

**St. Luke's  
Roosevelt**

**Continuum** Health Partners, Inc.

# **VOLUNTEER CORE COMPETENCY HANDBOOK**

**Continuum** Health Partners, Inc.

**Beth Israel**

**Roosevelt  
Hospital**

**St. Luke's  
Hospital**

**Long Island  
College Hospital**

**NY Eye & Ear  
Infirmary**

Dear Volunteer,

St. Luke's-Roosevelt Hospital Center is committed to assuring that all staff and volunteers are highly competent and consistently provide quality services to our patients and our community. This handbook has been designed as a resource for volunteers to develop and maintain their competencies. Topics such as Safety, Patient Confidentiality and the Patients' Bill of Rights, etc. have been selected because of their importance to our patients and our institution.

It is essential that you carefully review the *Core Competency Handbook*. The Handbook will reinforce some of the points you heard during your orientation and also answer some questions that may have arisen since that time. If you have any questions about the content or how it applies to your volunteer assignment please be sure to discuss these issues with the volunteer administrator.

After reviewing the Handbook, please complete the Challenge Exam related to its content. Of course you may refer to the Handbook to check for the accuracy of your answers. Give your completed exam to the volunteer administrator for him/her to review with you. *(It is mandated by regulatory agencies that the content is reviewed annually by all employees and volunteers.)*

Please remember to continue to incorporate the information that you have reviewed into your everyday practice. The Volunteer Services Department as well as the patients, their families and the St. Luke's-Roosevelt staff thank you for the time you give or are about to give to St. Luke's-Roosevelt.

You are very special to us, thank you for joining our volunteer team.

Regards,

Kathleen Dalton  
Director, Volunteer Services  
St. Luke's - Roosevelt Hospital

## TABLE OF CONTENTS

### **Section I Mission/Vision/Goals**

- Mission Statement 2
- Vision Statement 3
- Goals 4

### **Section II Environment of Care**

- Security 6
- Fire Prevention 7
- Emergency Management 12
- Infant Abduction 14
- Code Green 15
- Telephone Bypass System 16
- Medical Equipment Safety 17
- MRI Safety 18
- Hazard Communication 19
- Material Safety Data Sheets 20
- Waste Management 21
- Utility Systems 22
- Safe Lifting Checklist/Body Mechanics 23

### **Section III Infection Control**

- Infection Control Program 27
- Latex Allergy 31

### **Section IV Patients' Rights**

- Patients' Bill of Rights 32
- EMTALA 33
- Patient Representatives 35
- Diversity 36
- Ethics Committee 38
- Advance Directives 39
- Confidentiality 40
- HIPAA Overview 41
- Recycling Confidential Information 44
- Financial Assistance 45
- Language Assistance 46
- Patient Education 47
- Pain 48
- Abuse/Neglect/Exploitation 49
- End of Life 50

## **Section V Performance Improvement/Risk Mgmt.**

- Corporate Compliance Plan 52
- Professional Misconduct & Impaired Health Professional 54
- Occurrence Reporting 55
- Volunteer Accident Reporting 56
- Teamwork 57

## **Section VI Patient Safety**

- Patient Safety 59
- 2007 National Patient Safety Goals 61
- Patient Fall Prevention 65
- Rapid Response Team 66

## **Section VII Customer Service**

- HCAHPS 68

## **Section VIII Population Specific Care**

- Population Specific Care 70

# **Section I**

## **Mission/Vision/Goals**

# ***MISSION STATEMENT***

**The mission of St. Luke's-Roosevelt Hospital Center (SLRHC) is threefold:**

- ◆ Provide **outstanding health care**
- ◆ Provide the **highest quality education** to health care professionals
- ◆ Further **research medical knowledge** and develop **excellence in health care delivery**

Everyday you are a part of this mission when you help a patient, participate in educational activities, or are a part of research activities.



## ***VISION STATEMENT***

**St. Luke's-Roosevelt Hospital Center** will build on our recognized clinical strengths in serving Manhattan's West Side communities and our other areas by becoming the provider of choice. We will transform ourselves into a health care system capable of managing a wide range of ambulatory, inpatient and subacute care.

# ***GOALS***

For 2007, SLRHC has the following goals:

1. To redefine how we do business to ensure the best quality, customer service, and financial performance and to monitor and sustain that performance on an ongoing basis.
2. To manage the delivery of the most efficient and effective quality care to our patients through careful clinical organization, use of resources, and monitoring of outcomes.
3. To identify opportunities to change the ways we use our campuses to optimize clinical and operational efficiency.
4. To identify opportunities to expand or improve the operating performance of our ambulatory care business.

# **Section II**

## **Environment of Care**

# ***SECURITY\****

**\*Refer to the Security Management Plan in your Environmental Care Manual for additional information.**

***“SECURITY IS EVERYONE’S BUSINESS”***

## **MINIMIZE SECURITY RISKS:**

- ✓ Wear and conspicuously display, your hospital Identification (ID) badge at all times while on premises
- ✓ Challenge anyone not wearing a Hospital Center ID badge
- ✓ Secure vulnerable areas
- ✓ Safeguard patient, hospital, personal property
- ✓ Utilize security escort services while traveling on or between the Hospital Center campus and adjacent hospital properties

## **EMERGENCY PROCEDURES**

(for immediate security response due to threatening, aggressive or violent behavior)

**For Security Emergencies at St. Luke’s and Roosevelt-**

**Dial 4444**

**Inform the operator of a security emergency**

## **REPORTING “NON-EMERGENCY” SECURITY**

**INCIDENTS:** (such as a suspicious person in the hallways)

- ✓ Security representatives are available 24 hours/day:
  - St. Luke’s                    212-523-1000
  - Roosevelt                    212-523-7512
- ✓ Provide your name and location of the incident
- ✓ Describe the nature of the incident
- ✓ Provide information and description



## ***FIRE PREVENTION\****

**\*Refer to the Fire Prevention Plan (formerly called Life Safety) in your Environment of Care Manual for additional information, EC 5.10 to EC 5.50 in the CAMH.**

### ***Learn Not to Burn***

<p><b><i>You Can Prevent a Fire</i></b></p>	<p><b><i>Follow the <u>NO Smoking Policy</u>:</i></b></p> <p><b><i>1. Never smoke in the hospital.</i></b> Be an example to others and never smoke in the hospital. For everyone's health and safety, leave the hospital building when you smoke. Please remember not to smoke in front of any hospital entrance.</p> <p><b><i>2. Inform patients of the <u>No Smoking Policy</u>.</i></b> If you see patients or visitors smoking - ask them to stop. A polite explanation usually works. Call the security department for help only after all your efforts fail.</p> <p><b>Maintaining a smoke-free environment is everyone's job.</b></p>
---	--

### ***7 Tips for Hospital Fire Safety***

- 1. Elevators** - Never use elevators during a fire alarm situation. Use elevators only when directed by the Fire Department.
- 2. Smoke Barrier Doors** - Designated cross corridor hallway doors close automatically when there is a fire alarm activation. All room doors are closed by staff. Please provide a quick reassuring word of explanation to patients when closing their room doors.
- 3. Fire Alarms** - When fire alarms are sounded, remember to check the fire station chart to find the location of the fire.
- 4. "Fire Code Word"** - Never yell "fire" - it can cause fear and panic. ***Use the phrase "Code Red" at St. Luke's-Roosevelt Hospital Center when discovering a fire or smoke situation..***
- 5. Horizontal Evacuation or Area of Refuge** - The first mode of evacuation is moving patients horizontally, to the other side of smoke-barrier doors or a designated area of refuge on the same floor.
- 6. Vertical Evacuation** - Moving patients vertically can be dangerous and should only be considered as a last resort. This type of evacuation will be completed only when ordered by Fire Department personnel or the hospital administration. Evacuate personnel at least two floors below the fire/smoke affected area.
- 7. Storage** - Do not store anything within 18 inches of the top of a sprinkler head.

**In the Event of a Fire:  
Ambulatory patients are evacuated first.**

## RESPONSE LEVELS

Four (4) Response levels are applied any time the fire alarm system is activated. The response levels are based on the unit or area in which staff are located in relation to the origin of fire. It utilizes the “Define In Place” healthcare design concept.

**AWARENESS LEVEL** - An alarm in any part of the hospital building requires an awareness level response from all staff. This means that all personnel not within the origin of fire floor must be aware of the location of the fire affected area, and they should be aware and prepare themselves for the evacuation of personnel from other areas of the building to their unit. In addition, if the fire affected floor is located on a floor or area below them, smoke could possibly travel up and might require evacuation of the area. Be alert for what is happening on your floor. Report any problems to security by calling the emergency response number x 4444.

**ACTION LEVEL** – The unit adjacent to the fire of origin area requires that all staff in this area prepare for the possible horizontal evacuation of patients and visitors to their unit. Staff in this area will check any rooms to ensure they are not affected by smoke. In addition, staff in the area will clear corridors and close room doors to patient care rooms to minimize the transmission of smoke. (Remember to check on patients on a regular basis to reassure them that they are not in any danger.)

**RESPONSE LEVEL** – If the fire is on your floor, activate the **RACE** procedure immediately. Activate the fire alarm by pulling the nearest manual pull station and call emergency number x 4444. Remove all affected personnel by moving them horizontally across smoke/fire barrier doors. Close all room doors and windows. If possible, extinguish the fire at its source utilizing the appropriate extinguisher.

**NOTE:** Using a fire extinguisher on a fire has the potential to put yourself at risk! **DO NOT** attempt to use an extinguisher if you feel that your safety is in jeopardy. Staff should only try to extinguish small incipient fires, i.e., trash cans. **PLEASE** make sure the fire alarm system has been activated by pulling the nearest manual pull station.

**FIRE RESPONSE TEAM LEVEL** - Fire Response Team (FRT) members are staff who are not part of the unit who respond to the fire alarm activation area. FRT members may be from building services, engineering, security, and safety. They help area staff implement the RACE process as directed by the unit’s clinical manager. They will also report the severity of the situation to security staff who will meet the fire department upon entry to the hospital.

The NYC Fire Department is an integral part of the hospital’s fire response. Fire fighters are trained in the advanced techniques of suppression and containment, and St. Luke’s/Roosevelt Hospital’s staff will work with them to coordinate a fire response and the hospital’s resources once they arrive on-site.

**Whenever a fire alarm is activated, remember to implement:**

- |            |  |
|------------|--|
| <b>R -</b> | <b>RESCUE</b> persons in danger  |
| <b>A -</b> | <b>ALARM</b> ; yell out <b>CODE RED</b> , pull the alarm, dial <b>4444</b> |
| <b>C -</b> | <b>CONTAIN</b> fire by closing doors                                       |
| <b>E -</b> | <b>EXTINGUISH</b> fire if possible with an extinguisher                    |

Please ask your manager/supervisor to explain or provide information on your department's specific fire response.

