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University of Rochester Medical Center

Strong Memorial Hospital
Highland Hospital

MANDATORY IN-SERVICE EDUCATION MANUAL

MEDICINE *of* THE HIGHEST ORDER

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2014 Mandatory In-Service Education Manual

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Section 1:

GENERAL TOPICS

FOR

EVERYONE REGARDLESS

OF DUTIES/POSITION

AMBER ALERT

Subject Matter Experts:

SMH: Lorraine McTarnaghan (275-2500) **HH:** Joe Coon (341-6833)

For more information, please go to:

SMH: http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section02/2-8.pdf
SMH: http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section03/3-3.pdf
HH: *Abduction of Newborn Policy* in *Environment of Care Manual, Safety Management.*

SMH: Protection of Minor Patients and Assessment for Abduction

All admitted infants and children while receiving care at the University of Rochester Medical Center-SMH shall be checked minimally every 2 hours and this check shall be documented in some fashion in their medical chart. Admitted infants and children shall be assessed to include risk of abduction.

Staff identifying a potential security risk for abduction of a patient should confer with area/unit leadership and other departments as applicable (for example, Social work). If a security risk is identified for a patient, the Patient Protection Plan (SMH Form 1375) should be completed by staff.

SMH and HH: In the Event of a Suspected Infant or Child Abduction

If you are in the area where the abduction occurred, **immediately contact UR Department of Public Safety (UR DPS) at extension 13 or HH Security at 1-6666, and request an AMBER Alert:**

- Give the location, age of infant/child/adolescent, description of infant/child/adolescent and of the abductor, if known.
- Remain on the phone with UR DPS/HH Security until all necessary information is communicated.
- Page you will hear:

  SMH: AMBER Alert (age/location)

  HH: AMBER Alert (all buildings)

Other staff in the immediate area should not allow anyone to enter or leave the area where the abduction took place; staff should search the area and identify all witnesses (separate if possible). All departments in the facility should secure exits for which they are responsible.

Staff in an area other than the site of the abduction:

SMH: report suspicious activity or persons to UR DPS at x13 and direct persons attempting to exit with a child, package, or appearing to be pregnant to the exits that UR DPS will be monitoring: Main Lobby—First floor Med. Ctr. Parking Garage Link, Ground floor—Med. Ctr. Parking Garage Link, Patient Discharge, and G-5000 near the Clinical Research Center.

HH: Individuals will be assigned to secure ground-level exits in their vicinity, and to request anyone leaving to remain there until interviewed by HH Security or the Rochester Police Department.

At no time should an employee jeopardize his or her own security. If threatened, allow the person to leave, get a good description, watch their direction of travel, and contact UR DPS/HH Security.

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IT IS CRUCIAL TO REMEMBER:

- Report suspicious activity or persons to UR DPS at x-13 or HH Security at x1-6666.
- Monitor the nearest perimeter door in your area until the "AMBER Alert, All Clear" overhead page is announced.
- You should not place yourself in danger by attempting to detain a suspicious person. If you encounter a suspicious person, immediately **call UR DPS at x-13 or HH Security at x1-6666** with a description of that person and their direction of travel.
- No information should be given to the press regarding the incident.

BLOODBORNE PATHOGENS STANDARD 29 CFR 1910.1030

Subject Matter Experts:

SMH: Anne Schmidlin (275-9809) **HH**: Vivian Condello (341-8017)

For full information on this topic, go to:

OSHA Bloodborne Pathogens Standard:

www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051

OSHA Safety & Health Topics: http://www.osha.gov/SLTC/bloodbornepathogens/index.html

Bloodborne Pathogens Exposure Control Plan:

URMC: www.safety.rochester.edu/ih/bbpindex.html

- Questions about bloodborne pathogens from URMC employees will be answered 24/7 by calling 275-1164.

HH: http://intranet.urmc-sh.rochester.edu/highland/policy/infectioncontrol

- Questions about bloodborne pathogens for HH employees will be answered Monday-Friday, 8 a.m. – 4:15 p.m. by calling 341-8017 and other hours by paging the nursing supervisor at 51616, and entering the number where you are to receive a call back.

Every needlestick or other exposure to blood or body fluids involves potential risk of infection with HIV, Hepatitis C, or Hepatitis B.

Prevent Exposures:

- **Use safety sharps** and activate safety devices **immediately** after use.
- **Practice safe work practices;** for example, use the "safe zone" in the OR
- **Dispose of all sharps in hard-plastic sharps containers**
  - Sharps include needles, lancets, scalpel blades, surgical staples/wires, broken/contaminated glass, slides or any other item likely to puncture a bag.
  - Replace sharps containers before they are ¾ full. To request a more frequent pick-up schedule, at URMC call Environmental Services at 275-6255 or at HH call Environmental Services at 341-7378.
  - Never leave sharps on tables or procedure trays for someone else to pick up. Never discard sharps in the trash.
- **Wear Personal Protective Equipment**
  - Gloves, gowns, goggles/face shields
  - 20% of blood exposures are splashes. Prevent splashes of blood or body fluids to the mucous membranes by wearing splash protection.
- **Follow Standard Precautions:** treat the blood and body fluids of **ALL** persons as if they contain bloodborne pathogens.

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If you are exposed to blood or body fluids, follow the **WASH, CALL, REPORT** protocol:

URMC: http://intranet.urmc-sh.rochester.edu/Nurses/documents/BBPProtocol208.pdf

HH: http://intranet.urmc-sh.rochester.edu/highland/Policy/InfectionControl/6-12.pdf

- **WASH** or irrigate the exposed area immediately
- **CALL**

  URMC: the Blood Exposure Hotline at **275-1164** ASAP

  HH: Employee Health at **341-8017**, or off shift, page the Nursing Supervisor at 51616

  Post-exposure evaluation and follow-up including testing, counseling, and potential treatment will be offered.

- **REPORT** the incident online at:

  URMC: www.safety.rochester.edu/SMH115.html

  HH: http://intranet.urmc-sh.rochester.edu/Highland/Depts/HR/HHIncidentReport/

IT IS CRUCIAL TO REMEMBER:

- **Every** needlestick or other exposure to blood or body fluids involves potential risk of infection with HIV, Hepatitis C, or Hepatitis B.
- Activate safety devices **immediately** after use.
- Wear **eye protection**. 20% of blood exposures are splashes.
- Dispose of **All** sharps in hard-plastic sharps containers

CARE OF PATIENT PERSONAL BELONGINGS AND VALUABLES

Subject Matter Experts:

SMH: Joan Romano (275-5418)

HH: Amy Eisenhauer (341-0677)

For more information, go to:

SMH: http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section11/11-4.PDF

HH: http://intranet.urmc-sh.rochester.edu/Highland/Policy/HHpolicy/2-13.pdf

Strong Memorial Hospital and Highland Hospital do not assume responsibility for any personal belongings or valuables kept with the patient or in the patient's room.

Patients are encouraged to leave at home valuables such as jewelry, watches, clothing, money, credit cards, medications brought to the hospital, electronic devices, cell phones, computers, etc., or to have them sent home upon admission. If this is not possible, the valuables are inventoried and deposited in the Cashier's Office for safekeeping.

Patients are informed that the hospital will not assume responsibility for items not deposited at the Cashier's Office or for personal belongings that are kept in patient rooms. Items remaining with the patient are the responsibility of the patient.

Using the electronic or transfer forms, unit staff members are responsible for logging on and off the unit glasses, hearing aids, dentures or prosthetics which accompany the patient during a transfer.

Deceased patient belongings and valuables should be given to the family. At SMH, if any personal belongings remain, they will be inventoried by unit staff and sent to the Cashier's Office for safekeeping and final disposition. At HH if any personal belongings remain, they will be inventoried by unit staff and sent to the Security Office for safekeeping and final disposition; if valuables such as money, credit cards, or jewelry remain, they will be inventoried and sent to the Cashier's Office.

IT IS CRUCIAL TO REMEMBER:

- Patients should be encouraged to leave valuables at home, or to have them sent home upon admission.
- Items that remain with the patient are the responsibility of the patient.
- Patients should let staff know if they have dentures, glasses and/or hearing aids. If these items are not needed, patients are strongly encouraged to leave/send them home. If these items are necessary, they need to be properly secured during the patient's stay.
  - Dentures should be stored in a denture cup supplied by the hospital and labeled with the patient's name.
  - Glasses and hearing aids should be stored in the cases supplied when purchased and labeled with the patient's name.
  - Patients should be informed not to place any of these items on a meal tray, on the bed, unprotected on the bedside table, or in any concealed place where they may be lost or accidentally thrown out.

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- Patients should be informed that neither Strong Memorial Hospital nor Highland Hospital will assume responsibility for any personal belongings kept with the patient or in the patient's room.
- Patients are given a copy of the hospital booklet, *Admission Information,* which states this policy.
- If the patient is deceased, staff should give belongings and valuables to the family.
- At SMH if any personal belongings remain with the deceased, they are inventoried by unit staff and sent to the Cashier's Office for safekeeping and final disposition.
- At HH if any personal belongings remain, they will be inventoried by unit staff and sent to the Security Office for safekeeping and final disposition; if valuables such as money, credit cards, and jewelry remain, they are inventoried and sent to the Cashier's Office.

CODE of ORGANIZATIONAL AND BUSINESS ETHICS (SMH Specific)

Subject Matter Expert: Richard Demme, MD (275-5800)

The twelve principles of the Code of Ethics that guide the behavior of all employees and representatives of our institution are:

Principle 1 – Respect for Patients

Respect for the people for whom we are privileged to care is our first and greatest concern. We will provide health care without regard to race, creed, color, gender, sexual orientation, national origin, age, or ability to pay, and will respect each patient's unique background, culture, beliefs, and needs. Each of us bears a moral obligation to our patients to respect the value and dignity of human life, and this duty outweighs our own personal and financial interests. The Hospital has a Charity Care Program to support this principle.

Principle 2 – Relief of Suffering

Curing disease, reducing suffering and achieving an acceptable quality of life as defined by the patient are central goals of our institution. Patient suffering must always be addressed. Treatment for relief of symptoms and curative treatment are both treated with importance.

Principle 3 – Communication With Patients

A diagnosis is not just an identification of a disease, but may also carry with it serious emotional, social and financial burdens for patients and those close to them, including the burden of making and living with difficult choices. It is our responsibility to offer support and assistance by providing patients and their families with all the information they need to make sound decisions. **This includes the timely sharing of information about the expected or unexpected outcomes of care with the patient or family.**

Principle 4 – Confidentiality of Patient Information

Patient information is confidential and should not be disclosed without the patient's consent, except as provided by law. All information must be recorded accurately and communicated responsibly. Patient identity is to be protected especially in all public places, including hallways, elevators, and waiting rooms. Those with access to patient information have an obligation to protect patient privacy.

Principle 5 – Patient Access to Health Care

Registration, admission, transfer and discharge of patients are based on the patient's welfare and personal preferences, without regard to their ability to pay. Out of respect for patients and their concerns, we have established procedures to expeditiously and fairly resolve patient concerns or disputes arising over registration, admission, transfer, discharge, billing and payment. We will do all we can to help patients find resources to cover the cost of their care and the optimal setting for that care.

Principle 6 – Interdisciplinary Relations

Good patient care requires the collaboration of many different people providing a range of services, and effective communication and coordination between the care providers are essential to the welfare of our patients. Such collaboration requires the mutual respect of all the employees, students, trainees, volunteers, and faculty who are involved in the care.

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Principle 7 – Conflicts of Interest

All clinical decisions, including tests, treatment, procedures, and follow-up care will be based on the patient's needs, and not on the financial interests of the hospital or its leaders, managers, staff or practitioners.

A. Professional Integrity

Our faculty must disclose any ownership, employment, equity interest, stock options, or consulting relationship they or their immediate family members have with a company involved with a product they are using for patient care, research, or publication.

B. Corporate Integrity

We will pursue business relationships that are free from potential conflicts of interest in the practices and contractual relationships at all levels of the institution. Patients have the right to full disclosure about the existence of any business relationships among the hospitals, educational programs, providers, payors or networks that may influence the patient's care and treatment plan.

Principle 8 – Preventive Health Care

Disease prevention is an essential part of our mission. Through public education, community preventive service and research, we can reduce the incidence of illness and thus serve people who may never be our patients. Our responsibility to our neighbors and community also extends to a concern to produce and preserve a healthy environment.

Principle 9 - Education and Ethics

Education is both an investment in a better future and a tribute to past generations of patients and scholars. We commit ourselves to further progress against disease by sharing the knowledge, skills and ethical values that are the foundation of this institution. Educational programs and Ethics consultation are available to patients, their families, the community and our staff, volunteers, and faculty.

Principle 10 - Research Ethics

Basic and clinical research are central to our mission. They are fundamental to the prevention, diagnosis, treatment and ultimately, to the eradication of disease. Research requires activities that are anticipated to improve patient care in the future, and participants who are fully and adequately informed about the risks and benefits, including all reasonable alternatives. Research must reflect the highest standards of integrity including accurately collected, precisely analyzed and honestly reported data.

Principle 11 – Cost Containment and Allocation of Resources

Medical care, disease prevention and medical education and research are costly endeavors demanding conscientious stewardship; however, financial considerations should not dictate the quality of care offered to each patient. When the hospital must address the fair distribution of limited health care resources, the relative efficacy and financial costs will be considered, with the goal of maximizing health benefits using available resources. We will use both financial and natural resources conservatively, not wastefully. Quality assurance procedures will be followed to control costs and avoid unnecessary tests, treatments, or procedures.

