to a patient intended to cause physical pain, injury or other physical suffering or bodily harm.
Sexual Abuse- the act of subjecting a patient to sexual touching, or sexual advances, or any sexual contact by a visitor, staff member or other patient.
Verbal Abuse- The excessive use of language to undermine a patient's dignity and security through insults or humiliation, in a sudden or repeated manner.

Prevention of patient abuse allegations
- Always maintain a PROFESSIONAL relationship and demeanor.
- Patients are our GUESTS. **Staff response should always be professional.**
    - **Do NOT verbally or physically respond in anger when you are being provoked.**
    - Ask a supervisor or coworker to approach the patient while you decompress or, if necessary, call a Code Gray.
- We cannot control how patients treat staff, but we are responsible for controlling how staff treat patients.
- Work with your manager to review and use de-escalation techniques if a patient is known to speak or act inappropriately before it gets to the point where you say something inappropriate or touch the patient for non-medical care.

Management of a Patient Allegation of Staff/Visitor/Patient Physical or Sexual Abuse
Upon any patient allegation of PHYSICAL or SEXUAL abuse:
- Escalation of allegation immediately to the appropriate Manager, Director, and Administrator.
- Staff members accused of an allegation of physical or sexual abuse will be IMMEDIATELY removed from the work schedule pending further investigation.
- Staff members receiving the report of the allegation must document the allegation in the Medical Record along with actions taken to make the patient safe.
- Complete an occurrence report.
- An investigation will be conducted, and any corroborating evidence will be obtained, if available. Appropriate regulatory reporting will be done.
- If a visitor is alleged of physical or sexual abuse, the visitor is removed from the Hospital premises. The police may be called if appropriate.
- If another patient is alleged of physical or sexual abuse, the attending physician is notified, and the patient's plan of care is adjusted to ensure the safety of other patients.

Upon any patient allegation of Verbal abuse: (Policy OF-ADM-364)
- Separate the patient from the person against whom the verbal abuse is alleged.
- Contact the Manager/Supervisor/Designee.
- The Manager/Supervisor/Designee shall interview the patient and any witnesses.
- Following all the interviews the Manager/Supervisor/Designee must determine if the staff member should be suspended or if the staff member can return to duty if able to perform their functions. A Senior Member of Human Resources should be contacted for guidance.
- If the person against whom the allegation of verbal abuse is made is a **VISITOR**, the Manager/Supervisor/Designee shall remove the visitor. The patient's visitor shall only be permitted to return if the patient agrees to it.
    - If the person against whom the allegation of verbal abuse is made is another **PATIENT**, the

Manager/Supervisor/Designee shall promptly separate the patients.

Restraint Philosophy

Patients' rights, dignity and well-being are our highest concerns. The need for restraint use is determined on an individual basis considering the patient's plan of care. Restraint or seclusion may only be imposed to ensure the immediate physical safety of the patient, a staff member, or others and must be discontinued at the earliest possible time.

The patient has the right to safe implementation of restraint or seclusion by trained staff. Restraints are initiated only if alternatives to restraints have not been successful.

CMS Death Reporting Requirements

The Hospital must report to CMS each death:
- that occurs while a patient is in restraint or in seclusion;
- that occurs within 24 hours after the patient has been removed from restraint or seclusion;
- known to the hospital that occurs within 1 week after restraint or seclusion where it is reasonable to assume the use of restraint or placement in seclusion contributed directly or indirectly to a patient's death.

If any of the above events occur, staff must notify the Nurse Manger or appropriate nursing supervisor. The Performance Improvement Department must also be contacted at extension 3890.

Fall Prevention Program

Preventing patient falls is an on-going challenge directed at every hospital. Falls are the second leading cause of injury-related deaths for people over 65 and older and are the most common cause of injuries and hospital admissions among the elderly.

The consequences of a patient's fall are far-reaching. It can necessitate a prolonged hospitalization. The patient may have to undergo surgery. Our patients' comfort levels are altered due to pain. The loss or impairment of the patient's functional status may require discharge to a rehab facility instead of home.

The National Patient Safety Goals (The Joint Commission) require hospitals to reduce the risk of patient harm resulting from falls and to implement a falls-reduction program. A comprehensive, multi-tiered, multidisciplinary Fall Prevention program is key to the prevention of falls. Our recently restructured Fall Prevention program engages staff from different disciplines as well as the patient and family.   Fall Risk protocols as well as interventions have been revised supportive of evidence-based research and best practices.

Patients identified at risk of falling currently wear a yellow clip on their ID bands. A Fall TIPS Poster is posted inside the patient's room. Our continuous efforts and commitment to the safety of our patients as well as the support of each and every staff member is crucial to a successful Fall Prevention Program.

Ethics Committee

Mount Sinai South Nassau recognizes the need to provide its physicians, staff, and patients, or their designated representatives, with resources that will assist them in handling sensitive ethical issues associated with the provision of health care. Commitment to respect and the protection of dignity, rights and welfare of our patients is a prominent concern of Mount Sinai South Nassau.

The Ethics Committee consults and advises for resolving issues concerning treatment/end of life decision-making. The Committee offers input on policies and guidelines in ethical areas and suggests policy revision when needed. The Committee provides educational resources to enhance the community's understanding of ethical issues.

The Ethics Committee is multidisciplinary whose membership consists of:
- Medical staff
- Patient Care Services staff
- Representatives from Administration, Spiritual Care, the Community, and others as deemed appropriate and/or necessary

Requests for consultation/referrals can be made by calling:
- Medical Staff Office (632-3936) (M-F 9a-5p)
- Nursing Office (632-3910)
- Nursing Administrative Supervisor on duty

The information on how to contact the Ethics Committee is posted in all patient care areas and a copy is included in the patient's admission package.

CORPORATE COMPLIANCE

Why do we have a Compliance Program?

- Compliance Programs are mandated by both Federal and New York State Law (Office of the Inspector General: OIG; and New York State Office of the Medicaid Inspector General: OMIG)
- Assures proper regulatory oversight
- Mitigates risk by proactively developing internal controls to detect fraud, waste, and abuse
- Promotes open and clear lines of communication for individuals to report compliance & ethical concerns without fear of retaliation, supporting a culture of compliance
- Provides education & training for all levels of staff including board members and management

How To Contact the Compliance Officer

- Contact Ann Amato, Compliance and Privacy Officer for Mount Sinai South Nassau
  - Email ann.amato@snch.org
  - Microsoft TEAMS message
  - Call 516-632-3400

Code of Conduct

The Code of Conduct**,** which is a Board Resolution, requires all personnel to avoid any conduct that might reflect adversely upon the integrity or reputation of the hospital. The handbook and Compliance policies can be accessed on the intranet web- site: https://southnassau.sharepoint.com/sites/IntranetHub in the Department Resources section for Corporate Compliance.

A *compliance issue* is any violation of a Federal or State Regulation, for example:
- ➢ Fraud, Waste and Abuse (FWA) Laws including:
  - The False Claims Act (FCA)
  - Physician Self- Referral Statute (Stark)
  - Anti-kickback Statute
- ➢ Hospital Compliance or HIPAA Policy
- ➢ Code of Conduct

Health Care Fraud

Common examples of fraud that are relevant in our day-to-day responsibilities that must be reported include: Billing (billing for services that were not provided, upcoding, duplicate billing and unbundling, Theft [of cash, equipment, pharmaceuticals [drug diversion], or time [payroll scams], Bribes, kickbacks, inappropriate referrals, bid rigging and Identity Theft (financial and medical).

Compliance is Everyone's Responsibility!
It is your responsibility to report anything which you think may be a compliance issue or that you know is a compliance issue. You do your job on a day-to-day basis and know it better than anyone else. We, therefore, must rely on you to identify and report any potential problems. If you suspect a compliance issue:
- ✓ You do *not* have to be positive it is a violation
- ✓ You should not investigate on your own; you are simply required to bring it to our attention
- ✓ If you are a Manager or Supervisor and an employee reports an issue to you, it is your responsibility to report it to the Compliance Office
- ✓ Even if you believe you can resolve the issue on your own, it still must be reported and recorded in our Compliance or HIPAA Log

Gifts & Gratuities
Mount Sinai South Nassau has a policy addressing *Gifts and Gratuities from patients*. This policy requires that all gifts and gratuities accepted be:
- o Small gift items of nominal value (no more than $50 in value*) from a grateful patient or family (e.g., cookies, flowers, candy), given occasionally, that are:
- o Given as a thank you
- o Not seen as influencing your job
  *Limited to no more than a value of $100 per year.

You **CANNOT**:
- Accept a gift which could be seen as creating undue influence on performing your job.
- Accept a gift of cash or cash equivalent. *Cash equivalents include gift cards and gift certificates.* (For example: a gift card from Dunkin Donuts or Starbucks is not acceptable even if it is only $5.)
- Accept gifts from a vendor in the middle of the bidding process with the hospital.
- Accept gifts promoting the vendor's product, such as a pen or coffee mug with the name of a drug.
- Accept lunches from vendors *unless* it is part of an educational session.

Acceptable gifts may be:
- A gift basket provided by a patient or patient's family (under $100 per person) is an ordinary & reasonable business gift and can be accepted for care already provided as a thank you.

We realize that sometimes patients or their families leave or drop off gifts which may not comply with our policy, or you may have accepted a gift that you later realize you shouldn't have. If you bring it to your supervisor's attention or to the attention of the Compliance Officer, you will not be retaliated against, and we will work with you to return the gift or otherwise rectify the situation.

Conflict of Interest

Direct Financial Interests that must be disclosed include:
- Selling or leasing equipment, services or supplies to the Hospital.
- Providing a service that competes with the Hospital.
- Conducting real estate transaction for purchase or lease with the Hospital.
- Rendering directive, managerial or consulting service to the Hospital or to any organization that does business with or competes with the Hospital.

Other Potential or Actual Conflicts that Must be Disclosed Include:
- Secondary employment with a company that has a referral relationship with Mount Sinai South Nassau. *Employees are reminded that their primary employment obligation is to Mount Sinai South Nassau. Any activities, such as a second job or personal business, must not conflict with obligations to Mount Sinai South Nassau. Employees with secondary employment that may be perceived as a conflict of interest with their Mount Sinai South Nassau position must make such a disclosure to their supervisor and the Compliance Office.*
- Using a hospital vendor for personal use. *If you are utilizing a hospital vendor for personal use, this also must be reported, and you must demonstrate that you paid Fair Market Value (FMV) for the services.*
- Honorariums for speaking engagements. *If, for example, you perform a speaking engagement for a vendor or supplier (such as a pharmaceutical company or Durable Medical Equipment (DME) Company), you must disclose the name of the company(s) the amount you received and include the date and time of the engagement(s).*

This does not mean you or your immediate family members cannot do business with the Hospital. It just means that you should not be involved in any negotiations or decision-making during these transactions and that these potential conflicts are properly documented.
*If you think you have a potential conflict, it is your responsibility to report it. *

Reporting a Compliance or HIPAA Issue

A compliance or HIPAA issue can be reported to your immediate supervisor, a Manager or Administrator, or directly to the Compliance Office. If you are of Supervisory Level and above and an employee reports a Compliance Issue to you, it is your responsibility to report the issue to the Compliance Office.

You can report **anonymously** - meaning you do not give your name, or **confidentially** - meaning you provide your name, but we keep it in the strictest confidence possible.

An issue can be reported through:
- **Hotline monitored by an outside vendor 1-800-853-9212.** This number should be used if you feel more comfortable reporting the issue anonymously.
  - **If you report via the hotline, please ensure you provide the operator, who is not an employee of Mount Sinai South Nassau, with enough information so we can properly investigate your report. You will be assigned a case number to follow-up with the outside vendor as to the status of your report.**
- In addition, you can also report on-line. On-line reporting is provided by Navex Global (an outside vendor) at www.lighthouse-services.com/mountsinai
- Memo or Letter
- E-mail the Compliance Department at: compliance@snch.org (*Note: Do not use e-mail to report Compliance Issues if you wish to report the issue anonymously or confidentially)*
- Make Direct Contact by:
  - Calling the Compliance Office at 516-632-3040.

Reporting may be done in Spanish or another language through the Compliance office with an interpreter or through Human Resources to report in Spanish.

All these phone numbers are listed on the Compliance Poster in each department, and in the telephone directory.

Non-Intimidation and Non-Retaliation Policy

The hospital has a policy of Non-Intimidation and Non-Retaliation; if you report an issue in good faith, you will not be retaliated against. You will not lose your job or a promotion for reporting an issue in good faith. If you believe you were retaliated against, that in and of itself is a violation of the Compliance Program. *We encourage you to report potential issues, and we appreciate your openness and input, even if the report turns out not to be an issue.*

Requests for Information

If you receive a request for information from the government & law enforcement, you must contact your supervisor or an Administrator immediately!

All requests from news media must be directed to External Affairs. External Affairs can be reached at (516) 377-5360 or by calling the Hospital Operator at 516-632-3000 during non-business hours.

Remember: No personnel may hand over or verbally release any patient protected health information or other business documents unless they are authorized to do so.