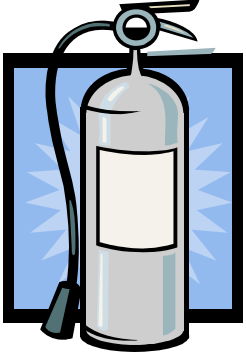


When you are located on your unit or department, please walk around and become familiar with the location of important fire prevention items:

1. Stairwells
2. Manual fire alarm pull stations
3. Fire alarm code charts (know your area's fire alarm code and the general building codes)
4. Portable fire extinguishers (determine the type of extinguisher for your area, and read the directions on the side of the extinguisher)
5. Smoke and fire barrier doors
6. Medical gas shut off valves and note the area or room(s) they control (remember medical valves can only be shut upon the direction of unit's nurse-in-charge)

**IT IS EVERYONE'S RESPONSIBILITY TO LISTEN AND RESPOND APPROPRIATELY TO FIRE ALARM ACTIVATION. YOU MUST ALSO PARTICIPATE IN ALL FIRE DRILLS.**

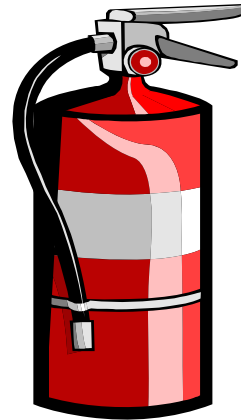
**Fire drills are conducted once per quarter per shift in healthcare and ambulatory surgery buildings or locations. Off-site clinic areas participate in one fire drill per year.**

**Portable Fire Extinguishers are conveniently located throughout the hospital in cabinets along the corridors. The location of extinguishers are noted by signs adhered to the wall. The extinguisher or cabinet must be clearly seen from the corridor.**

<p><b>Water Extinguisher – Use on Class A fires</b></p> <ul style="list-style-type: none"> <li>• Contained in the shiny, silver-colored container.</li> <li>• Used for <b>Class A fires only</b> – ordinary combustibles such as wood, paper, linen, clothing, mattresses, plastic, furniture, and waste containers.</li> <li>• Do <b>not</b> use on electrical equipment, Class C, or flammable liquid, Class B fires.</li> </ul>	
<p><b>Carbon dioxide extinguisher – Use on Class B and C fires</b></p> <ul style="list-style-type: none"> <li>• Contained in a red metal container which has a large cone shaped nozzle.</li> <li>• Used for <b>Class B fires</b> which involve flammable liquids such as oils, greases, chemicals, flammable gases, xylene, alcohol, and plastics.</li> <li>• Used for <b>Class C fires</b> which involve electrical equipment, medical equipment, electrical wiring, fuse box, or circuit breakers.</li> <li>• It can be used on electrical equipment without receiving an electrical shock.</li> </ul>	
<p><b>Wet chemical extinguisher – Use on Class K - cooking fires</b></p> <ul style="list-style-type: none"> <li>• Contained in the shiny, silver-colored container. This container is shorter, and slightly wider than the water extinguishers.</li> <li>• These extinguishers are marked for use on grease, hot oil, or cooking fires.</li> <li>• These extinguisher are located only in kitchen areas within 15 feet of the cooking equipment.</li> <li>• Used for <b>Class K fires only</b> – Cooking fire, grease, hot oil, deep fat fryers, etc.</li> </ul>	

**Dry chemical extinguisher – The all purpose extinguisher and it can be used on Class A, B, or C fires**

- Contained in a red container marked “dry chemical”.
- Used for **Class A fires** – ordinary combustibles such as wood, paper, linen, clothing, mattresses, plastic, furniture, and waste containers.
- Used for **Class B fires** which involve flammable liquids such as oils, greases, chemicals, flammable gases, xylene, alcohol, and plastics.
- Used for **Class C fires** which involve electrical equipment, medical equipment, electrical wiring, fuse box, or circuit breaker.
- It can be used on electrical equipment without receiving an electrical shock.
- Can be used on ALL TYPES OF FIRES.



***To use a fire extinguisher you - PASS.***

***P*** ***Pull the pin.*** The pin is in place to prevent the accidental discharge of the fire extinguisher. Check its location on the extinguisher.

***A*** ***Aim the nozzle.*** The nozzle is usually clipped to the side of the extinguisher. In the event of a fire, aim the nozzle at the base of the fire.

***S*** ***Squeeze the handle.*** Use firm pressure and squeeze the two handles located on top of the extinguisher.

***S*** ***Sweep the extinguisher nozzle from side to side.*** Holding the nozzle and pointing at the base of the fire, the person activating the fire extinguisher should try to move nozzle in a sweeping motion.



# ***EMERGENCY MANAGEMENT***

## ***DISASTER PLAN***

**The plan can be found in the Environment of Care Manual - Section 6**

**Definition:** A disaster is a natural or man-made event that results in a major disruption in our ability to maintain a SAFE ENVIRONMENT OF CARE for the patients and staff. Any event that threatens that ability can trigger St.Luke's - Roosevelt to activate our emergency response plans (Code D Plan.) A Safe Environment of Care means the physical environment in which care is delivered is free from hazards and is safe to care for patients and the hospital has sufficient resources to assure that patient care is not compromised.

### **Types of Emergencies**

- **Internal** - those events occurring within the hospital: for example, a fire inside the hospital, loss of internal communications, union strike
- **External** - those events occurring outside the hospital but affecting the way the hospital functions: for example, a pandemic influenza resulting in a surge of patients into the hospital, a blizzard that hampers staff's ability to report to work

**Hotline** - Continuum has established an emergency hotline for employees and volunteers to obtain updated information. In the event that Code D is activated, the hotline will provide specific information and direction by hospital site. The hotline number is **1-877-518-1878**. This number is also operational during normal hospital operations to provide updates on Continuum efforts to advance emergency readiness.

### **Activating the Emergency Response Plan - Code D**

A Code D is activated by the senior most administrator on duty. The staff on duty are notified in the following ways:

- A series of four single fire alarm bells will sound
- The Medical Center telephone operator will make the following announcement on the overhead page system:

***Code D - report to your supervisor for  
instructions***

-Key staff will be text paged

***Disaster Team members are designated as such by Department Heads. Everyone else should remain at usual post until called for by Disaster Command Team***

## **A Volunteer's role when a (Code D) is activated:**

### **All volunteers on duty shall:**

1. Report to the volunteer office for direction
2. End all non-emergent phone calls
3. Wear Hospital ID conspicuously on outermost garment clearly
4. Follow instructions of the volunteer office supervisor
5. Avoid going to disaster treatment area unless requested to by supervisor

No one will be allowed in the disaster treatment area (Emergency Department) without the proper vest. This vest can only be obtained in the labor pool.

### **All volunteers at home shall:**

1. Call the Continuum Prepares Hotline: 1-877-518-1878 to find out what you need to do
2. Call the Volunteer Office for further instruction: 1-212-523-7155

## **Hospital Emergency Incident Command System (HEICS)**

Once a Code D is activated, HEICS goes into effect. HEICS is a standardized structure of organizing administrators and other key personnel within the hospital to lead and direct the hospital during a response to an emergency event. HEICS ensures that the disaster response is coordinated, effective and efficient.

**Incident Commander** - The Incident commander is in charge of the event and is assisted by other officers and chiefs each assigned to specific responsibilities and duties. The Incident commander is the senior most administrator on duty at the time of the event. During evenings, nights and weekends, this role is assumed by the Nursing Administrator on site. The event is coordinated from a Command Center, which is equipped with all the tools necessary to effectively run the event.

### **Command Center:**

#### **St. Luke's**

Nursing Administration  
Travers 4

#### **Roosevelt**

Administrative Office  
Conference Room

**Personal Preparedness-** Knowing that you and your family are prepared for an emergency can help ease your mind.

1. Establish a phone contact outside of your immediate region. Each family member should be instructed to call the contact who can relay information back and forth among your family.
2. Select two places to meet your family in an emergency, make sure all family members know how to get there.
3. Gather an emergency supply kit for your home: a three day supply of food and bottled water, first aid kit, batteries, flashlight, candles and matches.
4. For additional information visit, [www.ready.gov](http://www.ready.gov)

# ***INFANT ABDUCTION: PREVENTION and RESPONSE***

## **What You Should Do to Prevent Infant Abductions:**

- Always wear your hospital ID badge at all times while on hospital premises. Look for special hospital IDs that identify staff who work in units providing care to infants.
- Do not let “tailgaters” or “piggybackers” in or out of the locked units with you unless they have been cleared by a unit secretary or member of the nursing staff on the maternal infant care or pediatric units. Tailgaters are people who attempt to gain access to an MCH unit by following employees or permitted visitors through access doors.
- Question suspicious visitors, asking if they need help, or asking whom they are here to see. Abductors target hospitals where they don’t feel threatened.



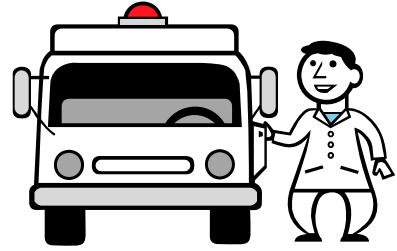
## **How To Respond to an Infant Abduction:**

- In the event that a newborn, infant, or child is discovered missing from the maternal infant care or pediatric unit, a **Code Pink** will be activated. The following announcement will be made over the public address system 3 times:



*“Code Pink, (state location), all personnel must report to their assigned locations.”*

- When a **Code Pink** is announced, all staff in the hospital should go “on alert” and notify Security immediately of anyone acting suspiciously. Be especially aware of persons carrying large bags or transporting an infant in arms instead of in a bassinet.
- Depending on where you work, you may be assigned to check bathrooms or rooms or monitor an egress. Check with your supervisor about what your role is when a **Code Pink** alert is announced. It is important to remember that **all employees are the eyes and ears for the Security staff**. Notify Security if you see anyone or anything suspicious.



## ***CODE GREEN***

**Q:** What is Code Green?

**A:** Code green is a response to **Non–Life Threatening Medical Emergencies**. Code Green assures that non life-threatening medical emergencies that occur on and off Hospital campus will be responded to in an appropriate manner, without placing the patient in danger.

### **What to do in the event of a Non-Life Threatening emergency on campus:**

- ◆ Once you have identified that another person, (a patient, staff member or visitor) requires emergency medical assistance but is still alert, **pick up the nearest phone and dial 4444**.
- ◆ Inform the operator that this is a **Code Green**, indicating that medical intervention is required but that the person needing assistance appears alert.
- ◆ The **operator calls a Code Green on the overhead paging system** to the identified location.
- ◆ Someone should **remain with the patient** at all times, providing support and comfort.
- ◆ The respective **Emergency Department responds**.
- ◆ The **Department of Transportation responds** to the site with a stretcher.
- ◆ Once the patient is transported, **complete an occurrence report** and forward it to Hospital Administration.

# ***TELEPHONE BYPASS SYSTEM***



The telephone bypass system allows the Hospital Center to maintain essential communications in the event of a telephone outage. It is a backup system. The telephone bypass system is able to respond to limited outage or site outage.

## **In telephone bypass the following should occur:**

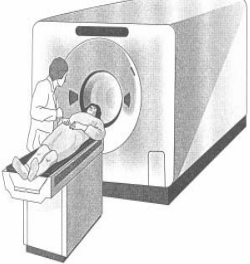
- An overhead page will identify the affected areas. Pay close attention to this notification so you will know the areas affected.
- Let your co-workers know what areas are affected.
- If you are in an affected area, you should only use the bypass phones. **Bypass phones are those with red cords on the handset.**
- If you are calling an affected area, you should use the bypass number listed in your SLRHC telephone directory or on the pink and white laminated cards attached to the “red cord” phones.

