

## Organizational Culture

### Mission

Our Mission at St. Peter’s Health Partners:

We, St. Peter’s Health Partners and Trinity Health, serve together in the spirit of the gospel as a compassionate and transforming healing presence within our communities. Founded in community-based legacies of compassionate healing, we provide the highest quality comprehensive continuum of integrated health care, supportive housing and community services, especially for the needy and vulnerable.

### Purpose

What is your purpose? How does it connect to SPHP’s purpose?

### Core Values - Reverence

We honor the sacredness and dignity of every person.

#### Living Our Values Actions

- I connect with compassion and courtesy.
- I respect every person.
- I use preferred names, introduce myself, my role, and what I am doing.
- I smile, acknowledge others, open doors, make eye contact, and say please and thank you.
- I’m aware of my facial expressions body language.

#### Demonstrate

With each Core Value are the definition and the Standards of Behavior. We are to act this way every day at SPHP. We show these values to those we serve and take care of and to our fellow team members.

#### Reverence

How will you serve with the value of Reverence?

#### AIDET Communication Model

##### A-Acknowledge

Greet people with a smile and a pleasant voice, make eye contact and use their names if you know them. Be welcoming. Attitude is everything. Create a lasting impression.

##### I-Introduce

Introduce yourself every time. Tell others who you are and how you are going to help them. Escort people where they need to go rather than pointing or giving directions.

##### D-Duration

Keep in contact to ease waiting times. Let others know if there is a delay and how long it will be. Inform other departments what you have done. Apply service recovery methods when necessary.

### **E-Explanation**

Advise others what you are doing, how procedures work and who to contact if they need assistance. Communicate any steps they may need to take. Take time to help. Ask, “Is there anything else I can do for you?”

### **T-Thank You**

Thank somebody. Thank people for using our services or their help. Remember to use reward and recognition tools.

## **Core Values – Commitment to Those Who Are Poor**

We stand with and serve those who are poor, especially those most vulnerable.

### **Living Our Values Actions**

- I reach out to help those in need.
- I escort patients/family to their location.
- I notice when others are suffering or struggling and reach out to comfort and assist them.

### **Commitment to Those Who Are Poor**

How will you serve with the value of Commitment to Those Who Are Poor?

### **Actively Participate in Our Community**

Participate in identifying and resolving the unmet needs in our community.

## **Core Values – Justice**

We foster right relationships to promote the common good, including sustainability of Earth.

### **Living Our Values Actions**

- I make every moment matter.
- I build and maintain healthy and trusting relationships.
- I avoid judging others because of differences or circumstances.
- I listen and avoid interrupting and multitasking.

### **Justice**

How will you serve with the value of Justice?

### **Treating Others**

We do not discriminate.

**Core Values – Stewardship**

We honor our heritage and hold ourselves accountable for the human, financial and natural resources entrusted to our care.

**Living Our Values Actions**

- I engage every day with an owner’s mind a servant’s heart.
- I support others in fulfilling our Mission.
- I own every problem and seek to find a resolution.
- I practice self-care and invest in my own resilience.

**Stewardship**

How will you serve with the value of Stewardship?

**Core Values – Integrity**

We are faithful to who we say we are.

**Living Our Values Actions**

- I am a champion for our Mission and Core Values.
- I put people at the center of all I do by being present and attentive.
- I practice gratitude.
- I take responsibility for my role as a team member.

**Integrity**

How will you serve with the value of Integrity?

## Our Approach

As we move to a People-Centered Health System that provides episodic health care management for individuals, population health management, community health and well-being programming we will use the pillars (PEOPLE) to achieve our vision.

**P** **EOPLE-CENTERED CARE**  
**Strategic Focus #1:** We will transform our clinical and business models to deliver people-centered care. 

**E** **NGAGED COLLEAGUES**  
**Strategic Focus #2:** We will attract, develop and retain exceptional and committed colleagues who reflect the diversity of our communities. 

**O** **PERATIONAL EXCELLENCE**  
**Strategic Focus #3:** We will build an enterprise that uses our strengths as a national system to deliver operational excellence. 

**P** **HYSICIANS & CLINICIANS**  
**All Strategic Focus Areas:** We will collaborate with physicians and clinicians. 

**L** **EADERSHIP NATIONALLY**  
**Strategic Focus #4:** We will lead in strengthening and expanding the ministry of Catholic health care in our communities and nationwide. 

**E** **FFECTIVE STEWARDSHIP**  
**Strategic Focus #5:** We will steward resources effectively to enable success in our transformation to people-centered health care. 

Our Mission is what gives us our purpose, the pillars give us our goal and work, and the core values are what guides our behaviors.

## Communication Language Access Program

### Cultural Sensitivity

The Communication Language Access Program is built on a culture of inclusion where SPHP has an environment that rewards and motivates all individuals to fully realize their potential while seeking, receiving, providing or contributing to care.

Also, in this culture of inclusion, we engage one another to create a culture that welcomes, embraces and is enriched by individual differences and similarities from our various backgrounds and walks of life.

### Why Should We Provide Communication Assistance?

To keep everyone safe. To do our job, we need to be able to communicate with our customers and their caregivers, and they need to communicate with us. Studies show improved histories are obtained, unnecessary tests are avoided, and medication side effects, diagnosis, and treatment plans are better understood.

The law requires all health care providers accepting federal dollars to provide communication assistance at no charge to the consumer.

#### Reduces Inpatient Length of Stay

On the inpatient side, a significant reduction in length of stay (1.5 days) is realized when a qualified interpreter is used for those who are Limited English Proficient.

#### Policy

St. Peter's Health Partners has developed a policy that addresses how we help our limited English proficient customers and their caregivers fully participate in their care.

**Here is the link to the Communication Language Access Program policy:**

[SPHP Communication Language Access Program Policy](#)

**Click on the link to watch a video on the importance of communication assistance:**

[Importance Video](#)

### Requesting Interpreter Services

To recognize the need for interpreter services, we need to ask. Don't assume that someone speaking English will want their health care discussions spoken in English.

We ask every customer, "What language would you like to use when talking about your health?"

When the answer is anything other than English, document it and share that information with the rest of the care team.

#### Colleagues

Colleagues can request interpreter services for health, benefits, or other discussions.

### Methods of Interpreting

Over the Phone Interpretation (OPI), Video Remote Interpretation (VRI), and In-Person On-Site (IPOS) Interpretation.

If the language is oral, you can use the telephonic interpreter service.

Emergency departments and urgent care clinics have video remote interpreter units to access sign language interpreters on-line.

The severity of illness, hearing or cognitive deficits, cultural navigation support, or length of an appointment may dictate the need for an in-person interpreter.

#### Telephonic

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The severity of illness, hearing or cognitive deficits, cultural navigation support, or length of an appointment may dictate the need for an in-person interpreter.

#### Video

VRI works like Skype or FaceTime connecting you with a qualified Interpreter for American Sign Language and many oral languages. Engage when eyes-on services are required, like for a Customer who uses ASL, or providing education. VRI should be engaged until an IPOS Interpreter is on site, or unless the Customer declines the need, or the length of stay would prohibit the ability to get an Interpreter on site in time.

#### In-Person On-Site (IPOS) Interpreter Services

Go to the Language Access App at [http://intranetapps01/cfapps/In\\_Person\\_Interpretation\\_Request/queue.cfm](http://intranetapps01/cfapps/In_Person_Interpretation_Request/queue.cfm) to request services.

**We contract with three agencies to provide redundancy of OPI and VRI services. You may have programmed telephonic equipment. Be prepared to provide a Customer identifier, like a medical record number. Call the Communication /Language Access Program office for your access information.**

### **Contact Information**

Susan Ann Malinowski, Manager  
Communication /Language Access Program  
St. Peter's Health Partners  
315 South Manning Blvd., Ste. 6509  
Albany, NY 12208-1707  
T: 518-525-6771  
C: 518-527-3781

### **Tips for Working with Interpreters**

1. Prepare what you want to say before you start.
2. If you are not using preprogrammed equipment, have your Account Number, PIN, Medical Record Number, and language needed.
3. Allow the Interpreter to greet you and provide you with their ID number, and document this in the patient notes.
4. The Interpreter is an essential part of the care team. Advise the Interpreter about the encounter and the goals, "Hello, my name is Jane, I am a nurse conducting an initial assessment with my patient Mr. Jones, a 62 year old diabetic man admitted with abdominal pain."
5. Allow the Interpreter to introduce him/herself to the patient.
6. **Address the Patient directly** (e.g., "Can you tell me what kind of pain you are having? Is it sharp, or dull?" *and not the Interpreter* "Ask him what kind of pain he is having"). Maintain eye contact.
7. Speak clearly and at a reasonable pace.
8. Speak in short, complete phrases and pause frequently.
9. Give one direction or instruction at a time so that the Interpreter can convey the information quickly and accurately.
10. Avoid slang and jargon.

### **Declination of Services**

It is against SPHP policy and Federal law to rely on family members, friends or untrained staff as interpreters for medical conversations. If the Customer chooses to have someone else help them communicate they need to complete a Declination of Communication Assistance Form. Engaging a qualified interpreter explain that they may decline services, but staff have a right to qualified

interpreter services too, and a required to engage these services for all medical discussions to ensure effective communication.

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### Translation Services

Written materials given to the customer and caregiver need to be accessible. Ask what would be helpful:

- Do you need the instructions translated into your preferred language?
- Would you like to have this information electronically, or in a large print version?

For our Customers with visual impairment, offer alternative formats so material is accessible. NYS Law requires preadmission and discharge instructions be available upon request.

#### Examples of Electronic Format

- Compact disc
- Secured Email
- Flash drive
- Audio recording

### Qualified Bilingual Provider

Any staff member using a language other than English at work needs to have their language competency evaluated. If you are bilingual and would like to use your second (or more) language at work, please call 518-525-6771 so you can be screened and become an official Qualified Bilingual Provider.

Qualified Bilingual Providers are not interpreters. Look at the notes on information about interpreters and/or how to pursue interpreter training.

#### Interpreters

Qualified Interpreters have a command of two working languages, the ability to choose an appropriate expression, familiarity with the cultural context of both languages, knowledge of terminology in specialized fields. Using the correct mode, they observe the protocols required



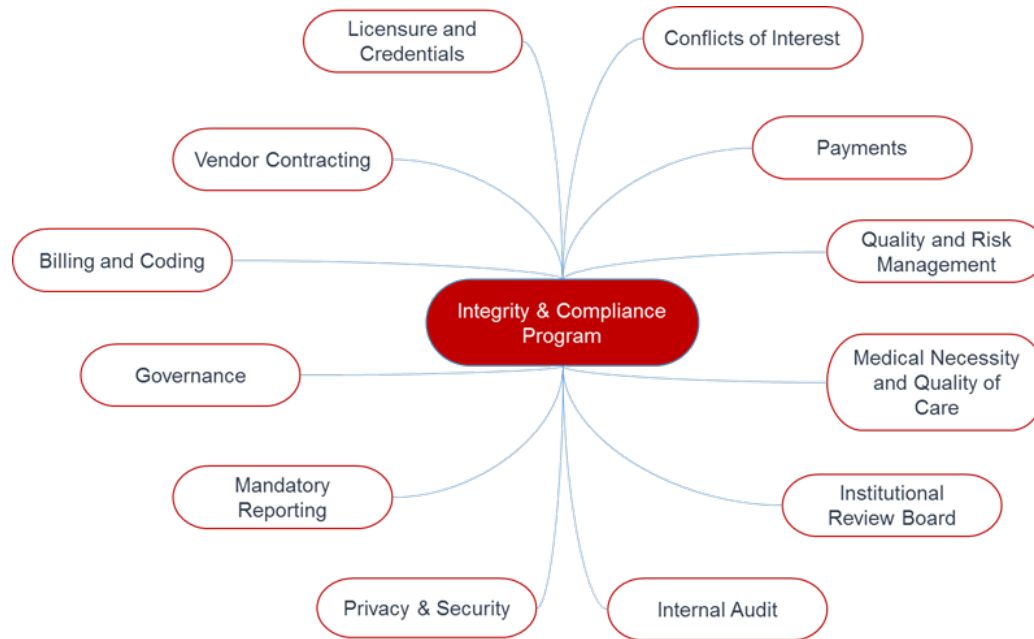
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in different settings. SPHP Interpreters have specialized training, are insured and adhere to a strict code of ethics. They are an essential part of the Care Team. If you are bilingual and would like to pursue the Interpreter training, please contact 518-525-6771.

## Integrity and Compliance

### Scope of SPHP’s Integrity and Compliance Program



#### Oversight

Our Integrity and Compliance Program provides oversight of:

- Licensure and Credentials
- Conflicts of Interest
- Payments
- Quality and Risk Management
- Medical Necessity and Quality of Care
- Internal Audit
- Privacy and Security
- Mandatory Reporting
- Billing and Coding
- Governance
- Vendor Contracting
- Institutional Review Board

#### SPHP Integrity and Compliance Program Contacts

Kate Barnhart, Interim SPHP Integrity and Compliance Officer

Cherie Smith, Privacy Officer

Adam Dodge, Regional Information Security Officer

Kate Barnhart, Compliance Director & Privacy Officer, SPHPMA

Jackie George, Compliance Officer - Innovative Health Alliance of NY

Scott Olszewski, Coding Compliance Manager, SPHPMA

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Katie Cameron, Compliance Specialist - Continuing Care  
Lisa Horning, Compliance Specialist – Acute Care  
Joseph Monette, Institutional Review Board Liaison

### Code of Conduct

Our Code of Conduct describes behaviors and actions expected of all who work for or with St. Peter’s Health Partners to provide care and services to our Community

Everyone is held accountable for supporting our Integrity and Compliance Program and following our Code of Conduct.

You can find our Code of Conduct in several places, to include:

In the Reference Folder for SPHP Policies on our SPHP Intranet Page

In the Corporate Compliance SharePoint site on our SPHP Intranet Page

### Policy

Click on the link for SPHP Code of Conduct.

[SPHP - Code of Conduct](#)

### Non-Retaliation Policy

No colleague, vendor, student, volunteer, Board Member, Medical/Dental Staff member or Allied Health Staff member is permitted to discharge, demote, suspend, threaten, harass, or in any other manner retaliate against an employee, vendor, or other individual or organization who (1) reports in good faith a concern or provides information or otherwise assists in an investigation of any conduct which the individual reasonably believes to be in violation of SPHP policy(s) and/or any Federal or State laws or regulations, or (2) files, testifies, participates in or otherwise lawfully assists in a proceeding relating to a suspected or alleged violation of law.

### Policy

Click on the link for SPHP Non-Retaliation Policy.