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Principle 12 – Marketing Practices

Marketing practices for medical services carry a unique responsibility that requires special care to avoid manipulating people made vulnerable by illness. Ethical marketing requires providing accurate and unbiased information in all of our communications, public relations and advertising.

The mission statement and 12 principles of the Code of Organizational and Business Ethics will be displayed in the admissions offices of Strong Memorial Hospital and will also be printed in Orientation literature for all employees. For questions concerning the Code of Ethics, contact the Chair of the Strong Health Ethics Committee, Richard Demme, MD, 275-5800.

References:

Accreditation Manual for Hospitals, JOINT COMMISSION, 1998.
Strong Health Code of Conduct

COMPLIANCE: EVERYONE'S RESPONSIBILITY

Subject Matter Expert: SMH and HH: Fred Holderle (275-1609)

It is policy of the University of Rochester Medical Center (URMC) that all employees and affiliated professional staff comply fully with state and federal laws and conduct themselves in accordance with the highest ethical standards. Any confirmed act of noncompliance could result in corrective action or discipline, including termination of employment.

The Compliance Office

The Compliance Office supports employees, clinical providers and management in providing effective, quality care while performing their responsibilities ethically and within the bounds of the law. Some of the services and tools available through the Compliance Office are:

- Education and training for employees and clinical providers.
- Written guidance, including a Code of Conduct; compliance plans, policies and procedures; and newsletters covering critical compliance topics and new government policies.
- An **Integrity Hotline** (756-8888) where employees can report noncompliant activities.
- Auditing and monitoring programs to identify potential noncompliant activities.

More Information

Specifics about the URMC Compliance Program can be obtained at our website at http://www.urmc.rochester.edu/urmc/compliance/ or by contacting:

Fred Holderle, Compliance Officer
Box 520
Phone 275-1609, fax 756-5584
E-mail Frederick_Holderle@urmc.rochester.edu

Reporting Noncompliant Behavior

You have the responsibility to report suspected illegal or noncompliant activities to your supervisor or to the Compliance Office. Examples of reportable incidents are:

- Breach of patient confidentiality
- Inaccurate record keeping
- Inappropriate billing practices
- Research fraud

IT IS CRUCIAL TO REMEMBER:

You can report any compliance concerns **without fear of retribution** by:

- Contacting your supervisor/manager.
- Contacting the Compliance Office at 275-1609 or in writing at Box 520.
- Calling the **Integrity Hotline** at **756-8888**; callers may remain anonymous.

DISASTER PREPAREDNESS

Subject Matter Experts:

SMH: Mark Cavanaugh (275-8412) **HH**: Joe Coon (341-6833)

For full information on this topic for each department, go to the HIMS (Comprehensive Emergency Management Plan):

URMC-Strong: http://intranet.urmc.rochester.edu/Policy/EmergPrepManual

Highland: http://intranet.urmc-sh.rochester.edu/Highland/Policy/EmergencyPrep/

Definition

A disaster occurs when events:

- Overload the capacity and/or ability of the ED or Hospital units to care for the injured, causing significant disruption to normal Hospital operations.
- Cause other community agencies to request support from URMC-Strong or Highland Hospital departments.
- Of a biological, chemical, or radiological materials nature severely impact any part of the hospital community (such as receipt of a suspicious letter or package).

The occurrence of any of the above may result in the Hospital activating its disaster response plan.

Sequence of Events

The Emergency Department (ED) will routinely be the first to be notified, and:

1. The ED charge nurse, or hospital Administrator-on-Call (AOC) in some instances, will notify the Page Office at URMC-Strong Hospital or Telecommunications at Highland Hospital.
2. The Page Operator will notify hospital staff by means of the overhead page and pagers.
3. Pre-identified staff will be notified via a call service and individual departments will notify staff at home according to departmental disaster/emergency response plans; staff will report to their designated areas and implement their job action sheets.
4. Once identified, the location of an institutional Emergency Operations Center will be paged:

   URMC-Strong: the conference room in the Director's Office

   Highland: the Gleason Room or as determined by the senior administrator

How to Prepare for a Disaster Response

To be prepared for any disaster affecting URMC-Strong or Highland facilities, know where your emergency management plan is located, and review your department's disaster/emergency response plan to understand your role so you can respond appropriately.

Independent Licensed Practitioners (ILPs) who do not have a specific assignment in the Emergency Preparedness Plan, please review the following link for your role in an emergency response and where to report in an emergency.

SMH: https://intranet-secure.urmc.rochester.edu/Policy/EmergPrepManual/4/4-20.pdf

HH: http://intranet.urmc-sh.rochester.edu/Highland/Policy/EmergencyPrep/

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IT IS CRUCIAL TO REMEMBER:

- If on duty, follow your department plan/directions from your leadership; make sure you are wearing your ID badge so that you can access all necessary areas.
- Do not use hospital phones/elevators except for emergency or disaster activities, if appropriate.
- If you are at home, remain there until contacted by the hospital. Come to the hospital if:
  - The TV or radio media request you to report.
  - Your department plan states you should report immediately.
- If called to report for duty, sign in when you report to work per facility procedure.
- If called to report for duty, sign in when you report to work per facility procedure.
- Have a personal emergency preparedness plan. For additional information, go to www.safety.rochester.edu/ep/pdf/URprepared.pdf.

DISRUPTIVE EVENT EDUCATION

Subject Matter Experts:

SMH: Christopher Walsh (758-2032), Pat Reagan Webster (273-1554)

HH: Kathy Gallucci (341-0118)

For more information, go to:

SMH: Blackboard Self-Enrollment Course:
http://bb.rochester.edu/enroll/user_enroll.cfm?enrollmentID=1emb

HH: Code of Conduct Policy #1.4
http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/1-4.pdf

Patient- and family-centered care and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital. Disruptive events that intimidate others and affect morale or staff turnover can be harmful to patient care when one or more team members feel they are no longer a respected member of that team.

Leaders address disruptive behavior of individuals working at all levels of the hospital by:

- Regularly evaluating the culture of safety and quality, implementing changes to improve safety and quality.
- Adhering to a code of conduct that defines unacceptable, disruptive or inappropriate events that compromise quality and safety.
- Creating and implementing a process for managing disruptive and inappropriate events.

Examples of disruptive events include (but are not limited to) insulting or verbal attacks, frequent outbursts of anger, throwing instruments or charts, and criticizing a team member in front of patients.

Reporting of Disruptive Events:

SMH - Faculty and staff should report disruptive events in Quantros (the hospital's electronic reporting system) as soon as possible; events can be entered anonymously if preferred. Or, the event can be reported on the Integrity Hotline at 756-8888.

Your ***CONFIDENTIAL*** report is reviewed by Human Resources and is then given to the best person to handle resolution of that event. If you use your name when reporting the event, you will receive confirmation that your report has been seen and is being reviewed.

Each event will be handled on a case-by-case basis, so there is no standard time frame for resolution of the event, but each event will be reviewed within 14 days of being reported. If you used your name when reporting the event, you should receive a confirmation in approximately 14 days. However, if you **did not** use your name when reporting the event, there is no mechanism in place to notify you that it has been received and is being reviewed.

HH - Individuals, employees, physicians and other independent practitioners observing disruptive/inappropriate behavior must report it immediately to the Chief of Service or Associate Medical Director, Nursing Department Manager, or Department Manager (non-nursing units). Staff may also report disruptive/inappropriate behavior to Human Resources. It is expected that individuals receiving a report contact the Director of Human Resources or designee to communicate the event occurrence within (14) days of receiving the report. There is no standard time for resolution as each event is unique and will be handled on a case-by-case basis.

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IT IS CRUCIAL TO REMEMBER:

- Patient- and family-centered care and quality thrive in an environment that supports teamwork and respect for other people, regardless of their position in the hospital.
- Disruptive events that intimidate others and affect morale or staff turnover can be harmful to patient care.
- Faculty and staff should report disruptive events as soon as possible through appropriate channels.

DIVERSITY AND INCLUSION

Subject Matter Experts:

SMH: Stanley Byrd (275-0425) **HH**: Kathleen Gallucci (341-0118)

Philosophy

At the University of Rochester, **diversity** means that we believe everyone is unique and has different talents and abilities. All of us contribute in various ways to provide our customers, the organization, and the community with excellent service. When we value diversity we can fulfill our highest potential as a team and as individuals.

To meet the needs of each person we interact with, we must be trained to understand the complex dimensions of diversity. These include, but are not limited to:

- Age
- Race
- Ethnicity
- Gender
- Physical or mental abilities
- Culture
- Sexual orientation
- Learning abilities

By examining our own attitudes, values, and behavior (as well as those of others), we begin to achieve real understanding.

Teamwork is essential in a diverse work force. Qualified and diverse team members learn to respect each other's differences. Job satisfaction will be greatly increased if each employee is valued and treated with respect. Every employee will become empowered to build strength for our team.

When each member of a team has high morale, the productivity of the organization and the quality of service will be enhanced. This leads to increased customer satisfaction and improved community relations. It is up to each of us to learn about others and address individual needs so we can work together to serve our customers. We are stronger through diversity.

Inclusion means creating an organizational environment and culture where every employee feels valued and is able to function at his or her best. The key to inclusion is harnessing the talents, strengths and personal motivation of each individual in our diverse workforce and aligning each person's talents, abilities and skills with the organization's goals, mission and values.

For additional information, see the University of Rochester Diversity website at:
http://www.rochester.edu/diversity/

IT IS CRUCIAL TO REMEMBER:

- Our workforce is diverse; we must respect differences and make them work for us.
- Interpersonal relations and organizational effectiveness are improved through encouraging new ideas and perspectives.
- Stereotypical views of others limit our ability to understand those different from us.
- Every human being is unique; we need to create an environment where all employees feel they can contribute to their fullest potential.

ELECTRICAL SAFETY IN HEALTH CARE FACILITIES — PROTECTION FOR YOURSELF AND PATIENTS

Subject Matter Experts:

SMH: Michael Rink (275-4810) **HH:** John Griffiths (341-0120)

For more information, see:

SMH: http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/index.asp

HH: http://intranet.urmc-sh.rochester.edu/highland/Policy/envCare/electrical%20safety%207.6.pdf

The adequacy and integrity of the electrical power distribution system and all emergency power supplies are monitored by the Maintenance Department at Highland and Facilities Operations Maintenance Department at the University of Rochester Medical Center (URMC)-Strong Hospital.

An independent emergency power source is provided to ensure essential electrical service when the normal power supply is interrupted.

Nonpatient Care Electrical Equipment

University of Rochester Medical Center-Strong Hospital is checked for electrical safety by Facilities Operations. The nursing staff will assist in requesting Facilities Operations to complete the inspection. Only radios, televisions, telephones, and VCRs provided by Strong Memorial Hospital are permitted in the Hospital, except on 5-1200, the Rehabilitation Unit, where special guidelines must be met.

Highland Nonpatient Care Equipment is defined as electrical equipment that is not directly related or involved in patient care. All nonpatient care equipment used in the hospital must be in good physical condition, have been wired with a chassis group via a separate third-wire ground with a hospital-grade plug attached or be double insulated. This equipment should have the appropriate UL listing for its type and use.

Report **malfunctioning patient care equipment** to Clinical Engineering (URMC-SMH x5-5501 and HH x1-7378) and **malfunctioning nonpatient care equipment** to the Facilities Customer Service Operations (URMC-SMH x3-4567 and HH x1-7378).

IT IS CRUCIAL TO REMEMBER:

- Red, white/ivory and orange receptacles are for patient care equipment only and will run on emergency power.
- Gray and brown receptacles run on normal operating power.
- All plugs and outlets must be hospital-grade in patient care areas. Beware of broken outlets or loose plates. Electrical receptacles should be in good physical condition.
- Defective plug caps (hot to the touch) must be taken out of service. Call URMC-Strong Facilities at x3-4567 or Highland Maintenance at x1-7378 immediately for repair.
- Do not use extension cords or "cheaters" (used to connect 3-pronged plugs to 2-pronged). The exception to using extension cords is during a Code Team at URMC-Strong.
- Do not plug additional plug strips into an existing plug strip.

EMERGENCY PAGE CODES

Subject Matter Experts:

SMH: Lorraine McTarnaghan (275-2500), Naomi Smith (275-6004)
HH: Joe Coon (341-6894), Dennis Scibetta (341- 0859)

For full information on codes, go to:
SMH: http://intranet.urmc.rochester.edu/Policy/SMHpolicies/
HH: http://intranet.urmc.rochester.edu/Highland/Policy

The hospital overhead paging system is used to alert staff to a variety of emergencies or situations. All staff have the responsibility to minimize the effect to patients and visitors when emergencies occur. Some of the more common codes are:

Emergency	SMH Phone #	HH Phone #	Page Code
Investigation of a fire/smoke	x-13	x-1-6666	**Fire Alert (location)**
Confirmed fire, flood, etc.	x 13	x-1-6666	**Fire Alert Confirmed (location)**
Patient and/or visitor posing a safety threat and immediate assistance is needed.	x-13	x-1-6666	**Assistance Needed STAT (location)**
Incident involving hostages and/or weapons	x-13	x-1-6666	**Critical Security Incident (location)**
Cardiac or respiratory arrest	x5-STAT x5-7828	x-1-6666	**Code Team (location)**
Pediatric cardiac or respiratory arrest	x5-STAT x5-7828	x-1-6666	**Code Team Pediatric (location)**
Medical assistance	x-13	x-1-6666	**MERT (location)**
Abduction of infant, child, adolescent	x-13	x-1-6666	**Amber Alert (SMH: age, location; HH: all buildings)**
External/internal disaster	x5-STAT Disaster Emerg. Ops. Ctr. x5-0500	x-1-6666	**Command Center Activated**
Utility Failure	x-13	x-1-6666	**Utility Alert (location, type of utility affected)**

IT IS CRUCIAL TO REMEMBER:

HH:

- For all emergencies except Rapid Response Team, call 1-6666; pages are executed using 2 overhead tones.
- Rapid Response Team is not an overhead page; call 1-6932.