***REMEMBER: In the event of a telephone bypass, only essential calls and pages are permitted.***

# ***MEDICAL EQUIPMENT SAFETY***

1. Most of the patient related medical equipment (electrical, mechanical, etc.) used at SLRHC sites is periodically checked for proper performance and safety by the Biomedical Engineering Department as indicated by the stickers affixed to the equipment items. **ALL NEW EQUIPMENT, INCLUDING EQUIPMENT BROUGHT IN FOR EVALUATION OR TEMPORARY USE, MUST BE CHECKED BY BIOMED PRIOR TO USE.**
2. Report any abnormal noise, burning odor, electrical shock or other unusual signs to the floor supervisor immediately.
3. Cell phones and/or other hand-held communication devices are prohibited from use within patient rooms in Critical/Post critical areas, the OR/Recovery Room, the ED, Radiology, and Catheterization labs, etc. All of the restricted areas are site specific and subject of review by sites' clinical/Biomed leadership. The use of cell phones is allowed outside of designated restricted areas, preferably at the entrances to those areas, lobbies, elevators, waiting areas, etc. as per posted signs.
4. All vital equipment should be plugged into red (emergency) electrical outlets at all times.
5. All questions regarding medical equipment, its performance, safety, in-service, etc. are to be referred to the **Biomedical Engineering Department.**  
**St. Luke's 212-523-3118      Roosevelt 212-523-7020**

# ***MRI (Magnetic Resonance Imaging) Safety***

<p><i><b>What is Magnetic Resonance Imaging?</b></i></p> 	<p>MRI is a diagnostic test that allows the physician to look at internal body parts without the use of x-ray. This is done by the means of radio waves and a very powerful magnet.</p>
<p><i><b>What safety precautions should be observed by the patient?</b></i></p>	<p>Since metal of any kind can interfere with the test patients are asked to inform the staff if they have any metal or electrical devices in their body as well as a tattoo or permanent make-up.</p> <p>Patients are also asked to remove metal jewelry, hearing aids, keys, safety pins, hairpins, removable dentures and other metal items.</p>
<p><i><b>What safety precautions should be observed by the staff?</b></i></p>	<p>Clinical staff working with the patient follow the same individual precautions as the patient. In addition, the staff must ensure that <b>no metal objects or pieces of equipment</b> are allowed in the room at any time.</p> <p><i>(The MRI chamber is on 24 hours, 7 days a week.)</i></p> <p>This includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Tools for repair</li> <li>• Equipment for cleaning</li> <li>• Oxygen tanks</li> </ul>
<p><i><b>What could result if the safety precautions are ignored?</b></i></p>	<ul style="list-style-type: none"> <li>• Serious injury/death to the patient or staff</li> </ul>

## ***HAZARD COMMUNICATION***

The **Occupational Safety and Health Administration** and the **New York State Right to Know Law** employers are responsible for informing employees of the hazards and the identities of workplace chemical to which they are exposed.

Under Occupational Safety and Health Administration regulation, an Employer is required to provide the following information:

1. Identify and list hazardous chemicals in their workplace.
2. Obtain Material Safety Data Sheets and labels for each hazardous chemical.
3. Train employees before they use known hazardous chemicals
4. Train employees on how to identify hazardous chemicals used in their work areas.

***Q. What should you do if you are worried about chemicals or other hazards in the workplace?***

- A.** The first action is to read the label on the bottle. All manufacturers are required by federal law to indicate hazards on the label of any chemical bottle, which contains a hazardous material. Labels are required to be legible, in English, and prominently displayed on the container. If you want more detailed information on the hazard, then you need to go to the unit's MSDS binder. (MSDS are located in bright yellow binders on each unit/floor.) If you can not find the proper information, then you should notify your supervisor or department head, and then call the safety department. The safety department will search its on-line database using our MSDS on-line service company.

Call the **Safety Department** for assistance.

**St. Luke's and Roosevelt Hospitals - 212-523-2050, 2051**

If you want to learn more information about the Hazardous Communication Standard, go to [www.OSHA.gov/](http://www.OSHA.gov/).

If you are employed and work in our clinical or research laboratories, please make sure that your supervisor informs you of our Chemical Hygiene Plan.

## ***MATERIAL SAFETY DATA SHEETS***

What is a MSDS?

MSDS stands for Material Safety Data Sheet. It provides detailed information prepared by the manufacturer or importer of a chemical that describes the physical and chemical properties, physical and health hazards, routes of exposure, precautions for safe handling and use, emergency and first-aid procedures, and control measures. (MSDSs have no prescribed format.) It will list known acute and chronic health effects, material exposure limits, and it will also inform personnel if the material is a known carcinogen.

MSDS are found on every floor in bright yellow binders with the word MSDS on it. There is also a full inventory of all known MSDS in the security offices at SL and RH sites. MSDS are located in areas in which staff have access 24/7. Ask your supervisor where your unit's MSDS binder is located.

The following categories are typically found on a MSDS:

1. Chemical Product and Company Identification
2. Composition, Information on Ingredients
3. Hazards Identification
4. First-Aid Measures
5. Fire Fighting Measures
6. Accidental Release Measures
7. Handling and Storage
8. Exposure Controls, Personal Protection
9. Physical and Chemical Properties
10. Stability and Reactivity
11. Toxicological Information
12. Ecological Information
13. Disposal Considerations
14. Transport Information
15. Regulatory Information
16. Any Additional Information

***Q. How can you find out more about proper safety precautions when using a chemical?***

***A.*** In most cases, all the safety details that you would need are available on the appropriate Material Safety Data Sheet (MSDS).

Remember, do not throw away any hazardous material container that is not empty in a regular trash container. All hazardous materials and aerosols must be discarded through our hazardous waste vendor, Triumvirate Environmental.




Contact the Safety Department for more information.

**St. Luke's and Roosevelt Hospitals - 212-523-2050, 2051**

Update your dept's chemical inventory list when purchasing new chemicals.

## **WASTE MANAGEMENT**

Wherever you work, in whatever position, you are responsible for proper disposal of the waste you generate. The following is a brief overview of what you need to know.

<p><b><i>What goes in red bags?</i></b></p> 	<p>Red bag waste (Regulated Medical Waste) disposal is expensive. They are used for:</p> <ul style="list-style-type: none"> <li>• Blood and blood products</li> <li>• Anything soaked, caked or dripping in blood (not blood-tainted)</li> <li>• Cultures and stocks of infectious agents</li> <li>• Serums and vaccines</li> <li>• Suction canisters, hemovac and pleurovac drainage containing any waste</li> <li>• Waste generated from patients with <u>highly</u> communicable diseases (examples: Smallpox, Ebola)</li> <li>• Pathological Waste such as animal carcasses, placenta and surgery and autopsy waste</li> </ul>
<p><b><i>What goes in Sharps Containers?</i></b></p> 	<p>Anything that can cut or puncture the skin must be discarded in a sharps' container. Do not overfill sharps' container.</p> <ul style="list-style-type: none"> <li>• Needles and syringes (even syringes without needles)</li> <li>• Scalpels</li> <li>• Slides, pipettes</li> <li>• Razor blades</li> <li>• Test tubes</li> </ul>
<p><b>What goes in Recycling Receptacles?</b></p> 	<p>In the <b>blue</b> recycling receptacles deposit:</p> <ul style="list-style-type: none"> <li>• Papers, newspapers, magazines</li> <li>• Junk mail</li> <li>• Post-its</li> <li>• File folders – except Pendaflex folders, they contain plastic</li> <li>• Brochures, pamphlets</li> </ul>
<p><b><i>What goes in Yellow Chemotherapy Waste Containers?</i></b></p>	<p>In the <b>yellow</b>, rigid chemotherapy waste containers deposit all items labeled “Cytotoxic Drugs”:</p> <ul style="list-style-type: none"> <li>• IV bags and tubing used with these drugs</li> <li>• Bottles</li> <li>• Needles and syringes used in preparation and/or administration</li> <li>• Spill cleanup materials</li> </ul>

# ***UTILITY SYSTEMS***

Employees must have a basic knowledge of operation for all utility systems in their work area. Utility systems in the hospital include:

1. Electrical (normal and emergency power)
2. Elevators
3. Heating/ventilation/air conditioning (HVAC)
4. Medical gas and vacuum (suction)
5. Steam, Water, Gas and Sewer
6. Telephone and data systems
7. Plumbing
8. Nurse Call systems
9. Fire Alarm system

The Hospital Center has a back-up plan for each of the essential utility systems in the event of an interruption of service. These plans can be found in the *Environment of Care Manual*, located in each department and nursing unit.

**Emergency power is available throughout the hospital in the event of a power failure. It is provided by emergency generators that start automatically upon the loss of power from the local utility.**

## **Remember:**

- Emergency power availability varies depending on location
- A red electrical receptacle indicates that emergency power is available at that outlet
- Details on emergency power for your work location can be obtained from your supervisor

# Safe Lifting Checklist

## **FOLLOW SAFE LIFTING PRINCIPLES TO AVOID BACK STRAIN.**

- ❑ Let your legs, not your back, do the work.
- ❑ Try to avoid leaning, bending, reaching, and stooping.
- ❑ Stand at bedside with one knee bent or resting on a stool.
- ❑ Don't twist to reach or change positions. Turn your feet or swivel your hips, keeping your back straight.
- ❑ Wear sturdy shoes with nonskid soles.
- ❑ Keep feet spread a bit to provide support.
- ❑ Work at a height that doesn't require much bending.
- ❑ Change positions frequently.
- ❑ Take short breaks to stretch or move around.
- ❑ Don't overexert yourself. Learn your own limits.

## **NEVER LIFT OR MOVE A PATIENT.**

- ❑ Explain to the patient that you need to find a staff member to take care of their need.

**GET HELP WHEN IN DOUBT ---- SOLO MOVES ARE VERY RISKY!!!**

# BODY MECHANICS



**The basic lifting rule - *think things through before you start !***

## General Rules for Lifting Things Safely!

1. Stand close to the object with wide stand and firm footing
2. Squat down and keep back straight and bend knees
3. Grasp object firmly so it won't slip
4. Breathe in – inflated lungs help support the spine
5. Lift with legs – straighten and knees
6. Hold object close to body



**Be aware of awkward positioning, which can include,**



- Twisting while lifting
- Bending over to lift
- Lateral or side bending
- Back hyperextension or flexion
- Forces on the spine increase when lifting, lowering or handling objects
- Reaching forward or twisting to support a patient from behind to assist them in walking.



## CHRONIC STRAIN ON BACK MUSCLES

If your job requires you to sit or stand partly bent over for long periods of time, it can cause chronic strain on your back muscles.



To prevent or relieve the fatigue and strain you can do the following at work:





- **Change Position** as often as possible. Shift your weight by alternating feet on a footrest during standing jobs.
- **Stretch.** Clasp hands behind head; bring elbows back. Then bend forward until back is horizontal.
- **Adjust Working Heights** to prevent slumping or excess reaching.
- **Relax.** Let shoulders and neck muscles go limp; swivel head and let it droop all the way forward.

**Muscle pulls are due to microtrauma from repetitive activity over time, or it can be the product of a single traumatic event. Many times, symptoms are ignored until the condition becomes acute. Please report muscular injuries to your manager, and get help when they occur. Use the Employee Accident Report form to report these injuries so the hospital can track and trend injuries. You are not required to see a physician if you fill out this form.**

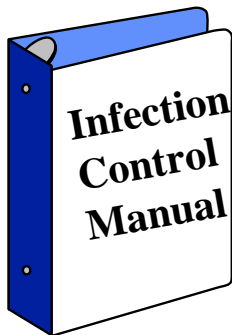
# **Section III**

## **Infection Control**

# **INFECTION CONTROL PROGRAM**

<p style="text-align: center;"><b><i>Who can be contacted for information about infection control?</i></b></p>	<p>Contact the Nurse Epidemiologist about any infection control questions:</p> <p style="text-align: center;"><b>Eloisa Santos                      beeper 39235</b>  <b>Barbara Smith                      beeper 37485</b>  <b>Angela Gabasan                    beeper 35484</b></p>
<p style="text-align: center;"><b><i>How can health care workers prevent the spread of infection?</i></b></p>	<p>Handwashing remains the single most important way to prevent the spread of infection for both patients and staff.</p> <p>The Hand Hygiene Guidelines developed by the Centers for Disease Control and Prevention (CDC) recommend that healthcare workers use an alcohol-based hand wash to routinely clean their hands between patient contacts, as long as their hands are not visibly soiled.</p> <p>Understanding and practicing the principles and guidelines of Standard Precautions are essential for all healthcare workers.</p>
<p style="text-align: center;"><b><i>What are the indications for hand washing with soap and water or alcohol-based hand wash?</i></b></p> 	<p>When hands are visibly contaminated or soiled with blood or body fluids or when caring for a patient with <i>C. difficile</i>, wash with soap and water.</p> <ul style="list-style-type: none"> <li>• For general patient care, a non-microbial soap is recommended.</li> <li>• Handwashing with soap and water is most effective if it's done for at least 10-15 seconds.</li> </ul> <p>If hands are not visibly soiled, use an alcohol-based hand wash for routine decontamination of the hands.</p> <ul style="list-style-type: none"> <li>• For invasive procedure (e.g., placing an IV) an antimicrobial soap or alcohol-based hand wash should be used before performing the procedure.</li> </ul> <p>For procedures that require a surgical scrub, nails should be kept short (nails flush with the fingertips).</p>
<p style="text-align: center;"><b><i>Are artificial fingernails and long nails allowed in the clinical area?</i></b></p> 	<ul style="list-style-type: none"> <li>• Artificial fingernails or extenders should not be worn when having direct contact with patients since they are proven risk factors for colonization of organisms of the hand.</li> <li>• Nail length is important because even after careful hand washing, healthcare workers often harbor substantial numbers of potential pathogens under their nail and fingertips.</li> <li>• As per SLRHC dress code policy nail length should be short enough to allow for thorough cleaning underneath the nails and not cause gloves to tear.</li> </ul>

## What are Standard Precautions?



Standard Precautions refer to the way that we handle:

- Blood
- All body fluids, secretions and excretions, except sweat regardless of whether or not they contain visible blood
- Non-intact skin
- Mucous membranes

You follow Standard Precautions when you:

- Wear personal protective equipment (gloves, gown, mask, eyewear) when there is the possibility of contact with blood, body fluids, excretions, secretions, non-intact skin or mucous membranes.
- Wash your hands with soap and water or use alcohol-based hand wash
  - between patient care procedures or activities (even with the same patient)
  - after each patient contact
  - after removing gloves
- Prevent needle stick and sharps injuries by using and disposing of equipment properly.
- Use appropriate hospital disinfectants to clean up and decontaminate spills of blood and body fluids.