[SPHP - Non-Retaliation Policy](#)

### Emergency Medical Treatment and Active Labor Act

The Emergency Medical Treatment and Active Labor Act (EMTALA) is also known as the “patient anti-dumping” law. It requires hospitals with a dedicated Emergency Department to provide an appropriate medical screening examination to any individual who comes to the emergency department and requests treatment for medical, mental health, or substance abuse. A hospital cannot delay treatment to inquire about an individual’s ability to pay.

SPHP has three hospitals with a dedicated Emergency Department: Albany Memorial Hospital, Samaritan Hospital and St. Peter's Hospital. If someone approaches you seeking treatment for a potential emergency medical condition when on the campus of one of these hospitals, make sure they get to the emergency department. This law applies within 250 yards of a hospital's main building.

### **It Applies to You**

Just because you may not work at one of our hospital buildings doesn’t mean you shouldn’t be aware of EMTALA.

### **On-campus Hospital Departments**

If the department is routinely staffed by physicians, registered nurses and licensed practical nurses, then staff must be trained in the handling of emergency cases. At least one person must be designated as a qualified medical provider to initiate screening and stabilization, and to arrange appropriate transfers when necessary.

### **All off campus Hospital Departments**

If the department is routinely staffed by physicians, registered nurses and licensed practical nurses, then staff must be trained in the handling of emergency cases. At least one person must be designated as a qualified medical provider to initiate screening and stabilization, and to arrange appropriate transfers when necessary.

For departments not routinely staffed by physicians, registered nurses and licensed practical nurses, staff shall call 911.

### **Hospital Property/Campus**

The entire main hospital campus including the parking lots, parking garage, sidewalks, driveways and hospital departments located within 250 yards of the hospital.

## **NYS False Claims Act**

In addition to the Federal False Claims Act reviewed in the Integrity and Compliance Program (ICP) Annual Training Course, there is also a New York State False Claims Act. New York’s law is like the Federal Act, but is focused upon state and local government rather than the federal government.

Makes it a crime to knowingly make a false record, file a false or fraudulent claim for payment, or to avoid an obligation to pay the state or local government.

Claims determined to violate the State Act are subject to a penalty of \$6,000 - \$12,000 per claim, plus three times the amount of damages the state sustains, plus three times the damages any local government sustains.

**Fraud**

Fraud is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to him/herself or some other person.

**Abuse**

Abuse is any/all practices that are inconsistent with sound fiscal, business, or medical practices, and result in unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care.

**Waste**

Waste encompasses the overutilization or inappropriate utilization of services and misuse of resources, and typically is not a criminal or intentional act.

**Claim**

The bill for care or services we provide.

**Whistleblower**

Whistleblower (can also be called a “qui tam relator”) is an individual who reveals wrongdoing within an organization to the public or to those in positions of authority.

Whistleblower protections: you cannot be fired, demoted, suspended, threatened or harassed for bringing forward wrongdoing in good faith.

### NYS Stark Law

In addition to the Federal Stark Law reviewed in the Integrity and Compliance Program (ICP) Annual Training Course, there is also a New York State Stark Law. New York’s law is different from the Federal law in two important ways:

- It prohibits referrals by practitioners, and not just physicians who have a financial relationship with the organization. Practitioners include: nurses, nurse practitioners, midwives, physician assistants and special assistants, physical therapists and optometrists.
- While the Federal Stark law applies only to referrals for services paid for by Medicare and/or Medicaid, NYS’ Stark Law applies to referrals for services regardless of who paid for them.

"Practitioner" is a licensed or registered physician, dentist, podiatrist, chiropractor, nurse, nurse

practitioner, midwife, physician assistant or specialist assistant, physical therapist, or optometrist.

### **NYS Anti-Kickback Laws**

New York State’s Anti-Kickback laws are similar to the Federal Anti-Kickback Statute reviewed in Integrity and Compliance Program (ICP) Annual Training Course. New York’s laws prohibit a Medicaid provider or any person acting with a Medicaid provider from soliciting, receiving, accepting, agreeing to receive or accept, or offering, agreeing to give, or giving, any payment or other consideration: (i) for the referral of services for which payment is made under the Medicaid program; or (ii) to purchase, lease or order any good, facility, service or item for which payment is made under the Medicaid program.

New York State law and regulations also provide that licensed professionals engaging in these activities have committed “professional misconduct” and an “unacceptable practice.” SPHP is required to report professional misconduct by licensed professionals to the NYS agency which issued their license.

### **Governmental Agency/Auditor/Investigator**

If you are contacted at work or at home by a governmental agency, auditor, or investigator, immediately notify your supervisor, our Risk Services Department, and/or our Integrity and Compliance Department.

If contacted at home, you can ask the person to come back or call back later. You have the right to ask the person to contact you at work during your normal business hours.

You should never provide SPHP documents to any governmental investigator. Direct all document requests to Risk Services. They can be reached at (518) 525-1272.

### **Governmental Agencies/Auditors/Investigators**

DOJ – Department of Justice  
OIG – Office of the Inspector General  
OMIG – Office of the Medicaid Inspector General (NYS)  
DOH – Department of Health  
OPMC – Office of Professional Medical Conduct  
OASAS – Office of Alcohol and Substance Abuse Services  
AG – Attorney General’s Office  
MFCU – Medicaid Fraud Control Unit  
CMS – Center for Medicare and Medicaid Services

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OCR – Office of Civil Rights

**Documents Include:**

- SPHP Policies and Procedures
- Patient/Resident/Client Medical Records
- Contracts, Service Agreements and Leases

### Reporting Compliance Concerns

If you see something...say something.

Every report is thoroughly investigated, and you may be asked to provide further information and/or assistance during our investigation.

Both our Electronic reporting system and our Integrity & Compliance Line provide you with the opportunity to submit an anonymous report.

While we encourage you to follow your chain of command, you may contact anyone on the contact list to report an actual or potential compliance violation. Refer to the contact list in the notes section.

**Contact List**

- Your immediate supervisor
- Any member of management staff
- Your Compliance Liaison
- The SPHP Compliance Department (518) 525-1378
- Electronic reporting: [www.mycompliancereport.com](http://www.mycompliancereport.com) access ID = THO
- Our Compliance Line 24/7 (Anonymous Call) 1 (866) 477-4661

### Privacy Rule

The Privacy Rule describes permitted uses and disclosures of protected health information (PHI) for all SPHP staff members and agents. There are many different kinds of PHI.

There are several federal and NYS laws and regulations that protect the privacy and confidentiality of PHI. The key privacy regulation is HIPAA- the federal Health Insurance Portability and Accountability Act.

There are additional privacy and confidentiality rules that we must follow for special treatments and conditions.

SPHP has specific policies on the permitted uses and disclosures of PHI. Please review the policies on the policy portal.

**Protected Health Information (PHI)** - Any information about health status, provision of health

care, or payment for health care that is created or collected by a covered entity (health care provider, health care plan), and can be linked to a specific individual. Includes more than you might expect, including the following elements:

### PHI Elements

- Patient Name
- Address
- Dates of Service
- Phone or Fax #
- Email Address
- Social Security Number
- Medical Record Number
- License Number
- Full Face Photograph
- Other Distinguishing Feature
- Diagnoses
- Procedures
- Medications
- Physician Name
- Physician Specialty
- Location of Service
- Service Type
- Test Results
- Treatment Orders
- Insurance Information
- ...And More

### SPHP Privacy and Security Officials

The SPHP Privacy Officer is Cherie Smith, Regional Director of HIM Operations, who has oversight over the SPHP Privacy program. There are many other privacy and security liaisons and officials across SPHP that work with the SPHP Privacy Officer and who can assist with privacy incidents, education and related matters.

### SPHP Policies

SPHP has policies on privacy and confidentiality issues, such as breach notification and patient rights. Click on the link for the SPHP policies for the Privacy Rule or go to the Policy Portal link on the SPHP Employee Portal under Quick Links.

[SPHP - HIPAA - Privacy of Protected Health Information](#)

Click on the link for the Trinity Health *User Handbook for Information Security & Privacy*:  
[Trinity Health User Handbook for Information Security and Privacy](#)

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## PHI Disclosures Guidelines



SPHP staff (as a health care provider, a covered entity) may not use or disclose PHI except:

- To the individual
- For treatment, payment or healthcare operations
- For directory, family/friend care-giving and notification purposes
- To anyone, with the patient's authorization.
- Miscellaneous exceptions.

### **Health Care Operations Purposes**

An example of health care operations purposes would be quality assurance reviews.

### **Notification and Caregiving**

Staff can disclose PHI to notify a family member or friend of a patient's location, general condition, or death.

Staff can disclose to family member/friend information relevant to such person's involvement with the patient's care or payment for care. Staff must be able to reasonably assume the patient would not object, or else get patient's agreement.

Patients have the right to restrict such disclosures.

### **Miscellaneous Exceptions**

Examples of miscellaneous exceptions would be court orders, government audits, child abuse reporting, and certain research protocols.

## **Patient Rights on PHI**

The patient's HIPAA rights are outlined in our Notice of Privacy Practices.

HIPAA gives patients the right to request a copy of their own PHI.

Patients can place further restrictions on the disclosure of their PHI. They can place further restrictions on disclosures to health plans.

Patients can request amendments to our records with PHI.

Patients can obtain an accounting or list of certain types of disclosures of their PHI.

## **Ways to Protect PHI and Avoid Breaches**

### **Disclosing PHI- You Are Our First Line Defense In Avoiding Breaches**

**Stop and Think Before You Disclose** - Disclose PHI only for Treatment, Payment or health care Operations purposes or to those individuals who are authorized to receive the PHI.

**Verify Fax Number or Address Before You Disclose** - Check and double check the fax number or mailing address before sending PHI to authorized recipient.

**Check that PHI is for Correct Patient Before You Disclose** - Check and double check that the medical records/discharge paperwork/PHI that you are disclosing to the patient or another authorized individual pertains to the correct patient and does not include PHI of any other patients.

### Ways to Protect PHI and Avoid Breaches

#### Other Ways You Can Help in Avoiding a Breach

**No Snooping** - Only access PHI for legitimate business purposes connected to your job duties. It is against the law to look into a patient's medical record, including a family member's records or your own, outside of your job duties.

**No Posting of PHI on Social Media** - Do not post any patient's PHI or identifiable information to a social media site (Facebook<sup>TM</sup>, Twitter<sup>TM</sup>, Instagram<sup>TM</sup>) - this includes photographs or any information regarding patients or residents. Even if you don't include the patient's name, a member of the public may be able to identify the patient based on the information you post - if this does happen, a breach may have occurred.

#### SPHP Checks for Snooping

SPHP reviews who accesses patient records to ensure compliance with HIPAA rules and regulations. Staff members have been counseled and/or terminated for improperly accessing patient records with no legitimate business purpose associated with their job duties. Improperly accessing PHI includes, but is not limited to, accessing medical records, billing records, and/or and health information of family, friends, colleagues, VIPs, acquaintances where your access is not related to your job duties. In addition to facing disciplinary action up to and including termination of employment, you may also face potential civil monetary fines or even jail if improper access is intentional and for personal gain.

#### SPHP Social Media Policy

SPHP staff cannot post any PHI or patient identifiable information to a social media site. This includes photographs and other information regarding patients and residents. SPHP has a policy on social media use. Please click on the link for the policy:

[SPHP Social Media Policy](#)

Common examples of staff member social media HIPAA Privacy Incidents include:

- Posting verbal "gossip" about a patient and/or resident, even if the name is not disclosed.
- A mistaken belief that posts are private or have been deleted when they are still visible to the public.
- Sharing of seemingly innocent comments or pictures, such as a workplace lunch that

happens to have visible patient and/or resident files within view. Actual patients and/or residents included in posted photos.

### Ways to Protect PHI and Avoid Breaches

#### Other Ways You Can Help in Avoiding a Breach

**Recording of Images and Sounds By Patients/Residents/Visitors Only with Approval** - Patients, residents and visitors are not permitted to record images or sound of a patient’s medical treatment or procedure without first obtaining express permission from SPHP staff prior to the recording. If an individual is violating this policy, please notify your supervisor.

#### **SPHP Recording of Images or Sound Policy**

SPHP has a policy on the recording of images or sounds by patients, residents or visitors. Please click on the link for the policy:

[SPHP Recording of Images or Sound Policy](#)

### Security Rule

Information security is all about protecting the confidentiality, integrity, and availability of sensitive information and Information Technology (IT) assets. It is done through a series of administrative, physical, and technical controls.

The different types of SPHP’s sensitive information are SPHP Internal, SPHP Confidential, PHI Confidential, Personnel Confidential, and Payment Card Data.

All users – no matter their status – are responsible for ensuring the security of information and must comply with the Information Security Policies.

#### **SPHP Information Security Policies**

St. Peter’s Health Partners had adopted the Trinity Health Information Security Policy and Enterprise Information Security (EIS) Department Procedures as the Partners-wide standards to protect the security of information and mitigate damages resulting from, but not limited to, unauthorized access, disclosure, duplication, modification, appropriation, destruction, loss, misuse, and denial of use, whether accidental or intentional.

Click on the links for the following policies:

Information Security Policy

[Information Security Policy](#)

Information Security Policy – User Security

[Information Security Policy - User Security](#)

Information Security Policy – Information Management Security

[Information Security Policy - Information Management Security](#)

Information Security Policy – Infrastructure and Systems Security

[Information Security Policy - Infrastructure and Systems Security](#)

<b>Information Security Policy</b>	<i>Audience: All Colleagues</i>
Information is a vital asset & protecting information is essential to future success	
All colleagues are responsible for protecting clinical and business information	
Misuse of information is grounds for disciplinary action	
<b>Information Security Policy – User Security</b>	<i>Audience: All Colleagues</i>
Confidentiality Agreements and Colleague Responsibilities	
Acceptable Uses of Information, Systems, Applications and Accounts	
Inappropriate Use of Information, Systems, Applications and Accounts	
Employer Rights to Access, Monitor and Disclose User Activity	
<b>Information Security Policy – Information Management Security</b>	<i>Audience: All Colleagues</i>
Roles & Responsibilities for Protecting Information	
Information Classification	
Information Handling Requirements	
Assessing & Managing Information Security Risks	
<b>Information Security Policy – Infrastructure &amp; Systems Security</b>	<i>Audience: IT &amp; IS Colleagues</i>
Unified Communications Security	
Workstation Security	
Physical Security including Building Security, Equipment Security, and Environmental Security	
Securely Managing IT & IS Operations including Change Approval / Management, Anti-Virus, Data Backup / Recovery, and System Archival / Storage	
Security Monitoring & Vulnerability Management including Security Compliance, Information Access Monitoring, Performance / Availability Monitoring, Security Vulnerability Scanning, and Monitoring PHI System Use	
Access Management including Identification & Authentication, Eligibility for Access, Managing Access, Vendor Access Requirements, Revoking Access, and Patient Portal Identification & Authentication	
Network Communication Security including Secure Networks, Unsecure Networks, Wireless Access Point Security, User Remote Access, and Modem Connections	
Information Security Incident Management	
Business Continuity Management including Continuity Risk Assessments, Business Impact Analysis, Recovery Alternatives, Plan Development, and Plan Testing	

**IT Assets**

IT assets include computer hardware, software, and network.