Quality of Care and Patient Safety

Hospital personnel can report all quality concerns and issues to:
- Quality Management Department (formerly Performance Improvement and Performance Management Departments)

Patient Safety Concerns can also be reported to:
- Patient Safety Officer- Maria Elena (Meg) Gambale 632-4972

The Compliance Department will follow the policy on referring quality and patient safety concerns for review and investigation per the hospital policy, "Compliance Referrals for Quality Issues" OF-ADM-287

New York Medical Partners, ACO

- An Accountable Care Organization (ACO) is a network of doctors and hospitals that shares responsibility for delivering high-quality, coordinated care to patients.
- Mount Sinai Health System (MSHS) participates in the Medicare Shared Savings Program (Shared Savings Program) as an Accountable Care Organization, a health care delivery model sponsored by the Centers for Medicare and Medicaid Services (CMS).
- Through the Shared Savings Program, New York Medical Partners ACO, LLC works with fee-for-service beneficiaries with high quality service and care, while reducing the growth in Medicare expenditures through enhanced care coordination.
- The Assurance and Compliance Services Department at Mount Sinai Health System works collaboratively with ACO partners to ensure all faculty and staff are educated on the ACO's Code of Conduct and other relevant federal, state and regulatory laws that govern our practices in an effort to prevent and detect illegal and/or unethical behavior.
- The ACO is not a managed care organization, does not use closed networks of providers, and does not limit a Medicare beneficiary's so called "free choice" of Medicare providers.
- The ACO encourages the report of suspected non-compliance or suspected fraud, waste, or abuse.
- For more information about our ACO service lines, please visit the following link: https://www.mountsinai.org/about/aco/mount-sinai-care

New York Medical Partners ACO Chief Compliance Officer:
Vivian Dillon, **Mount Sinai Health System** (MSHS)

ACO Compliance Reporting Mechanisms:
MSHS Compliance Helpline: 1-800-853-9212
MSHS Compliance Department: 212-241-3211
Online Submission: https://www.lighthouse-services.com/mountsinai
MSHS Compliance Email: compliance.info@mountsinai.org

HIPAA: Health Insurance Portability and Accountability Act of 1996

HIPAA imposes *civil and criminal penalties for non-compliance* since privacy is a Federal Law. **Ann Amato** is the Compliance and Privacy Officer.

HIPAA Privacy is governed by the Office of Civil Rights (OCR), US Department of Health & Human Services.

All Covered Entities are required to comply with HIPAA which include:
- Providers of health care such as: hospitals, physicians' offices, outside lab or radiology services
- Health Insurance Companies (managed care / HMOs)
- Business Associates are any outside entities that are contracted by Mount Sinai South Nassau and use our PHI to do Business.

Protected Health Information (PHI) is all individually identifiable Patient Health Information transmitted or maintained by a covered entity, regardless of form (verbal, faxed, written or electronic).

All PHI should be properly disposed of:
- Shredder Bin
- Cross-out name & other PHI if not disposed of in the shredder bin

The Joint Notice of Privacy Practices describes to the patient how their medical information may be used or disclosed. It also describes how they can get access to their PHI and what they are required to do to restrict access to this information. The Joint Notice of Privacy Practices is provided to all patients the first time they receive services from South Nassau

The Notice of Privacy Practices (NPP):
- Describes Patient's Rights under HIPAA
- Details how Mount Sinai South Nassau will use PHI
- Provides Contact for Complaints
- Posted at Registration Locations
- Available in English & Spanish, (the NPP can be verbally translated into other languages at the patient's request by contacting the Language Coordinator at ext. 3484)
- Included on our web site at: www.southnassau.org
- Informs patients that they are allowed to **Review & Request to Append Their Medical Record**.
    - ➢ It is our policy that if a patient wants to review a medical record while they are still an inpatient or outpatient in the hospital, the request must be in writing and the review must be done in the presence of a health care provider, preferably the patient's physician.
    - ➢ If a patient wants to review a record after discharge, a copy can be received through the Health Information Management Department (HIM), formally known as Medical Records.
    - ➢ If the patient was seen at one of our off-site facilities, their records can be received directly from the department where the outpatient service was provided.
    - o If you are unsure whether a family member has the right to see the patient's medical record, contact your supervisor or Health Information Management.
    - o *Never deny a patient their right to review their medical record.*
- The patient is also informed through the Notice of Privacy Practices that they have the opportunity to **_Opt-Out_** of the patient or spiritual affiliation directory.

Note: Opt-out only relates to the above-mentioned directories. When a patient is opted-out of these directories, their name and information is still available/visible in electronic information systems such as the EMR and billing system.

- o The patient may say they want to opt-out, or they may simply describe it as "I don't want anyone to know I am here" or "I do not want to be listed in the directory." It doesn't matter how they describe it; in all cases you should respect their right to "Opt-Out."
- o Forms and instructions on how to Opt-Out are in the "Forms" section on the SharePoint website.
- o The information sheet for the patient describes to them that they:
    - ➢ will not be listed in the phone directory or at the information desk
    - ➢ may be restricted to only one to two visitors, and
    - ➢ will not receive calls through the switchboard or information desk. Flowers and other deliveries may also not reach them here at the hospital.
- o Opt-Out can be done even if the patient was already admitted and chooses after admission to "Opt-Out." The Opt-Out forms obtained from the intranet or Admitting Office should be completed by the patient and immediately sent to the Admitting Office. Please call the Admitting Office to ensure they receive it.

A good way to remember how we can legally use patient information without specific authorization under HIPAA is by remembering the Acronym **TOP**.
- • **Treatment** means the provision, coordination, or management of health care.
- • **Operations** means the support functions of Mount Sinai South Nassau, related to treatment such as quality assurance, case management, compliance programs, audits, business planning.
- • **Payment** means the activities we undertake to obtain reimbursement for the health care including billing, collections, and claims management.

The easiest way to know if you are complying with federal and state privacy regulations are to **ask yourself...**

"Do I need to know this to do my Job?" *If it is not part of your job, you should not be looking at the information.*

The next question you want to ask is**:**

"Does the person I'm speaking to need to know the information to do their job?" *Just because we are all employees at MSSN doesn't mean we are all entitled to see all patient information.*

The *Minimum Necessary Standard* requires that you only access or disclose the minimum amount of information necessary to accomplish your job**.**

An *Incidental Disclosure* is any information that is inadvertently overheard by someone not involved in the case while you are performing your designated function at the hospital. For example, if you are working in the Emergency Room either treating the patient or performing an ancillary function, such as delivering food, cleaning an area, or repairing something, and you overhear or see information about a patient, this is considered an incidental disclosure. You would not be considered in violation of HIPAA as long as you do not disclose that information to anyone not involved in treating that patient, even if they are also an employee of the hospital. An Incidental Disclosure, however, is **not** a violation of HIPAA.

Release of Information to Family and Friends

HIPAA specifically permits providers to use professional judgment when sharing relevant information regarding the care or payment for healthcare with family members and friends.

Prior to disclosing any information in front of family members or other visitors the provider should:
- Ask the patient's permission
  - It is preferable to ask the patient when their family or friends are not present. For example: Prior to discussing detailed information about care (i.e. details about a diagnosis or procedure) politely ask visitors to step away momentarily.
- Document the patient's permission in the medical record.
- Ask the patient's Healthcare Proxy only if the patient is incapacitated and unable to make a decision on their own
- The patient does not object and the provider has told the patient that they plan on disclosing the information. For example, if the patient requests the visitor to stay (whether family or friends), inform the patient that you will be discussing detailed information about their care.

Please note:
It is not a HIPAA violation to discuss information in front of family or friends if:
- The provider reasonably infers from the circumstances, based on the exercise of professional judgment that the patient does not object to the disclosure. For example, if the patient begins a detailed description of their symptoms or care in front of their visitor then the provider can assume it is ok to discuss information in front of that visitor.

- Disclosure is required for the safety of the patient or community, i.e. the patient is determined to be a harm to themselves or others. An example of this is if a patient tries to leave the hospital AMA (Against Medical Advice) and the patient has expressed suicidal ideations.

REMEMBER: Providers must always take extra precautions before disclosing information that is highly sensitive in nature, including, but not limited to: HIV status, pregnancy, STDs, alcohol/substance abuse and behavioral health concerns.

HIPAA Privacy and Telephone Use

You may only release information over the phone if it is part of your job function and you have verified the identity of caller(s).

When leaving messages over the phone, you cannot provide any detailed information as to the reason for the call or the department/unit you are calling from. You may only state:
- Your name
- Calling from Mount Sinai South Nassau
- Phone number to call back

Refer to your departmental policy for more specific information regarding leaving messages and see the hospital-wide policy "Disclosures of Protected Health Information over the Telephone" OF-ADM-231.

Social Media & Other Web-Based Communication

Social media are various tools used for social interaction which can include blogs, podcasts, discussion forums and social networks. Examples include, but are not limited to: Facebook, Twitter, Snap Chat and LinkedIn.

The hospital has a policy regarding guidelines on using social media.

Think Before you POST!

The following cannot be posted to any social media website unless authorized by MSSN:
- Patient Protected Health Information, staff information, confidential hospital business-related information or data.

If you see a negative review or post on social media by a patient, customer or employee DO NOT personally respond to the individual.
  - ➤ **Negative social media posts should be directed to External Affairs for review and appropriate response by calling (516) 377-5360.**

HIPAA Security

SECURITY relates to our electronic environment. A _**Security Incident**_ is the attempted or successful unauthorized access, use, disclosure, modification or destruction of information or interference with the hospital's information system.

Examples of HIPAA Security Incidences:
- Accessing patient information beyond that which is needed to perform your job, such as accessing, or searching for, information regarding friends and family, co-workers, neighbors, celebrities, or VIP patients.
- Sharing Mount Sinai South Nassau system ID/passwords with co-workers or allowing unauthorized individuals access to Mount Sinai South Nassau computing resources without appropriate approval.
- Don't let someone watch you enter your password
- Don't write your password where others can see it.
- _**Passwords must be kept Confidential**_ and should not be told to anyone. All Information Services employees can work on computers and systems without using your password, so your password should never be given out to anyone. Each employee is responsible for activities performed under their user identification. Computer Screens should be turned away from public view.
- Do not download/install or use unapproved applications on your computer or mobile device.

- Turn Computer Screens Away From Public View or use a Privacy Screen.
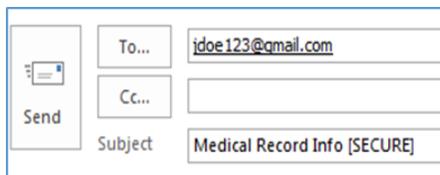
- Emails with PHI sent outside of Mount Sinai South Nassau MUST be encrypted. Type [SECURE] in the subject line. Report security incidents, including virus warnings or malware to Information Services X4357 (Dial "HELP")
- Engaging in prohibited or risky activities that potentially expose the Hospital network and systems to threats such as malware and unauthorized access.

FairWarning Monitoring System

Patient and Financial information must be safeguarded from anyone other than those who need to know the information to do their job. *(Do you have a business reason to access the data?)*
- To accomplish this Mount Sinai South Nassau monitors activity in its electronic systems using the FairWarning© Monitoring System.
- FairWarning software will assist the Hospital in identifying inappropriate activity on the Hospital's electronic information systems that are not part of the employee's business function.
- Examples of inappropriate access include but are not limited to detecting employees who:
  - Access or modify their own personal information using their work assigned log-in (if you need a copy of your own medical record, you can access through the Follow My Health application or contact the Medical Records department for a copy).
  - Access a co-worker's record *(Note: It is not appropriate to utilize the hospital's information system to locate a co-worker who is a patient in the hospital or for a manager to access their employee's medical record to determine when they will return to work)*
  - Access a family member, friend, or neighbor's record
  - Access a VIP's information
  - Access information for a patient they are not treating or whose account they are not working on

Accessing or disclosing information that is not essential for your job role is considered an intentional violation. If you fail to log-off and someone uses your log-in to access patient information, you will be held responsible! Failure to log-off is considered reckless disregard and *will result in disciplinary action*. Disciplinary action will include suspension, termination, and reporting to any applicable licensing boards.

Privacy is a Federal and State requirement, and the government can impose civil and criminal penalties for non-compliance.

Device Security

- Mobile Devices (i.e., laptops, smartphones, tablets, etc.) must be at a minimum password protected. You should not use personal devices to store PHI. These devices are not encrypted. Hospital-issued devices are encrypted and PHI can be stored on those devices only.

- Do not use your device's standard text messaging feature to send patient information. Texting is not a secure method of communication, unless it is done through a hospital-based secure texting platform (i.e., Microsoft Teams).

- Do not save PHI or other confidential hospital documents on web-based platforms such as Google Drive or Box. These are not secure methods of storage, and they are not business associates of the hospital. The only secure web-based file sharing or storage platform is through the hospital's Microsoft 365 account, which can be accessed via your snch.org email address.

- All applications and software must be up to date and meet Mount Sinai South Nassau security standards

- Device security controls should not be disabled

Email "Phishing"

"Phishers" attempt to acquire sensitive information, such as passwords and usernames for electronic information systems, by disguising themselves as a trustworthy person or business. Access to these accounts is very valuable to cybercriminals.

You can avoid Email "Phishing" attacks by doing the following:
- Check the email addresses. If the email appears to come from a business contact, but the email address is from a personal account, such as @gmail.com, it may be an attack. Also, an email that appears to come from a trusted coworker, or even the helpdesk, may be a threat. The account may have been compromised. If you get a suspicious email from a trusted source, call them on the phone.
- Be suspicious of emails addressed to "Dear Customer" or some other generic salutation. If a trusted organization has a need to contact you, they should know your name.
- Be suspicious of bad grammar or spelling mistakes. Most businesses will proofread their messages carefully before sending them.
- Be suspicious of any email that requires "immediate action" or creates a sense of urgency. Legitimate organizations will not ask you for your password or other sensitive information.
- Use caution when clicking on embedded links. These links can direct you to sites that look real but whose purpose is to steal your information. Hover your mouse over the link, which will reveal the true destination.
- Use caution when opening attachments. Only open an attachment that you are expecting.
- If you suspect a phishing e-mail report it by clicking the "Phish Alert Report" button on the top of your tool bar.

Red Flags Rule

The Red Flags Rule is a regulation that is enforced by the Federal Trade Commission (FTC) and requires institutions with covered accounts to design a program that will detect, prevent, and mitigate identity theft.

Health care providers that maintain patient accounts have been identified as having to comply with this regulation.

Types of Red Flags include:
- Suspicious documents (i.e. altered ID or insurance card),
- Suspicious personal identifying information,
- Suspicious or unusual use of a covered account (patient account),
- Alerts from others (e.g. patient, identity theft victim, or law enforcement),
- Treatment or physical exam that is inconsistent with documentation in the medical record from a previous admission. Items to consider include blood type, age, race, and other physical descriptions that may be evidence of medical identity theft.

