



North Shore-LIJ Health System
2011 Mandatory Program
Self-Learning Booklet
For
Voluntary Credentialed Practitioners

Includes training for:
Corporate Compliance and
Human Resources (Safety, Quality and Infection Control and
Prevention)



Module 1

Corporate Compliance

The Code of Ethical Conduct

The Health System's Code of Ethical Conduct (The Code) emphasizes our commitment to compliance, which is demonstrated by our robust Compliance Program. The Code has five other major elements:

- Our commitment to complying with the state and federal laws that govern health care, and to the Code of Ethical Conduct and Health System policies and procedures. Certain Compliance policies and procedures will be highlighted during this program.
- Our commitment to our patients, to give them the highest quality care possible at all times, to respect their choices, to safeguard patient information and to provide proper emergency care.
- Our commitment to the government regulators to comply with all coding and billing rules, to accurately document care in medical records, to cooperate with audits and investigations and to deal honestly at all times with accrediting bodies.
- Our commitment to our business partners to treat them fairly, to ensure that they operate in an ethical manner and in compliance with our policies and procedures, and,
- Our commitment to our colleagues and the Health System to avoid conflicts of interest, maintain a fair and respectful work environment and to make certain that we do not employ individuals who have been excluded from participation in the federal and state health care programs.

The Health System's Policy on Gifts and Interactions with Industry

The Health System adopted a new policy on gifts and interactions with Industry in 2010.

The policy:

- Prohibits all gifts from Industry, regardless of value, including food
- Requires that all consulting and other engagements with Industry be conducted according to the standards set forth in the policy
- Prohibits Industry-sponsored speakers' bureaus unless certain conditions are met
- Requires Industry representatives to visit our facilities by invitation only
- Prohibits Industry-sponsored meals in connection with education programs, unless ACCME compliant
- Requires Industry support for research to comply with policies of the Feinstein Institute and the Office of Grants and Contracts
- Prohibits direct payments to individuals for Health System projects
- Prohibits co-marketing arrangements with Industry
- Prohibits employees from soliciting gifts or other benefits from Industry.

Please consult Health System policy #800.04, "Gifts and Interactions with Industry" for additional information. You can call the Office of Corporate Compliance if you have questions about the policy or its application to you. Please note that other arrangements with Industry may be permissible but must be approved before services are provided pursuant to an agreement.

Important Compliance-Related Federal and State Laws

The Deficit Reduction Act and the False Claims Acts

The Deficit Reduction Act of 2005 requires the Health System to train our employees on the federal and state False Claims Acts and other laws that protect whistleblowers against retaliation.

The federal and state False Claims Acts establish liability when any person or entity receives payments from the government. Anyone who has direct and independent knowledge of false claim activity can file a lawsuit on behalf of the government to recover money paid for the false claim.

The person who files the suit is known as a whistleblower. If the lawsuit is successful, the whistleblower receives a share of the money the government recovers.

It is illegal to retaliate against anyone who files a False Claims Act lawsuit by, for example, firing the whistleblower. The Health System has a strong no retaliation policy.

Examples of false claims include:

- Billing for a higher level of services than were actually performed
- Billing for services that were not medically necessary
- Submitting a claim under one patient's name when services were provided to another person
- Altering claims forms or medical records
- Billing for services provided by an unlicensed provider
- Submitting false or inaccurate pricing or rebate information on pharmaceuticals to a federal health care program
- Enrolling a beneficiary in a Medicare Advantage program without the beneficiary's consent

Under the new federal health care legislation, the federal False Claims Act has been amended to add a new basis for liability. If a health care provider fails to return an overpayment within 60 days of identification, this can constitute a false claim.

This means that any time the Health System knows that it has received an overpayment, the money must be returned to the government no later than 60 days after the overpayment was identified. If not, the Health System could be subject to false claims liability – which includes the amount of the overpayment, which can be tripled by the court, additional monetary penalties and other sanctions.

The Anti-Kickback Statute

The Anti-Kickback statute prohibits payments by the Health System to any referral source for the purpose of receiving referrals of patients, products or services that are reimbursed by Medicaid, Medicare or any other federal or state health care program. Here at the Health System we do not pay for referrals and we do not accept payment of any kind for making or receiving patient referrals from other health care providers.

Instead, we accept patient referrals and admissions based solely on the patient's medical needs and on our ability to render medically-necessary services. The prohibited kickbacks include not just giving money to physicians or other referral sources, but also any kind of gift or benefit or anything of value. If you have any questions about the Anti-Kickback Statute, please consult your supervisor, the Office of Legal Affairs or the Office of Corporate Compliance.

The Stark Law

Another important federal law is the Stark Law. This law prohibits physicians from referring patients to certain healthcare entities in which the physician or the physician's family member has a financial interest. There are certain exceptions contained in the law. If a financial relationship with a physician is not properly structured and administered, legal violations for the Health System and the individual employee may result.

Recently, the Detroit Medical Center had to pay a \$30 million penalty for failing to follow the Stark Law by, among other things, providing doctors with special compensation, entertainment tickets and unreasonable lease deals. This is the reason why all Health System employees who interact with physicians must know and understand the legal requirements for these arrangements.

In particular, please note that the Health System cannot provide more than \$359 per year in non-monetary compensation or cash equivalents to non-employed physicians. Non-monetary compensation includes such items as meals at restaurants, gift cards, golf outings and condolence or congratulatory gifts.

If you are providing any non-monetary compensation to voluntary physicians on behalf of the Health System, you must consult and follow Health System policy #800.10, "Business Courtesies to Potential Referral Sources." This policy can be found on HealthPort on the Corporate Compliance webpage.

The Emergency Medical Treatment and Active Labor Act “EMTALA”

The Emergency Medical Treatment and Active Labor Act, known as EMTALA, applies to all individuals presenting to a dedicated emergency department. Anyone presenting to an emergency department requesting treatment for a medical condition is entitled to a medical screening examination. This examination must be of sufficient scope to conclude, with reasonable clinical confidence, whether an emergency medical condition does or does not exist. The examination *cannot be delayed* while the patient’s health insurance coverage and/or method of payment are verified. If the facility cannot treat the patient, the patient must be stabilized before being transferred to another facility. The receiving facility must have the capacity and the ability to provide the needed medical treatment.

The emergency department also must maintain certain records, including a central log, an on-call list of physicians and records of patient transfers for at least five years. Failure to follow these rules can result in fines and other penalties.