.....continues.....

SMH

- All inpatient medical emergency and STAT pages are placed by calling the Communications Center at x5-7828 or x5-STAT.
- Inpatient medical emergency and STAT pages are executed using five overhead tones and followed by an announcement in the form of "Code Team Pediatric, call a specific location." Call means "go-to" location.
- **All pages** other than STAT or inpatient medical emergency pages may be executed using Web paging (attach the link to the main Intranet page) or by calling 275-2222.
- Noninpatient or nonlife-threatening medical emergencies, facility and personal safety emergencies are placed by contacting the UR Department of Public Safety (UR DPS) Communication Center at x13.
- Noninpatient or nonlife-threatening medical emergencies, facility and personal safety emergencies are executed using 3 overhead page tones, followed by an announcement indicating code/type and location of the emergency.

SMH/HH:

When a facility or personal safety emergency has been resolved, a follow–up overhead page will indicate the event is "all clear."

eRECORD DOWNTIME TESTING PROCEDURE

Subject Matter Experts:

SMH: Kathee Tyo (756-4029), Deb Phillips (275-5463)

HH: Susan Simeone (341-0239), Ann Wool (784-8312)

For more information, go to:

SMH: Emergency Preparedness Plan: Downtime Procedures, Section 8, 8.30
eRecord Downtime Procedures

HH: HH Policies and Manuals, Downtime Procedures IT
eRecord and Integrated Systems Downtime Procedure
http://intranet.urmc-sh.rochester.edu/Highland/policy/downtime/

Once a month, the eRecord system may incur a scheduled downtime. Notification is sent to end-users 1 week in advance and again 1 to 2 days prior to the downtime. This is scheduled for the third Sunday of each month at 2:30 a.m.

For an unplanned eRecord outage, follow these steps:

- Call the Help Desk whenever there is an issue of access to the system.
- While the initial assessment is occurring in ISD, end-users should attempt access to clinical data through other means in this order (e*nd-users will use their eRecord login and password to access all of these:)*

Read Only – also known as SRO (Supports Read Only)

- eRecord screens and content; no ability to enter.
- Displays all data that was available up until the point of the downtime

Reports Only – also known as BCA-Web

- A limited data set in report format
- Inpatient reports include a clinical summary and the MAR
- Allied services have specialized reports

- If eRecord is not accessible through 1 and 2 above, a Downtime PC (BCA-PC) is available on one unit-based PC; printable report-based clinical data (only partial data). Note: BCA-Web and BCA-PC will contain the same reports.
- eRecord downtime procedures are available on the Intranet at the Web sites listed above.
- What if the downtime lasts more than 2 hours?
  - Each unit has a downtime tote.
  - The tote contains specific unit- and service-level documentation tools.
  - There is one shift’s worth of paperwork available in the tote on most units.
  - Additional stock is available at the service level in case of a very extended downtime.

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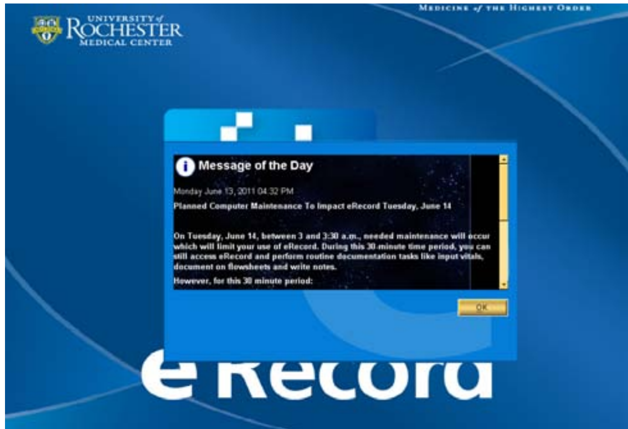
How will I know the eRecord system is down for a large-scale major issue?

- The Help Desk will update the regular greeting message to state the system that is down and additional information as it becomes known.
- The System Status information on the Intranet will be updated.
- E-mails will be sent to clinicians notifying them of the system outage.
- The Hospital Administrator On Call may determine to send an overhead page announcing critical system(s) outages (this is only considered if the system outage is over 30 minutes).
- Web Pages may be generated to the clinical groups.
- The eRecord login screen "Message of the Day" will be updated to describe the current issue:



IT IS CRUCIAL TO REMEMBER:

- Scheduled downtimes occur on the third Sunday of each month at 2:30 a.m.
- If an unplanned eRecord system outage occurs, end-users should call the Help Desk and attempt to access clinical data in this order: eRecord 1 (SRO—Supports Read Only), eRecord 2 (Reports Only--BCA-Web). If eRecord is still not available via 1 and 2, a Downtime PC (BCA-PC) is available on one unit-based PC.
- If the downtime lasts more than 2 hours, go to the unit-specific downtime tote for unit- and service-level documentation tools.
- In the event of a large-scale major downtime issue, the Help Desk will update the message of the day stating the system is down and provide updates as available, the Intranet System Status information will be updated, and clinicians will receive e-mails notifying them of the outage.

FALSE CLAIMS PREVENTION (FALSE CLAIMS ACTS)

Subject Matter Expert SMH and HH: Fred Holderle (275-1609)

For complete information regarding policies that cover employees' responsibilities and rights in assisting their employer in complying with all legal and regulatory requirements, go to Policy 114, Compliance Education, in the University of Rochester Personnel Policy Procedure Manual at www.rochester.edu/working/hr/policies/pdfpolicies/114.pdf and Policy 133, Compliance, in the Highland Hospital Human Resources Policy Manual at:

http://intranet.urmc-sh.rochester.edu/highland/Policy/HRpolicy/documents/HR133-Compliance.pdf

The Federal False Claims Act is a federal statute that establishes liability for knowingly presenting a false or fraudulent claim for payment to the United States government or to a government contractor. This includes claims submitted to Medicare or Medicaid.

New York State's False Claims Act, enacted in April 2007, applies to most claims submitted to the state, including claims submitted to Medicaid.

Examples of practices that may violate the False Claims Acts, if done knowingly and intentionally, include but are not limited to: billing for services not rendered, knowingly submitting inaccurate claims for services, or taking or giving a kickback for a referral.

IT IS CRUCIAL TO REMEMBER:

- You should understand the rules that relate to the services and goods being billed. Information contained in any claim must be as accurate and complete as possible. Specifics about correct billing may be obtained from several websites, including: The Centers for Medicare and Medicaid Services (www.cms.hhs.gov) and the New York State Department of Health (www.health.state.ny.us). You may call the Compliance Office at 275-1609 for assistance.
- If you become aware of a potential billing problem, immediately notify your supervisor, the Compliance Office or the Integrity Hotline (756-8888). It is important to act swiftly so the matter can be reviewed and the proper action taken.
- Potential actions include: making changes to prevent the problem from continuing, making arrangements to repay any overpayments, and when appropriate, disclosing the problem to appropriate state and federal officials.
- By voluntarily disclosing such information, the University of Rochester Medical Center (URMC) may avoid or limit liability under the False Claims Acts.
- State and federal law and URMC policy contain protections against retaliation for disclosing potential billing problems.
- The False Claims Acts include "qui tam" provisions that allow any person with actual knowledge of a False Claims Act violation to file a lawsuit on behalf of the state or federal government.

FIREARMS / WEAPONS

Subject Matter Experts:

SMH: Lorraine McTarnaghan (275-2500) **HH**: Joe Coon (341-6833)

For more information, go to:

SMH: http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section10/10-10.PDF (SMH Policy 10.10)

HH: http://intranet.urmc-sh.rochester.edu/highland/Policy/envCare/ (HH Environment of Care Manual, Security Management: Weapons)

Firearms and other dangerous weapons are not permitted at any University of Rochester Medical Center—Strong Hospital, Highland Hospital site, or University premise except as required by law.

Law enforcement, forensic agencies and armored courier personnel may be required by law to carry firearms while engaged in the performance of their duties. If, however, the firearm is not essential to the performance of their duty, personnel from such agencies will be encouraged to contact UR Department of Public Safety (UR DPS)/HH Security for further direction.

Staff discovering a firearm or weapon should not touch the weapon and should notify UR DPS/HH Security immediately for appropriate action.

IT IS CRUCIAL TO REMEMBER:

- Firearms and other dangerous weapons are not permitted at any URMC-Strong, Highland Hospital site, or University premise except as required by law.
- Staff discovering a firearm or weapon should not touch the weapon.
- Notify UR DPS/HH Security immediately if a firearm or weapon is discovered or seen on a person who is not authorized to carry a weapon.

FIRE SAFETY

Subject Matter Experts:

SMH: Mark Cavanaugh (275-8412)

HH: Dennis Scibetta (341- 0859)

For complete information on this topic, please go to:

SMH: http://intranet.urmc-sh.rochester.edu/policy/EmergPrepManual/1/1-12.PDF

HH: http://intranet.urmc-sh.rochester.edu/highland/Policy/envCare (Section 1)

FIRE PREVENTION

Prevention of fires should be paramount in everyone's mind. To prevent fires, you should be aware our number-one life safety finding is improper storage of materials in the corridor or stairwells, and the number-two finding is blocked life safety equipment because of this storage. You should also be aware of excessive use of extension cords, faulty electrical devices or frayed electrical cords. These can easily start a fire.

You should also be on the alert for conditions that may lead to rapid fire spread or hinder safe evacuation. These might include obstructed corridors, openings in walls and ceilings, propped open or blocked fire doors, or blocked extinguishers, pull stations, or gas shut-off valves.

INTERIM LIFE SAFETY MEASURE (ILSM)

Life safety features (for example, a fire alarm system) are put into place to protect individuals working in the building. When the hospital is unable to maintain a life safety feature due to construction, maintenance, or renovations, an *Interim* Life Safety Measure (ILSM) must be implemented. If the fire alarm system was malfunctioning, the hospital would be required to take other measures to ensure the safety of the occupants—for instance, a fire walk watch would be established where employees would be physically patrolling the area for signs of smoke or fire.

PATIENT FIRES

For patient fires, extinguish with a bed covering such as bedspread, blanket, or sheet. Protect yourself by wrapping your hands inside the material, lean tight against the bed to prevent backflash, and quickly drape the extinguishing material completely over the patient, remembering to protect the patient's face first and to tuck the material into every crevice formed by the patient's body (for example, between legs and under back).

Please see the *Emergency Preparedness Manual* for specifics pertaining to your department's procedures so you will know what to do in case of a fire or other emergency.

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When pages or alarms sound:

Fire Alert/Alarm	Fire Alert (location) and Fire Alert Confirmed (location)
In area of the fire	Follow RACE (Rescue, Alarm, Contain, Extinguish/Evacuate)
Other location outside immediate fire area	a. Close all doors/clear corridors; avoid telephone use unless an emergency. b. Do not use elevators, especially if they're in the vicinity of the fire alert. c. Stay where you are unless job responsibilities require a specific response. d. When the "All Clear" page sounds, resume normal activities.

IT IS CRUCIAL TO REMEMBER:

RACE:

- **Rescue** anyone in immediate danger and relocate him or her to a safe area. Below waist level, the air is relatively cool and clean, allowing for escape by staying low and moving quickly.
- **Alarm** everyone whenever there is evidence of fire, by using a pull station. Call ***13* at *URMC-SMH*** or ***1-6666* at *Highland***; state your name, the nature of problem and the location.
- **Confine** the fire by closing **all** doors immediately upon discovery of fire. The door leading to the room of origin should be closed immediately and kept closed. Do not open windows.
- **Extinguish** a small contained fire **if trained**, but without endangering yourself or others. A clear exit path should be maintained to prevent being trapped by rapidly spreading fire.

If fire conditions appear to be worsening, evacuation should be assessed. Guidelines for determining evacuation are as follows:

1. Fire has spread to the structure such as walls or ceiling.
2. Several items of furnishings are involved in the fire.
3. Smoke appears to be spreading unchecked from the room of origin.
4. Orders are received from a person listed as qualified to call an evacuation.
5. **If the room(s) is evacuated**, obtain chalk from the nearest fire extinguisher cabinet and chalk the lower hinged side of the door with a slash.

Fire Extinguisher Operation: PASS

Pull the pin

Aim the horn or hose at the base of the fire

Squeeze the handle

Sweep at the base of the fire

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Fire Extinguishers Are Classified into Four Basic Types:

1. Type **A** – Pressurized water; used on fires involving normal combustible materials (wood, paper, and trash). *Must not be used on electrical, gas or oil fires.*
2. Type **BC –** used on energized electrical or flammable or combustible liquid fires. (For an electrical fire, interrupt the power: pull the plug or shut off the circuit breaker.)
3. Type **ABC** – Multipurpose dry chemical that can be used on all classes of fire. Care should be taken to avoid inhaling the powder or unnecessary contact with the chemical.
4. Type **K**– wet chemical extinguishing agent that can be used on deep fat cooking operations using vegetable oils.