## What are Transmission Based Precautions?



Transmission Based Precautions are designed for patients who have or who are suspected to have a transmittable illness that requires extra precautions *in addition to Standard Precautions*. These precautions are needed to prevent the transmission of the organism to others.

There are three categories of transmission based precautions:

- Airborne
- Contact
- Droplet

Standard precautions and these 3 Categories of transmission precautions replace the use of Universal Precautions.

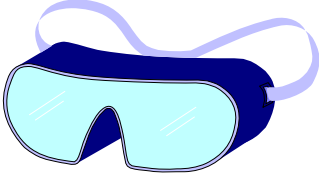

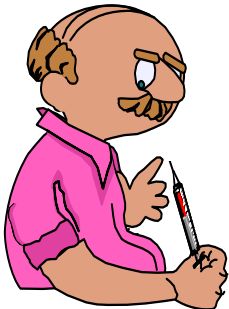
The *Infection Control Manual*, which is available on each patient care unit, has a Disease Index with the necessary isolation/precautions category.

## How are blood borne pathogens transmitted?



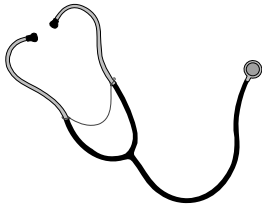
Common ways of blood exposure:

- Injection of blood, blood component, or blood containing fluid by a needle stick or cut from a sharp instrument contaminated with blood or blood product
- Splash of blood, blood component or blood-containing fluid onto exposed skin which has severe dermatitis, acne, open cuts, wounds or scrapes
- Splash of blood, blood component or blood-containing fluid onto mucous membranes such as mouth, eyes, nostrils

<p><b><i>What items are considered Personal Protective Equipment (PPE)?</i></b></p> 	<p>PPE is primarily described as items worn to protect the employee from contracting blood borne pathogens as part of Standard Precautions.</p> <p>PPE to be worn when caring for all patients include:</p> <ul style="list-style-type: none"> <li>• <b>Gloves</b> - to protect hands if there is a chance of exposure to blood or body fluids.</li> <li>• <b>Mask</b> - to protect the mouth if there is a chance of blood splatter into the mouth.</li> <li>• <b>Eyewear</b> - to protect eyes if there is a chance of blood splatter into the eyes.</li> <li>• <b>Gown</b> - to protect clothes if soiling by blood or body fluid is possible.</li> </ul>
<p><b><i>How can needle sticks be prevented?</i></b></p> 	<p>Preventing needle stick injuries is every employee's responsibility. Nobody wants to cause an accidental needle stick to himself or anyone else.</p> <p>You can prevent needle stick injuries by:</p> <ul style="list-style-type: none"> <li>• Using safety devices as much as possible.</li> <li>• Discarding needles in the Sharps' Container.</li> <li>• Never overfilling or forcing a needle into the Sharps' Container.</li> <li>• Being aware of "at-risk" situations. (Example: an agitated patient resisting blood drawing.)</li> </ul>
<p><b><i>What do you do if you experience a needle stick or blood exposure?</i></b></p> 	<p>If you experience a needle stick or blood exposure:</p> <ol style="list-style-type: none"> <li>1. Wash the affected site.</li> <li>2. Contact your supervisor.</li> <li>3. During the week, Employee Health Services provides the post needle stick (HBV/HIV) protocol. Late hours, weekend, and holiday exposure incidents as well as needle stick or blood exposure occurring at the RH site will be directed to the Emergency Department (ED). The <b><i>Blood/Body Fluid Exposure Category Worksheet</i></b> is used to manage the exposure incident.</li> <li>4. Exposure evaluation includes a review of hepatitis B vaccine status, serologic testing or prophylaxis as indicated, and hepatitis C screening.</li> <li>5. If the source is positive or at high risk for HIV infection, a decision regarding antiviral prophylaxis should be made immediately. <b>If prophylaxis is elected it should be started as soon as possible, within an hour if possible.</b></li> <li>6. When initial management is done in the ED, an evaluation will follow at Employee Health Service at the SL site on the next business day to review blood tests and provide continuity of care.</li> <li>7. The number at Employee Health Service is 212-523-2342. If you call this number, you will be told what to do in case of a needle stick.</li> </ol>

# Latex Allergy

*Reports of reactions to latex have risen in recent years, especially among health care workers where latex gloves are widely used to prevent exposure to HIV, Hepatitis B and other bloodborne pathogens. The increase is also the result of more and more latex-containing products and medical equipment in health care facilities and the environment in general.. The amount of exposure needed to cause a reaction is not known. Reactions can begin within minutes of exposure, or they can occur hours later. Employees using latex gloves or latex products should be aware of the types of latex reactions both for themselves and their patients.*

<p><b>Allergic Contact Dermatitis</b></p>	<ul style="list-style-type: none"> <li>• Caused by exposure to latex and chemicals added to products, such as gloves, during manufacture.</li> <li>• It causes skin reactions similar to poison ivy.</li> <li>• Rash occurs 24-48 hours after contact and may progress to blisters.</li> </ul>																								
<p><b>Latex Allergy</b></p>	<ul style="list-style-type: none"> <li>• A more serious reaction.</li> </ul> <p>Begins within minutes but can occur 1 - 2 hours later. It can progress from skin redness, hives or itching to respiratory symptoms including sneezing, running nose, asthma and anaphylactic shock and possible death (rare).</p>																								
<p><b>Who is at risk for latex sensitivity/allergy?</b></p>	<p>Individuals with history of:</p> <ul style="list-style-type: none"> <li>• general allergies</li> <li>• latex exposure at work</li> <li>• food allergies, especially banana, kiwi, avocado</li> <li>• previous surgical procedures</li> <li>• allergic reactions during anesthesia, surgery, dental work, catheterization, rectal or vaginal exams</li> <li>• congenital abnormalities such as spina bifida which require frequent bladder catheterizations</li> </ul>																								
<p><b>What items in the healthcare environment contain latex?</b></p> 	<p>Many products contain latex: medical supplies, personal protective equipment, office supplies. Here are a few examples:</p> <table border="0"> <thead> <tr> <th><u>Emergency Equipment</u></th> <th><u>Hospital supplies</u></th> <th><u>Office supplies</u></th> </tr> </thead> <tbody> <tr> <td>Blood pressure cuffs</td> <td>Catheters</td> <td>Rubber bands</td> </tr> <tr> <td>Stethoscopes</td> <td>Wound drains</td> <td>Erasers</td> </tr> <tr> <td>Gloves</td> <td>Injection ports</td> <td></td> </tr> <tr> <td>Tourniquets</td> <td>Multidose vials</td> <td></td> </tr> <tr> <td>IV tubing</td> <td>Anesthesia masks</td> <td></td> </tr> <tr> <td>Electrode pads</td> <td></td> <td></td> </tr> <tr> <td>Endotracheal tubes</td> <td></td> <td></td> </tr> </tbody> </table>	<u>Emergency Equipment</u>	<u>Hospital supplies</u>	<u>Office supplies</u>	Blood pressure cuffs	Catheters	Rubber bands	Stethoscopes	Wound drains	Erasers	Gloves	Injection ports		Tourniquets	Multidose vials		IV tubing	Anesthesia masks		Electrode pads			Endotracheal tubes		
<u>Emergency Equipment</u>	<u>Hospital supplies</u>	<u>Office supplies</u>																							
Blood pressure cuffs	Catheters	Rubber bands																							
Stethoscopes	Wound drains	Erasers																							
Gloves	Injection ports																								
Tourniquets	Multidose vials																								
IV tubing	Anesthesia masks																								
Electrode pads																									
Endotracheal tubes																									

# **Section IV**

## **Patients' Rights**

## ***PATIENTS' BILL OF RIGHTS***

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

1. Understand and use these rights. If for any reason you do not understand or you need help, the hospital **MUST** provide assistance, including an interpreter.
2. Receive treatment without discrimination as to race, color, religion, sex, national origin, disability, sexual orientation or source of payment.
3. Receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
4. Receive emergency care if you need it.
5. Be informed of the name and position of the doctor who will be in charge of your care in the hospital.
6. Know the names, positions and functions of any hospital staff involved in your care and refuse their treatment, examination or observation.
7. A no smoking room.
8. Receive complete information about your diagnosis, treatment and prognosis.
9. Receive all the information that you need to give informed consent for any proposed procedure or treatment. This information shall include the possible risks and benefits of the procedure or treatment.
10. Receive all the information you need to give informed consent for an order not to resuscitate. You also have the right to designate an individual to give this consent for you if you are too ill to do so. If you would like additional information, please ask for a copy of the pamphlet "*Do Not Resuscitate Orders - A Guide for Patients and Families.*"
11. Refuse treatment and be told what effect this may have on your health.
12. Refuse to take part in research. In deciding whether or not to participate, you have the right to a full explanation.
13. Privacy while in the hospital and confidentiality of all information and records regarding your care.
14. Participate in all decisions about your treatment and discharge from the hospital. The hospital must provide you with a written discharge plan and written description of how you can appeal your discharge.
15. Review your medical record without charge. Obtain a copy of your medical record for which the hospital can charge a reasonable fee. You cannot be denied a copy solely because you cannot afford to pay.
16. Receive an itemized bill and explanation of all charges.
17. Complain without fear of reprisals about the care and services you are receiving and to have the hospital respond to you and if you request it, a written response. If you are not satisfied with the hospital's response, you can complain to the New York State Health Department. The hospital must provide you with the Health Department telephone number.
18. Authorize those family members and other adults who will be given priority to visit consistent with your ability to receive visitors.
19. Make known your wishes in regard to anatomical gifts. You may document your wishes in your health care proxy or on a donor card, available from the hospital.

*Public Health Law (PHL) 2803 (l) (g) Patients' Rights, 10NYCRR, 405.7, 405.7 (a) (1), 405.7 (a) (2)*

# ***EMTALA***

## ***What is EMTALA?***

The Emergency Medical Treatment & Active Labor Act (EMTALA) is a Federal law. Its purpose is to ensure emergency care for anyone who needs it regardless of his/her ability to pay or insurance coverage. EMTALA is sometimes called the “Anti-Dumping” statute or COBRA Law.