**Administrative Controls**

Policies, processes, and procedures that ensure information is handled in a secure manner.

**Physical Controls**

Tangible devices, like locks, that prevent unauthorized access to IT assets.

**Technical Controls**

Computer and network restrictions and monitoring that protect information in systems.

**SPHP Internal**

It is information about SPHP that is not meant for the public.

**SPHP Confidential**

It is information about SPHP that is protected by regulation or would cause harm to SPHP if released.

**PHI Confidential**

It is information about a patient that contains at least one element of PHI.

### **Personnel Confidential**

It is information about SPHP colleagues' job qualifications, performance, or other Human Resources related activities.

### **Payment Card Data**

It is information about credit and debit card payments that are made to SPHP.

### **Information Classification and Handling**

Click on the link for the Information Classification and Handling Table

[Information Classification and Handling Table](#)

## **Your Responsibility**

You are responsible for ensuring the security of information and must comply with SPHP Information Security Policies.

Any unauthorized, non-standard use of Trinity Health and/or St. Peter's Health Partners information, computers, network and/or applications is grounds for disciplinary action and referral to law enforcement agencies for civil and/or criminal action, where appropriate.

Please look at the notes for more information on monitoring, content and activity accountability, shared accounts, acceptable use, and prohibited use.

### **Subject to Monitoring**

Trinity Health and St. Peter's Health Partners reserve the right to access, monitor, or disclose – as they deem necessary – the contents and history of each user's email messages, network activity and account activity for any purpose. Trinity Health and St. Peter's Health Partners may also disclose a user's activity and content to law enforcement officials and Trinity Health or St. Peter's Health Partners management without the user's consent or prior notice to the user.

### **Accountable for Content and Activity**

Users are accountable for the contents of their email accounts and any Internet, network, computer or application activity performed using their assigned User ID.

### **Shared Accounts**

Shared email, application, network or computer accounts are not allowed. User IDs and passwords must not be shared with other users.

### **Acceptable Use**

All users of Trinity Health and St. Peter's Health Partners email systems, networks, computer systems and applications must use these services in an appropriate manner and protect the information on them in a responsible manner consistent with the best interests of Trinity Health, St. Peter's Health Partners, and the individual to which the information refers.

It is acceptable to use Trinity Health and St. Peter's Health Partners email systems, networks,

computer systems and applications to perform assigned job functions. As a general matter, the following are recognized as appropriate to fulfill job functions:

- Providing patient care
- Communicating for the purpose of conducting business
- Reviewing web sites for product information and services
- Researching medical, regulatory or technical information that is appropriate to fulfill job functions

### **Prohibited Use**

The use of email, network services, computer systems or applications in a way that could harm Trinity Health or St. Peter's Health Partners, expose Internal, Proprietary, Confidential or Protected information, or create legal liabilities, and that is not appropriate to fulfill job functions, is prohibited. Look at the Guidebook for a link to a table of examples.

Click on the link for the Prohibited Use Table.

[Prohibited Use Table](#)

## **Reporting Privacy Incidents & Breaches**

**Privacy Incident** = any action, behavior, process, procedure, or initiative that jeopardizes the privacy and/or security of PHI. An incident may end up being a breach- we must investigate to determine.

As an important member of the SPHP team, you are aware of the daily operations of your workplace - you are the first line of defense in avoiding or reporting a potential breach. We need you to report potential privacy incidents or breaches immediately so we can act promptly to limit any negative consequences to our patients and employees.

**Thank you to our staff who are diligent and focused on Privacy. SPHP cannot remain compliant with Privacy standards without your help.**

In 2017 alone, SPHP had 79 total reported privacy incidents, 22 of which were substantiated as breaches and reported to the impacted patients and federal government. Out of the 79 incidents reported, the Privacy Office received the majority of privacy incident reports from our SPHP workforce - over 54% of the privacy incidents were discovered and reported by a SPHP staff member!

### **24-Hour Integrity Hotline**

1-866-477-4661

### **Report to Supervisor/Privacy Official**

Please report a potential privacy incident to the Integrity Hotline and/or your supervisor or Privacy Official, Cherie Smith. The supervisor and Privacy Official will determine after investigating whether the incident is a breach. The supervisor and staff should work to prevent the incident from happening again. If the Privacy Official determines that the incident is a

breach, SPHP is required to notify the patient and the federal government and take steps to minimize harm and prevent the incident from happening again.

### **Corrective Actions**

SPHP has and will continue to take action against staff who violate Privacy and Security laws and regulations.

The severity of the staff member's HIPAA Privacy incident will determine the corrective action. Corrective action may include educational training, disciplinary action and counseling up to and including termination of employment. In addition, the staff member may face potential civil monetary fines or even jail if improper access is deemed criminal by local law enforcement.

### **Snooping**

SPHP staff members who have been found accessing patient records with no legitimate business purpose have been terminated.

### **Improper Access and Disclosure of PHI**

SPHP staff members who have been found improperly accessing and then improperly disclosing PHI have been terminated, and in some instances, have faced fines and jail time.

### **Sanctions and Monitoring**

Any unauthorized or improper use of SPHP information, networks, computers or applications is grounds for disciplinary action, up to and including termination. Staff members may also be referred to law enforcement for criminal charges.

Trinity Health and SPHP reserve the right to access, monitor and disclose the contents and history of user accounts and activity for any purpose and may disclose this information to law enforcement and Trinity Health or SPHP Management without the colleagues' consent or prior notice.

## Infection Prevention and Control

### Health Care Associated Infections

Health care associated infections are a serious problem. 1.7 million Americans get a health care associated infection per year. Of those 1.7 million people, 99,000 die as a result of the infection.

We all have a major role in preventing the spread of infection.

#### Impact

- They affect 1 in every 20 patients in the U.S.
- Hospitals are required to report these infections, for example:
  - Clostridium difficile (C-diff)
  - Catheter-associated urinary tract infections (CAUTI)
  - Central Line Associated Bloodstream infections

### Standard Precautions

Standard Precautions are used in the care of all patients. It protects both the health care worker and patients by decreasing the risk of transmitting organisms.

Standard Precautions should be used if you expect to be in contact with blood, body fluids, excretions, secretions, or non-intact skin.

#### Examples

Some Standard Precautions include the following:

- Perform hand hygiene before and after every patient contact.
- Use Personal Protective Equipment (gloves, gowns, masks, and goggles) as needed.
- Clean and disinfect patient care equipment after each use.
- Do not use “single use” items on more than one patient.
- Perform all procedures involving blood or body fluids in a way that minimizes splashing, spraying, splattering, and the generation of droplets.

#### OSHA

Occupational Health and Safety Administration developed and mandated Standard Precautions to protect health care workers from exposure to blood and other potentially infectious materials (OPIM).



# OSHA<sup>®</sup> FactSheet

## OSHA's Bloodborne Pathogens Standard

Bloodborne pathogens are infectious microorganisms present in blood that can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV), the virus that causes AIDS. Workers exposed to bloodborne pathogens are at risk for serious or life-threatening illnesses.

### Protections Provided by OSHA's Bloodborne Pathogens Standard

All of the requirements of OSHA's Bloodborne Pathogens standard can be found in Title 29 of the Code of Federal Regulations at 29 CFR 1910.1030. The standard's requirements state what employers must do to protect workers who are occupationally exposed to blood or other potentially infectious materials (OPIM), as defined in the standard. That is, the standard protects workers who can reasonably be anticipated to come into contact with blood or OPIM as a result of doing their job duties.

In general, the standard requires employers to:

- **Establish an exposure control plan.** This is a written plan to eliminate or minimize occupational exposures. The employer must prepare an exposure determination that contains a list of job classifications in which all workers have occupational exposure and a list of job classifications in which some workers have occupational exposure, along with a list of the tasks and procedures performed by those workers that result in their exposure.
- **Employers must update the plan annually** to reflect changes in tasks, procedures, and positions that affect occupational exposure, and also technological changes that eliminate or reduce occupational exposure. In addition, employers must annually document in the plan that they have considered and begun using appropriate, commercially-available effective safer medical devices designed to eliminate or minimize occupational exposure. Employers must also document that they have solicited input from frontline workers in identifying, evaluating, and selecting effective engineering and work practice controls.
- **Implement the use of universal precautions** (treating all human blood and OPIM as if known to be infectious for bloodborne pathogens).
- **Identify and use engineering controls.** These are devices that isolate or remove the bloodborne pathogens hazard from the workplace. They include sharps disposal containers, self-sheathing needles, and safer medical devices, such as sharps with engineered sharps-injury protection and needleless systems.
- **Identify and ensure the use of work practice controls.** These are practices that reduce the possibility of exposure by changing the way a task is performed, such as appropriate practices for handling and disposing of contaminated sharps, handling specimens, handling laundry, and cleaning contaminated surfaces and items.
- **Provide personal protective equipment (PPE), such as gloves, gowns, eye protection, and masks.** Employers must clean, repair, and replace this equipment as needed. Provision, maintenance, repair and replacement are at no cost to the worker.
- **Make available hepatitis B vaccinations to all workers with occupational exposure.** This vaccination must be offered after the worker has received the required bloodborne pathogens training and within 10 days of initial assignment to a job with occupational exposure.
- **Make available post-exposure evaluation and follow-up to any occupationally exposed worker who experiences an exposure incident.** An exposure incident is a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or OPIM. This evaluation and follow-up must be at no cost to the worker and includes documenting the route(s) of exposure and the circumstances

under which the exposure incident occurred; identifying and testing the source individual for HBV and HIV infectivity, if the source individual consents or the law does not require consent; collecting and testing the exposed worker's blood, if the worker consents; offering post-exposure prophylaxis; offering counseling; and evaluating reported illnesses. The healthcare professional will provide a limited written opinion to the employer and all diagnoses must remain confidential.

- **Use labels and signs to communicate hazards.** Warning labels must be affixed to containers of regulated waste; containers of contaminated reusable sharps; refrigerators and freezers containing blood or OPIM; other containers used to store, transport, or ship blood or OPIM; contaminated equipment that is being shipped or serviced; and bags or containers of contaminated laundry, except as provided in the standard. Facilities may use red bags or red containers instead of labels. In HIV and HBV research laboratories and production facilities, signs must be posted at all access doors when OPIM or infected animals are present in the work area or containment module.
- **Provide information and training to workers.** Employers must ensure that their workers receive regular training that covers all elements of the standard including, but not limited to: information on bloodborne pathogens and diseases, methods used to control occupational

exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures. Employers must offer this training on initial assignment, at least annually thereafter, and when new or modified tasks or procedures affect a worker's occupational exposure. Also, HIV and HBV laboratory and production facility workers must receive specialized initial training, in addition to the training provided to all workers with occupational exposure. Workers must have the opportunity to ask the trainer questions. Also, training must be presented at an educational level and in a language that workers understand.

- **Maintain worker medical and training records.** The employer also must maintain a sharps injury log, unless it is exempt under Part 1904 – Recording and Reporting Occupational Injuries and Illnesses, in Title 29 of the Code of Federal Regulations.

#### Additional Information

For more information, go to OSHA's Bloodborne Pathogens and Needlestick Prevention Safety and Health Topics web page at: <https://www.osha.gov/SLTC/bloodbornepathogens/index.html>.

To file a complaint by phone, report an emergency, or get OSHA advice, assistance, or products, contact your nearest OSHA office under the "U.S. Department of Labor" listing in your phone book, or call us toll-free at (800) 321-OSHA (6742).

This is one in a series of informational fact sheets highlighting OSHA programs, policies or standards. It does not impose any new compliance requirements. For a comprehensive list of compliance requirements of OSHA standards or regulations, refer to Title 29 of the Code of Federal Regulations. This information will be made available to sensory-impaired individuals upon request. The voice phone is (202) 693-1999; the teletypewriter (TTY) number is (877) 889-5627.

For assistance, contact us. We can help. It's confidential.



DSG 1/2011

## Hand Hygiene

Hand hygiene is the most effective way to stop the spread of germs. We need to take hand hygiene seriously. Hand hygiene includes nail length and skin condition.

Make sure your nail length is short enough to clean under nails and not rip gloves. If you are in a direct care contact position, artificial nail products are not allowed. Microorganisms may reside in artificial nail products or jagged nail surfaces. This could cause health care related infections.

The condition of your skin is also important. Use approved lotions for chapped skin.

### Artificial Nail Products

Artificial nail products include gels, shellacs, tips, acrylics, and nail jewelry.

Refer to your facility policy for details. Here are a few links:

#### SPHP

[Human Resources - SPHP Dress and Appearance](#)

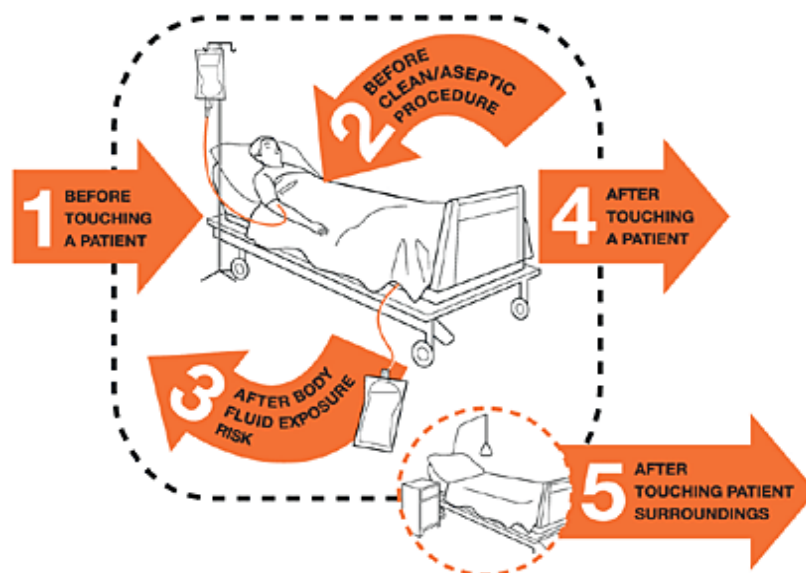
[Nutrition - Food Safety](#)

St. Peter's Hospital

[Hand Hygiene/Artificial Nails](#)

## The WHO 5 Moments in Hand Hygiene

The World Health Organization (WHO) has identified five moments for hand hygiene according to the normal work flow of the health care worker.