HAND HYGIENE---SIMPLE, BUT EFFECTIVE

Subject Matter Expert:

SMH and HH: Ann Marie Pettis (275-5056 / 341-6853)

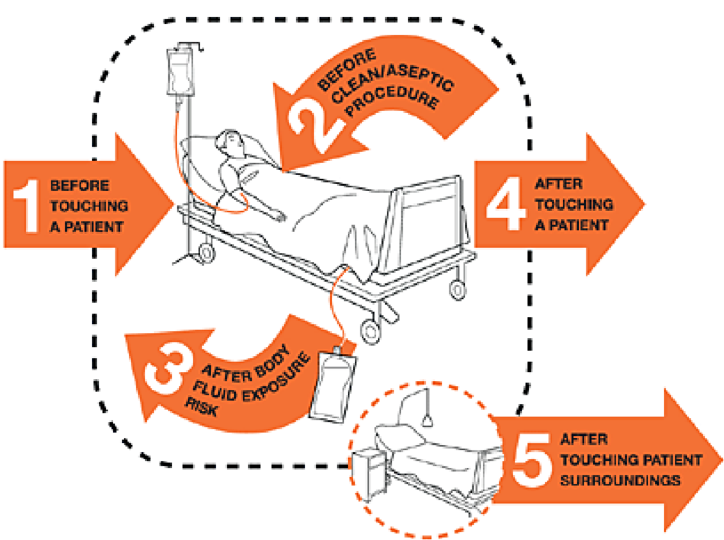
Frequent and thorough hand hygiene is the single most effective thing we can do to protect our patients, ourselves, and our loved ones from infection.

Although the action of hand hygiene is simple, the lack of compliance on the part of the heath care worker (HCW) continues to be a problem in the United States and around the world.

The Joint Commission requires each organization to select and fully implement either the World Health Organization (WHO) or the Centers for Disease Control (CDC) hand hygiene guidelines.

Both Strong Memorial and Highland hospitals have chosen to follow the WHO hand hygiene guidelines. One of the key components of the WHO hand hygiene guidelines is “My Five Moments of Hand Hygiene” which outlines when health care workers are to sanitize their hands. They are as follows:

1. Before touching a patient
2. Before clean/aseptic procedures
3. After body fluid exposure/risk
4. After touching a patient
5. After contact with the patient’s environment



Both waterless, alcohol-based hand rub (ABHR) or soap and water at a sink can be used when performing hand hygiene. However, both WHO and CDC say that the use of alcohol-based hand rub (ABHR) should be the primary method health care workers (HCWs) use to sanitize their hands with the following exceptions:

- After using the restroom
- Before eating
- When hands are visibly soiled

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The recommended amount of time for adequate hand hygiene is 15-20 seconds, or the amount of time it takes to sing “Happy Birthday” twice. Remember that friction is most important, and we must not short-cut the process. During cold weather the integrity of our skin can become compromised with frequent hand hygiene. Therefore, the use of hospital approved hand lotion is encouraged. Unapproved lotion is not allowed.

As important as it is for HCWs to use proper hand hygiene to protect our patients from healthcare-associated infections (HAIs), it may be equally important that patients themselves use frequent hand hygiene as well. Hand sanitizer pads are provided on all meal trays, and small bottles of hand rub are available to distribute to patients, if appropriate from a safety standpoint. Reminding patients to clean their hands before eating and after using the restroom or a bedpan is a necessity.

IT IS CRUCIAL TO REMEMBER:

- Frequent and thorough hand hygiene is the single most effective thing we can do to protect our patients, ourselves, and our loved ones from infection.
- Sanitize your hands before touching a patient, before clean/aseptic procedures, after body fluid exposure/risk, after touching a patient and contact with the patient’s environment.
- The amount of time for adequate hand hygiene is 15-20 seconds (singing “Happy Birthday” twice).
- Waterless ABHR or soap and water at a sink can be used for hand hygiene, but the primary method health care workers should use for hand hygiene is ABHR.
- The exceptions for use of ABHR are after using the restroom, before eating, or when hands are visibly soiled.
- Remind patients to use frequent hand hygiene as well, especially before eating and after using the restroom or a bedpan.
- Be sure the patient and/or their family see you perform hand hygiene.

HAZARD COMMUNICATION STANDARD
OSHA STANDARD 29 CFR 1910.1200

Subject Matter Experts:

SMH: Anne Schmidlin (275-9809) **HH:** Joe Coon (341-6833)

For full information and education on this topic, go to:

SMH: http://intranet.urmc.rochester.edu/policy/smhpolicies/section13/13-11.PDF
http://www.safety.rochester.edu/ih/hazcom/hazcomindex.html
http://www.safety.rochester.edu/ih/hazcomnurses.html

HH: http://intranet.urmc-sh.rochester.edu/highland/policy/envCare

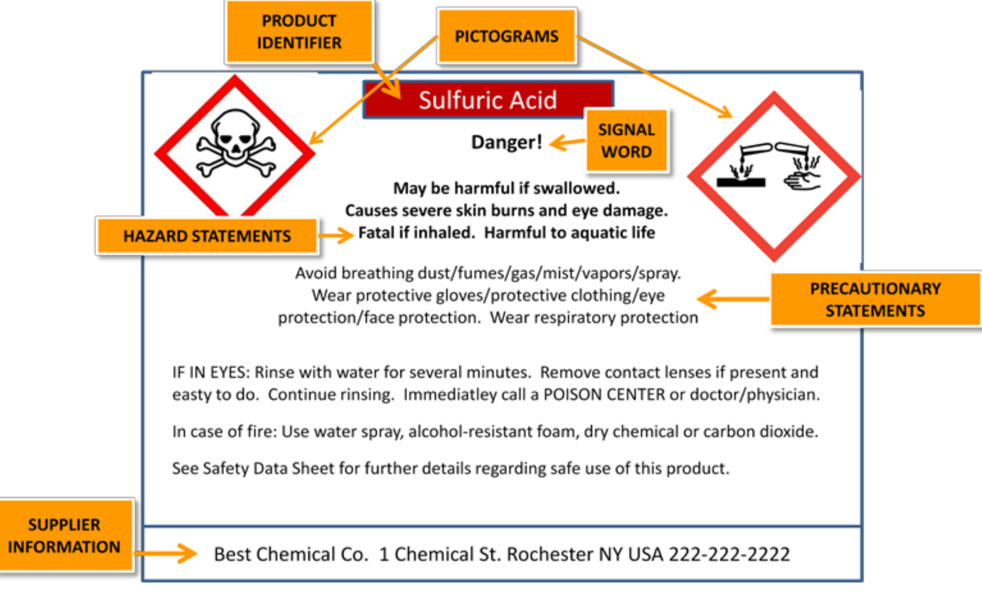
New: Global Harmonization Standard (HS) added to Hazard Communication Standard in 2012

Purpose: To ensure the hazards of all chemicals are evaluated and information concerning their hazards is transmitted to employers and employees. This transmission of information is accomplished via container labeling, safety data sheets, and employee training.

Employee Training: ***Supervisors are responsible for chemical-specific training within their areas of supervision***. Supervisors conduct hazard assessments to identify hazards and appropriate personal protective equipment and other control measures necessary to reduce risk from defined tasks. Supervisors train employees on the hazards of the chemicals inside the work area and how to prevent exposure through inhalation, skin contact, ingestion or injection, including the information contained on the chemical labels and within the Safety Data Sheets. URMC supervisors may direct questions to the Occupational Safety Unit of Environmental Health and Safety at 275-3241 or look on the EHS website: www.safety.rochester.edu.

- **Hazardous Chemical:** Any chemical which is ***classified*** as a physical hazard or a health hazard, a simple asphyxiant, combustible dust, pyrophoric gas, or hazard not otherwise classified.

- **Labeling.** Labels must be legible and maintained on containers including, but not limited to, tanks, totes and drums. There are six required label elements:



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- **What do the Pictograms stand for?**

- **Safety Data Sheets (SDS) and Chemical Inventories:** Safety Data Sheets (SDS) are available to employees for all chemicals used. Departments must maintain ready access to Safety Data Sheets for all hazardous chemicals used in their departments. Departments must maintain a list of the chemicals within their department which can be kept as an index of the department's Safety Data Sheets.

  Copies of Safety Data Sheets (SDS) for chemicals are available to all employees upon their request and online for SMH employees at http://www.safety.rochester.edu/restricted/msds.html.

SMH	**HIGHLAND**
SMH departments maintain electronic chemical inventories/Material Safety Data Sheets (MSDS). Staff may request a copy of an MSDS by using the above website, calling the Poison Center (275-3232) or calling EH&S (275-3241).	Master copies are kept in Support Services and can be accessed by nursing supervisors off-shift. Department-specific copies are kept in the department and are available to the employee at all times while on duty.

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- **Globally Harmonized Safety Data Sheets use a specified order of information as well as title descriptions in 16 sections.** All SDS use this format, improving comprehensibility and consistency of information. The 16 SDS sections are:
  - Section 1, Identification
  - Section 2, Hazard(s) identification.
  - Section 3, Composition/information on ingredients
  - Section 4, First-aid measures
  - Section 5, Fire-fighting measures
  - Section 6, Accidental release measures
  - Section 7, Handling and storage
  - Section 8, Exposure controls/personal protection
  - Section 9, Physical and chemical properties
  - Section 10, Stability and reactivity
  - Section 11, Toxicological information
  - Section 12, Ecological information*
  - Section 13, Disposal considerations*
  - Section 14, Transport information*
  - Section 15, Regulatory information*
  - Section 16, Other information

*Note: Since other Agencies regulate this information, OSHA will not be enforcing Sections 12 through 15[29 CFR 1910.1200(g) (2)].

IT IS CRUCIAL TO REMEMBER:

1. The transmission of critical information about chemicals is accomplished by reading labels and Safety Data Sheets (SDS) and through employee training.
2. Hazardous chemicals are chemicals that have been classified as health hazards or physical hazards.
3. The updated Hazard Communication Standard of 2012 requires that chemical labels contain 6 elements: Product Identifier, Signal Words, Hazard Statements, Pictograms, Precautionary Statements, and contact information for the chemical manufacturer.
4. Pictograms facilitate communication globally by reducing language barriers. You need to recognize and understand the 9 Hazard Communication Standard Pictograms.
5. Safety Data Sheets (formerly MSDS) will now all follow the same format according to the updated standard. Every SDS will have the same 16 sections, in the same order, and with the same titles.
6. Employees exposed to a hazardous chemical must take immediate action to minimize possible health effects. Immediate first aid may include rinsing of eyes or skin (at the point the chemical made contact) for at least 15 minutes and seeking medical attention.
7. Small spills can be cleaned by personnel who are aware of the hazards of the spilled material. The proper PPE must be utilized.
8. *For large chemical spills or if sufficiently trained personnel are not available, immediately leave the area and call the Department of Public Safety at x13 at SMH or Security at x1-6666 at Highland Hospital if the spill is on-site. If off-site, call 9-1-1.* An employee should remain at a safe distance and keep others out of the area until emergency personnel can arrive.

HIPAA PRIVACY and SECURITY, and CONFIDENTIALITY of INFORMATION

Subject Matter Experts:

Privacy:	**SMH**:	Patty Keane	(275-7059)	**HH**:	Jan Taylor (341-6467)
Security:	**SMH**:	Rob Schrack	(276-8023)	**HH**:	Joseph Kody (784-2436)

The Health Insurance Portability and Accountability Act (HIPAA) is a federal regulation that mandates standards to protect the privacy and security of patients' medical information. *Privacy* refers to maintaining confidentiality and safeguards of all protected health information (PHI) whether in electronic, written, or oral form. Any use or disclosure of PHI must be permitted by the Privacy regulations. *Security* refers to the measures that are taken to protect electronic protected health information (ePHI) from loss, theft, damage or unauthorized access.

IT IS CRUCIAL TO REMEMBER:

- You have an ethical and legal responsibility to protect patient information (clinical, demographic and financial) and for reporting inappropriate behavior of others. Patients and workforce members should call the University of Rochester Medical Center (URMC) Integrity Hotline at **585-756-8888** to report concerns, complaints, or violations.
- You must have a job-related reason, or be permitted by policy, to access any patient's Protected Health Information. You **are not permitted to access** PHI of any patient that is a family member or friend because they have asked you to, or because you hold a power of attorney or a health care proxy. MyChart is available to patients to access their health information or give proxy access to someone else for MyChart only.
- Your password is your electronic signature. You must never share your password with anyone, for any reason, ever. **Each user is responsible** for all information accessed or entered under his or her user ID/password. Do not leave your computer session unlocked or unattended.
- Do not open e-mail attachments you were not expecting. Do not click on links in e-mail messages you were not expecting. Do not access Web sites that are not work-related or not well-known brands. Taking these actions may lead to your system becoming infected with malware.
- You should consider more secure alternatives (on servers, use of Virtual Private Network, etc.) before storing any PHI on a portable device such as a laptop computer or USB/jump drive or on media such as CDs or DVDs. If you must store PHI on a portable device or media, it must be encrypted.