## ***What is our Commitment?***

At St. Luke’s-Roosevelt Hospital Center, we are committed to providing quality emergency healthcare services regardless of an individual’s potential to pay. Not just because it is the law, it is this hospital’s mission.

## ***KEY POINTS***

- The concept of EMTALA ensures healthcare for the nation’s most vulnerable populations, including the poor, under-insured and the uninsured. There is no valid excuse to justify refusal or delay in providing emergency treatment and services.
- Fines can be extremely high for any violations (\$25,000-\$50,000 per violation).
- EMTALA violations can result in the hospital and individual healthcare providers being excluded from Medicare and Medicaid reimbursement.

## ***BASIC OBLIGATIONS***

First, we must provide a medical screening examination to determine whether an emergency medical condition exists.

Second, where an emergency medical condition exists, hospitals must either provide treatment until the patient is stabilized, or if they do not have the capability, transfer the patient to another hospital according to EMTALA provisions.

An appropriate transfer:

- Patient must agree/consent to transfer
- Receiving hospital must agree to accept the transfer
- Must be accompanied by necessary medical records
- Must be effected through qualified personnel and transportation equipment as required.

***What All  
Healthcare  
Providers Need to  
Know***

This law applies to all patients in the hospital, not only Emergency Department patients.

Report any suspected violations to your supervisor.

If you have any questions regarding the transfer, the administrator-on-call will assist in making appropriate plans based upon what is safe, legal and in the best interest of the patient.



# ***PATIENT REPRESENTATIVES***

<p style="text-align: center;"><b><i>Patients' Bill of Rights</i></b></p>	<p>Each patient in a hospital in New York State has rights under the law; they are described in the <i>Patients' Bill of Rights</i>. Basically, a patient is viewed as an equal partner in the healthcare process. These are some highlights from the <i>Patients' Bill of Rights</i> stating each patient has the right to:</p> <ul style="list-style-type: none"> <li>• a complete understanding of the diagnosis and treatment;</li> <li>• a foreign language or sign language interpreter;</li> <li>• refuse treatment and know the consequences;</li> <li>• considerate and respectful care, without discrimination;</li> <li>• privacy and confidentiality;</li> <li>• complain about care without fear, and receive a response;</li> <li>• get the telephone number for <b>NYS Health Department, 212-417-5995</b>, to register a complaint.</li> </ul>
<p style="text-align: center;"><b><i>A copy of the Patients' Bill of Rights can be found:</i></b></p>	<ul style="list-style-type: none"> <li>• On every Inpatient Unit.</li> <li>• In the Outpatient/Ambulatory Department.</li> <li>• In the Emergency Department.</li> <li>• In the Admitting Office.</li> </ul>
<p style="text-align: center;"><b><i>Patient Representative Department</i></b></p>	<p>The Patient Representative Department is here to:</p> <ul style="list-style-type: none"> <li>• assist patients and their families obtain information, understand hospital policies and procedures, exercise their rights under the law, and resolve problems and concerns;</li> <li>• be a vehicle by which patients may voice their grievances and recommend changes in hospital policy.</li> </ul> <p style="text-align: center;"><b>St. Luke's      212-523-3700</b> <b>Roosevelt      212-523-7225</b></p>
<p style="text-align: center;"><b><i>How can you demonstrate respect for patients' rights?</i></b></p>	<ul style="list-style-type: none"> <li>• Identify yourself to the patient by name and position.</li> <li>• Explain your role in the care of the patient to the patient.</li> <li>• Listen to patients and answer their questions.</li> <li>• Identify problems early and refer them to your supervisor or to a Patient Representative.</li> <li>• Respect a patient's need for privacy and confidentiality.</li> <li>• Assess each patient for possible special needs, and do what you can to meet them.</li> <li>• Obtain interpreter assistance if the patient has special communication needs. (Call the page operator.)</li> </ul>

---

# Cultural Competency

---



The workforce of Beth Israel Medical Center and the patient population we serve represent many nationalities, races, religious and cultural beliefs. These differences can impact the quality of our communication, the quality of our work environment and the quality of patient care.

**Every employee is expected to develop a basic level of cultural competency, enabling him or her to work effectively in cross-cultural situations.**

## Valuing Workplace Diversity

Workplace diversity refers not only to the different characteristics of employees such as life experience, age, gender, sexual orientation and physical abilities but also work experience, job title, union affiliation, seniority and other workplace related differences. To create an inclusive work environment, one which enables all employees to make a full contribution to the success of Beth Israel Medical Center, all employees are encouraged to:

- ✓ Show respect for one another
- ✓ Engage in open discussions about cultural, racial or other differences
- ✓ Constructively address misunderstandings and conflict.



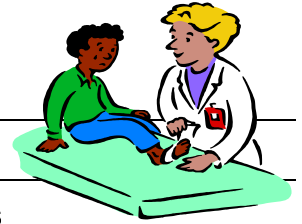
Employees are encouraged to respectfully address negative behaviors that may occur in the workplace such as:

- ✗ Remarks perceived as offensive or demeaning
- ✗ Unresolved cultural misunderstanding or disagreements
- ✗ Judging cultural beliefs of others
- ✗ Active exclusion of others.

**Diversity Charter:  
Create a multicultural  
environment that works for  
everyone**

**-  
Value and respect each other's  
contributions to the workplace**

# Caring for Patients and Families



Providing Culturally Competent Care	
Challenges	Solutions
<p>Patients have different religious and cultural beliefs about health care</p> <p>Patients are at greater risk to some diseases than other ethnic groups</p> <p>Patients are at risk of diseases specific to their ethnic group</p>	<p>Develop skills to better hear what people from different cultures want to communicate to you</p> <p>Learn about the cultures you serve and use that knowledge to provide individualized care to each patient</p>
<p>Patients may be more receptive to care if the environment is familiar and respectful of their culture</p>	<p>Conduct a cultural audit to assess the cultures served by your area. Take actions such as using posters and magazines in waiting areas that reflect the population served, offer appropriate pastoral services, meet dietary requests when possible and hang appropriate signage.</p>
<p>Deaf patients and patients with Limited English Proficiency (LEP) must have access to medical information in their preferred language</p>	<p>Utilize interpreter services properly and provide translated documents when available.</p>



Keep in mind that while it is helpful to learn about different cultures, we do not treat cultures; we treat individuals.

**Our Diversity Mission:**  
**To treat each patient as an individual within their own cultural context.**

The Human Resource Department has a Diversity Office located at 555 W. 57<sup>th</sup> St. For more information please contact Tanya Straker, Diversity Director at 212-523-2011.

## ***ETHICS COMMITTEE***

When difficult treatment decisions must be made, patients, families, physicians and any member of the health care team may seek the advice of the Hospital Ethics Committee.

**To contact the Ethics Committee for an issue at  
St. Luke's-Roosevelt Hospital Center call:  
212-523-3705 to leave a message or  
page beeper #35417**



## ***ADVANCE DIRECTIVES***

Important questions may arise about the type and duration of treatment of a patient who becomes too ill to speak for him/herself. Under the law, patients can make known their wishes for future treatment by means of **advance directives**. These can be in writing, such as a **Health Care Proxy**, a **Living Will**, or **Do Not Resuscitate (DNR) orders**, or they can be expressed orally. Written advance directives are far preferable and provide legally acceptable proof of the patient's wishes.

New York State Law requires that all hospitalized patients be given the opportunity to complete an advance directive. The *Health Care Proxy* is given to each patient on admission. The Nurse, Patient Representative or Social Worker can provide a patient with information regarding the *Health Care Proxy* or any other advance directive.

# ***CONFIDENTIALITY***

The Patients' Bill of Rights and the HIPAA laws both ensure patient confidentiality. Also, New York State passed a law guaranteeing confidentiality to all persons related to **HIV status** and **HIV testing**. If HIV information is released without proper authorization, the individual can be charged with a misdemeanor and fined up to \$5000.

**Do not share computer passwords.**

**Do not discuss any patient information in public areas such as elevators, hallways, cafeterias, or hospital jitneys, or with:**

- one patient about another.
- relatives and friends of the patient (*unless officially authorized*).
- visitors to the hospital.
- representatives of the news media.
- other staff except when in a conference.
- your own relatives, friends and/or neighbors.



# ***HIPAA OVERVIEW***

The following information provides you with a basic knowledge of the main elements of the HIPAA Privacy Rule—and how you can continue to help protect our patients’ health information. **Your supervisor or manager may also provide you with additional information if your job position requires it.**

As you review this information, keep in mind that we are **all** responsible for ensuring compliance with the Privacy Rule. The importance of HIPAA may be reinforced for you when you remember that we (and our family members and our friends) are **all** patients at some time in our lives—and we all want our personal health information handled appropriately.

## **What is HIPAA?**

The Health Insurance Portability and Accountability Act of 1996 (commonly known as **HIPAA**) is an important law that affects how Continuum Health Partners handles confidential health information. The main aspects of the HIPAA Privacy Rule are:

- Restrictions on how personal health information is used and disclosed
- Greater patient access to his/her medical records
- Increased protection of patient medical records

## **Who has to comply with HIPAA?**

As a healthcare provider, Continuum is considered a “**covered entity**,” which means we must comply with all HIPAA regulations. Other covered entities include health plans, healthcare clearinghouses, and “**business associates**” (contracted vendors).

Under HIPAA, when Continuum shares patient information with contracted vendors such as transcription services or billing companies, they become “business associates” and must also follow HIPAA rules. Continuum’s “**business associate agreements**” (contracts) with these vendors must include an acknowledgement of HIPAA compliance.

## **What is “Protected Health Information”?**

The HIPAA Privacy Rule requires that Continuum take specific steps in how we handle personal health information. When a patient provides us with any personal health information, under HIPAA it becomes **Protected Health Information (PHI)**. Remember that PHI is more than just what is contained in the patient’s medical record. **Spoken, written, recorded, and electronic** information is all PHI if it connects health and patient information.

Whenever we are going to use or disclose PHI for purposes other than **Treatment, Payment** or hospital **Operations (TPO)**, we must get a **signed authorization form** from the patient. The authorization form must contain clear information on what PHI will be used/disclosed, a patient’s right to cancel the authorization, and expiration date of the authorization.

# ***HIPAA OVERVIEW***

## **How is Continuum complying with the Minimum Necessary Rule?**

We do need to make sure we are careful with how we use and share PHI. Basically, disclosure of PHI must be limited to the least amount needed to get the job done right. This is called the **Minimum Necessary Rule**.

## **Why is the “Privacy Notice” so important?**

Under the HIPAA Privacy Rule, when patients receive healthcare services for the first time at a Continuum facility, they must receive a notice of their rights concerning the use/disclosure of their PHI. They must also be informed of the covered entity’s responsibilities relating to PHI. This information is very important and is known as the **Notice of Privacy Practices (NPP)**. The Notice of Privacy Practices must:

- Be provided to the patient in print
- Contain information on the patient’s rights and the covered entity’s legal duties
- Be displayed at the site of service and posted on a web site, if possible

We must make an effort to get from our patients a **written acknowledgement** that they have received the Notice of Privacy Practices. Copies of all NPPs and patient acknowledgements must be kept. Whenever there are any changes in Continuum’s privacy practices, we will need to issue revised NPPs. Continuum staff will also be notified whenever such changes occur.