All potential Red Flags must be reported to a manager or supervisor to investigate as appropriate. Managers and Supervisors should report to Compliance any actual Red Flag identified after investigation.

EMTALA

EMTALA is the Emergency Medical Treatment and Labor Act

Hospitals are required to:
1. Provide an appropriate Medical Screening Exam by qualified medical personnel to identify emergent medical conditions or active labor, *regardless of a patient's ability to pay*.
2. Provide treatment when necessary.
3. Transfer patients only when medically necessary or at the patient's request after all transfer requirements have been met.

Any patient who comes to the Emergency Department requesting examination or treatment for a medical condition must be provided with an appropriate medical screening examination to determine if he or she is suffering from an emergency medical condition.

Mount Sinai South Nassau takes appropriate steps to comply with EMTALA. Signs have been posted in the Emergency Department, and policies have been implemented to ensure all patients receive emergency treatment, regardless of their ability to pay.

Financial Assistance

Whether a patient asks about financial assistance, charity care, free care, sliding scale, or just expresses concern about their ability to pay their bill, we must follow our Financial Assistance Policy. Mount Sinai South Nassau provides financial aid for medically necessary services to assist those low-income, uninsured, and underinsured individuals who do not otherwise have the ability to pay for outstanding charges as determined under the hospital's qualification criteria. Requests for financial assistance applications can be obtained in the registration areas or can be made via telephone to Financial Assistance x3979. Patients must submit a completed application to the Financial Assistance Counselors for consideration and processing.

All information mentioned in this Mandatory Packet is available in the Compliance Program Handbook and can also be found online on the employee intranet: SNWeb.

PERFORMANCE IMPROVEMENT

The purpose of the performance improvement program is to create a primary means of meeting the organizational goals and promoting the facility's mission of providing the community with an array of high-quality health care designed to maintain patient safety. This is done by providing safe, effective, patient centered, timely, efficient, and equitable care to all patients.

The Performance Improvement (PI) program is dedicated to assisting internal efforts of obtaining clinical and service excellence throughout the Hospital. The PI program provides expertise, support, and guidance to the hospital team members in relation to continuous quality improvement, innovation, and project management techniques. Under the direction of senior leadership, the program staffs and supports various project teams.

Every department has a role in Performance Improvement. In collaboration with the Quality Department, each department develops goals to improve the service that they provide, and each department measures its progress toward their goals. Goals must be clearly stated & understood by the entire team.

SMART Goals

SMART goals are used to clarify ideas, focus your efforts, use your time and resources productively, and assist to achieve what you want.

Example: Lose 15 pounds in six months through weigh-ins every two weeks at the gym.
Specific: lose 15 pounds
Measurable: weigh-ins every two weeks
Attainable: YES! You can lose 15 pounds in six months by working out.
Relevant: Healthy choices for improved health
Time Based: 6 months

Since 2018, the performance improvement methodology used at Mount Sinai South Nassau is called **PLAN, DO, STUDY, ACT** (PDSA).

The PDSA Cycle is a common and simple approach to change and improvements. It encourages a commitment to continuous improvement, and it is quick, simple, and useful. It is not complicated or difficult.

The first thing a team must do is create a broad statement such as, "we would like to improve our patient satisfaction scores".

Organizational Improvement Priorities 2023

1. **Advancing Equity in Quality -** Establish the foundational elements to screen and report for social drivers of health.
2. **Hospital Readmission** - Improve identification of priority disease patients at time of discharge based on EHR documentation to reduce preventative readmissions.
3. **Ambulatory -** Increase the percentage of controlled BP in patients diagnosed with HTN in the ambulatory setting.
4. **Nursing:** Improve the care of the patient population through Evidence Based Practice for Hospital Acquired Injuries (Falls and Pressure Injuries Patient Safety: Medication Reconciliation Process
5. **Safety Culture** - Expand Workplace Violence prevention training and education.
6. **Patient Experience** - Improve patient satisfaction in key domains of Teamwork, Communication (Doctor and Nurse), and Responsiveness.

Service Excellence

Service Excellence Philosophy

Mount Sinai South Nassau recognizes that people rely on us to be more than just a provider of high-quality medical services. They rely on us to provide them with the same kind of care and surroundings that we would provide for our own family members if they were ill.
We place the highest degree of importance on establishing and maintaining a friendly, compassionate, and personal atmosphere for each patient, visitor, co-worker, and physician.
Each will have a favorable perception and experience with our hospital and would choose us over our competitors.

RELATE Communication

Mount Sinai South Nassau staff utilizes the communication technique **"RELATE"** - **RELATE** stands for:
- ➤ **Reassure –** project a professional image, smile, maintain eye contact, acknowledge person by name, introduce yourself, manage up
- ➤ **Explain –** use clear understandable terms, narrate your care, and manage the expectations

- ➢ **Listen** – actively listen for questions and concerns, sit down if possible, empathize, ask clarifying questions, pay attention to verbal and non-verbal cues
- ➢ **Answer** - summarize what the patient said, answer questions and concerns, check for understanding
- ➢ **Take Action** - perform appropriate tasks, narrate what and why of your care, keep them informed, provide next steps, use teach back as appropriate
- ➢ **Express Appreciation** – offer additional support and say Thank You

The standard telephone greeting at Mount Sinai South Nassau is

"**Thank you for calling Mount Sinai South Nassau, your department, this is your name speaking, how may I assist you?**"

When leaving a patient room/area staff is expected to ask the patient the following:
"**Is there anything else I can do for you?**"

The 5 STAAR Standards were developed by South Nassau's Standards Team. They are behavioral expectations known as Standards of Performance which ensure that each employee and leader lives the values that pave our *Journey to Excellence.*

Our Standards include Service, Teamwork, Accountability, Attitude, and Respect.

Service: We will provide prompt, exceptional, individualized care that exceeds expectations.

*Teamwork***:** We embrace a collaborative approach to our work linked by a common purpose to create the optimal patient experience built on an environment of mutual trust and respect.

Accountability: We will take pride in what we do and will feel ownership for the outcome of our efforts, recognizing our work as a reflection of ourselves.

Attitude: Our patients will encounter a compassionate, optimistic, encouraging demeanor in every South Nassau employee.

Respect: We will embrace differences in people, thought, experiences, and perspectives which will naturally promote empathy & result in treating others as they would like to be treated.

MOUNT SINAI SOUTH NASSAU Organizational Non-negotiables

- • **Patient/Visitor Stewardship**
    - – Escort patients/visitors to their destination

- – "Patients first" elevator courtesy
- – "Patients/Visitors first" at entry doors
- – Earbuds prohibited
- – Employee ID badges are expected to be worn between the shoulders and the chest. The photo and name are to be clearly visible to others.
- – "No Pass" Zone if Patient Call lights are on
- – 10 Foot, 5 Foot Rule – Make eye contact at 10 feet, Greet at 5 Feet.
- • **Hospital Appearance**
  - – <u>Everyone</u> picks up trash

PATIENT RELATIONS

The Patient Relations program was established to ensure that all patients and their families have their issues addressed in a convenient and timely manner. The right to complain to a hospital representative is not only inherent in the Patient's Rights, but CMS/Medicare-Medicaid regulations ensure that a patient's grievance will be addressed in an efficient and timely manner and must be acknowledged within 7 days. Patient complaints provide an opportunity to turn a POW experience into a WOW experience!

In 2016, the process in which patients can voice their concerns and complaints were changed to 3 different levels as follows (please refer to the hospital policy OF-ADM-030):

Level One (Minor Complaint):

- • A patient issue, **not related to patient care** that is received verbally including after the patient discharge or visit encounter, that could have been addressed by the Facility had the patient/family discussed the concern with staff at the time. Issues include, but are not limited to: Billing, Registration, Insurance information, Food, Parking, Facilities, Equipment issues, waiting time, lost or damaged personal items, noise, staff behavior.
- • Any staff receiving a concern will attempt to resolve the issue immediately utilizing the RELATE technique.
- • **R**eassure, **E**xplain, **L**isten, **A**nswer, **T**ake Action, **E**xpress **A**ppreciation (RELATE ™)
- • Staff should validate with the complainant that the issue has been resolved to their satisfaction.
- • Staff should notify their manager of the complaint and actions taken especially when continuity between shifts is required, to ensure the issue has been resolved.

Level Two (Unresolved minor complaint):
- • A minor complaint that has not been resolved promptly by staff present and requires escalation to the unit or department manager or the Service Excellence Department for resolution.
- • Post-hospital verbal complaints regarding patient care that require management involvement to resolve**.**

Level Three (Grievance):
- • All written complaints are considered grievances. **An e-mail or fax is considered a written complaint.**
- • Level One and Level Two complaints that have not been resolved to the patient's or family's satisfaction become Grievances.

- A verbal request by a patient, patient representative or family member to handle the complaint formally through investigation, or a request for a written response from the hospital is classified as a Grievance.
- All verbal or written complaints regarding abuse, neglect, patient harm or hospital compliance with CMS requirements are Grievances.
- The staff member who receives the Grievance will complete the "Complaint Investigation Summary" and forward the document to the Service Excellence Department who will then designate a complaint "owner" for investigation.
- At the time a grievance is identified it must be investigated and resolved **within seven (7) calendar days.** A written resolution will be sent to the patient or patient's representative by the Director of Service Excellence by the 7th Calendar Day.
- If the investigation cannot be completed within that time frame, a letter must be sent advising the complainant that further time is needed but the final response will be sent within 30 days.

What is Service Recovery?

Service recovery is the process of correcting a service breakdown, such as a miscommunication, misunderstanding, poor service skills, faulty policies, or an ineffective system. With service recovery we aim to turn a wrong into a right!

1. The *RELATE* model of communication is the approach that all staff will use to address service recovery issues. All staff will adhere to the following steps:
   - **R- Reassure** the patient or customer by telling them who you are and that their concerns are important to you. Apologize by using words that work to give a blameless apology.
   - **E- Explain** that you are there to help resolve the issue.
   - **L- Listen** to the concern or complaint.
   - **A- Answer** with an explanation of the steps you will be taking.
   - **T- Take** action to resolve the concern or complaint. Escalate when appropriate.
   - **E- Express** appreciation to them for bringing the concerns to your attention, and (when possible) follow up to ensure the concern is resolved for the customer or patient.

Service Recovery Tactics

Issue	Tactic
Comfort	Offer personal comfort measures: snack, beverage, blankets, pillows, newspaper, magazine, contact engineering for heat or cold room.
Environment	Contact Environmental Services for cleaning needs. Contact Engineering to fix facility repairs.
Patient's Expectations	Identify gap between what patient expected and what was provided. Provide the information necessary to manage the patient's expectation of what will/can be provided. Take action to correct the gap as indicated.
Communication with MD	Contact the physician to advise them who they should call, the reason and the number to call. Attempt to find out when the physician plans to return the call and let the person know when to expect the call. If the physician has not responded, escalate within the Department's Leadership chain.
Noise Issues	Remind staff to speaker softer when at the desk. Offer earplugs or earphones for TV. Offer to close the door to the room if competent.
Delays in tests or procedures	Try to determine when test or procedure will be done. Request an accommodation to shorten the delay.
Cancellation of tests or procedures	Facilitate rescheduling as soon as possible. Provide food if patient was NPO for the test or procedure.
Admission to Hallway Bed	Notify Service Excellence Department to arrange for 1 day of free TV

Service Recovery is important because customer satisfaction is a priority. By practicing Service Recovery, we are acknowledging that we care about our patients' and visitor' experiences here at Mount Sinai South Nassau.

It is the responsibility of all employees to participate in the service recovery program.

RISK MANAGEMENT & PATIENT SAFETY

Mount Sinai South Nassau has a Patient Safety Officer, who is also the Director of Risk Management, whose role is to:
- Work to design processes to prevent errors from occurring
- Work with staff to determine how medical errors occur and employ processes or equipment to minimize or eliminate their occurrence
- Foster a JUST CULTURE when errors occur by determining if the error was the result of human

error, at risk behavior or reckless behavior and responding accordingly
- Provide guidance to staff on legal/regulatory issues to prevent claims and lawsuits by patients & visitors.
- Provide appropriate processes and education to the staff concerning the National Patient Safety Goals

Mount Sinai South Nassau's Patient Safety Officer and Director of Risk Management is *Marie Elena Gambale*.

A goal of the Hospital is patient safety and high-quality patient care. It is everyone's job to promote safety and inform your manager and/or the Patient Safety Officer of situations that you feel may cause harm to patients or others. We need you to be vigilant to identify any situations that you feel may be unsafe and we value your working knowledge and insight as to how best to prevent errors. **If you feel the Hospital isn't addressing a concern or issue that you have identified and told your manager or me about, you have the right to contact the Mount Sinai South Nassau's Ethics Committee or The Joint Commission. Reporting can be** *anonymous and confidential HOTLINE # 1-800-853-9212*

Mount Sinai South Nassau Promotes Patient Safety

Some examples of how the Hospital promotes patient safety and high-quality care are the following:
- DESIGNING processes and systems that minimize the chance of failure or error
- WRITING up-to-date policies and procedures
- EDUCATING staff on policies and procedures and steps to take to reduce harm or risk to patients, themselves, or others
- ASSESSING and maintaining the competency of our staff to perform their job functions
- PURCHASING equipment designed to enhance communication, minimize errors, and minimize the risk of patient harm or injury. Examples of this are the Electronic Medical Record and KBMA bar coded patient identification scanning systems used for medication administration and blood drawing, bed alarms for patients at risk for falling, and IV smart pumps that prevent free flow of intravenous fluids.
- PROVIDING a tool for staff to report situations that have the potential for error/harm or have resulted in error or harm which is our Occurrence report form.
- INVESTIGATING situations that have been identified by occurrence reports as causing harm and putting into place corrective actions that can prevent a similar situation from occurring in the future.