Resources

HIPAA Policies and Training: http://intranet.urmc-sh.rochester.edu/policy/HIPAA

SMH: Policy 6.8 "Information Systems Security"
http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section06/6-8.pdf

HH: Policy 3.4. "Confidentiality of Information,"
http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-4.pdf

Security Basics: http://intranet.urmc-sh.rochester.edu/InfoSystems/HelpResources/Security/

HIV/AIDS CONFIDENTIALITY REQUIREMENTS

Subject Matter Experts:

SMH: Donna Galloway (275-7728) **HH**: Steven Fine, MD (279-4600 or 423-2879)

For more information on this topic, go to:

SMH: http://intranet.urmc.rochester.edu/policy/smhpolicies/section06/6-2-2.pdf
HH: http://intranet.urmc.rochester.edu/highland/Policy/HHpolicy/2-16-1.pdf

What Is Confidential HIV Material According to New York State Public Health Law 27-F?

All HIV-related material is confidential. This includes any references in the Medical Record to:

1) HIV or AIDS.
2) Information that identifies or could identify someone as having HIV infection or illness or AIDS.
3) Information that identifies someone as receiving pre-test counseling and/or who has been tested for HIV.
4) Tests or results of any HIV-related test even if negative (CD4, Elisa).

What HIV Information Is Required to be Reported to the New York State Department of Health?

New York State's HIV case name reporting and partner notification law requires that physicians and laboratories report the following results to the New York State Department of Health:

- Positive HIV test results (initial determinations, diagnosis or monitoring of HIV infection)
- Viral Load tests
- Genotypic Resistance tests
- Diagnoses of HIV-related illnesses
- All CD4 test results (unless for monitoring other diseases
- AIDS

What Is Disclosure and When Is It Appropriate?

Disclosure is the communication of any HIV-related information to any person (other than the patient or to another health care provider to care for the patient) or entity. Generally, disclosure of HIV-related information is appropriate only with a special HIV release form (NYS DOH #2557 at www.health.state.ny.us./forms/doh-2557.pdf or OCA Official Form 960) signed by the patient with instructions as to the identity of the recipient.

Consequences of Inappropriate Disclosures - The consequences will be an appropriate amount of education/re-education and counseling consistent with the circumstances surrounding the disclosure. Repeated inadvertent disclosures will result in disciplinary action consistent with the circumstances, up to and including dismissal. In addition, fines of up to $5,000 and a jail term of up to one year can be levied if the disclosure was intentional.

IT IS CRUCIAL TO REMEMBER:

- All HIV-related material is confidential.
- NYS HIV case name reporting and partner notification law requires that physicians and laboratories report certain results (including but not limited to positive HIV test results and all CD4 test results) to the NYS DOH.
- Inappropriate disclosure will result in education and counseling consistent with the circumstances (when unintended) but if intentional, termination and fines may occur.

INFECTION PREVENTION

(including updates on OSHA Bloodborne Pathogen Standards and Tuberculosis)

Subject Matter Expert:

SMH and HH: Ann Marie Pettis (SMH: 275-5056 and HH: 341-6853)

The Infection Prevention Manual is accessible online on the UR Intranet from all patient units:

SMH: http://intranet.urmc.rochester.edu/policy/infcontrol/
HH: http://intranet.urmc-sh.rochester.edu/highland/policy/infectioncontrol/

General Infection Prevention Practices safeguard both patients and personnel.

Infections are transmitted by several different routes. The specific route of transmission is dependent on the germ involved. Infection Prevention policies and isolation precautions are designed to interrupt transmission. Standard Precautions is a prevention strategy which applies to all patients. There are additional enhanced or "transmission-based" precaution categories which apply only to patients with particular diseases. When in effect, these enhanced precautions must be followed by **all personnel** as well as family and visitors even if they do not plan on coming in contact with the patient's environment, and are clearly specified on isolation signs located outside the patient's room and documented in the patient's medical record. See the *Infection Prevention Manual* for details.

OSHA Bloodborne Pathogens Standards

The Occupational Safety and Health Administration (OSHA) of the federal government requires all hospitals to have policies to protect employees from infection with bloodborne pathogens, especially the viruses which cause AIDS (HIV), hepatitis B, and hepatitis C. These policies are found in a document called the "Bloodborne Exposure Control Plan." All employees are required to comply with these policies; those at risk should have received OSHA training. If you have not received OSHA Bloodborne Pathogens training, contact your supervisor or department head.

Report any exposure as soon as possible and notify your supervisor/manager.

SMH: immediately call Occupational & Environmental Medicine at 275-1164. Complete an Employee Incident Report Form (SMH 115) online at http://www.safety.rochester.edu/SMH115.html. Include the type and brand involved in all sharps injuries (e.g., safety glide syringe, BD.)

Highland: call Employee Health at 341-8017, or off-shift notify the Nursing Supervisor, and complete an Employee Incident Report Form.

IT IS CRUCIAL TO REMEMBER:

- **Hand hygiene** is the most important method of preventing the spread of infection.
- All equipment that goes from patient to patient **must** be sanitized before use.
- Respiratory hygiene, which means covering your nose and mouth with a tissue or your sleeve when you sneeze or cough, will also help prevent the spread of germs that cause illnesses like influenza and respiratory syncytial virus (RSV).
- The blood and body fluids of **all** persons must be considered potentially infectious. Standard Precautions apply to **all patients.**

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- **Do not recap needles**. Many needle sticks occur during the process of recapping needles. **Exceptions:** *recapping of needles is unavoidable in some situations.* **A one-handed technique** is used for safe recapping of the needle when necessary.
- If you experience skin exposure to blood or body fluids, **cleanse** skin with soap and water. For a needle stick, cut, or exposure through broken skin, wash affected area with soap and water. For oral exposure, rinse mouth well with water. For eyes, rinse well with sterile saline or tap water (after removing contact lenses). An eyewash station should be used if possible. Report any exposure as soon as possible using the appropriate form for your organization and notify your supervisor/manager.
- All staff should be vaccinated against influenza every year.
- Annual fit testing is required for staff who wear N95 masks for respiratory protection. An annual Tuberculin Skin Test (TST/PPD) is required for all staff.
- A private room with negative pressure and a closed door are used to prevent the transmission of TB.

INFLUENZA—WHAT YOU SHOULD KNOW

Subject Matter Expert SMH and HH: Ann Marie Pettis (SMH: 275-5056 and HH: 341-6853)

For full information on this topic, please go to:

SMH: http://intranet.urmc.rochester.edu/policy/infcontrol/

HH: http://intranet.urmc-sh.rochester.edu/Highland/Policy/EmergencyPrep/ (See Section 2 "Pandemic Influenza Plan")

Both locations:

URMC FLU SOURCE (You *must be on the URMC network to access this content.*)

Seasonal Flu

Influenza or "flu" is a respiratory infection caused by influenza virus which is spread from person to person. The flu that strikes every winter is called "seasonal" flu. Most people who get the flu will recover within a week, but flu and its complications can be life-threatening for the elderly, newborn babies, and people with chronic illness.

Pandemic Flu

Pandemic flu is caused by a new strain of influenza A virus that causes a global (or pandemic) outbreak of serious illness which may be accompanied by high rates of death. Because there is little natural immunity, the disease can spread easily from person to person. The influenza A virus which caused the recent pandemic affected a preponderance of the young and healthy up to 25 years of age. Pregnancy was also a risk factor for more severe disease.

How the Flu Is Spread

Flu is spread between people by:

- Droplets released into the air when a person with flu coughs or sneezes (usually within 3 - 6 feet) or occasionally by aerosols of tiny virus particles that can travel longer distances from the coughing person and be inhaled (for example, across a room or down a corridor).
- Touching surfaces like a doorknob or telephone that have been contaminated with respiratory secretions from a person with flu, and then touching your eyes, nose or mouth.

IT IS CRUCIAL TO REMEMBER:

1. The best way to prevent flu is to get the vaccine annually prior to the flu season.
2. Stay home if you are sick: for example, fever (temperature of 37.8 C or 100 F or greater), cough, sore throat, diarrhea, nausea/vomiting, body aches and headache. Cover your cough. Always cover your nose and mouth with a tissue when you cough or sneeze and dispose of the tissue, or use your upper sleeve (not hands) to cover your cough.
3. Hand hygiene: always use alcohol-based hand rub (ABHR) or wash hands before and after touching any patient or their environment. Use hand hygiene frequently during the course of the day.
4. Always wear a mask when you are within 3–6 feet of patients with the symptoms. Surgical masks are used for typical seasonal flu; N-95 masks are recommended during aerosol-generating procedures such as intubation or extubation, bronchoscopy, or open suctioning.

INTERACTIONS BETWEEN URMC/HH and INDUSTRY

Subject Matter Experts:

URMC/SMH : Robert Panzer, MD (273-4438) **HH**: Richard Magnussen, MD (341-6867)

For more information, please go to:

URMC: Interactions between the University of Rochester Medical Center (URMC) and the Pharmaceutical, Biotech, Medical Device, and Hospital Equipment and Supplies Industries ("Industry")

HH: http://intranet.urmc-sh.rochester.edu/Highland/Policy/HHpolicy/documents/2.71_11_000.pdf

The University of Rochester Medical Center (URMC) and affiliates, including Highland Hospital (HH), have numerous interactions with various industries and their representatives. These interactions are mostly positive and benefit URMC/HH and their patients, promoting in various ways all of our missions. However, some of the interactions with industry create conflicts of interest for URMC/HH personnel when industry promotes their product even when use of the particular product may not be in the best clinical or financial interest of URMC/HH and their patients.

In June 2008, URMC and HH joined a number of leading academic medical centers that strengthened policies aimed at decreasing implicit and implied conflict of interests when faculty, staff and students interact with representatives of the pharmaceutical, biotech, medical device, and other commercial players in the health care industry. Like those of many other academic medical centers across the country, the rules govern what industry representatives may do in our facilities and what faculty, staff, and students can do when they interact with industry representatives on any clinical or educational matters.

The underlying principle of the policy is that URMC/HH faculty, staff, and students may not accept gifts (including meals) from industry or its representatives that could bias clinical decisions or create the perception by patients and others that such biases might exist. The policy is not intended to limit the many positive interactions that occur with industry representatives and their companies, whether in promoting optimal patient care, education, research, or community health. Importantly, the policy does not prohibit use of medication samples, educational grants, or industry support of important public conferences and continuing education events, though it imposes certain restrictions intended to ensure they are free from potential for bias.

IT IS CRUCIAL TO REMEMBER:

- Gifts and compensation (including meals) from industry or its representatives should not be accepted.
- Site access by sales and marketing representatives can occur by appointment only in both patient care and nonpatient care areas. See the policies at the links above for specifics.
- The policy for Interactions Between URMC/HH and Industry also contains information on:
    - Scholarships and educational funds for students and trainees
    - Support for educational and other professional activities
    - Disclosure of relationships with industry

INTERPRETER SERVICES

Subject Matter Experts:

SMH: Elizabeth Ballard (276-5972) **HH**: Michael Sullivan (341-6718)

For more information, please go to:

Spoken Languages Other Than English –
SMH: http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section11/11-5-1.PDF
HH: http://intranet.urmc-sh.rochester.edu/Highland/Policy/HHpolicy/3-16-1.pdf

Interpreters for Deaf or Hard of Hearing –
SMH: http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section11/11-5-2.PDF
HH: http://intranet.urmc-sh.rochester.edu/Highland/Policy/HHpolicy/3-16.pdf

Telecommunication Services for the Deaf and Hard-of-Hearing-
SMH: http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/section11/11-6.PDF

The University of Rochester Medical Center (URMC)-Strong and Highland hospitals have a commitment to provide interpreter services to persons who do not speak English. The provision of comprehensive interpreter services is also required by the New York State Health Code. Regulations require that the service be available within specific time limits: 20 minutes for nonemergency patients; 10 minutes for ED patients. This requires a concentrated effort by all employees to ensure that we are in compliance with this regulation.

It is hospital policy to use only hospital-designated interpreters. The use of family members and/or friends is discouraged due to concerns about confidentiality/comprehension. Always offer interpreter services to a patient if you think it is needed. The offer of the interpreter, the patient's response, and use of the interpreter (if accepted) should be documented in the patient's medical record.

For spoken languages other than Spanish, the hospital subscribes to a telephone interpretation service, CyraCom International. The service provides interpreters for more than 160 different languages, 24 hours a day, 7 days per week. Clinical areas may call CyraCom directly using the blue phones when the need for a spoken language interpreter arises. Information on how to place a call is available in all clinical areas or by contacting the nurse manager or social worker for the specific unit.

For both Spanish-speaking persons and persons who communicate through Sign Language, 24-hour coverage is available. If you know the doctor will be doing rounds at a specific time, arrange for the interpreter an hour before (URMC-SMH) or with 24-hour advance notice (HH) for nonemergent situations.

Using an Interpreter

When using an interpreter, position yourself next to the interpreter (so the patient can read your facial expressions) and look and speak directly to the patient. Speak in the first person; avoid comments like, "Ask her...", or "Tell him this..." The interpreter is there to facilitate communication. Everything that is said will be interpreted to the patient. If there is something you don't want the patient to know, avoid discussing the subject until you have left the room.

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Speaking With Deaf and Hard of Hearing Patients

When talking with patients who are hard of hearing, it is generally helpful to speak slowly at a loud conversational level, but not shouting, while allowing the patient to watch the speaker's face. A very common misconception is the assumption that if a Deaf or Hard-of-Hearing (DHH) person has "good speech," you can get by without an interpreter. If a patient uses Sign Language as their primary mode of communication, we must be sure to offer interpreter services and not assume they can lip-read and fully understand the conversation.