### **Before Touching a Patient**

If I am at the nurse's station using the computer and telephone and the patient's light goes on, then I need to perform hand hygiene before I touch that patient because I have been touching many other surfaces with germs on them.

### **Before Clean/Aseptic Procedure**

If I am going to start an IV on my patient, I need to perform hand hygiene before applying gloves and doing the procedure. Gloves do not replace the need to perform hand hygiene.

### **After Body Fluid Exposure Risk**

Always wash skin exposed to a body fluid with soap and water.

### **After Touching a Patient**

I need to perform hand hygiene before I touch another patient or other surfaces.

### **After Touching Patient Surroundings**

This applies to items that the patient does not touch. For example, if I have to change the rate on an infusion pump, then I must perform hand hygiene before touching the patient.

## **Hand Hygiene Options**

You must wash your hands with soap and water when hands are visibly soiled, before eating, drinking, handling food, after using the restroom, when dealing with feces, after helping someone with toileting, and when caring for someone who is positive for C. diff (*Clostridium difficile*).

When soap and water are not mandated, alcohol based gel/foam may be used. It is readily available and fast to use.

Wash your hands after you blow your nose or covering a sneeze.

### **Soap and Water**

Wash your hands, in between fingers, and under fingernails for at least 20 seconds. Rinse with warm water. Dry with a paper towel. Use a clean paper towel to turn off the faucet.

### **Clostridium difficile**

*Clostridium difficile* causes a serious bowel infection. These bacteria are protected by a very tough spore. Alcohol based hand gel/foam will not kill C. diff or remove it from your hands. Soap and water are needed to physically remove any spores from your skin. Use soap and water even though you are wearing gloves and any time you are in contact with an excretion.

### **Alcohol based gel/foam**

Put the alcohol based gel/foam on your hands, make contact to all the skin surfaces of your hands, and allow them to dry. Do not rinse or wipe dry.

**Click on the link to watch the video on hand hygiene:** [Hand Hygiene Video](#)

### Personal Protective Equipment (PPE)

Personal Protective Equipment (PPE) is special clothing or equipment worn to protect from infection. Wear proper PPE around blood and other potentially infectious material (OPIM).

If PPE is penetrated by blood or OPIM, it should be removed immediately or as soon as possible. Place it in a designated area or disposal container.

Remember to remove PPE and wash your hands before leaving your work area.

If you need PPE to do your job safely, SPHP will provide these items and train you to use the items properly.

#### Examples

- Medical gloves
- Masks
- Eye protection
- Face shields
- Shoe covers
- Lab coats
- Isolation gowns
- CPR/BLS mouthpieces or pocket masks

### Medical Gloves

Medical gloves must be worn to reduce the risk of contamination to the health care worker from blood or body fluids. They must be worn to help prevent the transfer of germs. Gloves must be worn when providing mouth care.

Wear medical gloves to touch blood, body fluids, secretions, excretions, and other potentially infectious material.

Medical gloves are to be discarded after use.

Wash your hands after you remove the medical gloves.

#### Hand Hygiene

Wearing gloves never takes the place of performing hand hygiene. Wash your hands before you put on and after you remove the medical gloves.

#### Changing Medical Gloves

Medical gloves are not to be washed and used again. Change the gloves if they become soiled while caring for a patient. Change the gloves if you touch an unclean surface while preparing food.



### **Don't Wear Medical Gloves When**

Medical gloves must not be worn when using a telephone, using a computer, handling a chart, moving furniture, or while walking in a hallway (unless you are carrying a soiled item).

### **Utility Gloves**

Heavy duty utility gloves may be used for housekeeping and laundry duties. Utility gloves may be decontaminated and reused until they are damaged (holes or torn).

### **Latex Allergies**

If you answer yes to any of the following latex allergy screening questions, please follow up with Employee Health.

- Have you ever had an unexplained problem during surgery?
- Have you ever experienced breathing problems during a dental exam?
- Have you experienced swelling or wheezing when blowing up balloons?
- Are you allergic to any foods, especially bananas, avocados, or kiwi?
- Have you ever developed a rash or discomfort after having a medical exam or using a condom?
- Do you have a history of allergy or skin problems?

## **Face Protection**

Protect your face with a mask, face shield, and eye protection (goggles). Personal glasses are not sufficient.

These items shield the mucous membranes of the eyes, nose, and mouth. Wear this type of PPE during tasks that may expose you to splashes or sprays of blood, body fluids, secretions, and excretions.

Specialized masks are worn by any colleague entering an Airborne Isolation room. These masks are Powered Air Purifying Respirator (PAPR) Masks and N-95 Respirator Masks.

### **Prohibited**

Mouth pipetting/suctioning of blood or bodily fluids is prohibited.

### **PAPRs**

PAPRs are utilized at St. Peter's Hospital. Staff must be trained annually in use of PAPR masks.

### **N-95 Respirator Mask**

It requires annual fit testing. At that appointment, you receive documentation of size and type of mask.

### Protective Clothing

Protective clothing includes gowns, hoods, surgical caps, shoe covers, and lab coats. These items are used to protect skin, uniforms, and street clothes from contamination.

Wear protective clothing during tasks that may expose you to splashes and sprays of blood or OPIM.

### Gross Contamination

Surgical caps, hoods, shoe covers and/or boots are worn in instances when gross contamination can be reasonably expected.

### Cleaning and Handling Practice

Routine cleaning practice can help protect you against exposure. Keep a clean and sanitary workplace.

Once delivered to a patient room, non-utilized equipment and linen are considered contaminated and can't be reused until cleaned.

You handle blood or other potentially infectious material (OPIM) by placing it in properly labeled containers. This prevents leakage during collection, handling, processing, storage, transport, or shipping of blood or OPIM.

### Cleaning

Use approved disinfectant on patient care equipment not routinely cleaned or decontaminated by Environmental Services or Clinical Engineering. Consider the manufacturer's guidelines and follow-up with Infection Control as needed.

Clean rooms and contaminated work surfaces in between patients. Special attention should be placed on high touch surfaces: bed rails, call lights, and light switches. Clean reusable equipment between each and every patient.

Clean phones, keyboards, and mouse at least daily or when visibly soiled.

Use proper disinfectants when cleaning contaminated areas or spills. Be mindful of the length of time a surface must remain wet with disinfectant in order to kill germs. It may require a second wipe.

Bio-hazardous waste is not put into ordinary trash.

Bag linens when they are used. If the bag is contaminated, put it in a second bag. Never place linen on the floor.

### Handling

The outside of the primary container should be uncontaminated and able to resist puncture by the specimen. If it does not, the primary container should be placed in a secondary properly

labeled container.

Equipment which may be contaminated with blood or OPIM should be examined. Decontaminate the equipment if possible. Label appropriately any portions that remain contaminated prior to servicing or shipping.

### Work Practice Controls

Work practice controls are ways to perform various work tasks that will help reduce the spread of infection.

Handling food and drink is an example where certain behaviors can reduce the risk of exposure to various infections. Do not eat or drink in patient care units, treatment areas, laboratory, or other contaminated areas. Do not store food in refrigerators with contaminated items such as specimens or medications.

Look at Student Notes for more examples.

#### Makeup

Do not apply makeup in areas where exposure could occur.

#### Contact Lenses

Do not handle contact lenses in areas where exposure could occur.

#### Laundry/Linen

Avoid contaminating your clothing by holding patient linen away from your body. Use designated linen hampers and do not over fill. Never put linen on chairs or the floor.

Contaminated laundry should be handled as little as possible with a minimum of agitation.

Whenever contaminated laundry is wet and there is a good chance of leaking, it should be placed in an additional bag.

Remember to tie the linen bag closed before loading into the dirty linen transport bin.

### Engineering Controls

Engineering controls are the first type of safeguard against blood and body fluid exposure.

These controls are devices with built-in safety features. Never disable the safety feature. Examples include sharps disposal boxes, safety needles, and hand sanitizing stations.

Do not position trash receptacles beneath wall mounted sharps containers. Never reach into trash. Do not place a sharp in a container more than  $\frac{3}{4}$  full or above the fill line. Do not bend needles.



### **Safe Injection Practices**

In the past 10 years, more than 130,000 patients had potential exposure to bloodborne diseases in health care settings from reused syringes and needles and contaminated medication vials.

### **Injection Safety Tips from the Centers for Disease Control and Prevention (CDC)**

Needles and syringes are single use devices: one patient, one time. Insulin pens are individualized to one patient. Do not administer medications from a single dose vial or IV bag to multiple patients. Limit use of multi-dose vials and dedicate them to a single patient whenever possible.

### **Bins and Cans**

All bins, cans and similar reusable containers which may become contaminated with blood or OPIM should be inspected and decontaminated on a regularly scheduled basis. Visible contamination should be cleaned and decontaminated immediately or as soon as possible.

### **Broken Glassware**

Broken glassware which may be contaminated will not be picked up with the hands. A brush and dust pan or forceps are examples of mechanical options which should be utilized.

### **Containers**

Staff should never reach into containers where reusable sharps that are contaminated with blood or OPIM are stored.

### **Contaminated Sharps**

Contaminated sharps must be discarded immediately or as soon as feasibly possible in containers that are closable, puncture resistant, leak proof on sides and bottom, labeled as biohazard, easily available, maintained upright, replaced routinely, and not permitted to overfill.

## **Transmission Based Precautions**

There are additional precautions to help stop the spread of serious infections. These precautions are based on how infections spread: contact, droplet, and airborne.

A patient may be in isolation to help prevent the spread of infection. Look for a sign at the doorway to tell anyone who needs to enter the room. Don't walk into the room without the appropriate PPE. Ask the nursing staff for directions if a patient is on isolation.

### **Example**

An example of an organism that would require a transmission based precaution to be implemented is Methicillin Resistant Staphylococcus Aureus (MRSA).

### **Transporting Patients**

For patients on isolation, PPE is worn in the room and discarded once the patient enters the

hallway. Staff do not wear PPE in the hallways. This is handled differently at Sunnyview. Our patients on precautions typically do leave the room for therapy. Staff may wear PPE outside of the patient's room as long as they are with the patient. In order to meet rehab goals, Sunnyview patients may need to take a walk, climb stairs, or use a large/stationary piece of equipment. This is standard practice in rehabilitation facilities. When exiting their room, a patient on contact isolation should be freshly bathed, wear a clean gown, and perform hand hygiene prior to exiting room. When exiting their room, a patient on droplet or airborne isolation should wear a surgical mask.

### **Private Rooms**

It is preferred that patients on precautions are in private rooms, but they may be placed with patients with identical infections as necessary.

## **Transmission Based Precautions - Types**

Contact Precautions are used to prevent the spread of infection by skin to skin contact or contact with a contaminated object.

Droplet Precautions are used to prevent the spread of large particle droplets created by coughing, talking, or sneezing.

Airborne Precautions are used to prevent the spread of infectious dust particles or small particles that remain in the air suspended for long periods of time.

### **Contact Precautions**

Hand hygiene before entering the room. Utilize gloves and gowns before entering the room. Have a disposable/dedicated stethoscope, blood pressure cuff, and thermometer. Limit transportation of patients to necessary activities. Examples of situations: Multiple drug resistant organisms and *Clostridium difficile*.

### **Droplet Precautions**

Hand hygiene before entering the room. Surgical mask is needed within three feet of the patient. Limit transportation of patients to necessary activities. Examples of illness: influenza. There is an increased risk during certain medical procedures such as suctioning and bronchoscopes.

### **Airborne Precautions**

Place the patient in a negative air pressure room. The air exchange should be 6-12 air changes per hour. Keep the patient's door closed at all times. Follow the facility's policy for monitoring air pressure. Hand hygiene before entering the room. PAPR or N-95 respirator mask is on when entering the room. Limit transportation of patients to necessary activities. Have bedside procedures when possible. Susceptible persons should not enter room of patients known or suspected to have measles (rubeola) or chicken pox (varicella) if other immune caregivers are available. Visitors must be offered an N-95 mask. It is not fit-tested. Education is provided for use of the mask. Examples of illness needing this type of precaution: Pulmonary Tuberculosis (TB).

### Transmission Based Infections - Contact

Multiple Drug Resistant Organism (MDRO) is a bacteria or germ that is not killed by the usual medication (antibiotic).

Clostridium difficile (C. diff) causes a serious bowel infection. It is more prevalent than MRSA in health care setting. Spores live in the environment for months to years.

#### MDRO

MDRO include, but are not limited to:

- Methicillin Resistant Staphylococcus Aureus (MRSA)
- Vancomycin-Resistant Enterococci (VRE)
- Extended Spectrum Beta Lactamases (ESBL)
- Carbapenamse producers (CRE)
- Multidrug resistant Pseudomonas aeruginosa

The presence of an MDRO should be communicated when patients are identified, readmitted, or transferred.

#### C. Diff

To kill environmental spores, bleach cleaning must be performed in patient rooms and on shared patient equipment.

### Transmission Based Infections - Droplet

Influenza (Flu) is a contagious respiratory virus. It can result in illness from mild to life threatening. It is spread by droplets caused from speaking, coughing, sneezing or touching something with the flu virus on it. You are infectious 1 to 2 days before symptoms present. Also, one is infectious up to 5 days after being sick (in children up to 10 days).

#### Symptoms

Symptoms of the flu include fever (usually high), headache, tiredness, cough, sore throat, runny or stuffy nose, body aches, and diarrhea and vomiting (which is more common among children).

#### Prevention

There are many ways to help prevent the spread of the Flu:

- Get your free Flu shot every year. CDC recommends everyone 6 months of age and older to get a flu shot.
- Cover your nose and mouth when you sneeze/cough.
- Wash your hands.
- Avoid close contact with people who are sick.
- Do not touch your eyes, nose, or mouth.
- If you get the Flu, stay home from work, school, and social gatherings. Call your doctor,

antiviral medications are available.

- Use tissues and dispose in trash immediately. Wash your hands.
- Maintain droplet precautions when caring for patients with influenza.
- Practice good health habits: Plenty of sleep, manage your stress, exercise, drink plenty of fluids, and a healthy diet.

### **Complications**

Those who are of the highest risk of complications from the flu:

- Adults over 65 years old
- Anyone with a chronic condition such as Diabetes, Heart Disease, or Asthma
- Pregnant women
- Young children
- Patients with chronic illnesses and weak immune systems

### **Hospitalizations**

More than 200,000 hospitalizations in the United States occur every year due to the flu.

## **Transmission Based Infections - Airborne**

Tuberculosis is a bacterial disease affecting primarily the lungs. It is carried in the air from person to person. It may survive in the air for several hours.

NYS Department of Health requires all hospital personnel be screened annually for TB. The Tuberculin skin test (PPD) is placed and the results are evaluated within 48 to 72 hours of placement.