Occurrence Reporting

Many staff do not understand why we document occurrence reports and where they go after they are completed. Occurrence reports efficiently identify situations that are out of the ordinary and have the potential to or have resulted in harm to a patient, visitor, or staff member.

Occurrence reports are forwarded to Risk Management for review so we can:
- Determine if any regulatory agencies, including but not limited to the Department of Health (DOH), The Joint Commission, OMH, OSHA or FDA need to be notified of an event
- Determine if further investigation needs to be performed or if peer review needs to be conducted
- Route to the appropriate department for actions to be taken to mitigate an adverse event or so the manager is aware of the adverse event
- Trend categories of occurrences to determine if we should implement a change in policy/procedure/practice based upon the volume of the types of events that are reported

- Maintain the forms for 10 years as required by regulations.

We also require that staff report work related adverse events/injuries that happen to them on an occurrence report form. If you are injured while working, please complete an occurrence report and, depending on the injury and the time that it happens, seek medical attention either in the Employee Health setting or in the Emergency Department. Depending on the severity of the injury you may be required to miss work for several days and you may be entitled to Workman's Compensation insurance. It is important if you are out of work for a full day or more that you and your supervisor contact the Human Resources Department and inform them of your illness/injury. Documenting an occurrence report is the first step in the process of officially notifying the Hospital of your injury. We also look at employee occurrence reports to identify if there are situations in the workplace that may lead to injury, and we look to put into place practices to minimize or eliminate risk of harm to all employees.

Sentinel Events

Some patient events/situations that are reported on occurrence reports are considered by the DOH and The Joint Commission to be *Sentinel Events*. Sentinel events are very serious adverse events to patients.

Some examples of sentinel events are:
- Wrong site surgery
- Invasive test, treatment, or procedure on the wrong patient
- Hemolytic transfusion reaction
- Infant abduction
- Unintentionally retained foreign body
- Unexpected death or loss of bodily function of a patient in circumstances unrelated to the natural course of the patient's disease or illness.

These are situations that should be immediately reported to the Patient Safety Officer when they occur, even before the occurrence report is sent.

Sentinel events require a *Root Cause Analysis* to be performed. A root cause analysis is a reactive process in which a multidisciplinary team meets to review a situation, review our current policies and procedures, review current literature and best practices on the topic being discussed, and determine what processes or systems changes may prevent a recurrence of the event. The purpose of this review is not to identify fault with staff but to identify deficiencies with systems and processes.

We can also perform a root cause analysis for a *Near Miss* situation---this is an unintended event that did not cause serious harm to a patient but had the potential to cause serious harm.

Root cause analysis is a *reactive* review to identify weaknesses/deficiencies in our processes and systems.

Failure Mode Effect Analysis

Failure Mode Effect Analysis or FMEA is a *proactive* review of processes and systems that the Hospital undertakes to look for potential weaknesses in the design of systems that may cause harm to a patient. When an FMEA is performed we look to eliminate any error-prone area in new systems before implementing the new system and before we have an injury to a patient. **Currently we are working on the safety of behavioral health patients in a non-behavioral health setting and inpatient Code Sepsis.**

Just Culture

- We recognize and understand that errors can and do happen
- A JUST CULTURE responds to the error/near miss based on the staff behavior exhibited that caused or contributed to the error/near miss rather than the outcome of the error/near miss. The behaviors are categorized as follows:
  - **Human Error**
  - **At Risk Behavior**
  - **Reckless Behavior**

We do not use punitive disciplinary action for unintentional human errors. However, we do recognize disciplinary action as an option when the choice is made to *behave recklessly and consciously disregard safety systems we have in place or to repeatedly make the same human error.*

   Some examples of when a punitive disciplinary action would be justified:
- Not using the equipment we provide to perform procedures, KBMA for medications, or bar coding for labs
- Not following our established procedures
- Documenting in the medical record actions you did not take

National Patient Safety Goals

The Joint Commission implemented recommendations for hospitals to adopt to prevent the sentinel events from occurring. These are the National Patient Safety Goals, or NPSG. Every staff member has the responsibility for knowing and adhering to the NPSG. For example, one of a NPSG is proper identification of a patient. For inpatients the identifiers used are patient first name/last name and medical record number. Please see the Policy & Procedure Identification of Patients OF- PCS -063 for more information.

You should be familiar with all the NPSG and ensure that you are following the policies and procedures the Hospital has put into place to address the National Patient Safety Goals. Educational sessions are provided throughout the year by the Risk Management Department. Contact your manager, educator and/or the Risk Management Department staff if you would like a refresher on the NPSG or have any questions.

Informed Consent

Patient safety and risk management have the common theme of open communication.   To prevent errors or harm to patients it is important that we respect patient's rights to fully understand any course of treatment that we are proposing for them while they are in the Hospital.   Patients have the right to accept or refuse the treatment that is offered to them. It is their right to provide an ***Informed Consent***.

Informed consent is:
- A discussion with the patient or, if the patient is incompetent, with the patient's health care proxy or next-of-kin and the physician who is treating the patient in which they are provided with the reasonable risks, benefits and alternatives to all proposed tests, treatments, or procedures.
- The patient should be apprised of the risks and benefits, if any, to the alternative treatments or to no treatment.
- They should be provided with the opportunity to ask any questions and have them answered before making their decision.

- The conversation should be had in the patient's primary language to ensure they fully understand what is being proposed and so they can make an informed decision. If the patient doesn't speak English or is deaf, an interpreter must be provided to them during an informed consent discussion.
- A *consent form* needs to be completed evidencing that the patient consents to the treatment if after the patient understands the risks, benefits and alternatives to the proposed treatment and the patient agrees to consent. The consent needs to be signed, dated, and timed by the patient; signed, dated, and timed by the witness who is a professional staff member; and signed, dated, and timed by the physician who provided the informed consent discussion.

If you are uncertain about any aspect of informed consent please refer to the Hospital policy and procedure on this topic or call the Patient Safety Officer, who will be happy to try to assist you with the situation you are facing.

Marie Elena Gambale, Director of Risk Management & Patient Safety Officer

Monday through Friday 9:00 am – 5:00 pm Extension 4963

If leaving a message, please provide enough detail so that a follow-up can be done, even if you choose to not provide your name

INFECTION CONTROL

Mount Sinai South Nassau has adopted a zero tolerance for the acquisition of Hospital Acquired Infections (HAI) in our patients. As required by NYS law or CMS, we report the following HAI: surgical site infections following colon surgery, hip replacement surgery, and abdominal hysterectomies. Additionally, C.Difficile, MRSA bacteremia, Central Line Associated Bloodstream Infections (CLABS), Catheter Associated Urinary Tract Infection (CAUTI), and Carbapenem-Resistant Enterobacteriaceae (CRE), a very resistant bacteria from any body site, are all reported to the National Health and Safety Network, which is part of the Center for Disease Control.

To meet the objective zero acquisition of hospital acquired infections, Mount Sinai South Nassau promotes the implementation and adherence to evidence-based best practice guidelines for prevention.

In order to maintain compliance with National Patient Safety Goal #7, we have written and activated a protocol to prevent the transmission of Multiple Drug Resistant Organisms (MDRO) as well as prevention of transmission of all HAI. All patients that are identified as positive for MDROs and MRSA will be placed on contact isolation and entered into the EMR. Then on discharge they will be entered into the hospital infection control flagging system. On readmission, all previously positive patients will be identified and via EMR placed on contact isolation precautions. The patient's flagged status can also be found on the Tele-tracking system.

Standard Precautions and Transmission Based Precautions

Standard precautions are a method of using personal protective equipment for any patient care interaction that may involve exposure to blood, bloody body fluids, or infectious agents. Masks, gowns, gloves, fluid face shield masks, as well as N-95 respirator masks should be used as appropriate to protect health care workers from anticipated exposure. We assume that all patients have the same potential for risk of transmission of infection in their blood and/or bloody body fluid.

We maintain category specific isolations and use color coded signs to identify those patients. These isolation categories are:

- **Airborne**
  - Use N95 respirator before entering the room (Must be fit tested to wear N95 respirator)
  - Gown and glove according to standard precautions
  - Patient must be placed in a negative pressure room or a single room with a HEPA filter
  - Patient is transported with a surgical mask
- **Droplet**
  - Place patient in Single Room
  - Use Surgical Mask before entering room
  - Gloves, Gown according to Standard Precautions
  - Door can remain open
  - Patient is transported with a surgical mask
- **Contact**
  - Gloves/gown when in contact with the patient or patient's environment
- **Contact Plus**
  - Clean hands with soap and water after contact with patient or patient's environment
  - Daily Cleaning of isolation rooms with bleach-based agent by EVS
  - Discharge cleaning of isolation rooms, with bleach-based agent, including curtain change EVS
- **Special Droplet & Contact for COVID-19**
  - Clean hands when entering & exiting the room.
  - Put on fitted N-95 mask prior to entering the room
  - Put on face shield prior to entering the room
  - Wear gown and gloves for any contact with this patient or environment
  - Clean & disinfect shared patient equipment with disinfecting wipes
  - Keep door closed
  - Visitors please report to the nurse's station

Covid-19

If you have any questions about entering the patient's room, please speak to the nurse in charge of the patient for directions. Please note that in the event that we had to respond to a bio-terrorist event or HICS activation should occur, N-95 respirators would be used.

Blood / Body Fluid Exposure of Employee Uniform/ Personal Clothing See Policy OF-EVS-346
  ∗ In the event of an incident involving blood and/or body fluid contamination to clothing / uniform, the exposed employee must turn in the contaminated clothing / uniform to the Hospital Linen Department.
  ∗ The clothing/uniform will be laundered by a commercial laundry company utilized by Mount Sinai South Nassau.
  ∗ Employee will request from the Linen Room staff a set of reusable or disposable scrubs.
  ∗ Reusable scrubs must be returned to the Linen Room on the next scheduled workday.
  ∗ Once the clothing / uniform is returned from the commercial laundry, the Linen Room staff will notify the employee to pick up their clothing / uniforms.
  ∗ The Linen Room is open 7 days a week from 6:30AM to 3:00PM. During the hours of 3:00PM to 6:30AM, employees exposed should call extension 4613 or in-house pager 706 to reach the EVS Supervisor.

C.difficile

C.difficile is an increasing problem in hospitals and can cause severe illness. South Nassau has implemented the Contact Plus isolation category to prevent the transmission of C.difficile. In addition to following the steps mentioned, the nurse will also place the patient on Contact Precautions for suspected C. difficile if patient has 3 or more loose stools/24 hours if cause of diarrhea is not known or if the patient has a positive C.difficile toxin result. A C.difficile patient and family education sheet will be distributed to patient/families**.** South Nassau has also implemented a new "**brown tag**" process to identify stretchers and wheelchairs occupied by patients with C.difficile. The brown tag will indicate to all receiving departments that the patient is on Contact Plus isolation for C.difficile (as noted on the Teletracking system) and all staff must comply with necessary precautions.

Candida *Auris (C.auris)*

Candida Auris (C.auris)-Why Are We Worried?
  • A drug resistant fungus that causes serious infections and is difficult to treat.
  • It is difficult for the lab to identify.
  • It can spread in hospitals or nursing homes through contaminated hands, equipment, and environmental surfaces.
  • Survives for long periods of time in the hospital or SNF environment.

Help prevent the spread of Candida Auris @ Mount Sinai South Nassau
  • Lab notification to staff: "Patient has a positive culture for suspect Candida Auris. It will be sent to DOH for confirmation".
  • Use the same precautions as with patients with C.difficile.
    • Perform hand hygiene with soap and water.
    • Use Standard and Contact Precautions Plus (Private Room, Gown, Gloves).
    • Limit movement out of the room.
    • Clean and disinfect surfaces and shared equipment with bleach wipes.
      • EVS will use a sporicidal agent for daily and terminal cleaning.
  • Vapor steam will also be used for terminal cleaning by EVS.
  • Communicate *C. Auris* diagnosis on discharge or transfer/transport within the hospital.

Hand Hygiene

Adherence to meticulous hand hygiene is the number one way of preventing the acquisition of hospital acquired infection. What is the proper way to wash your hands?

1. Wet your hands with clean running water (warm or cold) and apply soap
2. Rub your hands together to make a lather and scrub them well; be sure to scrub the backs of your hands, between your fingers, and under your nails.
3. Continue rubbing your hands for 40-60 seconds
4. Rinse your hands well under running water
5. Dry your hands using a clean towel, and use the towel to turn off the faucet

If your hands are visibly soiled, you must use soap and water before and after patient care interactions. When removing gloves, you must clean your hands with either soap & water or alcohol hand gel.

We have added an alcohol hand gel to our arsenal to fight transmission of infection. We want the gel to be used as an adjunct in addition to routine hand washing. For other patient care interactions, we encourage you to use the gel as an adjunct to increase hand washing compliance. Please be aware that the five critical moments for hand hygiene are before patient contact, before an aseptic task, after body fluid exposure risk, after patient contact, and after contact with patient surroundings.

Here at Mount Sinai South Nassau, we have a hand hygiene policy that specifies that all direct care providers may not wear artificial nails and nails must be no longer than ¼ of an inch. Additionally, polish may be worn but may not be chipped.

Keeping Equipment Clean

It's everyone's responsibility!!!
Some of the items that must be cleaned in between patients include:
— Pulse Oximeter
— Blood Pressure Cuffs
— Stethoscopes
— Work Stations on wheels

Hydrogen Peroxide 1 minute Contact time

Bleach 3 minute contact time

Cleaning with bleach/approved sporicidal agent for patients on Contact Precautions Plus isolation is required.

All equipment must be decontaminated between patient use.