IT IS CRUCIAL TO REMEMBER:

- The New York State Health Code states comprehensive interpreter services are required.
- It is hospital policy to use only hospital-designated interpreters.
- When using an interpreter, position yourself next to the interpreter (so the patient can read your facial expressions) and look and speak directly to the patient.
- If a patient uses Sign Language as their primary mode of communication, we must be sure to offer interpreter services and not assume they can lip-read and fully understand the conversation.

JOINT COMMISSION READINESS

Subject Matter Experts:

SMH: Ann Peterson (276-6065), JoAnn Popovich (275-6937)

HH: Sharon Johnson (341-8399)

For more information, go to:

SMH: http://intranet.urmc-sh.rochester.edu/Depts/jcreadiness/

HH: http://intranet.urmc-sh.rochester.edu/highland/depts/Quality/Joint-Commission/

ARE YOU JOINT COMMISSION READY?

What is the Joint Commission?

The Joint Commission is a private agency that evaluates how well heath care organizations provide safe and high quality patient care. Standards are used to measure how well a health care organization provides patient care services. The method used to evaluate how well an organization is providing safe, high quality care is called a survey. A team of Joint Commission reviewers comes to our facilities and observes how we provide care and ensure we meet the Joint Commission standards. These surveys are unannounced so we need to be ready at all times.

IT IS CRUCIAL TO REMEMBER:

- To wear your ID Badge at all times, and at SMH your white badge card with the emergency page codes.
- You must know the National Patient Safety Goals. They are available from your manager and can be found on the intranet on the Joint Commission Readiness site. You need to know how **you** comply with these goals as they relate to your job.
- Where to find information on the intranet; for example, policy and procedure manuals, clinical practice guidelines, safety alerts.
- If asked a question by the surveyors, be sure that you understand the question before answering it. Answer honestly as it relates to the work that you do. If you do not know the answer it is fine to say, "I don't know the answer, but I do know where to find it."
- Staff are encouraged to report concerns about care and safety through their management structure by calling the Medical Director's Hotline (3-CARE) for SMH or Quality Management (1-8399) for Highland Hospital staff. If a staff member is still not satisfied, they may report their concern to the Joint Commission at 1-800-994-6610 or via e-mail at complaint@jointcommission.org.
- Patients/families are encouraged to participate actively in their care and to report any safety or quality concerns to their caregivers or to the Patient and Family Relations Coordinator. Families may also initiate a Rapid Response if they have concerns regarding the changing condition of the patient. If a patient is still not satisfied, they may report their concern to the Joint Commission at 1-800-994-6610 or via e-mail at complaint@jointcommission.org.

LIFTING AND TRANSFERS: POSTURE AND BODY MECHANICS

Subject Matter Experts:

SMH: Kathleen Owens (341-9000) **HH**: James Tempest (341-8280)

References/Useful Websites

www.clevelandclinic.org/spine/patient/posture.htm (Healthy Back Info)
www.spineuniverse.com (Healthy Back Info)
www.hovermatt.com (Air-assisted Transfer Device)
www.medical-supplies-equipment-company.com (Mechanical Lift)
www.mtsmedequip.com (Lateral Transfer Slide & Gurney)
www.allegromedical.com (Transfer Belts)
www.osha.gov/SLTC/ergonomics/index.html

General Lifting Guidelines

1. Back posture: always try to keep the three curves of your spine in line—especially your lumbar curve. Try not to twist.
2. Where to bend: bend at the hips, knees and ankles—not the spine. Use those leg muscles. The muscles in your legs are bigger and stronger than the muscles in your back.
3. Base of support: feet should be shoulder-width apart with the load positioned at midline.
4. Keep the load as close to the body as possible. Avoid reaching—keep objects between shoulder and waist height. The closer the object is to you, the less the torque on your back.

Good Posture

1. What is good posture?
   - Standing: head straight up with chin in, shoulders back, and pelvis in neutral position (tighten abdominal muscles).
   - Sitting: head straight up with chin in, shoulders back; all three curves should be present in back. If possible, elbows resting on armrests and relaxing shoulders and feet resting flat on floor or footrests.
   - Take frequent breaks to change position and stretch, reversing any prolonged postures.
2. Why is good posture important?
   - Keeps bones and joints in the correct alignment so that muscles are properly used.
   - Helps decrease the abnormal wearing of joint surfaces.
   - Decreases the stress on the ligaments holding the joints of the spine together.
     - Prevents the spine from becoming fixed in abnormal positions.
     - Prevents backache and muscular pain.
     - Decreases the probability of back injuries during lifting or heavy exertion.

IT IS CRUCIAL TO REMEMBER:

- Ask for help before you need it.
- Perform a two-person or team lift when possible to help prevent injury.
- Use assistive technology to save your back (for example, transfer belts, Hoyer lift, hover mat, plastic sheeting and slide boards).
- Good posture prevents muscular pain, decreases injury and stress on joints.

MANAGEMENT OF SUSPECTED ABUSE AND NEGLECT
(Domestic Violence/Elder Abuse/Child Abuse)

Subject Matter Experts:

SMH: Carla LeVant (273-5445) **HH**: Michael Sullivan (341-6718)

For more information, go to:

SMH

Policy 9.11.1 at http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-11-1.pdf

Policy 9.11.4 at http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-11-4.pdf

HH

Policy 3.5 at http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-5.pdf

Policy 4.19 at http://intranet.urmc-sh.rochester.edu/highland/policy/HHpolicy/4-19.pdf

Health care providers are mandated to assess and treat patients who are suspected to have been abused or neglected.

Resources are available in the hospital(s) and the community to address the needs and safety of patients who are abused or maltreated.

For suspected child abuse/maltreatment only: Physicians, nurses, dentists, social workers and other health care providers are mandated by New York State Social Services to report any and all suspicions of child abuse or neglect to the NYS Child Central Registry. Reporters need only reasonable cause to suspect that a child has been neglected or abused to make a report. Proof of abuse is not essential for the filing of a report.

REACH (Referral and Evaluation of Abused Children) is a University of Rochester Medical Center Strong Hospital-based program staffed by medical experts in the evaluation of physical and/or sexual abuse. They are available for telephone consultation 24 hours a day via the URMC-SMH Page Office.

IT IS CRUCIAL TO REMEMBER:

1. Abuse and Neglect include:
   - Suspected Child Abuse or Maltreatment
   - Elder Abuse
   - Adult Domestic Violence
   - Sexual Assault
2. Heath care providers are mandated by New York State Social Service law to report any and all suspicions of child abuse or neglect to the NYS Child Central Registry or to the Monroe County child abuse and neglect hotline.
3. See the *Department Resource Guide for Mandatory Training – 2014* for all policies and procedures related to this topic.

MEAL AND REST BREAKS

Subject Matter Experts: **SMH**: Christopher Walsh (758-2032)
HH: Kathleen Gallucci (341-0118)

For more information on this topic, go to:

SMH: http://www.rochester.edu/working/hr/policies/pdfpolicies/172.pdf

HH: http://intranet.urmc-sh.rochester.edu/Highland/Depts/HR/documents/HR178-LUNCH-RESTPERIODS_001.pdf

Meal Breaks

Every employee who works a shift of more than six hours must be provided an uninterrupted 30-minute meal period per New York State Labor Law. An additional meal period of at least 20 minutes must be provided between 5:00 p.m. and 7:00 p.m. when an employee begins work before 11:00 a.m. and continues working past 7:00 p.m. Scheduling of meal breaks will occur at times convenient to department operations.

For most hourly employees at the University/HH working shifts of more than 6 hours, the payroll system deducts 30 minutes automatically; it is assumed the employee took an unpaid 30-minute meal break. Per Federal Labor Law, unless the following three conditions are satisfied, meal breaks must be counted as time worked for nonexempt, hourly paid employees:

- The meal break must be at least 30 minutes long (regardless of the timing of when the meal break is scheduled to begin or end).
- The employee must be completely relieved of all duties, and
- The employee must be free to leave the work area, although can be required to stay on University/HH property.

If any of these conditions are not met, then the meal break is considered worked time and nonexempt hourly staff must be paid.

Rest Periods

University/HH policy provides that, where operationally possible, employees working continuously for 3.5 to 4 hours are given paid rest periods (not more than 15 minutes), at times convenient to departmental operations. **Note:** Individuals covered by collective bargaining agreements should refer to their collective bargaining agreement.

IT IS CRUCIAL TO REMEMBER:

1. It is the University/Highland Hospital intent that every employee receives a meal break as required by New York State Labor Law.
2. In the event that **emergency situations** arise where an hourly paid employee does not get an **uninterrupted** meal break of at least 30 minutes, then the entire meal break must be paid and an edit must occur in HRMS (SMH) and ETime (HH) to negate the automatic deduction. While occurrences of less than 30-minute meal periods or interrupted meal periods should be infrequent, the employee should follow department/unit procedures to ensure that he or she is paid accurately for all time worked.
3. If an employee feels he or she is not getting an appropriate meal break, or is not being properly compensated in accordance with this policy, the employee should contact a supervisor or Human Resources.

OBTAINING UR DEPT. OF PUBLIC SAFETY OR HH SECURITY SERVICES

Subject Matter Experts:

SMH: Lorraine McTarnaghan (275-2500) **HH**: Joe Coon (341-6833)

For more information, please go to

SMH: http://intranet.urmc-sh.rochester.edu/policy/smhpolicies/SECTION02/2-6.pdf

HH: http://intranet.urmc-sh.rochester.edu/highland/Policy/envCare/#2

Regardless of the facility you are in, incidents that involve personal safety of students, volunteers, patients, employees and visitors should be reported to UR Department of Public Safety (UR DPS) or HH Security immediately. Other incidents include but are not limited to:

- Disturbances
- Structural failure
- Fire/explosion
- Utility emergency
- Chemical/biological/radiological contamination
- Medical emergencies
- Bomb threat
- Injuries
- Loss of inventory
- Traffic conditions/accidents
- Suspicious persons or activities
- Abduction
- Patient disappearance
- Physical crimes
- Theft/weapons

UR DPS and Highland Hospital Security can be contacted 24 hours a day, 7 days a week.

IT IS CRUCIAL TO REMEMBER:

To Contact UR DPS or Highland Hospital Security:

	SMH	**Highland**
Emergencies	**x13** from inside UR or any Blue Light Emergency Phone (BLEP)	**x1-6666**
Nonemergencies	x5-3333 (from inside UR) May use any Blue Light Emergency Phone (BLEP) located on or near pathways, parking lots, and each level of the MC ramp garage. 275-3333 (outside UR)	1-SERV or Page Operator from inside the hospital. 473-2200 (page operator) from outside the hospital.

OCCURRENCE AND CLAIM REPORTING

Subject Matter Experts:

SMH: Spencer Studwell (758-7602) **HH**: Sharon Johnson (341-8399)

For full information on this topic, go to:

SMH: Event (Occurrence) Reporting – Patients and Visitors – 9.1
http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-1.pdf
Reporting of Actual and Potential Medical Events – 9.1.1
http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-1-1.pdf

HH: Event (Occurrence) Reporting
http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-14.pdf
Reporting of Actual and Potential Medical Errors and Events
http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-23.pdf

Hospital Occurrences Definition: any unintended and undesirable development or event related to care or services provided to patients, families, or visitors that takes place on the premises.

Timely reporting and thorough documentation of occurrences are necessary to maintain patient safety. A report must be entered into the security and risk management event reporting system (SRM/Quantros) for all occurrences. Additionally, you may need to notify your immediate supervisor or others who may be relevant in the investigation.

Internal Occurrence Reporting at Strong Memorial Hospital – Overview (See *Department Resource Guide for Mandatory Training - 2014* for details)

A report must be made for any patient or visitor-related occurrence that is not consistent with the routine operation of the hospital or routine care of the patient. Reportable occurrences include accidents as well as situations that *could* have resulted in an accident (near misses). In all cases where an injury has occurred, the occurrence must be entered into SRM no later than the end of the shift during which the occurrence happened or was first discovered.

Serious occurrences meeting State Reporting or Joint Commission criteria must be reported by telephone immediately to the Risk Management Department, with a report in the SRM system to follow.

Internal Occurrence Reporting at Highland Hospital

Any member of the health care team, who is aware of an occurrence or a condition that may result in an occurrence, should promptly report it. The following must be entered into the electronic event reporting system:

- Patient/visitor occurrences
- Theft, loss, or damage of property
- Department of Health occurrence reporting requirements
- Patient/family complaint or concern
- Near misses (Situations that could have resulted in an occurrence)

A more specific list of all required events to be reported is attached to the hospital Occurrence Reporting Policy. Serious occurrences must also be reported immediately to the HH Quality Management Department (341-8399) or the Nursing Supervisor (off-hours).

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External Reporting Requirements – Overview (See *Department Resource Guide for Mandatory Training – 2014* for details)

Certain patient occurrences must be reported to the New York State Department of Health (DOH) under its "NYPORTS" program, or to other regulatory agencies. External reporting is coordinated at Strong by the Office of Counsel and at Highland by Quality Management, and should **not** be done without consultation with the appropriate coordinating office.

Other External Reporting Requirements — Medical Devices and Equipment

All device and equipment-related incidents resulting in serious injury must be reported immediately to the Office of Counsel to the Medical Center at SMH. The Office of Counsel will coordinate reporting to external entities. At Highland, such incidents should be reported to the Quality Management Department.

1. For all incidents involving medical devices and equipment, the department responsible for maintenance of the device or equipment (e.g., Clinical Engineering or Facilities) should be notified immediately. An online report should also be completed.