The Health Insurance Portability and Accountability Act “HIPAA”

One of the hottest issues today in Compliance is the Health Insurance Portability and Accountability Act, which is known as HIPAA. The government is very serious about health care providers and their employees complying with HIPAA. Failure to follow the HIPAA rules can result in serious fines and employees can even be sent to jail for merely looking at a medical record they were not authorized to view.

Recently, HIPAA has been strengthened by the adoption of additional laws. All health care providers are now required to notify the federal government when confidential patient

information is viewed or taken by individuals who are not authorized to see it and the data could be used to harm the patient. The fines and penalties for violations of HIPAA are now enormous – up to \$1.5 million per violation.

The media routinely publicizes instances where patient data is lost, stolen or otherwise improperly acquired. These media reports hurt healthcare providers' reputations. Here at the Health System we have to redouble our efforts to ensure that all patient information is kept confidential and is used only for appropriate purposes by authorized individuals.

The HIPAA Privacy Rule

The HIPAA Privacy Rule puts restrictions on the uses and disclosures of personal health information (PHI). It is important that you know and understand these restrictions so that you can do your job correctly.

The Privacy Rule also gives patients certain rights with respect to their PHI. These rights are:

- The right to access, inspect and copy a patient's own medical records
- The right to request restrictions on the release of a patient's medical records
- The right to opt-out of the patient directory while in the hospital
- The right to request an accounting of the disclosures made of the patient's medical records to outside entities
- The right to request an amendment of his or her medical records and to receive a response to this request within 60 days
- The right to receive a Notice of Privacy Practices at the first treatment encounter
- The right to request and receive confidential communications concerning their PHI by alternative means
- The right to file a complaint with the Office for Civil Rights of the U.S. Department of Health and Human Service if HIPAA is violated

HIPAA governs protected PHI. PHI is all individually identifiable information about a patient's health care services or payment rendered for those services. PHI comes in many forms, including oral, written and electronic. Any communication of PHI is covered by HIPAA.

Examples of PHI include:

- the patient's name
- the patient's Social Security number
- the physician's personal notes on a patient
- the patient's billing information (including health insurance carrier)
- the patient's date of birth

There are many other types of data that are PHI. Think about your own job. What types of PHI do you work with?

HIPAA - The “Minimum Necessary” Rule

HIPAA has a “Minimum Necessary” rule regarding PHI. This rule states that when you are using or disclosing a patient's PHI, you must use or disclose only the minimum amount necessary to achieve the purpose of the use or disclosure. For example, if you receive an inquiry regarding a patient's bill from an insurance carrier, you only need to disclose the patient's PHI that relates directly to the inquiry. The patient's entire medical record does not need to be disclosed.

HIPAA – Use and Disclosure of PHI

PHI may be used or disclosed only when specifically permitted by HIPAA. All other uses or disclosures are prohibited.

PHI may always be used for treatment of a patient. No authorization or consent by the patient is required for this use. The Minimum Necessary Rule discussed above does not apply to the use of PHI for treatment. Generally, the Privacy Rule permits disclosure of PHI to an individual who is involved in the patient's care, so long as the patient does not object to this disclosure.

PHI also can be used to obtain payment for health care services rendered to the patient, for health care operations, when requested by the patient or when required by law. The law does contain some exceptions to these general rules.

Finally, PHI can be used for research. However, it can be used only with the Institutional Review Board (IRB) review and approval of informed consent, for use of a limited data set or with a waiver of authorization. You can contact the Office of the IRB at (516) 562-3100 for more information or go to www.nslj.com.irb for an application.

HIPAA Security Rule

The HIPAA Security Rule protects electronic PHI and sets standards for the electronic transmission of PHI. The Security Rule provides three types of safeguards:

- The administrative safeguards set limits on who may access PHI electronically. It also requires detection systems to detect and prevent security breaches and ongoing evaluations and audits of computer systems' security.
- The physical safeguards required by the Security Rule include facility access controls, such as ID badges which must be worn at all times. The Security Rule also requires device and media controls to track hardware.
- The technical safeguards include software to monitor for viruses, encryption of data and monitoring systems to track log on/off.

The Health System is working hard to ensure the security of our data through these safeguards and others.

HIPAA – Protecting PHI

Everyone in the Health System is responsible for protecting PHI. Health System policies help us to do this by regulating the use of portable devices containing PHI.

Computer users must actively protect Health System computers from loss or theft. It is very important that you keep track of your equipment and storage devices. Lock your computer whenever you are not using it.

Never leave a computer or any device containing PHI – or paper PHI – in a car overnight. You should even remove the computer, device or files from the visible areas of your car during short stops. It only takes a minute for a thief to break into your car and take the PHI.

All computers and personal digital assistant devices must be password-protected and use a screensaver in accordance with Health System policy. You should store all of your documents containing PHI on network drives, not on your computer's hard drive.

E-mails that contain PHI must include the word "PHI" or "Secure" in the subject line. This will cause the message to be encrypted to keep the data safe. Where you include highly sensitive PHI in an e-mail, the PHI must relate to treatment and only the minimum necessary PHI should be included.

Remember that the rules about PHI include verbal or spoken PHI. Don't discuss PHI where you can be overheard by others. Try to move to a more private location before discussing it.

Finally, it is important to always dispose of PHI properly. This means shredding it and disposing of it in locked bins. Do not throw out paper containing PHI in regular wastebaskets or dumpsters.

If you follow these steps, you will help to keep our patients' PHI safe.

Health System Business Information and Employee Data

In addition to PHI, please remember that all Health System business information, including employee data, should be treated as confidential at all times. You should only use this information when you are required to do so for your job. You should never use Health System information for personal gain or for any other unauthorized reason.

HIPAA – Breach Notification

One of the most important recent developments under HIPAA is the new breach notification requirement. Effective this year, certain kinds of improper disclosures of PHI must be reported to the federal government and the affected patients must be notified of the breach.

“Breach” is defined as “an unauthorized acquisition, access, use or disclosure of unsecured, unencrypted protected health information which violates the HIPAA Privacy Rule and compromises the security or privacy of PHI by posing a significant risk of financial, reputational or other harm to an individual.”

Anyone associated with the Health System who becomes aware of a breach or even a potential breach must notify the Office of Corporate Compliance immediately. Compliance and the Office of Legal Affairs will take the lead in making the determination as to whether the breach must be reported and whether the affected patients need to be notified.

No one other than Compliance and Legal Affairs should attempt to make this determination or conduct an investigation into the alleged breach. Your responsibility is to notify Corporate Compliance. Compliance and Legal Affairs, along with any other appropriate departments, will handle the rest of the matter.

Email and Social Networks

Health System Email

Email, social media networks and programs like Instant Messaging can be a lot of fun and they are also useful. However, you have to be extremely careful when using them in the workplace or when referencing your workplace.