### **Symptoms**

- Feelings of illness or weakness
- Night sweats
- Unexplained weight loss
- Fever
- Coughing up blood
- Chest pain

### **Risk Factors**

Risk factors for developing TB:

- Prolonged steroid treatment
- Immunosuppression
- HIV
- Liver disease
- Diabetes
- IV drug use
- Contact with active cases
- Working in health care

- Living in residential housing or prison

### **PPD Placement**

A small amount of fluid is injected under the skin.

## **Bloodborne Pathogen Standard**

The Bloodborne Pathogen Standard is an Occupational Safety and Health Administration (OSHA) rule. It covers any worker who can reasonably expect to come in contact with blood or other potentially infectious material (OPIM) as part of his or her job. It requires employers to take certain steps to ensure safety of workers and to document these steps in a written Exposure Control Plan or an Exposure Policy.

### **Need to Know**

You need to know significant bloodborne diseases, symptoms of these diseases, and how they are spread. This information will help you protect yourself, your coworkers, your patients, and your family. This will help you work safely with blood and body fluids and protect against exposure to bloodborne pathogen.

### **Exposure Control Plan or Policy**

Please review your facility's Exposure Control Plan or Policy.

Here are a few links:

#### **St. Peter's Hospital**

[Exposure Control Plan \(OSHA\) Bloodborne Pathogens](#)

#### **Community Services Division**

[Exposure Control Plan \(OSHA\) Bloodborne Pathogens](#)

### **Safety Guidelines**

Safety guidelines you need to follow:

- Use care when handling sharps.
- Don't recap contaminated needles.
- Dispose sharps in an appropriate sharp container.
- Notify your manager/supervisor immediately if you have an exposure.
- Use sharp safety devices as available.

### **Bloodborne Pathogens**

- Hepatitis B virus (HBV)
- Hepatitis C virus (HCV)
- Human Immunodeficiency Virus (HIV)

### Bloodborne Pathogens

Hepatitis B virus (HBV) and Hepatitis C virus (HCV) affect the liver and can cause life-long liver damage or death. Human Immunodeficiency Virus (HIV) attacks the immune system and leads to Acquired Immune Deficiency Syndrome (AIDS).

Many patients infected with HBV, HCV, or HIV do not have obvious symptoms. These patients can still spread the disease without even knowing it.

You can get the Hepatitis B Vaccine from Employee Health. There is no vaccine for Hepatitis C at this time.

#### HBV and HCV

Signs and symptoms include feeling tired, loss of appetite, muscle or joint aches, nausea, vomiting, diarrhea, mild fever, jaundice, dark urine, light colored stools, and itching. 85% of people infected with HCV become chronic carriers.

#### Hepatitis B Vaccine

If you are at risk for exposure to blood because of your job, you will be offered the Hepatitis B vaccine. The vaccine is very safe and effective. If you do not want the vaccine, you will need to sign a waiver that states you understand that the vaccine was offered and you refused. If you change your mind or change your job, contact Employee Health if you would like to receive it even if you originally declined it.

#### HIV

Early HIV may feel like the flu. The signs and symptoms of HIV include swollen lymph nodes, visual changes, diarrhea, night sweats, unexplained weight loss, rash, fatigue, shortness of breath, and frequent occurrences of pneumonia. Without a strong healthy immune system, the body develops many infections and illnesses. These infections and illnesses are the ultimate cause of death for many AIDS patients.

#### Spread Disease

Bloodborne disease can be spread in several ways. The three most significant are sexual contact, sharing drug needles, and mother to baby exchange of body fluids.

High risk behaviors for exposure include unprotected sex and sharing dirty needles for drug injection.

Accidental or occupational exposure to bloodborne pathogens can occur when caring for patients. Factors that affect the risk of infection following exposure include how transmittable the virus is, amount of exposure, route of exposure, and the amount of virus in the infectious material.

#### Exposure Risk

When a health care worker is exposed to a bloodborne pathogen, the pathogen is not always transmitted. The average risk of transmission once exposed to a bloodborne pathogen:

- Hepatitis B – 6 to 30%
- Hepatitis C – 1.8%

- HIV – 0.3%

Other risk factors following exposure include:

- Amount of exposure – Large blood splash into the mouth has a greater risk than a small splash.
- Route of exposure – Needle stick injuries are more likely to lead to infection than a blood splash.
- Amount of virus in the infectious material – Blood with a large amount of virus is more likely to lead to infection than blood with less amount of virus.

### Biohazard Symbol

This biohazard symbol is used to identify infectious agents presenting a risk or potential risk to people or to the environment. It is used to identify equipment, containers, or rooms that contain biohazardous material. The symbol may be placed directly on biohazardous material such as specimens.



### Employee Health – Post Exposure

If you have a contaminated needle stick or sharp injury, immediately wash the area with soap and water. **DO NOT SQUEEZE OR BLEED THE WOUND.** With splashes to mucous membranes/eyes, rinse with cool water or eyewash station for 10 minutes. Tell your manager or supervisor. Obtain the “Action Pack” from the SPHP web page under Quick Links and follow the directions regarding the Source Patient. Depending on your facility protocol, report to the Emergency Department or Employee Health (with the completed Action Pack) for evaluation and treatment. Quick action after an exposure can decrease the risk of infection.

### Notify

Tell your manager or supervisor immediately of any exposure.

### Employee Health

Annual TB skin testing (PPD) AND completion of the Health Assessment Questionnaire are mandatory. Exemptions for PPD apply to select Medical Associate groups and in some work locations without patients. Check with your manager or Employee Health.

Obtain recommended immunizations: Flu, Hepatitis B, Tdap, and Pnuemococcal.

### Personal Hygiene

Make-up and lip balm should not be applied in any patient care areas including nurses' stations.

### Tetanus/TDAP Vaccine

TDAP vaccine is an important immunization for Tetanus, Diphtheria, and Pertussis. Tetanus, also known as "lockjaw", is a serious bacterial infection that affects the nervous system and muscles. It occurs from dirty wounds. Diphtheria is a serious bacterial infection that affects the nasal passages and throat. Pertussis, also known as "whooping cough", is a very contagious respiratory disease.

### Department of Health

The Department of Health requires health care facilities to require that personnel who are not vaccinated against influenza wear a surgical or procedure mask while working in areas where patients, residents, or clients may be present during the time when the Commissioner determines that influenza is prevalent. This includes public areas such as nursing stations, hallways, and elevators.

### Antibiotic Stewardship

It is the mindful use of antibiotics. This is a priority set by Centers for Medicare and Medicaid, Joint Commission and other accrediting agencies, The Center for Disease Control and Prevention, and National Infection Prevention societies.

The development of antibiotics drastically changed healthcare's ability to treat patients with infections. Unintended consequences came along with this ability. This includes the emergence of multi-drug resistant organisms (MDROs) and an increase in the incidence of Clostridium difficile. Antibiotics can contribute to adverse drug effects/reactions.

Goals include optimizing clinical outcomes and minimizing unintended consequences.



Recommended interventions for stewardship include:

- A list of restricted antibiotics that require the approval of an Infectious Disease physician.
- Conversion from an IV form of antibiotic to an oral form
- Requiring a reason for an antibiotic in the order
- Pharmacy dosing of vancomycin and aminoglycoside antibiotics
- Limiting the duration or antibiotic use/automatic stop
- Appropriate dosing based on renal function
- Annual review of a facility's medication formulary
- Reason for antibiotic use is a required field in Medical Records
- Distribution and use of an antibiogram
- Education to providers and staff annually
- Patient and family education

### **Service Animals**

A Service Animal is any guide dog, signal dog or other animal individually trained to provide assistance to an individual with a disability.

The Americans with Disability Act, Titles II and III and New York State Department of Health have provided guidelines related to Service Animals in a health care setting. A service animal is not a pet. Service animals must be allowed anywhere the public would routinely be permitted. Service animals may be legally excluded from areas in which the public may be excluded as well.

If it is unclear if an animal is a service animal, staff may only ask two questions of the person: Is this a service animal required because of a disability? What work or task has the animal been trained to perform?

#### **Staff Legal Responsibilities**

Staff may not ask for identification or training documentation for the animal.

Staff may not inquire about the person's disability, unless it is specific to patient care.

It is illegal to refuse access or service to people with service animals due to allergies or fear of animals.

Even in areas of food sale and preparation, service animals may not be prohibited in public areas.

People with service animals may not be isolated from others or treated differently than others.

Service animals may not be isolated from others or treated differently than another animal.

#### **Responsibilities of the Person with Disability with Service Animal**

The person with a disability must be able to control the service animal.

Service animals must be harnessed, leashed, or tethered unless doing so prevents them from their work or the person's disability prevents the use of such devices.

The service animal must be housebroken.

## Performance Excellence

### Definition

Performance Excellence is a systematic approach in methodology and tools that allows us to deliver excellence in all we do for all those we serve.

Performance Excellence includes quality improvement, customer safety, process improvement, and customer experience/satisfaction.

#### Quality Improvement

Quality Improvement is the identification of opportunities to improve customer well-being and promote healing from a key quality indicator perspective. It is the analysis of current performance, including adverse events, errors, and near misses to identify system failures so preventive changes can be made. In Hospice, it is called Quality Assessment.

#### Customer Safety

Customer Safety is the actions to protect our customers from being harmed while receiving care or while in residence.

Patient Safety is defined as establishing systems and processes that minimize the likelihood of errors, while aiding patients in achieving positive health outcomes.

#### Process Improvement

Process Improvement is the opportunity to eliminate waste and non-value added tasks to improve processes for our customers and colleagues. Processes should be designed to maximize the identification of potential issues before an error can occur. In Hospice, it is called Performance Improvement.

#### Customer Experience/Satisfaction

Customer Experience/Satisfaction is the work to strengthen, personalize and enhance relationships with our customers.

### Pursue Performance Excellence

It's the right thing to do for our customers. We improve customer experience and prevent harm by decreasing infections, falls, medication misadventures, etc.

SPHP's quality data is shared nationally for consumers to benchmark and for purposes of improvement. Federal insurance reimbursement and Pay for Performance programs are impacted by our results.

Providing high quality patient care is our priority. We take pride in providing the best possible care for our patients.

#### Who are our Customers?

Depending on where you will be working...Patients, Residents, Participants, Clients, Elders,

Families, Friends, Our Physicians, Our Vendors, Payers, and Each Other.

### **SPHP’s Vision and Commitment**

A just culture is one in which there is an atmosphere of trust in which people are encouraged (even rewarded) for providing essential safety-related information, but in which they are also clear about where the line must be drawn between acceptable and unacceptable behavior. This includes adverse events and error reporting. Customer safety, quality and process improvement is everyone’s responsibility and are high priorities of all leaders.

SPHP is committed to fostering a just culture while delivering safe, high quality care.

### **Foster Performance Excellence**

SPHP’s culture empowers us to be strength-based workforce change agents. It is SPHP’s vision that all colleagues will use Performance Excellence methodologies and tools in their day-to-day work to problem solve daily.

We foster this culture through key actions: measuring and analyzing data, communicating at all levels and forums, sharing and educating best practices, and participating in improvement initiatives.

#### **Measuring and Analyzing Data**

We proactively improve customer safety by measuring and analyzing adverse events and data.

There are scoreboards and displays of key quality clinical and administrative measures.

Through national safety initiatives, we use national indicators to review our own results first, and then benchmark what’s happening across the region, state and nation.

We assess customer needs through customer/family surveys, focus groups, and complaints.

With transparency of outcomes, quality indicators, and regulatory surveys, we know and understand the data and the expectations we’re held to.

#### **Rounding and Huddles**

Through the use of operational rounding and huddles, we increase teamwork and communication. We empower front line staff to question how things are done and engage leaders in solving problems together. It brings together the collective strengths of those involved to create a supportive environment for learning and improvement.

Through leadership rounds we learn what is happening in various sites around the system.

#### **Projects and Initiatives**

Participation in various projects and initiatives provides different perspectives and ideas for improvement. There is communication of the projects and initiatives in newsletters and at

team meetings.

Albany Memorial, Samaritan, St. Mary's and St. Peter's Hospitals each have a Patient Safety and Quality Improvement Program which is outlined in the Patient Safety and Quality Improvement or Performance Improvement Plan. The Plan outlines the hospital activities and aligns with the SPHP organizational priorities to improve Safe Care, Satisfaction, Transitions of Care and Efficiencies.

### **Best Practices**

We share best practices and what works well. Besides focusing on issues and problems, we want to focus on what works well and why to create more of "what works well". Also, we provide educational opportunities to increase quality throughout SPHP.

## **Lean Methodology**

SPHP utilizes many methodologies and tools to help improve performance. One of the methods is Lean. It's a way of "thinking", where the current state of processes is assessed and one works toward an "ideal state". Lean focuses on the customer, involves the employees who do the work and know the process best, and it uses a common set of principles and tools. It's all about driving out waste and standardizing, where possible.

### **Tools of Lean**

Waste Elimination, 5S, Standard Work, Visual Management, Observation, Huddles and Scoreboards, Process Mapping, and A3/Problem Solving are the tools of lean used across SPHP to improve processes and think differently about the day to day work.

### **A3**

Capture problems and their recommended solutions on A3 reports which use a one page A3 Template rooted in the Plan Do Check Act (PDCA) methodology.

### **Kaizen**

A kaizen event is a tool of Lean. It means "change for the better" and is geared to improving a specific process. You may have the opportunity to participate in a kaizen event.

### **Partnering for Excellence**

Lean processes are visible in Partnering for Excellence...Achieving the Extraordinary, a care delivery model implemented across the Acute Care hospitals within SPHP. The goal is to develop comprehensive efficiency in the areas of throughput and experience as well as quality and safety.

Components of Partnering for Excellence include:

- Information technology utilizes patient flow and logistics software to help automate processes.
- Bed boards located on the patient care units help teams see the patient's progression.
- Logistics hub oversees patient flow 24/7.

- C3s – nurses work with physicians and other care team members to help progress patient care.
- Operational rounding gathers unit staff and senior leaders to work on patient flow and improvement opportunities with a focus on patient safety, quality and satisfaction.

### PDCA Model

The Plan-Do-Check-Act (PDCA) model is another tool widely used at SPHP. PDCA fosters testing changes in the real work setting by planning, trying, observing the results, and acting on what is learned.

PDCA involves four steps: Plan, Do, Check/Study, Act.

- PLAN the improvement.
- DO the improvement process.
- CHECK/STUDY the results.
- ACT as a result of your analysis.

### Getting Started

Ask three fundamental questions which can be addressed in any order:

- What are we trying to accomplish, what is the aim?
- What changes can be made that will result in improvement?
- How will we know that change is an improvement?

#### Plan

Identify the opportunity for improvement. Define your objective. Develop a multi-disciplinary team to work on the project. Identify what you will measure.