2. According to federal law, any medical device or equipment-related incident that caused or contributed to a serious injury to or death of a patient, visitor or employee must also be reported to the device or equipment manufacturer or the Food and Drug Administration. For purposes of device and equipment-related incidents, a serious injury is defined as:
    - An illness or injury that is life-threatening or that results in either permanent impairment of a bodily function or permanent damage to a bodily structure.
    - An illness or injury that necessitates medical or surgical intervention to preclude permanent impairment of a bodily function or permanent damage to a bodily structure.

IT IS CRUCIAL TO REMEMBER:

- Timely reporting and thorough documentation of occurrences are necessary to maintain patient safety. A report **must** be entered into the electronic event reporting system (SRM system/Quantros) for all occurrences and near misses.
- In all cases where an injury has occurred, the occurrence must be entered into SRM/Quantros no later than the end of the shift during which the occurrence happened or was first discovered.
- External reporting is coordinated at Strong by the Office of Counsel and at Highland by Quality Management, and should **not** be done without consultation with the appropriate coordinating office.

PATIENT IDENTIFICATION

Subject Matter Experts:

SMH: Robert Panzer, M.D. (273- 4438), JoAnn Popovich (275-6937)

HH: Sharon Johnson (341-8399)

For details on Joint Commission National Patient Safety Goal #1 – Improve the Accuracy of Patient Identification go to:

http://www.jointcommission.org/patientsafety/nationalpatientsafetygoals or

SMH Policy 10.1.1 Patient Identification and Allergy Bands at
http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section10/10-1-1.pdf

HH Policy 2.65, Patient Identification
http://intranet.urmc-sh.rochester.edu/highland/policy/HHpolicy/2-65.pdf

The goal is to ensure the correct patient is receiving the correct health care procedure by using two patient identifiers and, in particular, to eliminate transfusion errors related to patient misidentification.

- This includes both major and minor "procedures."
- Procedures may include, but are not limited to:
  - Administering medication
  - Transfusing blood / blood products
  - Obtaining blood or other specimens from the patient
  - Performing a treatment
  - Performing a diagnostic test
  - Sending or transferring a patient to another unit or area.

IT IS CRUCIAL TO REMEMBER:

- The use of two identifiers in 2 places equals safe patient care. Examples include:
  - Patient name *and* birthdate using patient statement *and* lab requisition
  - Scanning the barcode on a patient's ID band, the medication, and verifying the correct patient's MAR opened up when administering any medication.
- The patient should be actively involved in the identification process whenever possible.
- All lab/specimen containers should be labeled in the presence of the patient.

PATIENT PRISONER POPULATION (SMH Specific)

Subject Matter Expert: Lorraine McTarnaghan (275-2500)

For more information, please go to:
http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section09/9-10.pdf
http://intranet.urmc-sh.rochester.edu/nurses/policy/adminManual/Section8/8-18.pdf

Definition

The Hospital provides care for patients who are under arrest, in the process of being arrested, or a resident of a correctional facility, but will not accept responsibility for guarding such patients.

Security Plan

- All admitted patient prisoners have a security plan. (See SMH form 877MR—*Inpatient Patient Prisoner Security Plan Checklist.)*

  Exception: Patient prisoners on medical leave of absence (LOA) may not require a security plan. The correctional facility is responsible for communicating this LOA status.
- Before interacting with a patient prisoner, check with the nurse caring for the patient.
- Communicate the security plan to other Hospital staff/departments as appropriate. For example, the inpatient unit may need to notify Food and Nutrition Services that a patient needs plastic tableware.
- Distribute *Informational Guidelines for Forensic Staff* and have forensic officer sign the Forensic Staff Log up on arrival at the patient's treatment location.
- For security reasons, inmates should NOT be informed of future follow-up appointment dates, times, days of the week or other scheduling information.
- Phone inquiries: staff shall inform the patient's facility/guarding officer and no information shall be provided.

IT IS CRUCIAL TO REMEMBER:

- Before interacting with a patient prisoner, check with the nurse caring for the patient.
- For security reasons, inmates should NOT be informed of future follow-up appointment dates, times, days of the week or other scheduling information.
- For your own personal safety, do not tell the patient prisoner personal information such as where you live or your telephone number.
- Never be alone in a room with an inmate.
- If you have questions or concerns, contact the area leadership.
- Nonmedical security-related questions should be referred to UR Department of Public Safety (UR DPS).
- For **emergencies**, call UR DPS at **x13**

PATIENT RIGHTS/ETHICS/COMPLAINT PROCESS

Subject Matter Experts:

SMH: Joan Romano (275-5418) **HH**: Amy Eisenhauer (341-0677)

For more information, go to:

SMH: http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/index.asp (Section 11)
HH: http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-11.pdf

Rights

The rights of patients as defined by New York State are posted in all patient care areas and in other conspicuous locations in the hospital. A copy of these rights must be given to every patient by the Admissions staff at Highland or the Nursing staff at Strong (Admission Information folder) or in the outpatient area where they are registering, including hospital-affiliated, off-site locations.

Staff should be familiar with all the items listed in the *Patients' Bill of Rights* (a summary is listed in the *Department Resource Guide Mandatory Training 2014*) and use them as they apply to their particular roles in support of patient care.

Ethical Concerns:

Both the University of Rochester Medical Center-Strong Memorial Hospital and Highland Hospital have formal processes to assist with ethical dilemmas and concerns as requested by physicians, staff, patients or family. To request an informal perspective on an issue, employees at Highland can approach a member of the Ethics Committee or call 341-6718; Strong employees can contact the SMH Ethics Consultation Service at 275-5800.

IT IS CRUCIAL TO REMEMBER:

- Treat the patient with respect, including the use of names and courtesy titles, such as Mr. and Ms. Before entering a patient's room, knock, and identify yourself. Keep your voice down and encourage visitors to do so.
- Patients also have the right to know your name and role. Introduce yourself and explain what you do. Wear your identification badge where it can be readily seen. Provide your name and title during telephone contact.
- Patients also have the right to complain about the care and services provided. We encourage patients and their families to voice their concerns when they occur so issues can be dealt with in a timely fashion and at the point of origin.
- If you are unable to respond to a patient's complaint, if it involves another department, or if the patient is not satisfied with your response, promptly refer it to your supervisor/manager. For complaints not resolved through these initial steps, patients may request the assistance of the Patient Relations Office.
- If a patient is not satisfied by the response of the Patient Relations Office, she or he will be advised of the right to take the complaint to the Grievance Committee in the hospital, or to the New York State Department of Health at 899-894-5447. They may also pursue the issue with the Joint Commission at 1-800-994-6610 or via e-mail to: complaint@jointcommission.org

PATIENT SAFETY, TEAM COMMUNICATION, AND MEDICAL-HEALTH CARE ERROR REDUCTION

Subject Matter Experts:

SMH: Ann Peterson (276-6065) **HH**: Sharon Johnson (341-8399)

For details on the Joint Commission National Patient Safety Goals and Requirements, go to:
http://www.jointcommission.org/assets/1/6/2014_HAP_NPSG_E.pdf

Both Highland and Strong Memorial hospitals are committed to the improvement of health care safety and the reduction of medical and health care errors by creating cultures of safety. HH and SMH are creating cultures of safety through the following:

- Implementation of a nonpunitive medical error reporting process.
- Implementation of an automated occurrence reporting process to increase ease in reporting occurrences and near misses.
- Implementation of the Joint Commission National Patient Safety Goals/Requirements.

Examples of Patient Safety Goals:

- Use two (2) patient identifiers when providing direct or indirect patient care or services.
- Improve the effectiveness of communication among caregivers, especially during handoffs in patient care.
- Encourage patients' active involvement in their own care.
- Improve the safety of using medications, including accurately and completely reconciling medications across the continuum of care.
- Reduce the likelihood of hospital-acquired infections by using proper hand hygiene, appropriate isolation precautions when needed, and properly cleaning patient care equipment after use.
- Reduce the likelihood of patient harm associated with the use of anticoagulation therapy.
- Improve recognition and response to changes in a patient's condition

Team Communication

Effective teamwork and communication result in patient safety. The Joint Commission has found that ineffective communication is the #1 root cause of serious patient events that are reported to them. Several of the National Patient Safety Goals and Requirements focus on improving communication; for example:

- Standardization of handoff communications including information such as patient history, medications, current condition, anticipated changes, and plan of care.
- Medication reconciliation process
- Do Not Use Abbreviations -- The following abbreviations are **NEVER** allowed in any medical record documentation: U, IU, QD, QOD, trailing zero X.0 mg, Lack of leading zero .Xmg, MS, MSO_4, $MgSO_4$, u g, T.I.W., A.S., A.D., A.U.

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IT IS CRUCIAL TO REMEMBER:

1. A culture of safety needs everyone's involvement, which includes accurate and timely team communication; this would begin to reduce the #1 root cause of serious patient events.
2. All actual events and near misses should be entered in the electronic event reporting system (Quantros/SRM) so that unsafe trends can be tracked and eliminated.
3. **NEVER** use these abbreviations in any medical record documentation (U, IU, QD, QOD, trailing zero X.0 mg, Lack of leading zero .Xmg, MS, MSO_4, $MgSO_4$, u g, T.I.W., A.S., A.D., A.U.).
4. Effective communication involves repeating back information to ensure it was heard correctly, communicating with respect, and listening to understand.

POLICY AGAINST DISCRIMINATION AND HARASSMENT

Subject Matter Experts:

SMH: Christopher Walsh (758-2032) **HH:** Kathleen Gallucci (341-0118)

Policy Against Discrimination and Harassment

For the complete version of UR Policy 106, go to
www.rochester.edu/working/hr/policies/pdfpolicies/106.pdf
For the complete version of HH Policy 130 go to:
http://intranet.urmc-sh.rochester.edu/Highland/Depts/HR/documents/HR130-NONHARASSMENT.pdf

Any behavior, including verbal or physical conduct that constitutes, in any form, discrimination against or harassment of any member or guest of the University and Highland Hospital, is prohibited. Retaliation in any form against a person because he or she complained about an act of discrimination or harassment is prohibited.

Definitions

Discrimination is: any behavior (however manifested, and whether anonymous or overt) that limits, segregates or classifies an individual or group in such a way that might deprive them of the opportunity fully to function and participate as a member of the University/Highland Hospital community. Discrimination includes any behavior that might reasonably be considered unlawful discrimination under applicable NYS and/or federal law.

Harassment is: any behavior (however manifested, and whether anonymous or overt) that is intended to cause or could reasonably be expected to cause an individual or group to feel intimidated, demeaned, or abused, or fear or have concern for their personal safety. Harassment includes any behavior that might reasonably be considered unlawful harassment under applicable NYS and/or federal law

IT IS CRUCIAL TO REMEMBER:

If you feel you are being discriminated against or harassed, you should take action which may include any/all of the following:

- Speak with the individual and let him or her know that the behavior is unwelcome and unacceptable.
- Talk with your supervisor/manager.
- Contact Human Resources, the Intercessors Office, Security, or the Office of Counsel.

PROFESSIONAL MISCONDUCT REPORTING AND THE IMPAIRED PROFESSIONAL

Subject Matter Experts:

SMH: Spencer Studwell (273-4575) **HH**: Sharon Johnson (341-8399)

For Complete Policy Information, Go To:

SMH: http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section01/1-7-1.pdf

HH: http://intranet.urmc-sh.rochester.edu/highland/Policy/HHpolicy/3-1.pdf and http://intranet.urmc-sh.rochester.edu/highland/depts/hr/documents/HR128-SUBSTANCEABUSE.pdf

Examples of Professional Misconduct:

- Obtaining a license fraudulently or practicing the profession while the license is suspended/inactive;
- Practicing while impaired by alcohol, drugs, or mental disability;
- Refusing to provide professional service to a person because of such person's race, creed, color, or national origin, including harassing, abusing, or intimidating a patient, either physically or verbally;
- Directly or indirectly offering, giving, soliciting or receiving or agreeing to receive, any fee or other consideration to or from a third party for the referral of a patient;
- Willfully making or filing a false report, or failing to file a report required by law, or willfully impeding or obstructing such filing, or inducing another person to do so;
- Practicing or offering to practice beyond the scope permitted by law except in an emergency situation where a person's life or health is in danger;
- Performing professional services which have not been duly authorized by the patient or his or her legal representative, including ordering of excessive tests, treatment, or use of treatment facilities not warranted by the condition of the patient

Impaired Professional

If an individual is suspected to be impaired, the person witnessing the behavior is obligated legally to notify the appropriate manager/supervisor and/or Director of Nursing and the Associate Medical Director. Possible indications of impairment include but are not limited to:

- Arguments, bizarre behavior, irritability, depression, mood swings
- Irresponsibility, poor memory, poor concentration
- Difficult to contact; won't answer phone or return calls
- Neglect of patients, incomplete charting, or neglect of other duties
- Inappropriate treatment or dangerous orders, including excessive prescription writing
- Unusually high doses or wastage noted in drug logs

IT IS CRUCIAL TO REMEMBER:

- To report misconduct concerns at the University of Rochester Medical Center-SMH contact the Office of Counsel to the Medical Center through departmental channels. If a concern involves a supervisor or departmental leader, staff should directly contact the Office of Counsel to the Medical Center at 275-8019.
- To report misconduct concerns at HH: All misconduct concerns should be reported to the Quality Management Department through departmental channels. If a concern involves a department leader, staff should directly contact the Quality Management Department at 341-8399. For weekends or evening/night shifts, the Nursing Supervisor and/or Administrator-On-Call should be notified.