ALLOW SURFACE TO AIR DRY

Sharps

Our hospital policy on the use of Sharps is to ensure that all direct care providers activate the safety device prior to discarding the sharp. In the event of an accidental injury with a sharp:

1.   All employees must call the Needle Stick hotline: ext. 4444. Both Employee Health and Infection Control work together to treat and support our employees.
2.   An Occurrence Report must be initiated
3.   The employee will report to family practice Mon. – Fri., 9:00 a.m. to 5:00 p.m. for treatment and evaluation. Off-shift employees will be seen for treatment and evaluation in the Emergency Room.

In general, for direct healthcare providers, please be alert to signs and symptoms of communicable diseases such as tuberculosis, flu, etc.

Influenza / Flu

Mount Sinai South Nassau offers flu vaccine at no cost to all hospital employees. We strongly recommend that staff take the vaccine. Unvaccinated Health Care Personnel will be required to wear a surgical mask in patient care areas per NYSDOH law. The flu vaccine is safe and will protect you from any exposure to flu.

Rash

From a triage standpoint, all patients with an undiagnosed rash must be placed on contact isolation precautions until a diagnosis is made. For any employee with an undiagnosed rash, please seek medical attention to obtain a diagnosis. Do not report to work with a skin rash that has not been diagnosed.

Infection Control Department
Monday to Friday from 8:00 am to 4:00 pm
Department Extension 4009
Clemence Cherson, Director of Infection Prevention & Control: Pager#527
If there is an emergency during the off shift, the Infection Control department may be reached through the operator as well as through Patient Care Services.

BACK SAFETY

Why is Back Safety Important?
8 out of 10 people suffer from some type of back pain. It accounts for the majority of work-related injuries. Inactivity and stress will place you at greater risk. Back injuries can be a result of improper standing, sitting, lifting, or posture. A person with a backache is TEN times more likely to have another backache unless the problem is addressed.
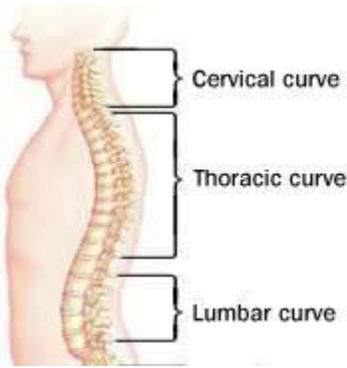
There are 3 natural curves of your spine:
1. Neck (Cervical): Forward Curve
2. Upper Back (Thoracic): Backward Curve
3. Lower Back (Lumbar): Forward Curve

To maintain the 3 natural curves in your spine, keep a line through 5 points (ear, shoulder, hip, knee, and ankle bone) when standing, sitting, or lying down. Twisting your body can injure your back. Try to keep your nose and belly button in a line to ensure that you are not twisting.

To stand safely, stand with your feet apart for a wider base of support. You should also shift your weight from one foot to the other. When working at a counter, put one foot up on a stool or low shelf to help stabilize your lower back

To sit safely, sit with your buttocks all the way back in your seat. Keep your feet flat on the floor and your hips and knees bent at 90°. Your back should be against the back of the chair. Keep your ear over your shoulder, and your shoulder over your hip.

When working at a desk, use a low footstool, if necessary, to keep your feet flat. The center of your computer monitor should be at eye level, 20-24 inches from your body. Adjust the armrests on the chair so that your elbows are bent at 90°, and your forearms should rest on the arm of the chair. Your wrists and hands should be straight not bent up or down. Use a wrist rest if necessary and keep the keyboard flat. If you are referring to a document to perform a task, use a copy holder to keep work at eye level. Also, keep objects that you use on a frequent basis within arm's reach of your core posture.

When lifting, think of a traffic light: Green zone, Yellow zone, Red zone.

Your GREEN zone, specifically the DARK GREEN zone, is the safest way to lift objects. Keep objects close to your body at waist height, near your center of gravity. Your LIGHT GREEN zone is the second safest way to lift objects. It is the area in front of you and close to your body.

Your YELLOW zone is further away from your body and your center of gravity. When carrying objects in this zone, you may feel more pressure on your back and arms.

Your RED zone is the area furthest away from your body, overhead or out to the side of your body. Your back cannot safely support the weight of the load you are lifting. Try to avoid working in the RED zone.
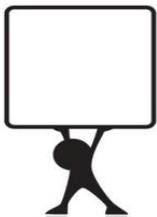
If you must carry items in the YELLOW or RED zone, do your best to bring it to your GREEN zone as quickly as you can.

Tips for Working Safely

If you must bend to perform a function:
- Do not bend forward
- Get closer to the load
- Rearrange the workspace or use special equipment to help

When moving forward or sideways:
- Move your whole body
- Shift your weight instead of leaning
- Keep your hands in the GREEN or YELLOW Zones

- Use the larger muscles in your legs, thighs, and buttocks

- Do not twist

Working with carts & wheelchairs:
- Pushing is safer than pulling
- Keep your elbows as close to your waist as possible
- Do not go too fast
- Keep your pathway clear
- Watch out for slippery surfaces and obstacles in your path.

When reaching & lifting:
- Use a stepladder or stool
- Store frequently used items or heavier objects on shelves that are at waist-height
- Test the object's weight before lifting it
- Try to bring the object into your GREEN zone
- When possible, break the load up into smaller more manageable parts

When moving patients or objects:
1. Plan the move (tools and equipment)
2. Get ready to move (prepare equipment)
3. Move Safely (proper posture and working technique)

SAFETY & SECURITY

Security Department
Ext. 3974
Emergencies, Fire, or Security Response: Dial "0" for Operator, *888
Non-Emergency Issues: Pager #735 or Ext. 3974

Security: Violence & Prevention

Mount Sinai South Nassau has a Safety Committee that meets monthly. Many departments are represented on this committee. There are safety tours and multidisciplinary rounds that are based on The Joint Commission standards which are conducted weekly. Patient care areas are inspected bi-annually, while non-patient care areas are inspected annually.

Everyone can help keep our environment safe and secure. You can start by:
- Reporting any unusual situations
- Calling Security when you see a suspicious person. Be prepared to give a description of the person, including their height, hair color, and clothing
- If you choose to approach a suspicious person, try to have 2 employees present, and do not back yourself into a corner.

Workplace Violence Prevention

- The Workplace Violence Prevention Policy (OF-ADM-315) may be found on the SNWeb.
- This policy covers employees, medical staff, volunteers, vendors, contracted staff, students/interns, patients, visitors, and any other individuals present in the hospital and off-site facilities.
- Workplace violence is any physical assault, threatening behavior, or verbal abuse occurring in the work setting.

- Mount Sinai South Nassau is committed to providing a safe and secure workplace and an environment free from physical violence, threats, and intimidation.
- Employees are expected to refrain from creating disruption, fighting, inappropriate or disrespectful speech, behavior or other conduct that may be disruptive to the workplace, disturbing to coworkers or patients, or dangerous to others.
- Warning signs
  - Threats, screaming, cursing, challenging authority
  - Violent gestures
- All threats of violence or actual violence, both direct and indirect, should be reported as soon as possible to your immediate supervisor or any other member of management and security at extension 3974 (pager 733) immediately.
- When reporting a threat of violence, the employee should be as specific and detailed as possible.
- All workplace violence incidents should be documented and reported using an Occurrence report or Security Incident report.
- Anyone determined to be responsible for threats of violence or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment.
- If you become aware of a commotion or disturbance near your workstation, notify Security at extension 3974 (pager 733) and your supervisor immediately.
- If the situation appears to be escalating beyond verbal dialogue, activate the Code Gray team. Do not put yourself in peril. If the situation presents an imminent threat or weapons are present, call 911 immediately.
- Treat people with respect, **trust your instincts and stay calm.**
- Know your workspace and know your escape paths.
- The Workplace Violence Prevention Council conducts ongoing risk assessments to identify potential workplace violence hazards.
- The purpose of the Workplace Violence Prevention Council is to review, aggregate and analyze workplace violence incidents and review evidenced based practice guidelines in this area.
- Policies and procedures, including education/training material will be reviewed as necessary.
- The Workplace Violence Prevention Council will report pertinent findings and recommendations to the MSSN Safety Committee.

To safeguard personal properties:
- When leaving a room, close and lock doors
- Find a secure place to store personal property
- Use lockers or locked desks
- Only bring necessary items to work

Infant Abduction (CODE PINK)

Mount Sinai South Nassau uses the term "Code Pink" to report Infant Abduction. It is important to know the location of all doors, which will be mentioned in the announcements.

A typical overhead announcement will state the following:
Code Pink, the Location and/or Door, Gender, Age of Child
For ex: "Code Pink, B2, Female, 7"

All infants have been tagged with Transponders which magnetizes or locks doors. Exiting through an open door with a transponder will sound the alarm. Also, if an infant is in close proximity to a closed door, it will trigger the doors to lock automatically.

If a door is open an alarm will sound. This will alert a security response team to the floor.

Tips for Hospital Staff
- When you hear "Code Pink" announced overhead, BE OBSERVANT. Look in hallways, stairways, and elevators around you.
- An abductor may pose as a nurse, MD, or other staff member (may be wearing scrubs, uniform, and or Hospital –type ID)
- The abductor may be familiar—someone you saw in the hospital before.
- The abductor may be carefully carrying a large bag, package for duffel bag or openly carrying an infant instead of using a "crib" or isolette.
- The abductor usually uses a fire exit stairwell for her/his escape.
- A majority of abductions occur Monday-Friday during normal business hours.

ID Badges

ID Badges must always be visibly worn at shoulder length on the outer most garment on hospital grounds. The ID card has a computer chip, so no pins or holes can be put through the card as this would disable the card for parking and door access. The ID card allows all employees to have card access to locked entrances 24 hours a day, 7 days a week.

To obtain an ID badge, new employees and contracted staff should go to the Human Resources Department, with a letter or e-mail from their department manager stating the request for a new ID badge. The letter should include the employee's name, job title, and department.

Replacement ID badges can also be obtained at the Human Resources Department for the following reasons:
- Employees with a new name, title, or department. *Please note: The change must be in effect in the Human Resources database for a new ID badge to be issued*
- If your current ID badge is faded
- If you lost or misplaced your card. *Please note: Employees must pay a $6.00 fee to replace a lost or misplaced ID badge. Please pay at the cashier and bring the receipt to the Human Resources Department to get a new ID badge.*
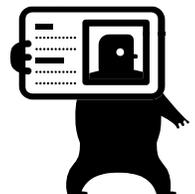
For ID Badges, please visit:
Human Resources
Monday-Friday
9:30 am - 11 am
2:00 pm - 3:30 pm

Forensic Patients & Forensic Staff

There are times when a forensic patient (prisoner) may be brought to Mount Sinai South Nassau for medical care. The forensic patient will be accompanied by forensic staff (law enforcement officer). In this situation:

- Staff should notify the Nurse Manager or Assistant Director of Nursing upon each incident of inpatient admission of a prisoner (forensic patient)
- The Nursing Department will orient the forensic agent to all Hospital Fire Safety, Infection Control, Seclusion & Restraint procedures, as well as standard precautions by utilizing the Forensic Agent Orientation Card
- Forensic Agent Orientation Cards are completed and filed in the Safety & Security Office

Please refer to the policy "Forensic Patients: Hospital Plan for (OF- Adm-054) on the Hospital Intranet for further information.

Smoking Policy

Mount Sinai South Nassau is a smoke free institution. Smoking/Vaping is not permitted anywhere on campus, at the hospital, or any of the off-site locations, including parking lots. Employees found smoking on campus will be subject to disciplinary action.

When smoking/vaping off campus do not congregate in front of our neighbors' homes and remember to discard your cigarette butts properly.

Incident Reporting

Security Incident Reports are prepared for the following:
- Missing/Lost Property
- Safety Hazards
- Security Response (CODE GRAY)
- Notifications

The unit concerned is responsible for preparation of the incident report. The report can be obtained from **https://southnassau.sharepoint.com/sites/IntranetHub.** The top of the report is completed by the unit, and the bottom of the form is completed by Security. Once the report is completed by the unit, it should be immediately forwarded to Security.

Property Envelope

Please notify the Security Supervisor to secure patients' valuables. Examples of such valuables include wallets, watches, jewelry, cash, credit cards, and small electronic items (i.e.: cell phones, iPods). Staff should encourage family members to remove valuables from the hospital. If the patient takes their belongings, have them sign a receipt in the patient's chart. If a patient loses any property, fill out a security report and send it to your Nurse Manager in a timely manner for investigation. If deemed stolen, the Nurse Manager must send the security report to the safety and security office.

Hazardous Materials

Hazardous Materials and waste pose a risk to individuals, property, or the environment. Hazardous Materials and waste are regulated by the DEC, EPA and OSHA (The Occupational and Health Administration).

"Right to Know" is an OSHA regulation, which states the legal principle that the individual has the right to know the chemicals to which they may be exposed in their daily living. They provided us with the Hazardous Communications standard, which requires chemical manufacturers and employers to communicate information to workers about the hazards of workplace chemicals or products.

Safety Data Sheets (SDS) provide detailed information about those hazardous materials. The SDS sheets contain important information for hazardous material used. It will give you:

- Chemical Name
- Type of the chemical
- Type and /or level of hazard
- Effects of the chemical
- First aid/emergency procedures
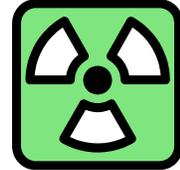
Mount Sinai South Nassau implemented the Globally Harmonized System, or GHS, adopted by OSHA. The primary benefit of the GHS is to increase the quality and consistency of information provided to workers, employers, and chemical users. Safety Data Sheets will now have a specified 16-section format. Under the GHS, labels would include signal words, pictograms, and hazard and precautionary statements and safety data sheets would have a standardized format. The harmonized format of the safety data sheets will enable workers to access the information more efficiently.

Each employee can obtain an SDS via the Hospital intranet (**https://southnassau.sharepoint.com/sites/IntranetHub**). Under "Forms and Links" you will find the link for Safety Data Sheets.