#### Do

Collect data. Implement your change strategies. Do small changes.

#### Check/Study

Analyze the data. Did the process improve? Was the result of the change better, worse, or not improved?

#### Act

Act to hold the gain and continue to improve the process or reassess a different approach. Follow up with documentation and report to the people involved. Evaluate "lifting" the improvement to a similar department or site.

### Other Methodologies and Tools

Six Sigma is a business tool, with a focus on metrics and is usually used when there is variation in a process. This has been used at some locations, but not

frequently. Generally, Six Sigma is a statistical measure that expresses how close a service comes to its quality goal.

Root Cause Analysis is the ability to dive into the details of why a defect occurred. Tools used in a root cause analysis are the “5 Why’s” and “fishbone diagram.”

Use Brainstorming for generating ideas to an issue and develop goals using the SMART acronym.

### **Six Sigma**

Six Sigma is a level of being flawless in executing processes. One Sigma is 690,000 defects per million opportunities; Six Sigma is 3.4 defects per million opportunities. Airlines work to this level sigma or better. It allows projects to be sustained not through inspection, but by hardwiring the process (process control).

### **Root Cause Analysis**

“5 Why’s” allows one to fully explore the most likely cause by repeatedly asking “Why?”

The “fishbone diagram” outlines all the possible causes for a problem (people related, equipment/supply related, environment, etc.). Detailed causes are attached to a smaller number of main causes so that the completed diagram looks something like a fish skeleton.

### **Brainstorming**

It is a technique for generating a list of ideas about an issue (problems, topics for data collection, potential solutions, and items to monitor). It can be used anytime you want multiple ideas and/or more group energy.

### **Patient and Family Centered Care Methodology and Practice (PFCC M/P)**

It is a simple six-step approach to creating ideal patient and family experiences and improving clinical outcomes while reducing waste and cost. The goal is to view all care as experiences through the eyes of patients and families. It utilizes cross-functional teams of Care Givers from all levels of the organization to co-design ideal care delivery. It also provides a simple approach to breaking down silos and overcoming hurdles in a complex system.

### **Team STEPPS**

TeamSTEPPS (Team Strategies & Tools to Enhance Performance and Patient Safety) is an evidence-based system to optimize teamwork and communication, designed to improve quality, safety, efficiency of care and improve lines of communication. It involves very practical and common-sense tools.

### **SMART Goals**

Ensuring a team’s goals is “SMART”. It is an acronym for:

- Specific – A specific goal has a much greater chance of being accomplished than a general goal.
- Measurable – Establish concrete criteria for measuring progress toward the attainment of each goal you set.
- Attainable (actionable) – When you identify goals that are most important to you, you begin to figure out ways you can make them come true. They need to have actions

associated with them.

- Realistic – To be realistic, a goal must represent an objective toward which you are both willing and able to work.
- Timely – A goal should be grounded within a time frame. With no time frame tied to it, there's no sense of urgency.

### Your Role in Performance Excellence

Ensure customer satisfaction every day. It is everyone's job and we need to observe and assess daily. Certainly, our customers are the priority and we need to stay customer-centered. Plan ahead to promote customer safety and to engage in risk reduction.

Learn about improvement plans, quality indicators, and current initiatives in your department and affiliate. Participate in event reviews. Identify what works well and spread it.

Understand your role with regulatory requirements. Speak up when safety or quality issues arise and report events. Speak up when you're not comfortable in a safety or quality situation. If you see something, say something.

#### Participate in Event Reviews

- Root cause analysis
- Post fall huddles
- Team and department meetings
- Improvement teams

### Reporting Events

You are required to report any patient safety event, medication safety event, patient fall, and significant or sentinel event. Use your affiliate's incident reporting or Patient Safety and Event Reporting Systems.

Any significant or sentinel event must be called in to the Patient Safety Quality Improvement department.

Reports are reviewed to improve current systems and processes.

#### Patient Safety Event

Patient Safety event is an unexpected occurrence which results in an adverse effect on the patient or has the potential for an adverse effect.

#### Medication Safety Event

Medication Safety event is an error in the process of prescribing, dispensing, documenting, monitoring or administering a medication, regardless of whether an injury occurred or the



potential for injury was present.

### **Patient Fall**

A patient fall is an unplanned movement of a patient to the ground or from one plane to another. It may be observed or unobserved.

### **Significant/Sentinel Event**

Significant/Sentinel event is when the outcome of care differs significantly from the expected or intended outcome and results in injury, harm or change in health status of the patient. This may include a “near miss” or a process variation for which a recurrence would cause a significant chance of serious injury or harm to a patient.

### **PSQI Department phone numbers**

- Albany Memorial Hospital 471-3025
- Samaritan Hospital 271-3535
- St. Mary’s Hospital 268-5290
- St. Peter’s Hospital 525-1230
- Sunnyview Rehabilitation Hospital 385-3512
- Continuing Care 525-6498

### **Policies**

Refer to your facility policy for details. Here are a few links:

#### **SPH**

[SPH - Patient Safety Event Reporting](#)

#### **The Community Hospice**

[The Community Hospice Adverse Events Response and Reporting Policy](#)

## **Chain of Command**

The chain of command gives you a process to resolve administrative, clinical or other patient safety or service issues. The process has you go up the line of authority until a resolution is reached.

When you see a safety or quality concern, address the issue as soon as possible. Speak with the person involved, their manager, or the person most able to address the concern. If the concern is not resolved, then speak to your manager or the next person in the chain of command.

### **Examples**

- There is a loose section of the carpet in your department that is a safety hazard. It has been reported but not addressed for several days.
- In clinical situations where a physician/provider has not responded in a manner to fully address the issues raised that may present an immediate risk to a patient.
- When physician/provider orders are unclear.
- Instances where physician/provider has not responded in a timely manner and the

patient's condition is declining.

## Environment of Care

### Safety Concerns

Top safety concerns are slips, trips, and falls.

Help by reporting trip hazards, spills, and wet floors.

Be careful when walking in parking lots, parking garages, and crossing city streets.

Report incidents to your supervisor as quickly as possible. Make sure your report is complete and has correct information.

### Incident Reports

Information from incident reports helps SPHP trend problems and make corrections.

### Suicide Prevention

It is the responsibility of all staff members coming in contact with patients to be aware of their role in suicide prevention. Individuals with suicidal thoughts and behaviors can present in a variety of settings throughout the organization. In the event that you come in contact with an individual expressing thoughts of suicide or the desire to die, stay with the person and notify the clinical supervisor of the area. Provide support to the person and do not leave them alone until clinical staff arrive to screen and assume care for the patient.

Clinical staff should refer to *SPHP Policy: Suicide Prevention* for more information on what to do in their assigned role/department.

### Back Safety

Use proper body mechanics to help prevent back injury.

When standing, wear good, comfortable shoes. Keep your knees flexed. Stand up straight and do not slouch.

When sitting, move all the way back in the chair. Keep your feet flat on the floor.

When lifting objects or patients, use proper steps and/or proper lifting devices/patient lift equipment. Always ask for help if the proper equipment is not available.

### Standing

Use a footrest for one of your feet. When standing for long periods of time, switch feet every

few minutes.

### **Sitting**

Sitting puts more pressure on the spine than standing. Think in 90 degree angles:

- With the soles of the feet flat on the floor, the knees should be bent at a 90 degree angle. Adjust the height of the chair to make this work.
- The back and thighs should form a 90 degree angle. Sit up straight to make this work.
- When your hands are on the desk or keyboard, the elbows should be bent at a 90 degree angle. However, the wrists should be straight.
- Sit close to the desk, so that you do not have to bend to reach for items. Bending while reaching is an awkward posture. This can put the back and spine at risk.
- When sitting for long periods of time, you may want to use a pillow or a rolled-up towel to support your lower back.

### **Lifting**

When lifting an object from the floor:

- Stand close to the object. Position your feet to create a broad base of support.
- Bend at the hips and knees. Do not bend at the back or waist. Use the muscles of your legs to lower yourself.
- Keep your head up and your back aligned.
- Maintain the three natural curves of the spine.
- Hold the object close to your body.
- Use the muscles of your legs to stand up and lift the object.
- If you must turn while carrying an object, pivot at the hips. Do not turn at the back. Never turn or twist while lifting.

The National Institute for Occupational Safety and Health (NIOSH) sets the manual material handling maximum permissible lift limit for boxes at 51 pounds.

### **More Advice**

If possible, adjust your work area so that you do most of your lifting from waist height, instead of from the floor or overhead. For example, store heavy objects and supplies on shelves at waist to shoulder level.

## **Hazardous Materials – GHS**

As a colleague you should know what hazardous materials are used in your work area. Safety Data Sheets tell you very important information about the materials. There is an international approach to hazard communication called Globally Harmonized System of Classification and Labeling of Chemicals (GHS). It standardizes and harmonizes the classification and labeling of chemicals.

### **Hazardous Materials**

A hazardous material is any item or agent (biological, chemical, physical) which has the potential to cause harm to humans, animals, or the environment, either by it or through

interaction with other factors.

### **GHS**

GHS is a logical and comprehensive approach to:

- Defining health, physical and environmental hazards of chemicals;
- Creating classification processes that use available data on chemicals for comparison with the defined hazard criteria; and
- Communicating hazard information, as well as protective measures, on labels and Safety Data Sheets (SDS).

### **Hazard classification**

The definitions of hazards have been changed to provide specific criteria for classification of health and physical hazards, as well as mixtures. These classifications are the following:

- Physical hazard
- Health hazard
- Pyrophoric gas
- Simple asphyxiate
- Combustible dust
- Hazard not otherwise classified

## **GHS – Labels**

Read product labels carefully, follow all instructions and pay attention to all warnings. Chemical manufacturers and importers must provide a label that includes a signal word, pictogram, hazard statement, and precautionary statement for each hazard class and category.

### **Labels**

Chemical manufacturers and importers will be required to provide the following:

- Product identifier.
- Name, address and telephone number of the chemical manufacturer, importer or responsible party.
- Harmonized signal word, pictogram, hazard statement, and precautionary statement for each hazard class and category.

**The Basic Parts of A GHS-Compliant Label**

1. **Product Identifier** - Should match the product identifier on the Safety Data Sheet.
2. **Signal Word** - Either use "Danger" (severe) or "Warning" (less severe)
3. **Hazard Statements** - A phrase assigned to a hazard class that describes the nature of the product's hazards
4. **Precautionary Statements** - Describes recommended measures to minimize or prevent adverse effects resulting from exposure.
5. **Supplier Identification** - The name, address and telephone number of the manufacturer or supplier.
6. **Pictograms** - Graphical symbols intended to convey specific hazard information visually.

Sample label courtesy of Weber Packaging Solutions • www.weberpackaging.com

**HCS Pictograms and Hazards**

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

### Safety Data Sheets (SDS)

Know the location of Safety Data Sheets (SDS) in your facility. Review with your supervisor on how to access an SDS.

Read all relevant SDS information before starting a job that may require the use of a hazardous chemical. The SDS contains information on ingredients and hazards of the product. It provides precautions to take when using the product and what proper personal protective equipment to use. It tells you how to store the product. It has emergency contact information.

If you have any questions or concerns about using hazardous chemicals, talk with your supervisor first.

#### Hazard Communication Standard (HCS)

The 1994 Hazard Communication Standard (HCS) indicated what information had to be included on a SDS, but did not specify a format for presentation. The revised 2012 HCS requires that the information on the SDS is presented using consistent headings in a specific sequence.

#### Electronic SDS

Check with your supervisor if your facility has access to an electronic SDS.

#### Safety Data Sheet Section Descriptions

**Section 1: Identification of the substance or mixture and the supplier** – GHS product identifier, recommended use and restrictions on use, supplier's details, and emergency phone number.

**Section 2: Hazards identification** – GHS classification, GHS label elements and other hazards not resulting in classification or not covered by GHS.

**Section 3: Composition/information on ingredients** – Information on chemical ingredients, such as chemical identity and concentrations.

**Section 4: First aid measures** – Description of necessary measures, most important symptoms/effects, and indication of immediate medical attention and special treatment needed.

**Section 5: Firefighting measures** – Suitable extinguishing techniques, specific hazards from fire, and special protective equipment and precautions for firefighters.

**Section 6: Accidental release measures** – Precautions, protective equipment, emergency procedures, environmental precautions, and methods for containment and cleanup.

**Section 7: Handling and storage** – Precautions for safe handling and conditions for safe storage, including any incompatibilities.

**Section 8: Exposure controls/personal protection** – Occupational exposure limits or biological exposure limits, appropriate engineering controls, and personal protective equipment (PPE).

**Section 9: Physical and chemical properties** – The chemical's characteristics (appearance, odor, pH, flash point, vapor pressure, etc.).

**Section 10: Stability and reactivity** – Reactivity, chemical stability, possible hazardous reactions, conditions to avoid, incompatible materials, and hazardous decomposition products.

**Section 11: Toxicological information** – Routes of exposure, related symptoms, acute and chronic effects, and numerical measures of toxicity.

**Section 12: Ecological information** – Ecotoxicity, persistence and degradability, bioaccumulative potential, mobility in soil, and other adverse effects.

**Section 13: Disposal considerations** – Description of waste residues and information on their safe handling and methods of disposal.

**Section 14: Transport information** – UN number and UN proper shipping name (provided by United Nations Committee of Experts on the Transport of Dangerous Goods), transport hazard classes, packing group, environmental hazards, transport in bulk, and special precautions.

**Section 15: Regulatory information** – Safety, health and environmental regulations specific for the product in question.

**Section 16: Other information** – Information on the preparation and revision of the SDS.

### Waste Disposal

To minimize the waste volume use the proper waste stream: General, Confidential, Biohazard, Sharps, Chemotherapy, Recycling, Hazardous, and Pharmaceuticals.

In the notes, are descriptions of the containers for the waste streams.

Contact your facility's Environmental Services/Housekeeping if you have questions or talk with your supervisor.

By following proper waste streams, we can help keep each other and the environment safe.



#### Red Bags

Items dripping with or saturated with blood and/or body fluids or caked and dried blood are placed in red bags.



#### Clear Bags

Items not dripping or saturated with blood and/or body fluid, including dressings, gloves, drapes, gowns, IV bags, chux, diapers, Foley catheters and empty Foley bags are placed in clear bags.



#### Linen

All linen is reviewed by the Linen company and SPHP prior to stocking the linen cart. Unusable or torn linen will be removed and placed into the reject linen hamper. Be careful with soiled linen so that there are no equipment or



personal belongings that may be rolled up in the soiled linen.



### **Chemo Waste**

Waste that contains residual chemotherapeutic or cytotoxic agents, including sharps are placed in this container.