## **What can patients do if they feel their PHI has been mishandled?**

Patients who feel their PHI has not been used or disclosed appropriately can make a complaint about their concerns. At Continuum, we should direct these patients to either the **Patient Relations Department** or the **Privacy Officer**. Remember, there are serious civil and criminal penalties for HIPAA noncompliance for individuals and the institutions. **If you have any questions or concerns about your compliance with the HIPAA Privacy Rule, speak to your supervisor or the Privacy Officer.**

## **Your Role in HIPAA**

- Ensure that PHI is not disclosed improperly
- Do not discuss PHI in elevators or in public areas such as cafeterias where your conversations may be overheard
- Protect and do not share computer passwords
- Make good faith reports of HIPAA violations to the Privacy Officer

If you have any questions about the HIPAA Privacy Rule, speak with your manager/supervisor. You can also contact Continuum’s Privacy Officer or Chief Security Officer:

# ***HIPAA OVERVIEW***

**LOUIS SCHENKEL**  
**Continuum Privacy Officer**  
**(212) 523-2162**

**KEN LOBENSTEIN**  
**Continuum Chief Security Officer**  
**(212) 523-7609**



# RECYCLING CONFIDENTIAL INFORMATION

## Continuum Recycles Protected Health Information (PHI)

The Health Insurance Portability and Accountability Act (HIPAA) of The Federal Office of Civil Rights requires health care facilities to establish written policies and procedures for implementation of privacy and security measures. In other words, our patients have a right to the privacy of their health information. So if we throw away any office paper that contains protected health information (PHI), we have to ensure its security and ultimate destruction.

### Locked versus unlocked bins

Unlocked recycling bins are used for paper recycling in those areas that are **inaccessible** to patients and public. Whether paper waste is newspaper, magazines, junk mail or Protected Health Information (PHI), all paper recyclables go into a blue recycling bin. Locked bins are for the same exact material, that is, both Personal Health Information and regular paper recyclables, but the locked bins are in final storage areas and in areas that are **accessible** to patients/visitors.

### For More Information...

The HIPAA-compliant recycling policy is found in the *Environment of Care Manual* under Section 5 – Hazardous Materials and Waste Management.

## What is Protected Health Information (PHI)?

*What is the definition of confidential waste?*

Protected Health Information is anything that contains:

- Patient Name and/or address
- Names of relatives
- Names of employer(s)
- Birth date
- Telephone number
- Fax number
- Email address
- Social security number
- Medical record number
- Health plan beneficiary number
- Account number
- Certificate and/or license number
- Any vehicle or device serial number
- Web URL
- Internet protocol address
- Finger or voice print
- Photographic images
- Any other unique identifying number, characteristic or code (whether generally available in the public realm or not.)



For pick-up requests, inservice information or for additional bins contact Environmental Services:

- **St. Luke's – 212-523-2489**
- **Roosevelt Hospital – 212-523-7001**



# ***FINANCIAL ASSISTANCE***

All Continuum hospitals help the uninsured or the underinsured through our financial assistance policy. Those patients who lack health insurance or the financial resources to pay for quality health care services have the opportunity to apply for financial assistance.

## **The Financial Assistance Policy:**

- Patients will have access to information regarding charges for hospital services
- Our staff will first assist in determining eligibility for government sponsored programs.
- Patients who do not qualify for government sponsored programs may apply for the programs that are offered through our hospitals.
- The Policy applies to hospital charges for medically necessary inpatient elective and emergent/urgent care, ambulatory surgery, and to outpatient and referred ambulatory services
- The Policy does not cover deductibles or co-pays
- Our Policy gives all patients the opportunity to apply for a full or partial discount on charges
- The Department of Financial Counseling will determine eligibility based on a patient's family size, income and resources
- Patients who have completed the Financial Assistance Policy application process will qualify for a prompt-pay discount or an extended payment plan, based on a patient's ability to pay

All patients inquiring about financial assistance must be directed to **the Department of Financial Counseling**. Through DFC, eligibility for discounts will be determined and payment plans established.

If you should encounter a patient in need of access and/or information about any of our Financial Assistance Programs, please direct them to the nearest DFC location.

### **Roosevelt Hospital:**

1000 Tenth Avenue at 58th Street  
New York, NY 10019  
Phone: (212) 523-7816  
Fax: (212) 523-8143

### **St. Luke's Hospital:**

1111 Amsterdam Avenue at 114th Street  
New York, NY 10025  
Phone: (212) 523-2552  
Fax: (212) 523-5620

### **HEAL Program (out patient):**

#### **Roosevelt Hospital**

1000 Tenth Avenue at 59th Street  
New York, NY 10019  
Phone: (212) 523-8485 or 6477

#### **St.Luke's Hospital:**

1111 Amsterdam Avenue  
Room Clark 10B  
New York, NY 10025  
Phone: (212) 523-3900  
Fax: (212) 523-3955

## ***LANGUAGE ASSISTANCE***

It is Continuum's policy to provide our patients with free, trained, medical interpreters to eliminate language as a barrier to quality health care. Aside from this policy being part of our mission to provide excellent medical care for the communities we serve, it keeps us compliant with the Executive Order 13166 "Improving Access to Services for Persons with Limited English Proficiency."

**Each institution has been developing their own Language Assistance initiatives. These resources may include:**

- Medical interpreters
- Volunteer interpreters
- Language bank of trained employees
- The Language Line (telephone interpretations)
- Language cards and posters

**How do I know if a patient needs an interpreter?**

Appropriate phrasing to determine patient's needs should be utilized at all times. Statements such as: "Do you need a medical interpreter?" and "In what language?" are respectful. **DO NOT ASK:** "Do you speak English?"

**What is the procedure to get an interpreter?**

**Monday through Friday between 9:00 AM and 5:00 PM at SL call:**

For Spanish Interpreters only page 3-3853

For other languages call 523-2187 from 9am – 5pm

All other hours call 212 523 5678 and request a Language Line interpreter

**Monday through Friday between 9:00 AM and 5:00 PM at RH call:**

For Spanish Interpreters only page 3-7155

For other languages call 523-2187 from 9am - 5pm

All other hours call 212 523 5678 and request a Language Line interpreter

**Monday through Friday 5:00 PM – 9:00 AM or on weekends** or if an interpreter is not available, call the Operator at 212-52 3-5678 and request a Language Line interpreter (telephone interpreter service only).

If unable to reach an interpreter, call the page operator and request to be connected to the Language Line (telephone interpreter service only).

**What services are available for hearing impaired patients?**

For **Sign Language Interpreter** call 523-6245 (leave message – 24/7)

## ***PATIENT EDUCATION***

**Every employee has a responsibility to teach or explain things to patients. SLRHC has many resources to help you with this important job. They include:**

### **1. Printed Material**

- Over 250 Health Guides in English and Spanish  
These cover diagnostic tests, health problems, and drugs.
- MedTeach- drug instructions for patients in English and Spanish
- Micromedex – drug instructions for patients in English and Spanish on the Intranet
- *A Patient's Guide to Surgery at St. Luke's –Roosevelt Hospital Center*  
21-page booklet in English and Spanish
- Health Information Resource Directory  
List of community resources for many types of health problems
- *Speak Up!*  
A booklet to encourage patients to ask questions and Speak Up!

**2. Hospital Intranet: All Health Guides posted for entire hospital center to use.** To access Intranet: (You will need Internet access and Adobe Acrobat Reader) Click on Internet Explorer and type in <http://intranet.chpnet.org>. This will open the Continuum home page. Click on "Clinical" bar and then "Health Guides". You will find an alphabetical list of Health Guides.

### **3. Closed Circuit TV for patients/ families:**

- Channel 71 – English programs - 15 hours/day
- Channel 72 – Spanish programs - 15 hours/day
- Newborn Network for new parents (channel 65 English and 66 Spanish)
- On-demand TV- Patient education programs available on TV in patient rooms. First TV screen explains how to use it. Free service.

### **4. Continuum Health Partners internet web site ([www.wehealny.org](http://www.wehealny.org))**

- General information about hospital departments/ services
- Physician directory
- General health information

### **5. Parent-Family Education classes**

Over 26 different classes for expectant and new parents. For more information call 212-523-6222.

***For more information contact: Judith Nierenberg (212-523-8595), Patient Education Manager or Grace Phelan (212-523-8575), Patient Education Coordinator, Department of Nursing.***

# ***PAIN***

Many of our patients who come to our facilities have pain. **ALL** staff members and volunteers, not just patient care providers, have a role to play in effective pain management.

## ***WHAT IS PAIN?***

- Pain is whatever the person experiencing the pain says it is. It is important to remember that we all experience pain differently.
- Pain may be expressed differently within different cultures.
- Pain is personal and can vary in intensity and severity.
- Pain can be acute (e.g., after an operation, fracture, or with an infection) or chronic (e.g., long term pain associated with cancer or persistent back pain).
- Pain can be expressed in different ways such as verbally (saying “It hurts!” or moaning) and non-verbally (crying or grimacing).

## ***PAIN IS MORE THAN HURT. IT MAY LEAD TO:***

- Depression, fear, and anxiety
- Weakness, fatigue, or confusion
- Loss of self-esteem
- Strained interpersonal relationships
- Disrupted sleep-wake cycles
- Decreased ability to work and enjoy social activities and family

## ***SOME TIPS FOR ASSISTING OUR PATIENTS IN PAIN***

- All staff members and volunteers can promote a healing environment for our patients by limiting noise, clutter, and disruption.
- If you see or hear someone in pain, alert the patient care providers.
- Patient care providers may use various scales to help the patient assess his/her pain. There are scales available for children and patients who do not speak English.
- All patient care providers should always be aware of pain management concerns for all patients.



# ***VICTIMS OF ABUSE, NEGLECT, OR EXPLOITATION***

As employees in a healthcare institution, we are all responsible for recognizing and taking care of possible victims of abuse, neglect, or exploitation.

The following are some indicators for identifying victims:

## **Signs of Physical Abuse**

- Multiple injuries such as bruises, welts, and bite marks, in various stages of healing
- Repeated injuries that are difficult to account for, claimed as accidental, and suspicious in nature
- Burns, resulting from scalding water, irons, ropes, or cigarettes
- Victim appears fearful of guardian or caretaker

## **Signs of Emotional Abuse**

- Sudden changes in self-confidence
- Anxiety which can be mild or severe
- Abnormal fears, increased nightmares

## **Signs of Sexual Abuse**

- Difficulty in walking or sitting
- Abdominal pain, bedwetting, urinary tract infection, genital pain or bleeding, and sexually transmitted disease especially for preteens and the elderly
- Finding foreign objects in vagina or rectum

## **Signs of Neglect**

- Chronic health problems both physical and mental
- Signs of mal-nourishment (e.g. sunken eyes, loss of weight)
- Consistent hunger and poor hygiene

## **Signs of Exploitation**

- Inability to pay bills for basic needs despite adequate income and resources
- Bills for expensive items not likely to be used by the victim
- Anxiety or lack of knowledge about own financial affairs
- Workplace injury obtained by an under age minor

## **If you suspect that a patient may be a victim of abuse, neglect, or exploitation, what should you do?**

- If the patient is on a patient care unit, notify the Nurse Manager and then he/she will notify a Social Worker.
- If the patient is at an ambulatory or off site, notify the Supervisor. The Supervisor will then notify the designated Social Worker or Department of Social Work.
- SLR Crime Victims Treatment Center (212-523-4728) is a resource for referral and/or consultation.

## END OF LIFE CARE

**EVERY patient who enters the St. Luke's-Roosevelt Health Care System must receive information and counseling, if needed, concerning use of ADVANCE DIRECTIVES.**



As part of the admission process, the patient is given a packet containing the booklet, ***Your Rights as a Hospitalized Patient***, which contains the *NY State Healthcare Proxy* (This is available on every patient care unit). Out-patients receive a packet with the Patients' Bill of Rights and the Health Care Proxy. The information in this booklet is reviewed with the patient and the patient is then given an opportunity to discuss their questions and concerns with a staff member (nurse, patient representative or social worker.)

**When we ask patients if they have an Advance Directive, what exactly do we mean?**

An advance directive is a mechanism through which patients can articulate their treatment preferences in the event they lose the capacity to make decisions. Patients can select an authorized surrogate decision-maker in advance of a time when they may no longer be able to make their wishes known. Advance directives can be used to clarify what treatments patients do want as well as what treatment they do not want.