QUALITY, SAFETY, AND PERFORMANCE IMPROVEMENT

Subject Matter Experts:

SMH: Judy Burkman (276-3148), Pat Reagan Webster (273-1554)

HH: Sharon Johnson (341-8399)

For more information, go to:

SMH: SMH Policy 1.7.1, Code of Conduct

HH: HH Policy 1.4, Code of Conduct

SMH Vision: We will define and deliver *Medicine of the Highest Order* and set the standard for compassion and innovation, always placing patients and their families first.

HH Vision: We deliver *Medicine of the Highest Order* in a community hospital where compassion, quality, and patient- and family-centered care are our guiding principles. Our affiliation with a world-class medical center will allow us to provide the best of both worlds: state-of-the-art medicine and personalized patient care.

Each of us is a part of a system that supports patient care, education or research, and we each have an **obligation** to our customers, our team, and ourselves to speak up when we have an improvement idea.

According to the Institute of Medicine (IOM), quality in health care has six dimensions:

1. **Safety** – a property of any system, not just everyone "working carefully"
2. **Effectiveness** – the right technique/resources for the illness or event
3. **Patient-centeredness** – the patient plays an active role in making decisions
4. **Timeliness** - unintended waiting is a system defect
5. **Efficiency** - seeking to reduce the waste in supplies, equipment, space, capital, etc.
6. **Equity** - race, ethnicity, gender, and income do not prevent anyone from receiving care

According to the Joint Commission, a safe culture is:

- Expressed in the beliefs, attitudes and values of an organization's physicians/staff.
- Characterized by a continual drive toward the goal of maximum attainable safety.
- A place where everyone is sensitive to operations and understands change management.
- Strengthened when work processes allow leaders and staff to discuss and learn together.

Performance improvement is the key to high quality care; a performance improvement philosophy pervades today's leading healthcare organizations. It is a system designed to reduce (or eliminate) chances for error which is then monitored for improvement opportunities over time. It highlights errors when they happen, empowering staff to speak up and offer suggestions for improvement!

IT IS CRUCIAL TO REMEMBER:

You should speak up when you:

- See an opportunity to improve a process or reduce an error in your work.
- Identify an opportunity to eliminate waste in your work environment.
- Observe an issue that needs to be addressed.
- Think there is a systems problem that can be fixed, but needs a team to solve it.
- Observe someone who is acting in a disrespectful or inappropriate way.

SMOKE-FREE CAMPUS, INSIDE AND OUT

Subject Matter Experts:

SMH: Lorraine McTarnaghan (275-2500) **HH**: Joe Coon (341-6833)

As providers of health care and promoters for the physical well-being of the community, the sale of smoking materials is prohibited in all areas of Highland Hospital, Strong Memorial Hospital and the Medical Center campus including Eastman Institute for Oral Health (Eastman Dental Center), School of Medicine and Dentistry, the School of Nursing, and the Saunders Research Building.

In addition, smoking by faculty, staff, volunteers, students, patients and visitors is prohibited within the established perimeters for each organization. The nonsmoking perimeters for each campus area include parking lots/areas. Smoking in personal vehicles within the perimeter areas is not allowed, and smoking in URMC/SMH and HH neighborhoods is also prohibited.

PLEASE NOTE: SMOKING OUTPOSTS

Effective 11/25/13, **Highland no longer provides a smoking outpost**. **All** smoking is prohibited within:

- The perimeter of the campus
- 15 feet of any entrance or exit
- 15 feet of any entrance or exit to the grounds

For the present, Strong/URMC will continue to provide the designated outposts as indicated on the map at http://intranet.urmc-sh.rochester.edu/policy/smokefree/.

ALL faculty and staff are expected to achieve a smoke-free campus by following the policy and informing persons smoking within the perimeter of the Smoke-Free policy. In addition, posted signs and information brochures are available for faculty, staff, students, patients and visitors.

If a visitor or patient outside of the designated outposts at Strong or anywhere within the perimeter at either campus fails to comply with a request to cease smoking, it is important to restate the policy and communicate to the person(s) that when they are done, they should take the remainder of their smoking material with them so others do not think it is permissible to smoke there.

IT IS CRUCIAL TO REMEMBER:

- A smoking outpost is no longer available at Highland.
- Many support resources are available to assist members of the community in complying with the Smoke Free policy including smoking cessation programs and Nicotine Replacement products.
- A comprehensive nicotine replacement therapy protocol will be provided for all inpatients.
- Nicotine Replacement products are available for purchase at various locations to assist outpatients, visitors, and staff to be more comfortable while complying with the policy at both SMH and HH.
- Faculty, staff and students should be aware they are subject to corrective action if they do not comply with the smoke-free policy.

THE STRONG COMMITMENT (SMH Specific)

Subject Matter Expert: Jacqueline Beckerman (275-8794)

For more information, go to: http://intranet.urmc-sh.rochester.edu/policy/strongcommitment/

The Strong Commitment

As a member of our team, every word you speak and action you take makes an impression on those who trust us to provide them the best possible care. We are committed to exceeding their expectations and serving their needs with compassion, respect and exceptional health care.

We can honor this commitment only when every employee makes a personal commitment to the values we share, and when our words and actions are consistent with those values. We expect that you will embrace this commitment and make it central to your work life at Strong, every day.

To help in that process, an extensive collection of learning resources is available to you. Please go to the link above to access those resources. Learning is grouped according to your role and responsibilities at Strong—as a manager or a staff member—and is particularly well suited to the needs of each group. You are required to complete the Strong Commitment training program created for you.

We encourage you to take full advantage of these learning resources as we all strive to fulfill our Strong Commitment.

IT IS CRUCIAL TO REMEMBER:

Strong Commitment Means I CARE

Integrity – I will conduct myself in a fair, responsible and trustworthy manner.

Compassion – I will act with empathy and understanding towards others.

Accountability – I have an obligation to take responsibility for my actions and to join with my colleagues in realizing the hospital's vision.

Respect – I will treat patients, families and colleagues with dignity and sensitivity, valuing their differences.

Excellence – I will rise above the ordinary through my personal efforts and those of my team.

Service Recovery

Service Recovery is a tool to recognize, prevent, and correct unmet customer expectations. The goal is to turn potentially negative situations into positive ones and make things right for our customers.

Use the ***Learn Protocol*** to turn things around.

- **LISTEN** to the customer
- **EMPATHIZE** with how the customer is feeling
- **APOLOGIZE** for not meeting their expectations
- **RESPOND** to the problem
- **NOTIFY** the appropriate person(s)

For additional information, view *Service Recovery* modules I and II under "Learning" at the link above.

WASTE MANAGEMENT

Subject Matter Experts: SMH: Pete Castronovo (275-8405) **HH**: Horace Little (341-0313)

Note: Improper handling or disposal of certain types of waste could be illegal and create unsafe conditions. **Improper sharps disposal is a major concern as sharps could be misplaced onto patient food trays or into dirty linen and trash bags. Sharps *must* be immediately disposed of in approved sharps containers, without recapping the needle**.

Important Phone Numbers to Know:	SMH	Highland
General waste questions or to schedule pickups or service	Environmental Services x5-6255	Environmental Services x1-7378
Biohazardous Waste	For technical questions or to voice concerns, call Environmental Health & Safety x5-8405.	Environmental Services x1-7378
Chemotherapeutic Waste Info.	For technical questions or to voice concerns, call Environmental Health & Safety x5-8405 or x5-9809.	Environmental Services x1-7378
Hazardous Chemical Waste (including mercury)	Hazardous Waste Management x5-2056	Support Services x1-7378
Radioactive Waste	Radiation Safety x5-3781	Radiation Safety Officer x1-6279
Recycling/ Confidential Documents	For paper, cardboard or confidential document disposal, call Environmental Services x5-6255. For used equipment, electronics, and furniture, call Facilities at x3-4567. For batteries call x5-2056	Environmental Services x1-7378

IT IS CRUCIAL TO REMEMBER:

All site-specific waste management information such as shown in the example below. See additional information in the *Department Resource Guide for Mandatory Training 2014.*

Waste Type	Examples	Disposal Method
Chemotherapeutic Waste Chemo waste must be separated from all other types of waste.	Nonsharp waste from a patient being treated with cancer-fighting drugs including gloves, gowns, etc. Sharps and glass containers used for patients being treated with cancer fighting drugs.	Yellow bag labeled "Caution Chemotherapy Waste" Yellow plastic sharps container labeled "Caution! Hazardous Drug Waste" or "Caution! Chemotherapy Waste"
Creutzfeldt-Jakob Disease (CJD) Waste	Waste from patients known or suspected to have CJD	**Sharps: SMH and HH**: Yellow Chemo sharps container with CJD stickers placed over Chemo labels. **Nonsharps**: **SMH**: Orange bags with CJD sticker placed on the bag. **HH:** Red bag labeled "CJD" placed into an autoclave bag marked "CJD."

WORKPLACE VIOLENCE / DEFUSING POTENTIAL VIOLENCE

Subject Matter Experts:

SMH: Lorraine McTarnaghan (275-2500) **HH**: Joe Coon (341-6833)

For more information, go to:

SMH: http://intranet.urmc-sh.rochester.edu/Policy/SMHPolicies/section10/10-14.pdf

Related Strong Commitment training materials can be obtained from The Strong Commitment Office (x5-8794) or from the Director's Office.

HH: http://intranet.urmc-sh.rochester.edu/highland/policy/HHpolicy/3-21.pdf

Hospital Policy:

Both the University of Rochester Medical Center-SMH and Highland strive for a safe and violence-free environment. Acts or threats of violence are serious and will not be tolerated.

The signs of potential violence (what you might see or hear):

- Visible stress
- Tense muscles
- Fidgeting
- Glaring
- Pacing
- Threats
- Loud, fast speech
- Demanding, blaming statements
- Refusal to follow rules
- Throwing, slamming objects
- Verbal outbursts
- Unrealistic expectations

How to respond to potential violence:

- **If a threat is immediate**, call:
  - UR Department of Public Safety (UR DPS) at extension 13
  - Highland Hospital Security at 1-6666
  - 9-1-1 for off-site locations
- If a threat is not imminent, notify your supervisor/manager and UR DPS/HH Security to help develop an action plan.

IT IS CRUCIAL TO REMEMBER:

To help calm a potentially violent person:

1. Give your full attention to the person, maintain a safe distance, and give yourself the ability to exit if necessary.
2. Don’t be defensive; speak in a calm voice and be aware of your body language.
3. Ask for specific examples of what the person is upset about and then redefine the problem to ensure your full understanding.
4. Offer reasonable choices to diffuse the situation.

YOUR ROLE IN QUALITY / PERFORMANCE IMPROVEMENT

Subject Matter Experts:

SMH: Judy Burkman (276-3148) **HH**: Sharon Johnson (341-8399)

Mission Statements:

Strong Memorial

We improve the well-being of patients and communities by delivering innovative, compassionate, patient- and family-centered health care enriched by education, science, and technology.

Highland Hospital

Commitment to excellence in health care, with patients and their families at the heart of all we do.

Goals:

Strong Memorial (According to the Strong Memorial Hospital Management Plan)

- Quality and Safety (High Quality, Safe and Effective Care)
- Patient/Family-Centered Care (Patient Centered, Timely, and Efficient)
- Growth (Capacity Management)
- People (Human Resource Services, Staff/Leadership Development and Employee Engagement)
- Financial Responsibility (Achieve Operating Targets)
- Infrastructure (Upgrade as Appropriate to Achieve Goals)
- System Integration (Reduce Unnecessary Hospitalizations by Community-Based Health Initiatives)

Highland Hospital

- Quality and Safety (High Quality, Safe and Effective Care)
- Service Excellence/Patient- and Family-Centered Care (Timely and Efficient Patient/Family-Centered Care)
- People (Staff/Leadership Development and Employee Engagement)
- Growth (Volume Growth and Capacity Management)
- Finance (Achieve Operating Targets)
- System Integration (Reduce Unnecessary Hospitalizations by Community-Based Health Initiatives)

Quality Improvement/Performance Improvement Concepts

Core principles/concepts of continuous quality improvement include:

- Identification of customer needs and expectations
- Commitment to teamwork
- Making decisions based on data
- Commitment to continuously improving processes

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Quality care or service is everyone's job. We must keep the patient's or customer's needs first in our minds. Quality or performance improvement means working together, often in teams within or across departments, to improve processes and resolve issues.

Model for Improvement Including PDSA

Fundamental questions:

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What changes can we make that will result in improvement?

PDSA:

Plan: Plan the change

Do: Implement the change

Study: Study the results of the planned change

Act: Hold the gains or continuously improve

IT IS CRUCIAL TO REMEMBER:

From time to time, external surveyors, such as those from the NY State Department of Health or the Joint Commission, visit the Hospital to assess the quality of care provided. Surveyors frequently interview staff members from various departments. Each staff member must be able to:

- Tell how his or her job supports the mission of the hospital.
- Tell how he or she has been involved in departmental performance improvement/safety activities. The hospital uses a formal performance improvement methodology utilizing PDSA to make continual improvements.
- Explain fire safety and emergency responses, use of universal precautions and hand hygiene, equipment and reagent/materials safety, and security of the workplace.
- Explain how the hospital's approach to implementation of National Patient Safety Goals affects care in your area and in your own daily practice. (See the topic, *Patient Safety, Team Communication, and Medical-Health Care Error Reduction.)*

Take a moment to think about these items. If you are unsure about what you would say, please discuss this with your supervisor or manager.