Right to Know or Hazardous Communications Law is a way for you to get information about chemical hazards in the workplace. It is important for you to keep the work environment safe, and this law makes you aware of potential health hazards. Employees have a right to make informed decisions about possible personal health exposures and how to observe systems of toxicity in themselves.

<center>**Spill Types**</center>

Blood – Please contact Environmental Services (Ext. 4613 or pager 706). They respond to all blood spills 24 hours a day, 7 days a week.

In the event of a blood spill:
- Block off area
- Environmental Services will respond with appropriate spill kit
- Dispose of materials used in a Red Bag
- They will spray germicidal agent and clean area

If a germicidal agent is not available a solution of bleach and water can be used to clean the area. Mix 10 parts water to 1-part bleach. Repeat this process a second time and let the area air dry.

It is important to understand the necessary precautions to be taken when dealing with dangerous substances in your work area. This includes safe handling procedures along with emergency first aid.

Environmental Services will also clean any other type of chemical spill. Spills are collected using chemical spill kits. And the area will be cleaned in the same manner as a blood spill.

When coming in contact with any hazardous material, be sure to follow the SDS directions. To ensure safety you must use Personal Protective Equipment (PPE). Once the spill is collected it is red bagged and disposed of.

<center>**Pharmaceutical Waste Program**</center>

The EPA and other governing agencies have established appropriate standards for the management and disposal of hazardous waste pharmaceuticals generated by healthcare facilities. The Joint Commission has approximately 20 standards that apply to pharmaceutical waste.

What is Pharmaceutical Waste? Pharmaceutical waste is a medication that is no longer used for its intended purpose and/or medication that needs to be discarded such as vials, IV's with tubing, oral medications etc. The program requires that these pharmaceutical wastes be discarded in appropriate containers. These containers are identified by color. Non-Hazardous pharmaceutical wastes are placed in BLUE Containers. Hazardous pharmaceutical wastes are placed in BLACK Containers. These color-coded containers are found in clinical areas throughout the hospital: Pharmacy, Medication Rooms, Soiled Utility Rooms, and Procedural Areas (OR's, CT scanner room).

The entire hospital formulary was analyzed to determine disposal method. Some items cannot go into the containers on the units these are marked to seal in a zip lock bag and are sent to Pharmacy.

For additional questions related to medication please contact the Pharmacy at 3912. If containers are full, please call EVS at 4613.

ENVIRONMENT OF CARE

Medical Equipment Management

Medical Equipment Management is facilitated by GE, an onsite vendor. GE is responsible for maintaining the inventory of all medical equipment and inspecting all new medical equipment prior to going into service and tracking any recalls to medical equipment. GE is responsible for the repair, inspection, and maintenance of much of the medical equipment and will now be tracking all contracted biomedical preventative maintenance such as Spacelabs and radiology equipment, etc. These items are identifiable by either the old control number: barcode & Inventory number or the new control number: QR code & inventory number.

A risk analysis is done on all medical equipment. An inspection and maintenance schedule is developed based on the use of the equipment, the manufacturers recommended maintenance, and its repair history, the white inspection sticker indicates the inspection date, the inspection due date, and the initials of the technician. Check to ensure that the inspection sticker is current before use.

In addition, any equipment that is broken, not operating properly, dropped or has a broken casing should be tagged with a red "Do Not Use" tag and taken out of service. Portable equipment that requires repairs or inspection should be placed in the soiled utility room and biomed notified. GE is also responsible for inspecting all new medical equipment prior to it going into service and tracking any recalls to medical equipment. Biomed can be reached by paging 880 or calling extension 4269.

Utilities Management

Examples of hospital utilities are electric, water, medical gases, elevators and the like. All the components of each utility in the hospital are known and tested on an as needed basis depending on regulatory requirements. In addition, a risk assessment has been done for the equipment to assist in developing the proper maintenance intervals if not regulated.

Each utility has a failure plan that describes how South Nassau will react to maintain services.

Components of a Utility Plan for Electricity

Electricity is normally supplied by Rockville Center Electric. Engineering has drawings that describe the electrical distribution for the hospital to the detail that each electrical outlet is marked with the circuit breaker and panel location.

The electrical failure plan includes the Emergency Power System. Emergency electrical receptacles can be identified by:
   a. Being red
   b. Having red cover plates
   c. Having cover plates that are marked "Emergency".
All life sustaining or critical care equipment must be plugged into these outlets.

The emergency generator is tested per Joint Commission and NFPA standards. It is tested for thirty minutes weekly and load tested monthly. In addition, the Nassau County Fire Marshal requires an annual inspection test where normal power provided by Rockville Center is interrupted and the hospital is run for two hours by only generator power. Additionally, the Joint Commission requires a 4-hour full load generator test every 3 years.

Since the electrical supply is so critical, there is a generator failure plan that describes what to do if there is a power failure and the generators do not start. Included in that plan is a response procedure for ventilator patients. In the event of a power interruption, the emergency generators will automatically start and supply power to all the emergency power equipment within 10 seconds.   All the fire safety equipment, life sustaining equipment, egress lighting including limited corridor lighting and at least one task light in every patient room is connected to emergency power. In the event that the generators do not start after 10 seconds, staff have been designated to manually ventilate patients that require ventilators. It is important that nothing (i.e. carts) is placed or stored in front of medical gas valves or electrical panels.
 Lastly, please note the following:
- Extension cords are not permitted for use within the facility
- All electrical equipment must be inspected by the Engineering Department prior to being plugged into the electrical system
- If unsure if something can be plugged into an emergency outlet, please contact Engineering

Fire Safety

Fire Safety is everyone's responsibility at Mount Sinai South Nassau. The 4 steps that always must be taken, in that order to protect our patients and visitors in the event of a fire incident are:

Rescue   Get the patients or people that are in immediate danger out of the room. Allow them to walk if they are ambulatory. If not, you may need to place them on a sheet or blanket on the floor and pull the blanket. A good rule is if the smoke or fire is making you need to leave the room or area you are in; the patients or other occupants in that room need to go with you.

Alarm   Announce "CODE RED," pull the closest fire alarm pull station, and, if possible, call hospital operator by phone, extension 888 or "Fire" button. This will:
- immediately activate the hospital fire response plan notifying all the staff that there is a problem.
- notify the Oceanside Fire Department
- close all magnetized doors to compartmentalize the building
- Shut down the ventilation system

Know the locations of manual pull stations in your area. Other devices that will initiate the fire alarm are smoke detectors, heat detectors and sprinkler activations. If you see smoke or fire; pull the fire alarm.

Confine   Close all doors to rooms, corridors, and at stairs to prevent extension of smoke, heat, and fire. It is important to keep magnetized doors able to close. Nothing should be placed that blocks the doors from closing. Having the ventilation system shut down will prevent the spread of fire or smoke from one area to another.

Extinguish The first step of extinguishment is to identify the type fire. Fires are categorized as follows:

Type	Examples	Extinguisher
"A"	Combustibles (wood, paper, etc.)	Pressure Water
"B"	Flammable Liquid Fire	"BC" or "**ABC**" type extinguisher either a dry chemical, a wet chemical, or a CO_2 gas extinguisher
"C"	Electrical Fire	
"K"	Kitchen Fire	**Note: ABC Commonly used at MOUNT SINAI SOUTH NASSAU**

It is important to identify the type of fire so that the proper fire extinguisher is selected.

When using a fire extinguisher, we use the steps and acronym PASS:

        P: Pull Pin
        A: Aim the Nozzle
        S: Squeeze the Trigger
        S: Sweep side to side

RACE does not need to be implemented by only one person; however, it is important that if more than one person is performing RACE that each person is clear on their responsibility.

A fire alarm activation is also HICS Level I activation. The announcement over the PA will be "Code Red-with the location of the alarm followed by Code HICS Level I for the immediate response. This will alert the Incident Commander. If the incident is an actual fire Code HICS will be escalated to HICS Level II; which will be also be announced over the PA as a "Code Red-followed by the location again and then Code HICS Level II. This plan allows the Fire Response Team to address the fire incident and the Incident Commander to manage the impact of the incident on the entire hospital. There are also provisions in the plan to integrate the hospital response with the Oceanside Fire Department response. During a fire only the following people may shut off the oxygen zone shut off values: Respiratory Therapists, Administrative Nursing Supervisors, Charge nurses and Anesthesia.

The fire plans on the off sites differ from the hospital. All the off sites are fully fire equipped with sprinkler systems and ABC type fire extinguishers. **In the event of a fire alarm activation the offsite building is evacuated to a designated location.** Please refer to your specific fire plan, available on SN WEB, to verify your specific plan and the designated evacuation location.

Each of us has a responsibility to help maintain a safe environment of care for our patients, visitors, and co-workers. Be aware of any deficiencies in your area such as damaged medical equipment or electrical devices, or missing fire extinguishers and report them immediately. It is important that nothing (i.e. carts) is placed or stored in front of medical gas valves or electrical panels**.**

EMERGENCY MANAGEMENT

An Emergency is a natural or man-made event that disrupts the environment of care, disrupts care and treatment or results in a significant changed or increased demand for services. The Emergency Management Program is designed to assure appropriate, effective response to a variety of emergency situations.

Mount Sinai South Nassau utilizes the Hospital Incident Command System or **HICS** structure to manage emergencies. Utilizing the HICS system allows us to communicate with other hospitals and government agencies using the same terminology. The HICS structure can easily expand and contract depending on the magnitude of the incident.

In the HICS structure, the Incident Commander is in charge of the entire hospital response. The Incident Commander gathers information about the incident, decides how to respond, and what actions to take. Response is grouped into four major functions, called sections:
Section #1 is the *Operations Section* which is responsible for the primary mission of the response and does the work to meet the goals.
Section #2 is the *Planning Section* which gathers information, tracks activities and projects future needs for the incident.
Section #3 is the *Logistics Section* which provides the resources and support needed to meet goals.
Section #4 is the *Finance Section* which tracks costs and expenses, pays bills, and speeds recovery back to normal.

Leadership and direction of the emergency takes place in the Hospital Command Center, which was formerly called the Emergency Operation Center. The Hospital Command Center is located:
<div align="center">
ED&R Classroom A
1st Floor of the hospital
Between the main Nursing Office and the Cardiac Services Department
</div>

The back-up location for the Hospital Command Center is the Board Room located in the Administrative Suite off the Main Lobby.

Each year the hospital conducts a Hazard Vulnerability Analysis or HVA in order to prioritize our planning activities. This analysis helps us identify what hazards could exist, what the chances are of their occurring, what the impact would be if they did happen, and how prepared we are to respond to them. Based on these criteria, the hospital determines the top or most vulnerable areas where we should direct our planning, training, and resources. The top items on our HVA are Hurricane, Winter Storm/Blizzard, Severe Thunderstorms, Patient Surge, and Information Systems failures.

The hospital's planning and response procedures are developed in conjunction with external and community partners such as the state and county health departments, Office of Emergency Management, Police & Fire Departments, and other hospitals in the region.

There are 4 phases to the Emergency Management Program:
- The 1st step is *Mitigation* which are the steps we take to lessen the impact of an emergency event. An example of mitigation is having fire sprinklers in the building.
- The 2nd step is *Preparedness* which are the steps we take to get ready for an emergency. Training of staff such as this educational session is an example of preparedness.
- The 3rd step is *Response* which are the actions we take when an emergency occurs. Pulling a fire alarm when you see fire or smoke is an example of a response.

- The 4th and final step is *Recovery* which are the actions taken after the emergency is over to help us restore the hospital to normal operations. Examples of recovery include cleaning up, repairing damage, and restocking supplies.

The Joint Commission defines 6 Critical Areas of Emergency Preparedness. Planning activities continually address our ability to maintain functionality in these 6 critical areas.
1. *Communications*, and the ability to maintain communication pathways both within the hospital and to community resources. Departments should note the location of their emergency back-up telephone and review how to connect it in the event that the primary communication system fails.
2. *Resources and Assets*, and the ability to access necessary support in times of crisis to ensure patient safety and sustain care, treatment, and services. The hospital maintains a 96 hour stock of mission-critical supplies to ensure that staff will have access to the necessary items in the event of an emergency.
3. *Safety and Security*, and the ability to provide a safe and secure environment for our patients and staff. Staff from different departments may be called upon from the Labor Pool to assist in safety and security functions during an emergency such as traffic or entryway control.
4. *Staff Responsibilities*, and the ability of staff to adapt their roles to meet the demands for patient care. During an emergency, a labor pool may be established, and staff may be asked to perform roles that they do not usually perform. Just-in-time training will be provided as needed.
5. *Utilities Management*, and the ability to maintain a source of key utilities, such as power, water, ventilation, and fuel. The hospital has made provisions to ensure that there are back-up utilities systems in the hospital for staff and patient care.
6. *Patient Clinical and Support Activities*, and the ability to address the needs of patients during extreme conditions when our infrastructure and resources are taxed. During an emergency situation, certain hospital services may be suspended such as elective surgeries in order to dedicate staff and space to respond to the incident.

When the hospital recognizes that an emergency situation is underway, the HICS plan is activated. The HICS plan has 4 levels of activation depending on the impact the incident will have on the hospitals' use of resources and our ability maintain services for the communities.
- Level 1 activations are incidents with potential impact on the hospital such as notifications of pending storms.
- Level 2 activations are incidents that have a minor effect on the hospital such as a partial utility failure.
- Level 3 activations are moderate scale incidents such as a mass casualty that result in a significantly large number of patients in the Emergency Department.
- Level 4 activations represent incidents that would have a major impact such as evacuation of the hospital or complete loss of a utility.

Code HICS followed by the activation level, notifies staff that the Emergency Operations Plan has been activated. Staff should return to their department and report to their supervisor for instruction.

Managers and Supervisors are notified of Level 1 activations so that they are made aware of the potential for an incident.