The basic principles for using the Health System email are:

- Use the Health System email for Health System business only
- Do not forward Health System email to a personal email account
- Make sure that your emails are professional in all respects
- Email communication with patients or about patients must be treated with the same confidentiality as the written or electronic medical record
- The special rules for email communication with patients, such as patient consent, must be followed at all times

Facebook and Twitter

Increasingly, Facebook is becoming a vehicle for business and personal communication. The Health System's confidentiality policy and the HIPAA privacy rules apply equally to anything posted on Facebook that is patient health information or confidential business information.

Absolutely no Health System information should be posted on your personal Facebook account or similar social media sites. This includes protected health information, stories about things that happened in the workplace and confidential business information. Even if it seems harmless or doesn't identify the patient, you cannot put any Health System information on

personal Facebook pages. Think before you act. Protect patient privacy and protect the Health System's confidential business information.

Duty to Report Compliance Violations

All Health System employees have a duty to report compliance-related violations. These include: HIPAA, coding and billing issues, EMTALA violations, theft of company assets, Stark and Anti-Kickback violations, gift issues and violations of the Code of Ethical Conduct and Health System policies and procedures.

There are a number of ways that you can report violations. You can report to your supervisor, to the Office of Corporate Compliance or to the Compliance HelpLine.

The Compliance Helpline

The Compliance HelpLine is a service provided by an outside vendor for Health System employees, associates and patients. You can make a report by calling the HelpLine at **800-894-3226** or by going online to www.northshore-lij.ethicspoint.com. This service is available 24 hours a day, seven days a week. You can make an anonymous report or you can use your name or other contact information. All reports received on the HelpLine are investigated and resolved as appropriate. You cannot be retaliated against for using the HelpLine to make a good faith report of an issue. However, please be aware that making a false report could result in discipline.

Health System Facility Compliance Directors/Privacy Officers

The Health System has Compliance Directors assigned to each of the Health System's facilities. These Directors also serve as the Privacy Officers for their respective facilities. Please feel free to contact your assigned Director for more information about Compliance issues, to report an actual or suspected violation or to get copies of the Code of Ethical Conduct or Health System policies and procedures.

The contact information for the Compliance Directors is:

- Andrea Ansorge – North Shore University Hospital
ansorge@nshs.edu
516-465-1889
- Louis DiGiovanni – Franklin Hospital and Ancillary Facilities (including CECR, Orzac, Hospice, Home Care Network, Region Care, CEMS and STARS)
ldigiovann@nshs.edu
516-465-3224
- Georgie MacMullen – Southside, Plainview and Syosset Hospitals
gmacmull@nshs.edu
631-968-3205
- Marcie Shannon – Lenox Hill Hospital
mshannon@lenoxhill.net
212-434-6422
- Janice Stewart – LIJ Medical Center, Cohen Children's Medical Center of New York and Zucker Hillside Hospital
jstewart@nshs.edu
516-465-8860
- Theresa Burke – Glen Cove and Forest Hills Hospitals
tburke@nshs.edu
516-465-8858
- Jeff Scribner – Corporate
jscribner@nshs.edu
516-465-1835

- Donna Anguilo – Huntington Hospital
danguilo@hunthosp.org
631-549-3624

Other Compliance Resources

Listed below are other resources you can contact for additional information about compliance-related issues.

- Office of Corporate Compliance
200 Community Drive
Great Neck, NY 11021
516-465-8097
- Research Compliance
Cynthia Hahn, Administrator
chahn@nshs.edu
516-562-2018
- Corporate Security
516-465-3078 (regular business hours)
516-719-5000 (after hours – page Security)
- Office of Legal Affairs – On Call Attorney
516-465-7979 (24/7)

Corporate Compliance Quiz

- (1) The Health System's Code of Ethical Conduct describes our commitment to:
 - (a) Quality patient care
 - (b) Compliance with federal and state laws governing health care
 - (c) Fair dealings with our business partners
 - (d) All of the above

- (2) The Health System policy on Gifts and Interactions with Industry prohibits which of the following:
 - (a) Employees accepting gifts from vendors
 - (b) Physicians receiving compensation from health care industry representatives that is above fair market value
 - (c) Employees giving each other celebratory gifts
 - (d) (a) & (b) only

- (3) Which of the following are examples of false claims:
 - (a) Billing for services that are not medically necessary
 - (b) Billing for services provided by an unlicensed provider
 - (c) Submitting a claim under one patient's name when services were provided to another person
 - (d) All of the above

- (4) True or false: The Health System does not pay for referrals of patients and does not accept payment for making or receiving patient referrals from other sources.
 - (a) True
 - (b) False

- (5) Under HIPAA, health care providers are:
- (a) Required to notify the federal government when confidential patient information is viewed or taken without authorization and the data could be used to harm the patient
 - (b) Provide free copies of patient medical records to patients
 - (c) Subject to fines for violations of up to \$1.5 million per violation
 - (d) (a) & (c) only
- (6) The HIPAA Security rules and Health System policies require employees to:
- (a) Never share their log-ons and passwords with anyone
 - (b) Save your data on network drives only
 - (c) Lock your computer or log off it when you are away from your workstation
 - (d) All of the above
- (7) The Health System policies on e-mail require employees to:
- (a) Use Health System email for Health System business only
 - (b) Not forward Health System email to personal email accounts
 - (c) Ensure that their emails are professional in all respects
 - (d) All of the above
- (8) True or False: Health System information and patient information can be posted on personal Facebook pages.
- (a) True
 - (b) False
- (9) Reports to the Compliance HelpLine can be made anonymously or by using your name.
- (a) True
 - (b) False

Corporate Compliance Quiz – Answers

(1) Answer: (d)

(2) Answer: (d)

(3) Answer: (d)

(4) Answer: (a)

(5) Answer: (d)

(6) Answer: (d)

(7) Answer: (d)

(8) Answer: (b)

(9) Answer: (a)

Module 2

2011 Mandatory Program on Safety, Quality Care and Infection Control and Prevention

Program Objectives

After reviewing the content of this program, the learner will be able to:

1. State the mission, vision, and values and expectations of the health system.
2. State responsibilities in upholding the core values of the organization.
3. Identify ways to prevent or minimize workplace injuries or illness.
4. Describe their in relation to general safety in the workplace including fire safety and security.
5. Verbalize value of teamwork and collaboration.
6. Follow and enforce hand hygiene procedures.
7. Demonstrate behaviors that illustrate cultural competence.
8. Identify at least two patient safety goals related to areas of responsibility.
9. Describe standards for service excellence.