**Examples of Advance Directives include:**

- **Health Care Proxy:** A document in which a patient appoints a legally authorized surrogate decision-maker, called the health care agent, in the event the patient loses the ability to make his/her wishes known.
- **Living Will:** A document patients can use to express their treatment preferences to be followed when they have lost their ability to be involved in the treatment decision-making process.
- **Oral Advance Directive:** A spoken statement made by the patient, prior to loss of decision-making capacity, which clearly reflects the patient's preferences about specific treatment options. Any oral statements made by a patient during their hospitalization must be fully documented in the medical record.
- **Do Not Resuscitate (DNR) Order:** Patients and their surrogate decision makers also have the right to ask for a DNR order if they would not want cardiopulmonary resuscitation attempted in the event they experience a cardiac or pulmonary arrest. Consent for a DNR order is given by the patient, health care proxy agent, or next of kin when a patient has lost decision-making capacity. This consent for the DNR order is obtained by the attending physician, and must be reassessed every 7 days while a patient is hospitalized. A non-hospital DNR can be obtained for discharged patients.

**Section V**  
**Performance Improvement**  
**& Risk Management**

# CORPORATE COMPLIANCE PROGRAM



SLRHC has the proud tradition of ethical and responsible conduct. Every employee and volunteer is expected to adhere to this high standard when dealing with other employees, with patients and their families, with vendors, with government regulators, and the general public. The Corporate Compliance Program is intended to define the conduct expected of employees, to provide guidance on how to resolve legal and ethical issues, and to establish a means for reporting possible violations of legal, ethical or behavioral standards within the hospital.

## ALL STAFF AND VOLUNTEERS ARE EXPECTED TO:

### *Observe the Basic Rules of Conduct*

- Strictly observe all laws and regulatory requirements that apply to their activities.
- Be familiar with and understand the basic legal and regulatory requirements that are relevant to his or her duties.
- Respect the cultural values and religious beliefs of patients and family members, co-workers, staff members and visitors.
- Prevent and/or refrain from, discrimination or harassment of any kind, including racial, ethnic or sexual harassment.
- Protect the confidentiality of patient and hospital related information.
- Ensure that all communications, internal and external are truthful.
- Adhere to the highest ethical standards when acting on behalf of the Continuum or a member institution.
- Refrain from conflicts of interest or using a position for personal gain.
- Comply with government requirements regarding record keeping.
- Report violations of legal, ethical or behavioral standards through the **Chain of Command**.

<p style="text-align: center;"><b>Report possible violations through the <i>Chain of Command</i></b></p>	<p><b>Chain of Command</b></p> <p>In your everyday activities you might come upon a situation that does not seem right to you. In this circumstance you are required to make your concerns known through your <b>Chain of Command</b>. The usual chain of command is:</p> <ol style="list-style-type: none"> <li>1. Report to the Volunteer Office</li> <li>2. Volunteer Supervisor</li> <li>3. Volunteer Director</li> </ol> <ul style="list-style-type: none"> <li>• Other resources for reporting your concerns are: <ol style="list-style-type: none"> <li>1. Human Resources</li> <li>2. Legal Department</li> <li>3. Risk Management</li> <li>4. Corporate Compliance Office</li> <li>5. Corporate Compliance Hotline <b>1-800-692-2353</b></li> </ol> </li> <li>• Reasonable belief that a violation is possible is sufficient to initiate a report.</li> <li>• No employee or volunteer will be disciplined because he/she made a report in good faith.</li> </ul>
<p style="text-align: center;"><b><i>What to Report</i></b></p>	<ul style="list-style-type: none"> <li>• Report concerns about any legal, ethical, quality, behavioral or practical issue, or any activity that you think may be a problem.</li> </ul>

# ***PROFESSIONAL MISCONDUCT & IMPAIRED HEALTH PROFESSIONAL***

Some of the main examples of professional misconduct include:

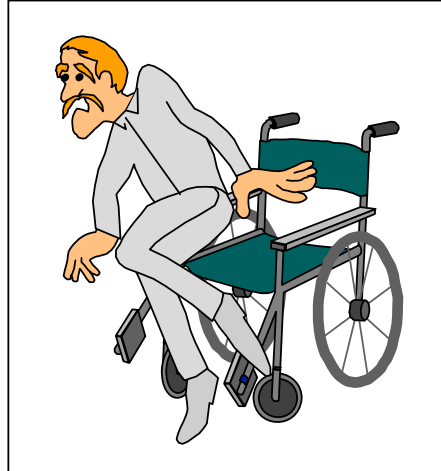
- Engaging in substance abuse or practicing the profession while impaired by alcohol, drugs, physical disability or mental disability
- Verbally or physically harassing, or abusing or intimidating a patient or employee
- Refusing to care for a person because of race, color, religion, national origin, sexual orientation, or ability to pay
- Breaching confidentiality
- Failing to tell the patient who will be involved in their non-emergency procedure or surgery
- Performing services which have not been authorized
- Failing to respond to the Department of Health
- Abandoning or neglecting a patient
- Failure to maintain proper patient records
- Engaging in fraudulent activity in obtaining a license or in practice
- Permitting or aiding an unlicensed professional to perform activities that only a licensed professional can do
- Making false reports or failing to file reports
- Failing to give patients copies of documents which they request or failing to help them fill out insurance forms.

The decision about whether professional misconduct has occurred should be made by the Legal Department in consultation with hospital administration. If any volunteer observes or suspects professional misconduct on the part of any professional, that volunteer must immediately report the circumstance and the facts upon which it is based to any of the following:

- His/her supervisor in the Volunteer Office
- Risk Management
- Legal Department
- Department Chair of the provider (physicians, dentists, podiatrists, house staff)
- Corporate Compliance Hotline (1-800-692-2353)

Any supervisor who receives a report of professional misconduct or provider impairment must promptly relay it to Legal Department or the Chief Medical Officer.

# ***OCCURRENCE REPORTING***



The responsibilities of the person witnessing or discovering a patient or visitor occurrence are:

1. Call the physician or nurse immediately.
2. Remain with the patient, but do not move the patient.
3. Report what happened.

The **healthcare professional will evaluate the situation** and proceed as indicated. An occurrence reporting form will be completed and submitted to Risk Management in a timely manner, preferably within 24 hours.

## ***VOLUNTEER ACCIDENT REPORTING***

If you are injured while on duty or you contract an illness as a result of your volunteer activities, you should do the following:

- Report the incident immediately to your supervisor in the Volunteer Office (This includes sharps or needle stick injuries, and TB conversions.)
- With your supervisor, complete the “Employee Accident Report” form (#30010)
- Remember to print hard and write legibly (this is a multi-part form)
- Remember to request a copy of this form and keep for your own records
- Submit the form within 48 hours to Human Resources for prompt response and evaluation

Make sure all boxes in the form are filled out, especially:

Age or Date of Birth

Social Security Number

Time of your Start of Shift

Date Hired

(This information is required by OSHA.)

On the form, the bottom half contains a section that should be completed by the volunteer office, and returned to the Environment of Care Committee (Director of Safety, 212-523-2050.) It is very important that the volunteer office submit to Safety information on any time lost, medical attention received, and if any prescription dose medications were prescribed due to this incident. This helps us report accurate data to OSHA, and track and trend issues effectively.

If you are seriously injured on the job, report directly to the Emergency Department. It is your responsibility to call, or have someone call on your behalf, your direct supervisor to inform them of your accident

Any worker compensation claims are handled through the HR department. Contact them if you need assistance or want information, 212-523-3033.



# ***TEAMWORK***

Using a TEAMWORK approach is one of the best ways we can all improve performance.

Elements of effective teamwork are commitment, common purpose, organization, interdependence, and strong leadership.

## ***WHAT ARE SOME EXAMPLES OF HOW WE WORK AS A TEAM?***

- When we care for our patients, each member of the patient care team (physician, nurse, nursing assistant, physical therapist, dietitian, etc.) contributes to the overall care. All of the members of the patient care team communicate with each other (in person or in writing) so that all know what each member is doing. This contributes to the most efficient care for the patient.
- When we respond to emergencies, we respond as a team and each member has specific tasks to perform.
- When a department has been assigned a large job to complete, the work is divided up among the members of the department so that the job can be finished quickly and accurately.
- When we work together on Quality Improvement Initiatives – for example, increasing patient satisfaction or decreasing medication errors.

## ***THERE ARE MANY ADVANTAGES TO WORKING AS A TEAM:***

- Teamwork uses everyone's skills and expertise
- Work is accomplished more efficiently
- Teams offer the opportunity to learn from each other

## ***WHEN DO WE TRAIN AS A TEAM?***

- Mock codes
- Fire drills
- Infant abduction drills
- Other \_\_\_\_\_ (think of an example from your department)

# **Section VI**

## **Patient Safety**

# ***PATIENT SAFETY***

SLRHC is committed to providing safe, high quality patient care. Maintaining an environment that ensures safety for patients, families, visitors and staff is critical if SLRHC is to be recognized as the provider of choice on Manhattan's West Side. To accomplish this, SLRHC not only has to have safety systems in place, but also needs the participation of all employees and volunteer in recognizing and reporting risks and concerns to patient and staff safety and medical/healthcare errors. This reporting hopefully will effect changes that raise the bar for patient and staff safety at SLRHC.

## **WHAT IS ALREADY IN PLACE AT SLRHC TO ENSURE PATIENT AND STAFF SAFETY?**

- Policies and Procedures : Administrative, Departmental, Environment of Care, Human Resources, Attendings and House Staff
- Competency Assurance Programs
- Hospital wide and department specific training programs
- Corporate Compliance Program (see p. 52)
- Risk Management Programs (see Section V)
- Quality Improvement Programs
- Employee Health Service Programs
- Facilities Management Programs:  
Security, Engineering, Biomedical, Engineering, Safety, Waste Management (see Section II)
- Emergency Preparedness Programs (see p. 12)
- Infection Control Programs (see Section III)
- Patient Relations Program (see p. 38)
- Medication Use Safety Improvement Committee (MUSIC)
- Safe Babies/Safe Haven Program

## **IF A VOLUNTEER HAS A SUGGESTION RELATED TO REDUCING OR ELIMINATING A POTENTIAL UNSAFE CONDITION OR PRACTICE, WHAT CAN BE DONE?**

- Speak with his/her manager in the Volunteer Office.
- Call the Quality Improvement Department 212-523-2158.
- Submit ideas in writing related to reducing blood exposures to Dr. Bruce Polsky, Chairman, Infection Control Committee.
- For unsafe condition, contact Environment of Care Committee (Yvonne Guariglia, Director of Safety, 212-523-2050).

**IF AN EMPLOYEE OR VOLUNTEER CAUSES OR WITNESSES HARM, POTENTIAL RISK, OR HAS ANY CONCERNS ABOUT THE SAFETY OR QUALITY OF THE CARE PROVIDED, WHAT CAN BE DONE?**

- Speak with his/her manager in the Volunteer Office.
- Call the QI Hotline 212-523-2158.
- Contact Risk Management 212-523-5663.
- Contact the Corporate Compliance Officer (Lou Schenkel, 212-523-2162) or Corporate Compliance Hotline (1-800-692-2353).
- Call the Quality Improvement Department 212-523-2158.

- **Concerns may be reported directly to the JCAHO (1-630-792-5000).**

**WHAT ROLE DO ALL EMPLOYEES, PHYSICIANS AND VOLUNTEERS PLAY IN PROMOTING PATIENT AND STAFF SAFETY?**

- Strict adherence to **ALL** SLRHC policies and procedures
- Case finding and reporting of potential or actual unsafe conditions or practices
- Completing and forwarding occurrence reports to Risk Management

NO DISCIPLINARY ACTION WILL BE TAKEN FOR ANY  
REPORT MADE IN GOOD FAITH.