Level 2, 3 and 4 activations are announced on the overhead public address system and will trigger the opening of the Hospital Command Center. The role of Licensed Independent Practitioners and Staff in the response to an emergency is to return to their department and report to their supervisor for instructions. Department managers will submit a Status Report or STATREP form to the Hospital Command Center. The

Incident Commander will determine if the establishment of a Labor Pool is necessary. If instructed to do so, staff should report to the Labor Pool which is located in the cafeteria.

Each department has a Department Emergency Operation Plan or DEOP. The DEOP describes the departmental actions to be taken at each level of HICS activation.   The DEOP for your department should be posted in your area. You need not memorize it, but you should be familiar with what it says.

If you hear about an emergency incident while you are off duty, call the Employee Information Hotline for recorded information and instructions. The phone number is 516.632.3055. We may also broadcast information on the radio on KJOY 98.3 FM; B103.1 FM; Island 94.3FM; WHLI 1100 AM.

An important element of Emergency Preparedness is Personal preparedness. We encourage you to make an Emergency Supplies Kit for yourself and your family. Develop a communication plan so that family members know who and where to call in the event of an emergency. Ask about school, day care and elderly care emergency plans and have a plan for pets. You can learn more on personal preparedness web sites such as ready.gov or redcross.org.

Other codes that may be called for various emergency situations are:

Code HICS	Emergency Operations Plan activated
Code Red	Fire
Medical Team	Adult, Pediatric or Perinatal Medical Emergency
Code Gray	Disruptive, Agitated or Combative Individual
Code Gray Lockdown	Entry and Egress Control Team
Code Silver	Active Shooter, Threatening Individual with a Weapon, Hostage Situation with a Weapon, or Barricaded Individual with a Weapon
Code Orange	Hazmat Incident; Decontamination Needed
Code Green	Evacuation
Code Pink **Location and/or Door, Gender, Age**	Infant/Child Abduction L&D/Mat (D3): Doors 1-6 Peds (B2): Doors 7-9
Code H	Obstetrical Hemorrhage
Massive Transfusion Protocol (MTP)	Patient hemorrhage requiring emergency transfusion
Code Blood Bank	Mass Casualty requiring large amount of blood products for multiple patients
Rapid Response Team (RRT)	Acute changes in physiological and/or mental status
Trauma Team	Trauma Patient (Adult or Pediatric)
Stroke Team	Stroke Patient

Code Triage	Mass Casualty Incident/ Patient Influx
Code ID	Infectious Disease Patient requiring Immediate Isolation and Higher-Level PPE
Mr/Ms Walker ___ (Age, Unit) Mr/Ms (Name of patient) report to the closest Nursing Station.	Patient has wandered off a unit
Labor and Delivery Response Team	Obstetrical Emergency
Code Sepsis (ED Only)	Severe Sepsis/ Septic Shock Patient
Code Throughput	High Census in ED and/or entire hospital
All Clear	Situation has been resolved

CULTURAL SENSITIVITY

Clear communication is essential to providing quality healthcare: it affects health outcomes, patient satisfaction and our use of resources. Communication involves more than just language; however, it includes awareness of the traditions and belief systems of a culture that may impact the delivery or execution of their healthcare.

Cultural sensitivity includes the ability to understand, communicate with and effectively interact with people across different cultures.

At Mount Sinai South Nassau, we have embraced an initiative to be culturally inclusive in our interaction with every patient, relative, or friend that walks through our doors and internally toward every member of our diversified staff.

This initiative is championed by a multi-departmental committee of dedicated staff members which comprise the "Cultural Initiatives Committee".

We cannot assume that we share value systems with another, even if they look and act the same way we do. If we recognize and respect cultural, ethnic, religious, gender, and all individual differences in our patients, and we adjust to accommodate to these differences in our treatment of them, then do we become culturally competent. Therefore, we ask all employees to please:
- ✓ Be careful with humor
- ✓ Act as a role model of cultural sensitivity regardless of our position in the organization
- ✓ Treat others as they would like to be treated
- ✓ Do NOT stereotype

Language Interpretation

Healthcare organizations must offer and provide language assistance services, including bi-lingual 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. The cultural initiatives program has a full time

Language Coordinator who can be reached at ext. 3484. Please feel free to contact the Language Coordinator with questions, concerns, and if you think you may be interested in working with the committee.

As an institution, Mount Sinai South Nassau has adopted various policies and practices to safeguard the rights of its patients with respect to diversity, which includes:

- When providing medical information to individuals with Limited English Proficiency, the care giver has an obligation to provide a qualified interpreter. Such services can be provided through:
  - The Language Bank which is a list of employees who have been assessed and trained in terminology, interpretation and in cultural competency. This list is available on the intranet by clicking on the language bank tab located on the dashboard.
  - The CyraCom Multilingual Phone, which is located on each unit. CyraCom can also be accessed from any standard hospital phone by dialing 555 and following all of the prompts. Please refer to your CyraCom badge for your department's uniquely assigned PIN.
  - The Language Coordinator can be reached at ext. 3484 on Monday – Friday from 9:00 am – 5:00 pm.
- Sign Language interpretation services are also available to our patients as follows:
  - Sign Language Video Interpretation available at the Information Desk
  - For a face-to-face Sign Language interpretation please contact the Language Coordinator at ext. 3484 with as much advanced notice as possible.
  - If the Language Coordinator is not available and it is after hours, on the weekend, or a holiday the Nursing Director or Nursing Supervisor can schedule a face-to-face interpreter by calling Mill Neck Interpreter Service 516-512-6222 or 1-800-235-2594
  - TTY Phone available at the switch board
- Mount Sinai South Nassau has a policy in place which includes details about foreign language interpretation, document translation, and sign language interpretation services for our hearing-impaired patients that is available on the intranet (OF-ADM019).
- *Please indicate in the medical record whenever an interpreter was used.*

The Bariatric and Metabolic Program - Center for Digestive Health

Next let's discuss The Center for Weight and Life Management. Mount Sinai South Nassau has been in the forefront of weight management and Bariatric Surgery since 2000. We are recognized by the American Society for Metabolic and Bariatric Surgery as a MBSAQIP Accredited Center. We are also certified by the Joint Commission. These designations cannot come without the hard work, sensitivity, and compassion of the entire hospital staff. Bias against obesity is one of the most complicated social phenomena of our time. It is one of the few forms of discrimination that modern society still tolerates.

For a bariatric patient with a lower BMI, a health care provider may say "You're a small one". Although the caregiver may have had good intentions or state what they perceive to be a compliment, remarks like this may minimize the patient's personal struggle with obesity.

At Mount Sinai South Nassau, we encourage all our staff to openly discuss feelings and biases that are evoked by the obese patient with the Bariatric Coordinator at the Center for Digestive Health.

Mount Sinai South Nassau has an environment that accommodates patients of all sizes. We offer Extra Capacity items, which include:

- Wheelchairs, stretchers, commodes, beds, and gowns
- Dedicated Bariatric patient rooms

Wheelchairs and stretchers are labeled to identify weight capacity. For example, the label **WT 65** indicates that the equipment has a 650-pound weight limit. Use the Bariatric Departmental Resources on the SN web as a resource for more information on Bariatric care. The Extended Capacity Equipment list is also available on the Bariatric Departmental Resources page.

Spirituality

- The Spiritual Care Program recognizes that pastoral counseling and other spiritual guidance is an integral part of the patient's healing process. Patients have a right to opt out of spiritual/religious services and visits.
- This program provides the following services to our patients:
  - Catholic and Inter-faith Pastoral Care Liaison
  - Daily visitations assessing spiritual needs and providing "spiritual comfort"
  - No One Journeys Alone Program
  - Catholic Communion Services on Fridays 12:00 p.m.
  - Access to cable channel 31 showing spiritual programs
    - The Observant Jewish Program, providing:
      - A Hospitality House
      - Kosher meals
      - A Sabbath entrance
      - A Sabbath elevator
      - Rabbinical support
    - Muslim Spirituality services
      - Qibla (Direction of Mecca)
      - Qur'ans (English translation by Abdullah Yusuf Ali)
      - Halal Food
      - Meditation Room Privacy Curtain

Spiritual Care Services may be obtained by contacting the Spiritual Care Services Department:
Monday-Friday 8:30am- 4:30pm at ext. 4586 or pager 962, the Information Desk (Lobby 9am-8pm) or the Switchboard (8pm-9am).

HARASSMENT, DISRUPTIVE BEHAVIOR, & ANTI-DISCRIMINATION POLICIES

See separate packet entitled "Discrimination & Harassment Prevention Training".
You will need to read both packets to complete the quiz at the end of this packet.

If you are being harassed:
1. Follow the policy of the hospital for reporting the conduct.
2. You may bring your complaint to your department supervisor; to administration and/or to Human Resources without retaliation.
3. Your complaint will be investigated, and all involved in the investigation will be protected from retaliation.

If you offend someone – Recognize it and apologize to the person offended. Commit to not repeating this behavior.

If you witness harassment – Follow the policy of the hospital for reporting this conduct. Be proactive with co-workers and identify inappropriate behavior. If someone tells you about a complaint, make sure your department supervisor is informed or you can go to Human Resources and report it.

If you are a supervisor and the harassment happens in your presence, disavow the inappropriate conduct, counsel the offending individual, and refer them to Human Resources.

Here is the Mount Sinai South Nassau procedure for reporting Harassing Conduct:
1. Inform the offender that the conduct is unwelcome and must stop.
2. Report a complaint to:
    a. Department Supervisor, Manager, or Administrator
    b. A Human Resources Representative
3. If you are uncomfortable reporting to your department supervisor, contact Administration or Human Resources.
4. Any employee who reports a complaint or provides information in the investigation will be protected against retaliation.

An investigation will be conducted – in a confidential manner. Appropriate discipline action will be administered. Please refer to policy on SN WEB Harassment Prevention Policy OF-HR-289.

Disruptive and Inappropriate Behavior

Disruptive and inappropriate behavior is behavior which, by its very nature, inhibits or interferes with professional activities and interactions of hospital employees and medical staff members. Disruptive behavior may include, but is not limited to, behaviors in which verbal or physical behavior because of its severity and/or persistence:

- disrupts the operation of the Hospital.
- affects the ability of others to do their job.
- creates a hostile work environment for employees or other members of the Medical & Allied Healthcare Staff.
- interferes with an individual's ability to practice competently; or
- adversely affects or impacts the community's confidence in the Hospital's ability to provide care.
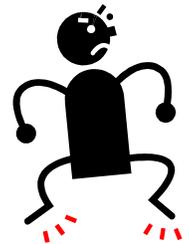
Inappropriate behavior may include but is not limited to:
- Any behavior that endangers patients, medical staff, or employee safety.
- Rude or foul language.
- Inappropriate comments or illustrations made in the patient medical record.
- Verbal or physical attacks or threats of physical attacks.

It is the policy of Mount Sinai South Nassau that all individuals within its facilities be treated with courtesy, respect, and dignity. All individuals, employees, physicians, volunteers, and other individual practitioners are required to conduct themselves in a professional and cooperative manner in the organization.
Acceptable behavior may include, but are not limited to:
- Mount Sinai South Nassau's 5 STAAR Standards

- Working together as a team
- Being fair and honest
- Supporting an environment in which ideas and concerns may be expressed freely
- Valuing differences of opinion and when conflicts arise, deal with them directly, constructively, and respectfully.

For information regarding procedures for addressing alleged disruptive behavior for employees, volunteers, medical staff, and allied health professions please refer to the policy OF-ADM-265 Acceptable Behavior, Disruptive Behavior, Inappropriate Behavior, and Problem or Conflict Resolution which may be found on the hospital intranet. This can be done by logging on to SharePoint under Hospital Policies and Procedures.

Anti-Discrimination Policy

It is against Hospital policy for any employee to discriminate against an applicant for employment or another employee on the basis of race, color, religious creed, sex (including pregnancy), age, marital status, sexual orientation, domestic violence victim status, national origin, genetic information, gender identity, gender expression or any other classification protected by federal, state or local discrimination laws.

The Equal Employment Opportunity and Anti-Discrimination policy applies to all aspects of the relationship between the Hospital and its employees, including by not limited to:
- Recruitment
- Employment
- Promotion
- Transfer
- Training
- Working conditions
- Wages and salary administration
- Employee benefits and application of policies

Violations of this policy, regardless of whether an actual law has been violated, will not be tolerated. The Hospital will investigate every complaint that is brought to its attention in this area and will take appropriate disciplinary action, up to and including termination of employment.

Any incidents can be reported to a supervisor, manager, administrative staff, or Human Resources. Please refer to Policy OF-HR 288 Equal Employment/ Anti-Discrimination.

IMPAIRED EMPLOYEE/ PRACTITIONER

The purpose of these policies and procedures is to ensure optimum patient care and safety of patients, practitioners, and employees of Mount Sinai South Nassau. See policies (Impaired Employee – (Suspected) OF- ADM – 308) and (Impaired Practitioner (Suspected) OF- ADM 121).

- ❖ **Impairment**
  - Any condition (temporary or permanent) that may affect a staff member's ability to perform their job.
  - Chemical dependence, mental illness & some physical illnesses

- ❖ Mount Sinai South Nassau is committed to maintaining a "substance abuse free" environment for its entire staff. (See Substance Free Workplace Guidelines OF-ADM-373) on SharePoint.

- ❖ Report event immediately (detailed facts)
  - ■ Your supervisor or HR employee
  - ■ Director of the Clinical Department

ABUSE, NEGLECT, DOMESTIC VIOLENCE, AND SEXUAL ASSUALT

CHILD ABUSE/NEGLECT

Definition: The New York State Child Protective Services Act defines an abused child as less than 18 years of age, whose parent or person legally responsible for their care:

A. Inflicts, or allows to be inflicted, upon the child serious physical injury or,
B. Creates, or allows to be created, a substantial risk of serious physical injury,
C. Commits, or allows to be committed against the child, an act of sexual abuse.

All children suspected as victims of abuse must have a complete physical exam and pictures taken as evidence. Documentation must include who, what, where and when.