Mission, Vision, Values and Expectations

Mission: To improve the health and quality of life for the people and communities we serve by providing world-class service and patient-centered care.

Vision: To be a national healthcare leader, committed to excellence, compassion and improving the health of the community.

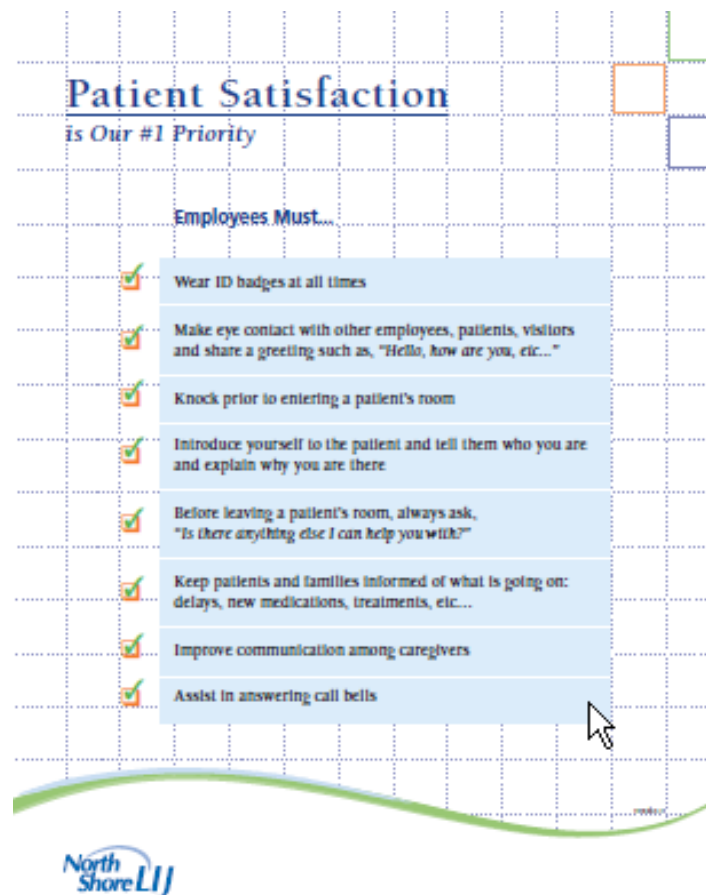
Values and Expectations: As a team member, you exemplify the health system's culture and are held accountable for your actions. Our core values are what make the organization successful. You are expected to always demonstrate our values in action; they should be part of your daily routine: Always putting our patients first, working as a team, promoting quality and pursuing excellence are just some of the expectations we have of our team members.

Always Put Our Patients First!



Service Excellence

As a team member of North Shore LIJ, you are expected to demonstrate, at all times, certain behaviors and attributes that support the health system's commitment to service excellence. The following are some behaviors to be demonstrated when working with patients, families, visitors, physicians and colleagues in the organization:



Service Recovery: A step-by-step process for correction of service breakdowns which a result from misunderstandings, poor service skills, faulty policies or inefficient systems. One technique for the service recovery model is L-A-S-T.

- **L**isten to the explanation of the individual's perception of the breakdown.
- **A**pologize on behalf of the organization.
- **S**atisfy – offer a solution. If not possible, explain your next steps in routing to the appropriate individual.
- **T**hank the individual. Every service breakdown is an opportunity to make things right!

Teamwork

Teamwork is coming together, working together, and succeeding together. Effective teamwork:

- Allows for getting more done in less time – and with less cost.
- Is driven by a clear purpose and a stated goal.
- Functions through clearly defined goals.
- Promotes a sense of connection and belonging.
- Emphasizes the value of diversity.
- Allows different preferences to lead to useful and effective problem solving.
- Improves communication.
- Reduces conflict and stress.
- Values the strengths of others.
- Equals total team participation.
- Leads to increased cooperation.
- Leads to increased conflict management.
- Assists with change management.

Team STEPPS

Keep on Track with TeamSTEPPS: Improve Safety and Enhance Communication!

Brief: a short planning session before care and work begins.

Debrief: a “brief review at the end of the day or after an event to see how things went and suggest ways to make solutions better.

Huddle: a short meeting to solve problems. Each team member can call a huddle.

CUS: “I’m Concerned, I’m Uncomfortable, This is a Safety issue.”

DESC: Describe, Express, Suggest Consequences. A constructive way to resolve conflict.

Patient's Bill of Rights

New York State mandates that the Patient's Bill of Rights is distributed to all patients admitted to a hospital. The Patient's Bill of Rights is available in other languages and can be obtained through the facility's language assistance coordinator. It is each team member's responsibility to ensure that the 19 patient's rights are observed and respected at all times. The first five patients' rights are listed below.

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

1. Understand and use these rights. If, for any reason, you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation, source of payment, or age.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.

Limited English Proficiency (LEP)

English may be a second language for some of our patients and visitors. Limited English Proficiency (LEP) applies to individuals who do not speak English as their primary language, and have limited ability to read, write, speak or understand it. LEP patients and visitors have the same rights as any other individuals and should be treated equally.

Regulatory Requirements for LEP patients:

- LEP patients have the right to free language interpretation services.
- Interpreter services must be provided to LEP patients within 10 minutes in an urgent setting (E.D.), and 20 minutes in a non-urgent setting.

Your Role:

- It is your responsibility to assist any patient who approaches you with a request for language interpretation services.
- When in doubt, contact the main telephone operator who can connect you to the language assistance coordinator for your facility.

Communicating with LEP Patients

The following are methods for communicating with LEP patients:

Foreign Language Speaking Clinicians:

- Physicians, nurses and other licensed professionals) can practice their profession in both English and a foreign language.

Telephonic Interpretation Services:

- Required for key patient contacts with LEP patients such as informed consent, nursing assessment, history and physical, and discharge instructions and patient education.

Language Bank – Administrative Interpreters:

- A list of staff or volunteers who can serve as interpreters for administrative encounters which includes all communication with a patient that does not involve clinical matters.

Vital Documents:

- The health system has translated a set of Vital Documents used for patient care. They are available for download from the HealthPort Forms Center.

Advance Directives

Advance Directives are declarations made by a competent person of their choices about treatment. They serve to protect the patient's right to make his or her own choices/legally valid decisions concerning future medical care and treatment. Examples are:

- Living Will: Written instructions that explain one's health care wishes, especially about end-of-life care.
- Health Care Proxy: Appointment of a health care representative to make healthcare decisions when unable to do so for oneself.