### **Red Sharps**

Needles, syringes, and other sharps are placed in this container. If your facility has a special container for sharps with medications, use it to dispose of syringes with unused medication.

Make sure sharps containers are not located directly over a trash receptacle.



### **Black Sharps with Medications**

Sharps and/or ampoules with leftover or unused medication. Seal items in zip lock bag before disposing.



### **Blue Medications**

- Put any bulk (>3% remaining)
- Aerosols with propellants
- IV bags and bottles
- Tablets
- Vials
- Topical ointments
- No sharps in a zip lock bag.
- No packaging materials except for Coumadin/Warfarin or nicotine substances.

### **Narcotic Waste (White Container)**

It is for liquids, pills, and patches. Not for sharps. (Albany Memorial and Samaritan Hospitals).

## **Medical Equipment**

All equipment needs to be in working order to avoid injuries or accidents to patients and staff.

Many pieces of equipment have regular inspection schedules. Some, such as Code Carts, are inspected daily by designated departmental employees. Preventative Maintenance plans are set up for time sensitive inspections.

Always check to see if equipment is working properly prior to use. If it is not working properly or appears to have broken covers or parts, use your facility's process for requesting repair.

**Process**

Each facility will have a process in place to have medical equipment inspected, repaired and preventative maintenance completed. Ask your supervisor what the process is for your facility.

**Life Support**

Assess equipment for Life Support or Non-Life Support designation.

### Electrical Safety

Most equipment in the health care setting is electrically operated. Since electrical equipment often is in contact with patients and staff, risk of electric shocks exists throughout the health care facility. To help prevent electrical accidents, remove and report electrical hazards to Facility Management or your supervisor. Any electrical equipment brought in from home is required to be safety checked and tagged by the facility's electrical department.

Use electrical equipment properly. Maintain, test and inspect equipment regularly.

Avoid overloading circuits.

**Remove**

Remove electrical equipment from service if it malfunctions or shocks staff or patients. If there are signs of damage or unusual or excessive heating, remove it. Remove the equipment if it produces a burning odor during operation.

Contact your Facility Management department and submit a request for repair.

### Utilities

Each facility is designed to provide a safe and comfortable environment for everyone. Each facility will have a means of reporting issues.

All acute care and long term care facilities are required to have emergency power. In the event power is lost, generators will supply power to portions of the facilities.

Make sure you know what areas in your facility are on emergency power.

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All life support equipment must be plugged into outlets that are on emergency power. These are red outlets.

### Utility Issues

- Environmental issues - too hot/cold.
- Repairs needed - broken furniture.
- Safety issues - stairwell lights out.

### Generators

Generators are tested on a regular basis to verify proper operations.

## Security

Security staff in acute care has a 24 hour presence and plays a multitude of roles within the organization. Primary responsibilities are the safety and well being of staff and patients. Additional duties include access control, incident investigation, parking and related issues.

Review security at your facility with your supervisor.

### Your Role

Staff are the eyes and ears for Security throughout the facility. Watch for certain behavior such as no eye contact, loitering in a secluded location, attempting to enter locked areas, or waiting outside secured access doors to enter the facility.

Staff entering a controlled access door should never allow others without proper ID to enter the area. They should consider asking “May I help you”? or “I’m sorry this is a restricted area, may I see your ID badge”.

Be alert for persons not fitting in with your particular work area. If there is a suspicious person, make note of their description including clothing, their behavior, and actions. Finally, remember the location(s) where they were seen.

Report incidents to Security promptly.

## Securing Valuables

Do not bring anything valuable to work unless it is necessary. If you bring a valuable to work, put it in a secured area such as a locker or a locked office.

## Code Gray

**Code Gray** is used to activate a team of fellow colleagues to respond to behavioral situations as a defensive measure when an agitated patient, resident, visitor, or

colleague has become, or exhibits threatening actions or violent behavior towards others. Any colleague who feels threatened may initiate a Code Gray.

All colleagues dealing with an escalating behavioral situation should remember to:

- maintain adequate personal space (at least one arm's length) for personal safety,
- try to exhibit an aura of calm, (even if you are not calm on the inside) by speaking lower than the person displaying aggressive behavior
- if the person is standing you should stand, if sitting you should also be sitting
- empathize with the person's feelings, not their behavior
- give choices whenever possible

### Code Silver

The health care setting is an extremely unique environment and there is no way to predict when an active shooter or any assailant acting in a threatening manner will strike. Code Silver is the procedure used during an extremely dangerous and sensitive situation and will include support from police.

All staff, patients, and visitors guided by staff will move to a safe space.

During Code Silver the facility suspends non-emergent services.

**Click on the link to watch a Department of Homeland Security (DHS) video related to Code Silver:**

[DHS video](#)

### Code Silver Response

**Accept** the situation you are in. Don't be in denial.

**Assess** where you are in relation to the assailant.

**Act** based on your assessment of the situation to protect yourself.

- Run and avoid the assailant. Get out of the building if possible.
- Hide and Barricade
- Fight as a last resort.

**Alert** once you have acted. You should call your facility's emergency number or if you are out of the building, call 911.

#### Assessment

You might have a visual sighting of the assailant, information was relayed to you that the shooter or assailant is nearby, or hearing gun shots.

**Act-Avoid**

When you are running from the building or area, alert people you come in contact with of the danger.

**Act-Barricade**

If you cannot run from the building, you should take shelter in a space or room barricading the door, closing the blinds or shades, silencing your cell phone, and turning off the lights making the room seem unoccupied.

**Act-Fight**

As a last resort if you are confronted by the assailant, you should fight using any means available including heavy objects or sharp instruments. Discharging a chemical fire extinguisher at the assailant has proven to be effective means of disorienting that person giving you time to disarm or disable them.

**Policy**

Here is the link to the Code Silver Policy:

[SPHP Code Silver](#)

### Importance of Fire Safety in Health Care

Each staff member is responsible for patient safety. Patients depend on your knowledge to protect them. Staff must react to keep patients and visitors safe. If staff does not follow fire procedures, there could be dire consequences for everyone.

To minimize the risk of fire, alcohol based hand sanitizers are not located over light switches, electrical outlets, waste baskets, or other containers in accordance with NFPA Life Safety Code.

**Smoking**

To help prevent fires related to smoking:

- Follow the Smoke Free Environment Policy.
- No smoking is allowed in SPHP facilities.

**Electrical Malfunction**

To help prevent fires related to electrical malfunction:

- Remove damaged or faulty equipment from service.
- Report malfunctioning equipment so that it can be repaired.
- Extension cords are not allowed in health care.

### Response to a Fire Situation

Call out “Code Red” and follow the acronym RACE.

**R – Rescue** (remove persons in immediate danger)

**A – Alarm** (activate alarm)

**C – Confine** – (close all doors & windows)

**E – Extinguish/Evacuate** – (if small and can be done safely)

### Phone Numbers

Know what numbers you need to call in the event of an emergency. Post these numbers near phones in your work area.

### Evacuations

Health care is designed in compartments to contain smoke and fire. All new and recently renovated spaces will be fully sprinkled. Not every patient will need to be evacuated.

In health care, you evacuate **Horizontal**, **Vertical**, and then **Building**. Due to the “defend in place” design, we need to be aware of Smoke/Fire doors that automatically close when the fire alarm is activated. When evacuating patients, we need to pass through a set of fire doors.

Each regulatory agency that oversees facilities throughout the SPHP organization mandates fire drills. These could be monthly or annually.

Practicing what to do in the event of a fire saves lives. Know your response in a fire alarm. Know the location of fire alarms, extinguishers, exits, and smoke/fire doors.

### Defend in Place Design

Health care buildings are designed to prevent the spread of fire and smoke. Fire barriers are designed to separate buildings. Smoke barriers are designed to separate sections within a building. These barriers are constructed from floor to the decking above and from outside wall to outside wall. Any penetration through the wall will be sealed with a fire stop material to maintain the integrity of the wall. The doors in these barriers are rated and designed to close with the activation of the fire alarm system.

Make sure that automatic fire doors are not blocked.

Make sure that these doors are not propped or wedged open for any reason. Fire doors must be able to close automatically in the event of a fire.

### Fire Extinguishers

Know the locations and the type of extinguisher.

When using a Fire Extinguisher, follow the acronym PASS.

**P – Pull** the pin at the top of the extinguisher.

**A – Aim** the nozzle at the base of the fire.

**S – Squeeze** the handle. This will release the extinguishing agent in the extinguisher.

**S – Sweep** from side to side. Using a sweeping motion, move the nozzle back and forth until the fire is completely out.

#### Types

Use a fire extinguisher rated for the type of fire you are attempting to extinguish. The label of the extinguisher will list the type(s) of fire it can be used on.

Class A – ordinary combustibles such as paper, cardboard, and fabric.

Class B – flammable liquid.

Class C – electrical equipment.

Class K – kitchen fats, grease, and oils.

### Interim Life Safety Measures

Interim life safety measures are implemented to keep us safe when the fire safety features of the facility are impaired.

With the number of separate areas under construction at this time throughout SPHP, it is especially important to look for changes and postings daily. Your usual routes may be blocked or changed.

#### Interim Life Safety Measures

A series of administrative controls that can be implemented to compensate for life safety deficiencies. Examples:

- Increased fire safety education or drills in and effected area.
- Daily hazard surveillance rounds in an effected area until the deficiency is corrected.
- Alternate egress routes.
- Added fire fighting equipment – extinguishers.
- Fire resistive barriers to separate non-compliant areas.

#### Examples of conditions

SPHP would implement Interim Life Safety Measures for the following conditions:

- Deficiencies throughout buildings resulting from construction.
- Exits are blocked.

- Fire alarm system is off line for more than 4 hours in a 24 hour period.

### Emergency Management

Each hospital and long term care facility will have its own Emergency Operations Plan (EOP) specific to the facility.

The purpose of the EOP is to provide a systematic approach to manage incidents that can have an impact on care or affect our daily operations. Ask your supervisor where the EOP is located.

The Hazard Vulnerability Analysis is used to identify potential risks and impact to each facility.

#### Hazard Vulnerability Analysis

Examples of incidents would be weather (snow, ice, tornado, floods), technological (generator failure, sewer back-ups, fuel shortage, medical vacuum failure), and human events (infant abduction, terrorist act).

### Disaster Code

The Emergency Operations Plan (EOP) will be activated for a real incident or a drill. Your response will depend on your facility's EOP. Review your responsibilities with your supervisor.

In a Disaster Code (Code Yellow), employees may be asked to work in a different area or facility, on a different shift, or perform job tasks outside of normal job tasks.

At the end of the event, staff will be notified that the incident or the drill is "All Clear". Employees may return to their units at that time.

#### SPHP Responsibilities

Provide education and training, conduct drills, and communicate to staff pertinent and timely information regarding the incident.

#### Staff Responsibilities

Notify your supervisor when you have a change in your contact information. Always wear your ID badge. Follow the instructions given to you by your supervisor or other person in charge as to where and when to report.

#### Lock Down

During an incident your facility may be locked down. In a lock down, your facility will likely have only one entrance point. Find out what entrance that may be. You will need your ID badge for entry or re-entry.



## Human Resources

### Behavior in the Workplace

In accordance with the Mission and Core Values of SPHP, every person providing care and services in the organization must adhere to high standards of individual and organizational ethical behaviors. These standards of conduct are a practical extension of SPHP Core Values. They fully articulate the expectations for how colleagues should conduct themselves in an atmosphere of collegiality, cooperation and professionalism in order to accomplish our goal of high quality health care and housing.

#### Policy

Click on the link for the Policy.

[SPHP - Behavior in the Workplace](#)

### Teamwork

How do we help each other in being a great team?

- Support diversity and accept people's differences
- Listen attentively
- Offer to help and work as a team
- Recognize the importance of each team member
- Resolve issues directly with the people/person involved
- Accept responsibility for your actions

#### Support diversity and accept people's differences

Support the diverse views and thoughts of each other.

Accept that there will be differences. Even though you may not agree the idea may spark other ideas and get the best solution.

We can learn a lot from each other by asking questions and listening.

#### Listen attentively

When we talk with each other, make sure you understand what your teammate is telling you.

Give eye contact and other body language that means you want to listen, don't interrupt, and paraphrase what they are saying to make sure you understand.

#### Offer to help and work as a team

Trust is built through helping one another without expecting something in return.

You do it because it will help the team.

#### Recognize the importance of each team member

Not one person can do all the work of a team.

We all make a difference and we should recognize each other for the great work that we do.

### **Resolve issues directly with the people/person involved**

To settle a conflict you have with a teammate, speak privately and directly with that person.

Do not talk to others about your issue trying to create problems for that person. It will hurt the team and will hurt you even more.

### **Accept responsibility for your actions**

Don't let your team down.

Follow up on your assigned areas.

Don't pass the blame onto others.

## **Inappropriate Behaviors**

You have the right to work and our customers have a right to receive services in a professional atmosphere that promotes dignity, respect, and cooperation.

The following behaviors are inappropriate and not tolerated: disruptive/intimidating behaviors, harassment, sexual harassment, and colleague violence. Review the notes for further explanation of these behaviors.

### **Disruptive/Intimidating Behaviors**

- Rude or disrespectful behavior including hostile criticism, disparaging remarks, bullying, and condescending language or voice intonation.
- Reluctance or refusal to answer questions, return phone calls or emails, and show of impatience with questions.
- Coming to work with a negative attitude.
- Use of socially unacceptable language, including profanity or discriminatory terms.
- Irrelevant, impertinent, or inappropriate written comments, drawings or other entries made in patient/resident/client records or other official documents that call into question the quality of care and service in the organization or attack individuals or organizational policies.
- Non-verbal expressions, such as eye rolling, sighing, etc.

### **Harassment**

- Actions and behaviors directed at characteristics related to race, religion, color, ethnicity, gender, sexual orientation, age, disability, marital status, citizenship or any other characteristic protected by law.

### **Sexual Harassment**

- Sexual Harassment is a form of sex discrimination on the basis of sex, sexual orientation, gender identity or the status of being transgender, and is unlawful under federal and state law. Behavior constitutes sexual harassment if it is reasonably construed as harassing by the receiving party, regardless of intent.

- Sexual harassment includes unwelcome conduct which is either of a sexual nature or which is directed at an individual because of that individual's sex when:
  - Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an abusive, intimidating, disruptive, hostile or offensive work environment, even if the complaining individual is not the intended target of the sexual harassment;
  - Such conduct makes submission to unwelcome sexual advances, submission to requests for sexual favors, or submission to other verbal or physical conduct of a sexual nature an express or implied condition of any person's continued employment or association with St. Peter's; or
  - Expressed or implied submission to, or rejection of, such conduct is used as the basis for employment decisions affecting any person.
  - Policy link [SPHP Sexual Harassment Policy](#)

### **Colleague Violence**

- Deliberate and wrongful violation, damage or abuse of self, other persons or property including the threat of violence.
- Physical harming another, shoving, pushing, punching, slapping, harassing, intimidating, coercing, brandishing weapons, or threatening or talking of engaging in those activities.