Reporting Procedure: It is mandated that child abuse be reported to CPS. All suspected cases of child abuse or neglect must be reported to the NYS Central Registry 1-800-635-1522. The person who calls in the referral must complete the LDSS-2221A Form and the checklist within 48 hours of an oral report. During regular business hours, the Social Work Department must be called. During evenings and weekends the Director of Social Work needs to be contacted (see the telephone operator for assistance).

ELDER ABUSE

While anyone can be abused, the following groups are most often victims of abuse:

1. Frail
2. Over age 75
3. Female
4. White Protestant
5. Those with physical, mental, and emotional problems
6. Disoriented
7. Dependent on others for nutrition, safety, and toileting

Types of Abuse:
- **Physical abuse-** inflicting or threatening to inflict physical pain or injury on a vulnerable elder or depriving them of a   basic need.
- **Emotional abuse-**inflicting mental pain, anguish, or distress on an elder person through verbal or nonverbal acts.
- **Sexual abuse-**nonconsensual sexual contact of any kind.

- **Exploitation-**illegal taking, misuse or concealment of funds, property, or assets of a vulnerable elder.
- **Neglect-**Refusal or failure by those responsible to provide food, shelter, health care or protection for a vulnerable elder.
- **Self-neglect-**the inability to perform tasks essential to caring for oneself
- **Abandonment-**The desertion of a vulnerable elder by anyone who has assumed the responsibility for care or custody of that person.

Indication: Low self-esteem, withdrawn, depression, suicidal behavior, confused and disoriented.

Procedure:

Competent victims: A thorough exam should be conducted, and an attempt made to identify the person(s) who committed the abuse. Offer to report the abuse to Adult Protective Services (APS) at 516-227-8472, Monday – Friday during regular business hours. After hours or on weekends, call 516-572-3143. If the victim is not willing to report the abuse currently give the victim the number for future reporting.

Incompetent victims: A referral to Adult Protective Services should be made. If there is a question of competency, a psychiatric evaluation is required to determine competency.

In both cases the Social Work Department must be involved (See the telephone operator for contact with the Director of Social Work after regular business hours).

DOMESTIC VIOLENCE

Definition: Domestic Violence is abusive behavior (emotional, psychological, physical, or sexual) that one person in an intimate relationship uses to control the other. It includes behaviors such as threats, name calling, preventing contact with family and friends, withholding money, actual or threatened harm and sexual assault.

Domestic Violence Indicators:
1. Discrepancy between injury and history.
2. Delay between the injury and when treatment is sought.
3. Multiple injuries in various stages of healing.
4. Injuries on an area of the body usually covered by clothing.
5. Injuries to pregnant woman.
6. Injuries consistent with the shape of a weapon (rope, belt, iron, cigarette, fingers).
7. Alopecia or hemorrhaging beneath the scalp.
8. Feeling endangered, extreme anxiety, hesitancy, fearful without explanation.
9. Pattern of repeated visits to the Emergency Department.
10. Evidence of alcohol or drug abuse.

Documentation: In the medical record, document in the patient's own words, their detailed account of how injuries were received, patient complaints as well as your description of injuries. Each patient is to receive a copy of the Victim's Rights Notice in a private confidential manner. A patient's refusal to accept the Victim's Rights Notice must be honored but must be documented in the medical record.

SEXUAL ASSAULT

Rape or sexual assault can happen anywhere, to anyone of any race, culture, economic and social standing and sexual orientation. ***All cases of assault need to be addressed in a manner that always maintains confidentiality. It is of the utmost importance that you approach each patient in a non-judgmental manner.***

- Rape and sexual assault are criminal and reportable offenses.
- Victims are traumatized both physically and emotionally.
- Treatment is directed toward diagnosing and treating physical injuries, providing emotional counseling, evaluation and treatment of sexually transmitted diseases and pregnancy risk evaluation and treatment.
- Refer to policy on Sexual Assault for procedure to transfer to a SCAN or SANE Unit.

HUMAN TRAFFICKING

Human Trafficking is a modern-day form of slavery and is a Federal Crime. There are 2 main forms of Trafficking (Labor Trafficking and Sex Trafficking). Since medical treatment is often necessary for victims, health care professionals are in a unique position to help them. The hospital provides for the identification, assessment, and appropriate treatment or referral of patients suspected to be human trafficking victims.

Signs of potential human trafficking include the following:

The patient:
- is unaware of their current location, date, or time
- exhibits fear, anxiety, submission, or tension
- shows physical signs of abuse or medical neglect
- is reluctant to explain their injury
- has tattoos or unusual forms of branding
- is unable to provide their address
- is not in control of their own money and/or
- someone else speaks for the patient.

Social Work is contacted to evaluate patients identified as potential victims. In cases of patients under eighteen years old, clinicians are responsible to report suspected abuse to child protective services.
If a patient declines assistance, their decision is respected, and they are provided with information on resources such as the Safe Center or National Human Trafficking Hotline at 1-888-373-7888.

Contracted Worker/Student
Self-Study Education Program Examination

Directions: After reading the information in this orientation/ annual education packet, please complete question 1 – 63 below. Please sign/ date the exam and return it to the Department Manager.

Mission/Vision/Values

1. **True or False.** Mount Sinai South Nassau's values include the following: Community Priority (providing for the healthcare needs of the community), Accountability (taking responsibility for our actions), Resources (our employees and physicians are our most valuable resource), and Excellence & Ethics (commitment to the highest standard of health care delivery and outcomes and treating others as we want to be treated).

2. **True or False.** Plan, design, implement & sustain compassionate human interaction in the delivery of all care and service processes for the best possible experience of each person is an organizational goal.

Patient Rights/Ethical Issues

3. **True or False.** A Patient's Rights statement is given to all patients on admission. The rights include but are not limited to:
    * Understanding and use of all rights with interpreter assistance if needed
    * The right to receive treatment without discrimination
    * The right to receive considerate and respectful care in a clean and safe environment
    * Privacy while in the hospital and confidentiality of all information and records regarding care
    * The right to participate in all decisions about treatment and discharge from the hospital
    * The right to complain without fear of reprisals about the care and services provided

4. **True or False.** Allegations of physical, sexual, and verbal abuse must be reported immediately to the appropriate Manager, Director, and Administrator.

5. The _____ Committee is available to patients, families, or staff when ethical issues arise related to patient care.

Restraint Philosophy and Fall Prevention Program

6. **True or False**. The patient has the right to safe implementation of restraint or seclusion by trained staff. Restraints are initiated only if alternatives to restraints have been unsuccessful.

7. **True or False**. Patients identified as risk for falling wear orange identification bands.

Corporate Compliance/HIPAA

8. **True or False.** The Compliance Program is a way for ensuring that employees and agents of Mount Sinai South Nassau conduct their business activities in an ethical and legal manner.

9. **True or False.** It is my responsibility to report any compliance-related question, concern, suggestion or potential issue to the Compliance Office.

10. **True or False**. I can accept a gift card (such as a Dunkin Donuts or Starbucks gift card) if it is only for $5.00.

11. **True or False.** Medical identity theft (also known as a "Red Flag") may be detected during the registration process or during treatment. I should report all suspected cases of medical identity theft to a supervisor.

12. **True or False.** All compliance issues are reported in good faith and the reporter should not fear of intimidation or retaliation.

13. **True or False**. HIPAA Compliance has a code of conduct, which is to be abided by all personnel, including employees, students, volunteers, contracted workers, Physicians & Allied Health Staff, which was approved by the Board of Directors and supports the hospital's Compliance Program.

14. **True or False**. PHI stands for Protected Health Information and can come in several forms including electronic, verbal, written and faxed.

15**. True or False**. I can look up a co-worker's lab result, even if it is not part of my job function to provide them with the information if they say it is ok.

16. **True or False.** A good way to remember how we can legally use patient information without specific authorization under HIPAA is by remembering the Acronym **TOP** (Treatment, Operations, and Payment).

17. **True or False.** If you see a negative review or post on social media by a patient, customer, or employee you should personally respond to the individual.

Performance Improvement

18. **True or False**. PDSA is the performance improvement methodology used at Mount Sinai South Nassau.

19. **True or False.** SMART goals are specific, measurable, accurate, relevant, and timely.

Service Excellence

20. **True or False.** *RELATE*" stands for Reassure, Explain, Listen, Answer, Take Action, and Express Appreciation.

21. **True or False**. Mount Sinai South Nassau non- negotiable behaviors includes escorting patients and visitors to their destination.

Patient Relations/Service Recovery

22. **True or False. I**t is the responsibility of all Mount Sinai South Nassau employees to participate in the Service Recovery Program.

23. **True or False.** A Level 3 Complaint is a Grievance and must be handled according to CMS regulations.

Risk Management & Patient Safety

24. Who is the Patient Safety Officer? _____.

25. What are the 2 patient identifiers used for inpatients at Mount Sinai South Nassau?
    1. _____   2. _____

26. **True or False.** Our FMEA projects are currently working on the safety of behavioral health patients in a non-behavioral health setting and inpatient Code Sepsis.

Infection Control

27. **True or False.** All employees, physicians, visitors, vendors, contracted workers, and students must wear a surgical mask when entering the hospital and off-site locations.

28. **True or False.** Candida Auris is a drug resistant fungus that causes serious infections and is difficult to treat.

29. **True or False.** Adherence to meticulous hand hygiene is the number one way of preventing the acquisition of hospital acquired infection.

30. **True or False.** Exposure to blood and/or body fluids through a needle stick, splash, scratch, cut or bite, must be reported immediately to your supervisor and be evaluated in Employee Health, or if on an off shift, in the Emergency Room. The Needle stick hotline is ext. 4444.

31. **True or False**. If your hands are visibly soiled, you are removing gloves, or if the patient is diagnosed with C Difficile or Candida Auris, hand washing gel may be used to clean your hands instead of soap and water.

32. **True or False**. In the event of an incident involving blood and/or body fluid contamination, to clothing or uniform, the exposed employee must turn in the contaminated clothing or uniform to the Hospital Linen Department.

33. Name the 5 types of Isolation used at Mount Sinai South Nassau:
    1. _____   2._____
    3. _____   4. _____
    5. _____

Back Safety

34. **True or False.** The safest way to carry is to keep objects in the "green" zone, at waist height, and close to your body.

Safety & Security

35. **True or False.** Ways to prevent violence include treating people with respect, trusting your instincts, staying calm, and reporting all incidents immediately to your supervisor and Security.

36. **True or False.** Security Incident reports are prepared for missing/lost property only.

37. **True or False.** Mount Sinai South Nassau is a smoke-free institution. Smoking is not permitted anywhere on campus, including off-site locations. Employees found smoking on campus will be subject to disciplinary action.

38. ID badges must be worn at _____ level at all time on the hospital grounds

Hazardous Materials

39. **True or False**. SDS sheets are found in Environmental Services only.

40. **True or False.** Any staff member who discovers a spill should contact Environmental Services at extension 4613 or pager 706, 24 hours a day and 7 days a week.

41. **True or False.** Hazardous pharmaceutical wastes are placed in BLACK Containers. These color-coded containers are found in clinical areas throughout the hospital: Pharmacy, Medication Rooms, Soiled Utility Rooms, and Procedural Areas (OR's, CT scanner room).

Environment of Care

42. **True or False.** Biomed can be reached by paging 880 or calling extension 4269**.**

43. What does R.A.C.E. stand for? _____**.**

44. **True or False.** When using a fire extinguisher, we use the steps PASS (Pull, Aim, Squeeze, and Sweep).

45. What is the crisis management standard tool that Mount Sinai South Nassau uses to manage emergency responses? _____**.**

46. What does Code Triage, Level 1-4 stand for? _____.

47. What does Code Silver stand for? _____.

48. What does Mr. /Mrs. Walker alert mean? _____.

49. What does Code ID stand for? _____.

50. What does Code Gray Lockdown mean? _____.

51. **True or False**. When notified of an emergency, you should quickly tell as many people as possible.

Cultural Sensitivity

52. **True or False.** Preferred tools or services available for language interpretation include: CyraCom phone, TYY phone, Language Coordinator, Language Bank, ASL videophone and family members.

53. **True or False.** The Spiritual Care program recognizes that pastoral counseling and other spiritual guidance is an integral part of the patient's healing process.

54. **True or False.** The Extended Capacity Equipment list is available on the Bariatric Departmental Resources page on SharePoint.

Harassment/Disruptive Behavior

55. **True or False**. A harassment complaint may be reported to my supervisor or manager, HR, or any member of administration without retaliation.

56. **True or False.** Disruptive Behavior is behavior which, by its very nature, inhibits or interferes with the professional activities and interactions of hospital employees and medical staff members.

Impaired Practitioner

57. **True or False.** Impairment is limited to just chemical dependence or mental illness.

Violence and Abuse

58. **True or False.** Types of elder abuse include physical abuse, emotional abuse, sexual abuse, exploitation, neglect, self- neglect, and abandonment.

59. Signs of human trafficking include but are not limited to:
    a. Being unaware of their current location
    b. Exhibiting fear, anxiety, submission, or tension
    c. Has unusual forms of branding
    d. Shows physical signs of abuse or medical neglect\
    e. All the above

Discrimination and Sexual Harassment

60. **True or False.** Discrimination is when an employer treats an employee differently in the terms and conditions of employment based upon the employee's membership in a protected category. Protected categories include but are not limited to age, race, religion, sexual orientation, marital status, gender identity, and military status.

61. **True or False.** Only women can be victims of sexual harassment.

62. **True or False.**   Looking at a pornographic website at your desk can constitute sexual harassment.

63. **True or False.** Forwarding inappropriate jokes or pictures via e-mail or text cannot be considered sexual harassment.

I have received and read the enclosed educational information and have had the opportunity to ask any questions.

Name: _____

Date: _____

Signature: _____

Department: _____

Score: _____

Passing Score: 85%

Reviewed by: _____

Date: _____