Ethical Issues

Difficult situations can arise when healthcare decisions must be made. For help with ethical problems or questions, notify your supervisor immediately so that issues may be referred to your facility's Ethics Committee.

Refer to your facility's Administrative Policy and Procedure Manual which may contain policies to guide ethical decisions relative to Health Care Agents and Proxies, Do Not Resuscitate Orders, Foregoing Life Extending Treatment, etc.

Quality Management

The NSLIJHS vision is to be the most trusted name in healthcare. Providing high quality, safe patient care and services supports the Health System in achieving this vision.

Our guiding principles are:

- Putting patients first and at the center of everything we do.
- Promoting clinical excellence and patient safety.
- Building teamwork based on collegiality and mutual respect.
- Supporting two-way, barrier free communication leading to a culture of safety.
- Adopting best practices and evidence-based medicine.
- Monitoring different aspects of care such as hand hygiene, medication administration, infection rates and documentation.
- Measuring and publicly reporting our progress in terms of quality and patient safety on our quality website: www.northshorelij.com/quality

Your role in quality management is to:

- Maintain the highest standards of quality care and patient safety.
- Be a good team player – assist others.
- Observe the patient; assist as needed and/or ask for help.
- Involve patients and families in their care.
- Always seek assistance and ask questions when you are uncertain or unclear about something.
- Document clearly and accurately in the patient's medical record.

If you have ideas about improvement, inform your supervisor or notify the quality management department.

The Joint Commission National Patient Safety Goals (NPSG)

Each year, the Joint Commission issues National Patient Safety Goals (NPSG), the purpose of which is to improve patient safety and assist organizations to focus efforts on urgent safety issues. All team members should be familiar with these goals and the requirements as they pertain to his/her position. The current National Patient Safety Goals focus on:

- Identifying a patient correctly. For example, we want to make sure the correct patient receives the correct blood during transfusion.
- Improving staff communication, especially surrounding the reporting of abnormal test results that are critical to the patient's care.
- Using medications safely, especially related to labeling of medications used during procedures and for those medications that are used to thin a patient's blood.
- Preventing infection by always practicing proper hand washing and using proven guidelines to prevent infections that are difficult to treat.
- Checking patient's medicines when they come to our facility and when they leave our facility. We need to make sure a current list of medicines is given to the patient and these are explained.
- Identifying patient safety risks, such as which patients are most likely to be at risk for suicide.
- Preventing errors in surgery, especially related to preventing surgery from being performed on the wrong site or wrong person.

Reporting safety/quality concerns

- Any team member who has a concern about the quality of safety of care provided in the organization may report these concerns to the Joint Commission or any regulatory agency. No disciplinary action will be taken as a result.

Safety Management

Safety is everyone's business! No matter what your job, you share the responsibility for maintaining safe conditions to protect yourself, other hospital staff, patients and visitors. This team effort will create a safe and healthy environment for all.

- Report all injuries, however slight, to your supervisor and get immediate first aid. All injuries and incidents involving staff, patients and visitors require filing of an incident report.
- Report any unsafe conditions, i.e., damaged equipment, immediately to the appropriate department.
- Obey the "No Smoking" policy.

NOTE: Within the hospital setting, you should refer to the site-specific EOC Safety manual.

Disaster Preparedness

- Each hospital has an Emergency Preparedness Committee that meets regularly. It is a multidisciplinary team of administrative, clinical, and non-clinical personnel responsible to coordinate preparedness activities in the facility.
- Each department has a copy of the facility's Emergency Operations plan.
- Each department has its own Continuity of Operations Plan (COOPS). All team members must be familiar with their department's plan.

- Each hospital conducts preparedness exercises simulating influx of patients, internal emergencies, decontamination operations and events requiring with Municipal Emergency Response Agencies.

Hospital Incident Command System (HICS)

The health system uses the Hospital Incident Command System (HICS) response method during an emergency. The following are the 4 levels of HICS:

LEVEL I: The alert level is activated when there is a potential for impact on hospital operations such as an event that may produce casualties, or an impending weather event.

LEVEL II: Activated for an incident with minor impact on hospital operations (e.g., a community hospital may activate at this level if 5-10 patients expected in ED or 1 major trauma).

LEVEL III: Activated for an incident with moderate impact on hospital operations (e.g., a community hospital may activate at this level if 10-20 patients expected in ED or 2 major trauma, physical plant or utility disruption affecting a major area or general operations).

LEVEL IV: Activated for an incident with significant impact on hospital operations during potential for long term duration (e.g., a community hospital may activate at this level if 20 or more patients expected in ED or a level III incident lasting more than 24 hours).

Emergency Management

All team members must be familiar with the system's emergency management procedures, including code phrase activation announcements as posted on HealthPort under the Education and Research tab > Education > Safety > 2010 Hospital Codes Guide.

Each department has a specific function outlined in the Emergency Preparedness Plan and will follow this plan:

- Your department will execute a phone call chain (refer to your department manual).

- Your supervisor will assign responsibilities for individual team members.
- Always carry and display your hospital identification badge.
- Personnel not needed in their own department will report to the personnel pool.

Fire Safety

Fire safety is a responsibility we all share. Here are some guidelines to keep in mind:

- Know who your Safety Officer is and how to contact him or her.
- Keep fire exit doors and exit access corridors clear of equipment and clutter.
- Know the location of the following in your work area:
 - Fire alarm pull box stations.
 - Fire extinguisher(s).
 - Means of egress.
- All team members participate in fire drills.
- Refer to the site-specific EOC Safety manual for details of the fire and life safety systems and procedures.
- Fire Safety: RACE and PASS. **In the event of fire, follow these steps in this order -**

RACE:

Remove those in immediate danger of fire; call aloud “Code Red”

Activate the fire alarm

Confine the fire

Extinguish fire with proper extinguisher if safe to do so

In the event you have to use a fire extinguisher, follow PASS:

Pull the pin

Aim low (base of fire), stand 6 to 8 feet from fire

Squeeze the handle

Sweep from side to side

Fire Safety: Types of Fire Extinguishers and Their Use

Type of Fire	Examples	Extinguisher Type/ Color	Extinguisher Content
TYPE A FIRE	Ordinary Combustible: Paper, wood, linen, etc Normally extinguished by cooling	Type A (Silver)	Water
TYPE B FIRE	Flammable Liquid: Grease, oil, alcohol, gasoline, benzene etc. Best extinguished by smothering	Type B/C (Red & funnel on hose)	Carbon Dioxide
TYPE C FIRE	Electrical Equipment: Wiring Best with non-conductive extinguishing agent		
All of the above	All of the above	Type A/B/C Multi Purpose (Red & funnel on hose)	Dry chemical

Hazardous Materials, Waste and Chemicals

Hazardous Materials - any biological (i.e., infectious material, sharps, etc.), chemical (toxic, corrosive, flammable, etc.) or radioactive substance that has negative health and/or environmental implications.