### **Reporting Incidents**

You are responsible to tell your manager of any disruptive/intimidating behaviors. In the event of disagreements, an attempt should be made by those involved to resolve the situation.

If you have been subjected to or have witnessed harassment, sexual harassment, or workplace violence, you report the matter to your manager immediately. The manager notifies Human Resources immediately. If you are not comfortable going to your manager, go to Human Resources.

If you see something, say something!

### **Investigations**

The manager and/or Human Resources will conduct an investigation into all complaints of disruptive behavior, harassment, sexual harassment and incidents of workplace violence. The investigation may include individual interviews with the parties involved and where necessary, with individuals who may have observed the alleged conduct or may have other relevant information. Confidentiality will be maintained throughout the investigatory process to the fullest extent practical consistent with adequate investigation and appropriate corrective action.

Although each investigation into reports of sexual harassment is unique, generally SPHP through Human Resources will take the following steps as part of any investigation:

- Conduct an immediate review of the allegations and determine if any interim steps or

protections are necessary

- Request, obtain and preserve relevant documents, emails, and phone records
- Conduct interviews of the parties involved and any identified witnesses
- Document investigation as outlined in SPHP policy
- Notify reporting individual of the final determination and that appropriate administrative action has been taken

### **Non-Retaliation**

Retaliation against an individual for reporting incidents or for participating in an investigation is a serious violation of this policy and will be subject to corrective action. Acts of retaliation should be reported immediately and will be promptly investigated and addressed.

### **Corrective Action**

Corrective action may include training, referral to counseling, and/or up to and including termination as deemed appropriate under the circumstances.

### **False and Malicious Complaints**

False and malicious complaints of harassment, discrimination or retaliation may be subject to appropriate corrective action. As opposed to complaints which, even if erroneous, are made in good faith.

### **SPHP Corporate Compliance Hotline**

1-866-477-4661

## **Progressive Corrective Action**

SPHP provides a system of progressive discipline that is used when necessary to treat colleagues in a fair and consistent manner. It is important that employees are informed of performance standards, given an opportunity to improve when appropriate and held accountable for their performance in accordance with standards, policies, and guidelines.

The corrective action process is progressive in nature; additional infractions result in progression to the next step in the corrective action process.

### **Process**

In determining the appropriate level of discipline, the circumstances of the violation will be considered in consultation with Human Resources including to the nature and the severity of the violation and the performance of the employee over the last 12 months. Records of corrective action and related follow-up conferences are to be documented as soon as possible following the occurrence. Documents are to be signed by both the colleague and the supervisor.

### **Corrective Actions**

These corrective actions include counseling, warning, final warning, and termination. In certain circumstances a colleague may be suspended without pay pending completion of investigation. Corrective action offenses occurring within a colleague's introductory period may result in an

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acceleration of the corrective action process.

## Policy

Click on the link for the policy.

[SPHP - Corrective Action](#)

## Communication

Communication is an important aspect of every job. Supervisors handle your questions, but may refer you to the director. Human Resources is always available for any questions or concerns.

Email is used throughout the organization. Bulletin boards are located throughout the facilities. Newsletters are distributed.

Department meetings are conducted to keep colleagues informed of organizational issues, department operations, programs and events.

## Town Hall Meetings

Town Hall meetings are conducted at some locations with senior leadership where colleagues are invited to attend and ask questions that they may have.

## Accessing SPHP Policies

Policies can be accessed through our Colleague Portal under Quick Links.

The screenshot shows the SPHP Intranet homepage. At the top left is the St. Peter's Health Partners logo. Below it is a navigation menu with links like 'SPHP Intranet', 'Acute Care Albany', 'Acute Care Troy', etc. A large banner for 'JOURNEY THROUGH THE BODY' is featured. The main content area is divided into several sections: 'Notices to Staff' with a list of recent notices, 'Newsletters' with a list of recent newsletters, 'Portal/Intranet Links' with a list of quick links, and 'Quick Links' with a list of frequently used links. A red arrow points to the 'Quick Links' section.

## ID Badges

All employees receive a badge and are required to wear it at all times for security purposes and access. It identifies you to anyone for whom you are caring and to

anyone with whom you are working at your location. Make sure your badge is visible and can be easily read by others. It is part of everyone's dress code.

If you lose your badge, let your supervisor know immediately so Security can disable it and send you a replacement badge. There is a replacement fee for lost badges.

### **Dress Code**

All colleagues are expected to wear appropriate attire to ensure that staff look professional, present a positive image to patients, their families and the public, and enhance the safety of patients and staff through adherence to infection control and other safety guidelines. Colleagues are expected to present a neat appearance with appropriate grooming. ID badges are part of everyone's dress code.

#### **Department Guidelines**

Colleagues should refer to department guidelines on dress code for their specific position.

Wearing of jewelry may be limited for safety reasons dependent on work area and functions performed. Tattoos that are offensive or distracting are to be covered by clothing or other means.

### **Smoking**

For the health of our patients, visitors and colleagues, SPHP campuses are tobacco free facilities, both indoors and outdoors. Tobacco free means not smoking cigars, cigarettes, pipes or any other matter or substance which contains tobacco or the use of e cigarettes (electronic cigarettes) or chewing tobacco products.

Outdoor areas are the grounds owned, leased or controlled by the general hospital or residential health care facility and an additional fifteen (15) feet from the entrance to or exit from the grounds, including roads, sidewalks or parking lots.

SPHP does not provide smoke breaks for colleagues.

#### **Assistance**

If you would like assistance with quitting tobacco, you can contact the NYS Smoker's Quitline at 1-866-NY-QUITS.

#### **Neighborhood**

SPHP is committed to maintaining as clean a local environment as possible and staff members are expected to respect the property of our surrounding neighbors and minimize smoking on

neighboring property.

### **Policy**

Click on the link for the policy.

[SPHP - Smoke Free Environment](#)

## **Social Media/Cell Phone Use**

Due to the nature of our business, it is disruptive to patient care for colleagues to be interrupted by personal phone calls. Cell phones should not be used except during recognized break or lunch periods.

SPHP sets guidelines for colleagues regarding social media use that affects SPHP, including when staff use these mediums for communicating during non-work hours on their personal equipment.

Colleagues have a legal duty to protect the confidentiality of patient information and have a duty to treat fellow colleagues with dignity and respect.

### **Policy**

Click on the link for the policy.

[SPHP - Social Media](#)

## **Drug Free Workplace**

The use, possession, selling or trading any illegal drugs or intoxicants is prohibited. Use of alcohol and misuse of prescribed medication during work hours or while on the premises is prohibited.

Exception:

- The drug medication has been legally prescribed to the colleague.
- It is being used in accordance with the prescription.
- The colleague has been advised that the medication's use will not adversely affect the health or safety of the colleague or others in the workplace, including patients, residents, or visitors.

Click on the link for the policy:

[SPHP - Reasonable Suspicion Drug/Alcohol Testing of Employees](#)

## **Professional Misconduct**

To promote the quality of care and services provided to the community served by SPHP and in order to be consistent with federal and New York State statutory

requirements, SPHP will report adverse actions regarding clinical privileges, alleged professional misconduct, and medical malpractice payments relating to physicians, dentists and other licensed health care practitioners.

If you observe or become aware of any professional misconduct by a physician, dentist or other health care professional, you must report such knowledge to that department director and/or chief of service.

### **Examples of Professional Misconduct**

- Abandoning or neglecting a patient in need of immediate care
- Incompetent or negligent practice
- Sexual, verbal or physical abuse
- Practicing under the influence of alcohol or other drugs
- Being convicted of a crime
- Permitting an unlicensed person to do work requiring a license
- Practicing a profession while license is suspended
- Failing to follow required infection prevention procedures
- Disclosing confidential information without permission

### **Policy**

Here is one of the policy links:

#### **SPH**

[SPH - Reporting of Adverse Actions Relating to Peer Review Activities, Professional Misconduct, or Medical Malpractice](#)

### **Employee Assistance Program (EAP)**

SPHP utilizes Carebridge EAP and Comprehensive Work-Life Services in offering short term counseling to all colleagues, dependents and members of their household.

Six confidential sessions (per problem) are offered at no charge to employees.

All sessions are completely confidential and both individual and couples counseling may be provided.

To contact Carebridge, please call 800-437-0911 or access online via [www.myliferesource.com](http://www.myliferesource.com) with the access code: BKKR5

### **Examples for Counseling**

Examples of problems that you can use EAP for include stress, grief, relationship or marital problems, conflict with others, depression, financial stress, parenting, substance abuse or work issues.



### Bill of Rights

In the same way that our colleagues are expected to act in a professional manner and are entitled to environments free of harassment, intimidation and abuse, our patients, residents, and families also have rights. These bill of rights are a list of guarantees for those receiving medical care. It may take the form of a law or a non-binding declaration. Typically these bill of rights guarantees their information, fair treatment, and autonomy over medical decisions, among other rights.

#### **Patients' Bill of Rights**

Click on the link for the Patients' Bill of Rights.

[Patients' Bill of Rights](#)

#### **Parents' Bill of Rights**

Click on the link for the Parent's Bill of Rights.

[Parents' Bill of Rights](#)

#### **Residents' Bill of Rights**

Click on the link for the Resident's Bill of Rights.

[Residents' Bill of Rights](#)

#### **Hospice Patient/Family Bill of Rights**

Click on the link for the Hospice Patient/Family Bill of Rights.

[Hospice Patient-Family Bill of Rights](#)

#### **EVNA Patient Bill of Rights**

Click on the link for the EVNA Patient Bill of Rights.

[EVNA Patient Bill of Rights](#)

#### **ELCHA Patient Bill of Rights**

Click on the link for the ELCHA Bill of Rights.

[ELHCA Patient Bill of Rights](#)

#### **EHIS Patient Bill of Rights**

Click on the link for the EHIS Bill of Rights.

[EHIS Bill of Rights](#)

#### **NEHME Patient Bill of Rights**

Click on the link for the NEHME Bill of Rights.

[NEHME Bill of Rights](#)

#### **Advance Directives**

Written and verbal statements made by patients indicating treatment wishes in the event that

the patient becomes incapacitated (unable to make decisions).

### Expressed Oral or Written Intentions

Expressed oral or written intentions by a patient with capacity provide evidence of the patient's wishes should they lose capacity. You must document the patient's expressed wishes in their medical record.

### Durable Power of Attorney

It empowers a designated person to act on another person's behalf. In particular, durable power of attorney with health care decision making designation allows an individual to delegate medical decision making authority in the event that they lose decision making capacity.

### Medical Orders for Life Sustaining Treatment (MOLST)

A physician order and patient consent form that enables physicians and other health care providers to discuss and convey a patient's wishes regarding cardiopulmonary resuscitation (CPR), mechanical ventilation, and other life sustaining treatment. It is used in New York State as the legal equivalent of a Do Not Resuscitate (DNR) form. New York's MOLST form must be transported with the patient between different health care settings in order that the patient's wishes for life sustaining treatment and CPR will be clearly identified, understood, and honored by the patient's physician and other health care personnel.

### Health Care Proxy

A document in which a patient with decision making capacity appoints a person as their health care agent to make decisions about medical care in the event that the patient becomes incapable of making those decisions.

### Living Will

A document in which a person with decision making capacity to express their wish to receive or not receive certain life sustaining treatments in the event that they become terminally ill and lose decision making capacity.

## **Palliative Care Information Act**

New York State requires the "attending health care practitioner" to offer to provide patients with a terminal illness with information and counseling regarding palliative care and end-of-life options appropriate to the patient.

The information and counseling may be provided orally or in writing.

When the patient lacks medical decision-making capacity, the information and counseling must be provided to the person who has authority to make health care decisions for the patient.

### **Hospice Care**

Hospice care is a type of palliative care for people who are terminally ill, if the disease runs its

normal course. When medical treatments cannot offer a cure, hospice provides care, comfort and support for persons with life-threatening illnesses and their families.

### **Palliative Care**

Palliative care, by contrast to hospice, is appropriate at any stage of a serious illness, whether that illness is potentially curable, chronic or life-threatening. Palliative care is appropriate for a much broader group of patients than hospice and, unlike hospice, may be provided in conjunction with curative or life-prolonging treatment.

### **Plan of Care**

Both hospice and palliative care offer a personalized plan of care, delivered by an interdisciplinary team that incorporates what is important to the patient and his or her caregivers in order to achieve the best possible quality of life for patients and families.

### **Contacts - SPHP Palliative Care Providers**

In Patient Teams: St. Peter's Hospital 518-525-5064 and Ellis Hospital 518-243-3330

Home Care Team: Eddy Visiting Nurse Association 518-724-0242

Hospice Care: The Community Hospice 518-724-0200

## **Abuse, Neglect and Exploitation**

As an employee of a health care organization, you need to be aware of, and are legally obligated to report any signs of abuse, neglect or exploitation of patients, residents, and clients. We are all responsible for recognizing if an individual is a victim of physical assault, rape, sexual molestation, domestic abuse, elder abuse/neglect and child abuse/neglect or exploitation. If you are not a professional mandated reporter, then you must share your concerns with your supervisor. Your concerns will be handled in a confidential manner.

### **Exploitation**

Exploitation means taking unjust advantage of another for one's own advantage or benefit. For example, patient's/resident's/client's resources (money, property, assets) are misused by another person – or stolen by another person.

### **Warning Signs of Abuse**

- Unexplained injuries such as bruises, welts, burns, lacerations, fractures, abdominal injuries
- Maltreatment or neglect such as lack of food, clothing, hygiene, shelter, education, or medical care
- Verbal berating
- Treating the older person like an infant
- Isolating the older person from friends or activity
- Giving the older person the silent treatment
- Behavioral findings such as depression, anxiety, sleep disturbances, impaired interpersonal relationships, poor school performance, discipline problems, or role

reversal with the child in a caretaker role

- Sexual abuse – signs include genital pain or itching, bruises or bleeding in genital or anal areas, withdrawal, unusual sexual knowledge or behaviors, fantasy or infantile behaviors, delinquency or runaway, venereal disease.

### **Mandated Reporters of Child Abuse**

New York State recognizes that certain professionals are specially equipped to perform the important role of mandated reporter of child abuse or maltreatment. Click on the link to see a list of professionals that New York State recognizes as mandated reporters and their expected duties.

[NYS Mandated Reporter](#)

The Community Hospice: 415 CH - Suspected Abuse or Neglect Policy:

[The Community Hospice Suspected Abuse or Neglect Policy](#)