Hazardous Wastes include hazardous chemicals, drugs or other materials deemed hazardous by the U.S. Environmental Protection Agency (EPA) and NYS Department of Environmental

Conservation (DEC). They must be stored and disposed of in accordance with applicable Federal and State Regulations.

Hazardous Chemicals include toxic, corrosive, flammable and reactive agents.

Precautions for handling all of the above:

- Ensure that all containers have labels indicating contents and associated hazards/warnings.
- Do NOT open/use any containers that do not have the appropriate label and associated warnings.
- Use Personal Protective Equipment (PPE) to protect self and others from unnecessary exposures or contamination. PPE includes: gloves, mask, goggles, respirator, etc.
- Know hazards associated with material you work with.

Material Safety Data Sheets (MSDS)

MSDS provides information about the hazards of materials you work with so you can protect yourself and respond to emergencies. Information found on MSDS includes:

- Material's physical properties
- Materials toxicity
- Level of protective equipment needed
- First Aid
- Response to spills, releases and emergencies
- Disposal
- Name, contact information for product company
- Regulator information

NOTE: MSDS must be readily available to staff at all times.

Electrical Safety

In the hospital setting, only operate electrical equipment that has been pre-approved for use by the facility's Engineering Department and/or Safety Officer.

Guidelines to keep in mind before using any electrical equipment:

- Perform visual inspection of electrical equipment before each use.
- Visually check that wall outlets are in good condition.
- Electrical equipment located in patient areas must be grounded (3-prong plug) or double insulated and UL-approved.
- Electrical equipment located in non-patient areas must be UL-approved.
- Remove any defective equipment from your work area, if appropriate, label it "defective" and notify your supervisor accordingly.

Medical Equipment Safety

Medical equipment is maintained either by the Engineering/Biomedical Engineering department in your facility or a contract service company.

Before you use patient-based medical equipment, be sure that it is labeled as follows:

- The date of last inspection.
- Next due date for inspection.

Remove defective equipment from your work area, label it "defective" and notify your supervisor accordingly.

Utility Systems

As a team member, familiarizing yourself with the utility systems is an important part of your guidelines for work. Utility systems include electric service, water, sewer, heating, ventilation and air conditioning (HVAC), communications (telephone) and elevators.

In the hospital setting, the Engineering Department oversees the management and maintenance of utility systems.

You should be familiar with back-up or emergency utility-related equipment services in the work area.

Waste Management

Guidelines for disposing of different kinds of waste:

CONTAINER	TYPE OF WASTE
Red Bags	Regulated medical waste
	Items soaked or dripping with blood or body fluids
	Containers of blood or body fluids
	Tubing with blood and/or body fluid
Clear Bags	Items with small amounts of blood or body fluids
	Precaution waste
	Items contaminated with urine or fecal matter
	Food and food related items
Designated Sharps Containers	Paper
	Needles, scalpel blades
	Surgical staples, etc
	Any item which can puncture skin and may be contaminated

Security

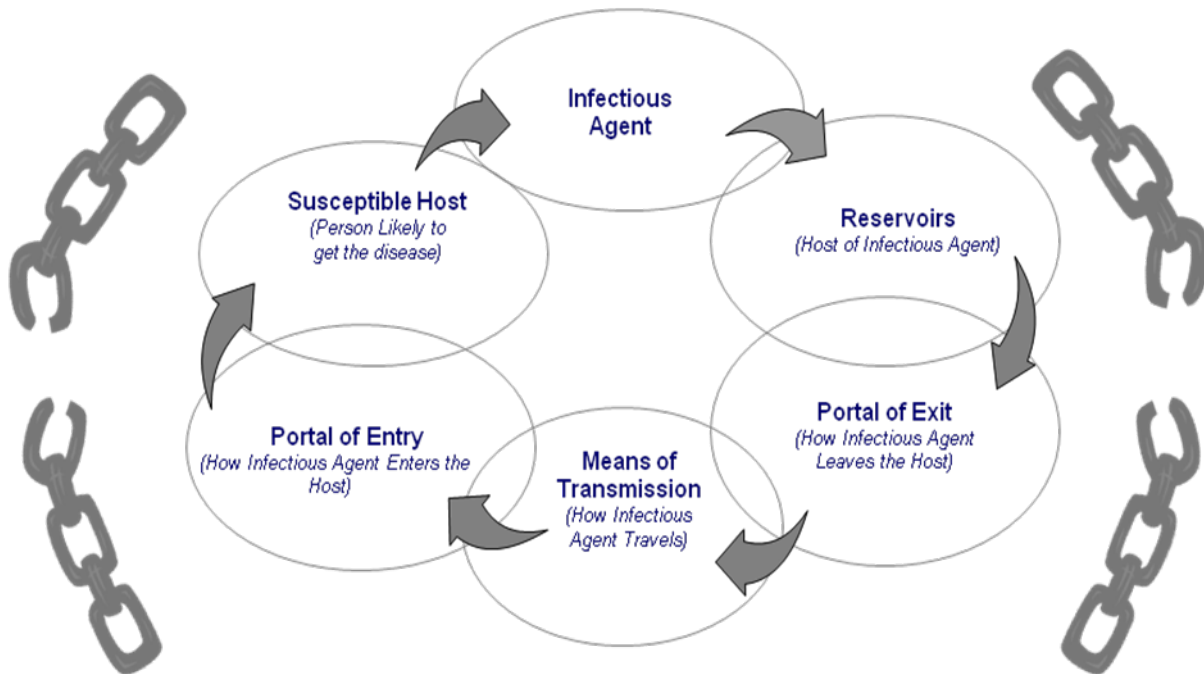
Security is essential to the work environment. All team members are responsible for security and should not take it lightly. Some guidelines to keep in mind:

- Wear your health system issued identification badge all the time while at work. The ID badge should be worn above the waist and facing out.
- Report all security-related incidents involving team members, patients, visitors and/or property to a supervisor, security and/or HR.
- Report all acts of workplace violence to your supervisor, Security or Human Resources at once. Workplace violence includes: Physical assaults, threats, harassment, act of intimidation and verbal abuse.
- Per policy, no weapons are permitted in the work premises unless with a law enforcement official (police, sheriff, marshal, FBI, etc.).

Infection Control: Chain of Infection

Infection control is an important part of maintaining a safe and secure work environment.

Understanding the chain of infection (below) will prepare you, should there be a threat of infection. Since the agent and the host are difficult to control, the focus of infection control is directed toward breaking the chain.



Breaking the Chain of Infection

Breaking the chain of infection involves ALL healthcare workers!

The best way to break the chain of infection is to follow the hand hygiene protocol.

Your role in breaking the chain of infection is:

- Always wash your hands; use of gloves does not preclude the need for hand washing.
- Wash hands after touching blood, body fluids, secretions, excretions and contaminated items, whether or not gloves are worn.
- It may be necessary to wash hands between tasks and procedures on the same patient to prevent cross-contamination of different body sites.
- Wash hands immediately after gloves are removed and between patient contacts.
- Wash hands before and after eating, and after using the toilet.

Hand Hygiene with Soap and Water

Procedure:

- Remove jewelry except for wedding ring. Wristwatches should be removed or moved up on the arm.
- Turn on water, adjust temperature.
- Wet hands & wrists thoroughly holding hands downward at all times so any runoff will go into the sink and not down the arms.
- Use plenty of soap and apply with vigorous contact on all surfaces and between fingertips for a minimum of 15 seconds.
- Rinse thoroughly under running water while keeping hands in a downward position.
- Use paper towel to turn off faucet since the faucet is considered contaminated and discard into wastebasket.
- Dry hands with paper towels.
- Hand hygiene with soap and water is the preferred technique when caring for patients with possible/confirmed *Clostridium difficile*.

Hand Hygiene with Alcohol Based Hand Gel

Procedure:

- Apply the sanitizer to the palm of one hand and rub hands together.
- Cover all surfaces of the hands and fingers with sanitizer.
- Rub hands until dry.
- Alcohol gel is appropriate for hand antisepsis before and after patient care, except when hands are visibly soiled.
- Do not use alcohol gel if hands are visibly soiled.
- Standard Precautions Protocol

Standard Precautions Protocol

Standard Precautions Protocol are designed for the care of all patients and based on the assumption that each patient is potentially infectious and contagious. The protocol contains recommendations for the use of personal protective equipment (PPE) when performing tasks that may be associated with blood and/or body fluid which can help protect self and patients from exposure to the blood and body fluids of others. PPE includes: gown, gloves, mask and goggles or mask with face shield, based on the type of contamination anticipated.

Transmission-Based Precaution Protocol

Transmission-Based Precautions Protocol are used for patients known or suspected to be infected organisms that can be transmitted by airborne or droplet transmission, or by contact with a patient and/or contaminated surfaces.

Precautionary Measures

<i>Mode of Transmission</i>	Patient Room	Patient	Healthcare Provider
Airborne droplets, evaporated droplets or dust particles	Single, negative pressure room with door closed at all times	Wear standard surgical mask when being transported out of room	N95 Respirator
Droplets – generated primarily during coughing, sneezing, talking, suctioning	Private room	Wear mask when being transported out of room	Procedure/regular mask
Contact – body surface to body surface	Private room or cohorted with a patient with the same disease		Wear gown and gloves when entering the room in case of inadvertent touching Wear mask when suctioning and close patient contact

OSHA'S Blood Borne Pathogen Regulations

The purpose of the OSHA's Bloodborne Pathogens Regulations are to protect team members working in a hospital environment from risk of exposure to bloodborne pathogens including Hepatitis B, Hepatitis C and HIV/AIDS. First aid team members, housekeeping personnel, nurses and other healthcare providers are examples of workers who may be at risk of exposure. It also protects team members from exposure and contamination from blood and/or body fluids of an infected person.

Team members who could be exposed to blood and other potentially infectious material as a result of performing their duties should observe the following:

- Engineering controls such as: hand washing facilities, puncture resistant sharps disposal containers for used needles and other contaminated sharp instruments, splatter shields on medical equipment, splash guards, etc.
- Work practice controls such as: not recapping needles, avoiding unnecessary use of needles and sharps, cleaning blood and body fluid spills as per protocol, and replacing gloves when torn or punctured.
- Avail yourself of the Hepatitis B vaccination offered at no cost to team members.

Post Exposure and follow Up

“Exposure” means that you have come in contact with the blood or body fluids of another person.

If you have been exposed to:

- Needle stick or sharp object injury ⇨ Wash the area thoroughly with soap and water
- Blood spills or splashes on NON-INTACT skin ⇨ Wash thoroughly with soap and water
- Blood spills or splashes in your EYES ⇨ Go to the closest eyewash station and flush eyes with large amounts of water; DO NOT use soap or other chemicals

You should also:

- Notify your manager
- Go to the Emergency Department.

Human Immunodeficiency Virus (HIV)

Description:

- Condition wherein HIV attacks and destroys the human immune system.
- This prevents the body from fighting off disease and infection.
- Without medical intervention and follow-up, the person may develop Acquired Immunodeficiency Syndrome (AIDS).

Transmission:

- Sexual intercourse; sharing infected needles or accidental pricking by contaminated needle; transfer from infected mother to her baby during pregnancy, childbirth, and breastfeeding.

Symptoms:

- Flu-like; many people with HIV may not have symptoms of AIDS for years.

Vaccine:

- None.

The general rule: NO DISCLOSURE

HIV information about a protected individual may not be disclosed to anyone except:

- If patient gives written consent to specifically release HIV information.
- Among Health Care Providers and Facilities caring for a patient.
- Internal communications (need-to-know).
- HIV/AIDS case reporting (to New York State Department of Health).
- Contact (partner) notification (As per Public health Law Article 21, Title III).
- Parents and Legal Guardians who make health care decisions for patients with HIV.
- Court Order.
- Other exceptions (not covered in this presentation). For additional information, see HIV Testing Policy or go to http://www.health.state.ny.us/diseases/aids/facts/helpfulresources/confidentiality_law.htm

Hepatitis B Virus (HBB) and Hepatitis C Virus (HBC)

Description:

- Hepatitis B and Hepatitis C are an inflammation of the liver which may cause liver disease.

Transmission:

- From one person to another by: breaks in the skin or mucous membrane; needle-sticks; sexual intercourse; splashes of blood or body fluids getting into existing cuts or abrasions; or blood transfusions.

Symptoms:

- HBB: Like a mild case of flu; some people will not have any symptoms; it can take 2 to 6 months to develop symptoms.
- HBC: Like a mild case of flu; some people will not have any symptoms.

Vaccine:

- HBB: Available at no cost in Employee Health Service.
- HBC: None.

Equal Employment Opportunity

It is the policy of the North Shore-LIJ Health System (NSLIJHS) to provide equal employment opportunity and treat all team members equally regardless of: Race, color, gender, gender identity, ancestry, age, disability, religion or creed, sexual orientation, marital status, citizenship status, physical handicap, medical condition, military status, veteran's status, pre-disposing genetic characteristics, special disabled veteran status or any other protected status.

Cultural Diversity and Inclusiveness

With nearly 42,000 team members working to provide world-class healthcare, the health system is proud to be a diverse and inclusive employer who believes in equal opportunity employment.

As such, the health system treats all team members the same regardless of race, color, gender, gender identity, ancestry, age, disability, religion or creed, sexual orientation, marital status, citizenship status, physical handicap, medical condition, military status, veteran's status, pre-disposing genetic characteristics, special disabled veteran status or any other protected status.

Your role as a team member:

- Deliver “culturally competent” care to patient care situations and encounters with co-workers.
- Responsible to be culturally sensitive and to possess knowledge, skills and an accepting attitude towards those who differ from you.
- Be aware, understand and attend to the total context of each patient situation.
- Treat all patients with dignity and respect.

Non-Discrimination and Non-Harassment

The North Shore-LIJ Health System (NSLIJHS) is committed to maintaining a work environment that is free from unlawful discrimination and harassment. The health system will not tolerate unlawful discrimination or harassment against its workforce by anyone based on:

age, race, creed/religion, color, national origin, alienage or citizenship status, sexual orientation, military or veteran status, sex/gender, gender identity, disability, genetic predisposition or carrier status, marital status, partnership status, and victim of domestic violence, or any other protected status.

- It is everyone's responsibility to ensure that discrimination and harassment are avoided.
- All instances of discrimination or harassment should be reported immediately to Site HR.
- In addition, the health system forbids retaliation against anyone for:
 - reporting discrimination or harassment.
 - assisting in making a discrimination or harassment complaint.
 - cooperating in an investigation of alleged discrimination or harassment.

Non-Verbal Communication and Positive Approaches

As a team member, keep the following guidelines in mind when interacting with residents, visitors and co-workers who may have different cultural beliefs or practices:

Non-verbal communication:

- Facial expression – may give many messages, positive and negative.
- Gestures – may be invasive, offensive or unpleasant.
- Contact – the individual may or may not want to be touched by others.
- Use of space – may be too close when speaking.

Positive approaches to Diversity in Culture:

- Seek and praise the uniqueness of others.
- Be willing to listen with an open mind.
- Remain open to ideas and people whose values are different.

It All Comes Down to Dignity and Respect

Cultural and language differences may create misunderstandings which may negatively impact clinical situations and working relationships among individuals.

Employee Handbook

The Employee Handbook is available on HealthPort under the Human Resources tab. It is your responsibility to review the Handbook in its entirety. Contact the Human Resources Department if you have any questions about the content.

Human Resources Program Quiz

- (1) You need to know the Material Safety Data Sheet (MSDS), if you are using which of the following:
- (a) Mask
 - (b) Medications
 - (c) Cleaning solutions
 - (d) Floor mop
- (2) Every team member must be familiar with the emergency back-up procedure in their facility for any failure or lack of:
- (a) Electricity
 - (b) Water
 - (c) Communications (telephone)
 - (d) All of the above
- (3) The health system does not discriminate against anyone based on:
- (a) Sex/gender
 - (b) Race
 - (c) Religion or creed
 - (d) All of the above
- (4) To prevent the spread of infection, every team member is responsible to:
- (a) Observe hand hygiene protocol
 - (b) Use Personal Protective Equipment (PPE) as necessary
 - (c) Report any exposure to infectious disease to the manager immediately and seek medical assistance
 - (d) All of the above
- (5) You must seek medical assistance immediately if you:
- (a) Get stuck with a needle or cut from a sharp object;
 - (b) Get splashed on an open cut/sore/wound, mouth or eyes
 - (c) Have a cold
 - (d) A & B

- (6) Which of the following is NOT a Joint Commission National Patient Safety Goal (NPSG)?
- (a) Patient identification using hospital protocol
 - (b) Effective communication
 - (c) Infection control
 - (d) Attending meetings
- (7) Advance Directives serve to protect a person's right to make his or her own choices concerning future medical care and treatment. Examples are:
- (a) Living will
 - (b) Health Care Proxy
 - (c) Appointing someone to make healthcare decisions for oneself
 - (d) All of the above
- (8) To extinguish a fire involving paper, wood or linen, you must use which type/color of extinguisher?
- (a) Type A/ silver
 - (b) Type B / red
 - (c) Type AB silver / red
 - (d) Type BC / red with silver stripes
- (9) As a team member of North Shore-LIJ, you share responsibility for security by doing the following except:
- (a) Wearing your official ID badge
 - (b) Reporting any security-related observations, no matter how insignificant they may seem
 - (c) Staying alert for signs of workplace violence
 - (d) Wearing or carrying a weapon to protect self and staff
- (10) Your role in dealing with patients with Limited English Proficiency (LEP) includes:
- (a) Providing assistance in obtaining language interpretation services
 - (b) Interpreting for the patient when assistance is not available
 - (c) Informing the patient of the cost for interpretation
 - (d) Referring the patient to any available supervisor

Human Resources Program Answers

(1) Answer: (c)

(2) Answer: (d)

(3) Answer: (d)

(4) Answer: (d)

(5) Answer: (d)

(6) Answer: (d)

(7) Answer: (d)

(8) Answer: (a)

(9) Answer: (d)

(10) Answer: (a)

2011 Mandatory Program Evaluation

Please check the degree to which you agree or disagree with the following statements:
 Strongly Disagree (1) Disagree (2) Neutral (3) Agree (4) Strongly Agree (5)

Statement	Corporate Compliance					Mandatory Program on Safety, Quality Care and Infection Control and Prevention				
	1	2	3	4	5	1	2	3	4	5
The course content was easy to understand.										
The subject matter was covered thoroughly in each section.										
Each section stressed the importance of its subject.										
The course content was relevant to my role in the organization.										
I can use the information from this course in my job.										

CERTIFICATION OF COMPLETION OF TRAINING
2011 Mandatory Program Self-Learning Booklet

I, _____,
Print Name

hereby acknowledge that I have read the annual training materials for Corporate Compliance and Human Resources (Safety and Quality Infection Control & Prevention) as required by the North Shore-LIJ.

I acknowledge that I have read, understood and shall abide by the guidelines as noted and all federal and state laws and regulations governing health care as well as health system policies. I further acknowledge that I understand and will abide by all Corporate Compliance policies.

Signature: _____

Date: _____

Department/Facility: _____

Please forward this completed form to the Medical Staff Services – Central Office.

Thank you.