# 2007 NATIONAL PATIENT SAFETY GOALS

Medical errors are one of the nation's leading causes of death and injury. A recent report by the Institute of Medicine estimates that as many as 44,000 to 98,000 people die each year as the result of medical errors. Beginning in 2003, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) has enforced national patient safety goals for healthcare organizations to strive for in order to increase patient safety.

The following are the **eight** national patient safety goals and one universal protocol for 2007. New Goals and Requirements are indicated in **bold and underlined**.

## 1. IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

- Use at least two patient identifiers (neither to be the patient's room number) whenever administering medications or blood products; taking blood samples and other specimens for clinical testing, or providing any other treatments or procedures.

### HOW DOES SLRHC ACCOMPLISH THIS GOAL?

- We use patient **name** and **date of birth** to confirm the correct patient.
- Administrative Policy, *A2-107: Patient Identification* requires that all patients are properly identified prior to any care, treatment, or services. In the event of an emergency, patients that are unable to provide identifying information will receive treatment prior to identification, if such care is necessary to stabilize the patient's condition.

## 2. IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS

- Implement a read-back policy when taking verbal/telephone orders or critical test results.
- Standardize abbreviations, acronyms and symbols used. Prohibited abbreviations may not be used.
- Improve the timeliness of reporting and receipt by the caregiver of critical test results/values.
- Implement a standardized approach to "hand-off" communications, including an opportunity to ask and respond to questions.

### HOW DOES SLRHC ACCOMPLISH THIS GOAL?

- Clinical staff with authority to take verbal or telephone orders or critical test results are required to read orders back to the practitioners, and the critical test results back to the department reporting the results.
- Refer to Administrative Policy, *A2-121: Reporting of Alert Values* and Patient Care Services Policy: *Verbal and Telephone Orders*.
- SLRHC has a list of unapproved abbreviations, which is in the front of every patient's

medical record and is posted on all patient care units.

**Read more about unapproved abbreviations on page 69.**

- Administrative Policy, A2-126: *Standardizing “Hand Off” Communications Between Healthcare Providers* requires that there be communication (verbal or written) between staff about a patient’s care, treatment, service needs, and current condition when responsibilities are “handed off” from one provider to another.

### **3. IMPROVE THE SAFETY OF USING MEDICATIONS**

- Standardize and limit the number of drug concentrations available.
- Identify, and at a minimum, annually review a list of look-alike/sound-alike drugs, and take action to prevent errors involving the interchange of these drugs.
- Label all medications, medication containers (e.g. syringes, medicine cups, basins), or other solutions on or off the sterile field in perioperative and other procedural settings.

#### **HOW DOES SLRHC ACCOMPLISH THIS GOAL?**

- The Pharmacy and Therapeutics Committee has established standard concentrations of drugs that are available to patient care units.
- Pharmacy has developed a list of look-alike/sound-alike drugs. Pharmacy has re-organized the way these drugs are stored.
- Staff in the perioperative and procedural settings label all medications containers used on the sterile field.
- Refer to Perioperative Services Policy: *Medication on the Sterile Field*.

### **4. REDUCE THE RISK OF HEALTHCARE-ASSOCIATED INFECTIONS**

- Comply with CDC hand hygiene guidelines.
- Manage as sentinel events all identified cases of unanticipated death or major loss of function associated with a nosocomial infection.

#### **HOW DOES SLRHC ACCOMPLISH THIS GOAL?**

- The Infection Control Dept. has placed alcohol-based hand cleansing solutions in designated patient care service areas.
- Signs are posted as a reminder to wash hands, and literature on the importance of hand hygiene is distributed to patients.
- Refer to Infection Control Policy: *Hand Washing*.
- All nosocomial infections that result in death or permanent loss of function are reported to Risk Management and Quality Initiatives Depts.

**Read more about our Infection Control Program on page 26.**

### **5. ACCURATELY AND COMPLETELY RECONCILE MEDICATIONS ACROSS THE CONTINUUM OF CARE**

- There is a process for comparing the patient’s current medications with those ordered for the patient while under the care of the organization.
- A complete list of the patient’s medications is communicated to the next provider of service when a patient is referred or transferred to another setting, service,

practitioner or level of care within or outside the organization. **The complete list of medications is also provided to the patient on discharge from the facility.**

**HOW DOES SLRHC ACCOMPLISH THIS GOAL?**

- Licensed Independent Practitioners (LIPs) are required to reconcile patients' current medications, at a minimum - on admission, on transfer between services, and upon discharge.
- A complete list of the medications to take at home is given to patients on discharge.
- Refer to Administrative Policy, A2-137: *Medication Reconciliation*.

**6. REDUCE THE RISK OF PATIENT HARM RESULTING FROM FALLS**

- Implement a fall reduction program including an evaluation of the effectiveness of the program.

**HOW DOES SLRHC ACCOMPLISH THIS GOAL?**

- On admission and at regular intervals during the hospital stay, nurses identify patients at risk for falling using a Fall Risk Assessment tool.
- ALL patients are instructed to use the call light for assistance and to wear non-slip footwear.
- The Nursing Dept. collects and analyzes data on patient falls and subsequent injuries in order to evaluate the effectiveness of the program.
- An interdisciplinary Falls Task Force develops action plans based on these findings.
- Refer to Patient Care Services Policy: *Fall Prevention*.

**Read more about our Fall Prevention Program on page 70.**

**7. ENCOURAGE PATIENTS' ACTIVE INVOLVEMENT IN THEIR OWN CARE AS A PATIENT SAFETY STRATEGY**

- **Define and communicate the means for patients and their families to report concerns about safety and encourage them to do so.**

**HOW DOES SLRHC ACCOMPLISH THIS GOAL?**

- On admission to the hospital, patients are provided with the *Speak Up!* brochure which encourages patients to get involved in their own health care by speaking up if they have questions or concerns.
- The patient safety video *Teaming Up for Patient Safety* is available on the hospital tv channel. The video, available in English and Spanish, encourages patients to be aware of their own safety needs while hospitalized.
- Patient Representatives are available to assist patients resolve problems and concerns and serve as vehicles by which patients may voice their grievances.

**Read more about our Patient Representatives on page 37.**

**8. THE ORGANIZATION IDENTIFIES SAFETY RISKS INHERENT IN ITS PATIENT POPULATION**

- **The organization identifies patients at risk for suicide. (Applicable to patients being treated for emotional or behavioral disorders only.)**

**HOW DOES SLRHC ACCOMPLISH THIS GOAL?**

- All patients admitted for emotional or behavioral disorders (on behavioral units) are assessed throughout their hospital stay for suicide risk. Interventions are implemented based on risk criteria.
- Patients on the general inpatient (non-behavioral) unit are assessed on admission and regularly thereafter for suicidal history or ideation.

***This is a Universal Protocol:***

***ELIMINATE WRONG-SITE, WRONG-PROCEDURE AND WRONG-PATIENT SURGERY***

- Create and use a pre-operative verification process.
- Implement **Time-Out** immediately before starting the procedure to confirm:
  - Correct patient
  - Correct procedure
  - Correct site/location
  - Correct side
  - Correct position
  - Correct implant (when applicable)
  - Correct supplies/equipment are available
- Mark the operative site. For procedures involving right/left distinction, multiple structures, or multiple levels, the intended site must be marked such that the mark is visible after the patient has been prepped and draped.

**HOW DOES SLRHC ACCOMPLISH THIS GOAL?**

- Prior to the start of any procedure, an on-going process of information gathering and verification is conducted by involved team members.
- A “time-out” is used prior to start of the procedure to confirm correct patient, procedure, and site.
- Site is marked with the word ‘**YES**’ for all procedures involving laterality (Right, Left), level (e.g.: Spine) and multiple structures (e.g.: Finger).
- Refer to Administrative Policy, A2-107: *Patient Identification – Principles of Time Out.*

# ***PATIENT FALL PREVENTION PROGRAM***

All patients are at risk for falling. In order to create an environment of safety for our patients, ALL HOSPITAL STAFF, not just patient care providers, have a role in preventing patient falls.



## **WHY IS THIS IMPORTANT?**

Adverse events associated with falls may include cuts or bruises, bone fractures, head injuries, and fear of falling again. Injuries resulting from a fall may lead to a longer hospital stay.

One of the 2007 National Patient Safety Goals is to reduce the risk of patient harm resulting from falls.

## **WHAT IS THE HOSPITAL'S FALL PREVENTION PROGRAM?**

- On admission and at regular intervals during the hospital stay, nurses identify patients at risk for falling using a Fall Risk Assessment tool.
- Patients and family are provided with education to prevent falls.
- All patients are instructed to use the call light for assistance.
- All patients are instructed to wear non-slip footwear.
- Increased monitoring of patients at high risk for falling. These patients will be identified with the following:
  - **Green** armband placed on wrist
  - **Green** name tag at room door
  - **Green** "Fall Safety Alert" sign with falling leaf logo placed over patient's bed or on room door.
- Educate ALL HOSPITAL STAFF to increase awareness of patients who are at risk for falling.



## **WHAT IS MY RESPONSIBILITY IN PREVENTING PATIENT FALLS?**

ALL HOSPITAL STAFF are to be aware of their responsibility in preventing patient falls from occurring. REMEMBER:

- If patient is at risk for falling or needs help, request assistance for the patient and stay with them until help arrives.
- Communicate unsafe situations (e.g., liquid on floor, broken equipment, furniture blocking pathway to the bathroom) to the charge nurse or Nurse Manager/Supervisor.

# ***RAPID RESPONSE TEAM***



St. Luke's-Roosevelt Hospital Center, in an effort to make health care safer and more effective, joined the Institute for Healthcare Improvement's *100,000 Lives Campaign* in 2005. One of the interventions, proven to decrease hospital mortality rates, is the implementation of a **Rapid Response Team**.

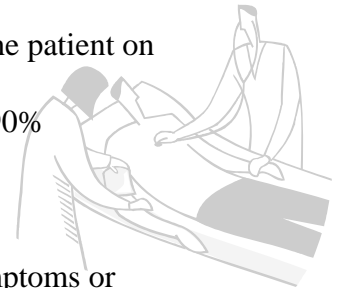
The Rapid Response Team (RRT) — known by some as the Medical Emergency Team — is a team of clinicians who bring critical care expertise to the bedside. Simply put, the purpose of the Rapid Response Team is to bring critical care expertise to the patient bedside (or wherever it's needed).

Our RRT was activated in December 2005. Team members include a Pulmonary / Critical Care Fellow, Hospitalist, a Dept. of Medicine house staff, a Nurse Manager / Administrator, and a Respiratory Therapist.

**The Rapid Response Team (RRT) can be initiated 24 hours a day by a patient care provider** for a patient outside of the Operating Room, Emergency Department or Intensive Care Unit by calling 234444 and stating that a Rapid Response Team is needed. The RRT does not replace the patient's primary care team, but can be called if assistance is needed or more than 1 stat page is needed to assemble a team to respond to a crisis. **If a patient lacks pulse or respiration, a cardiac arrest (Medical Code) should be called.**

Suggested criteria for initiating the RRT:

1. Respiratory:
  - Rate < 8 per minute or > 36 per minute
  - New or worsening hypoxemia or pulse oximetry < 90% with the patient on oxygen
  - New requirement for > 50% oxygen to keep saturation above 90%
  - Cyanosis
2. Cardiac:
  - Severe acute chest pain unresponsive to nitroglycerin
  - Heart Rate: < 40 per minute or > 140 per minute with new symptoms or hypotension
  - Blood Pressure: < 80 systolic (with signs of shock) or > 200 systolic or 120 diastolic with chest pain or dyspnea
3. Neurological:
  - Abrupt loss of consciousness
  - Sudden loss of body movement, weakness or suspected stroke
  - Seizure
  - Sustained new onset of agitation or confusion
4. Other:
  - In hospital accidental injury
  - Acute severe bleeding
  - Suicide attempt
  - Deterioration post procedure



# **Section VII**

## **Customer Service**

# ***HCAHPS***

## **(Hospital Consumer Assessment of Healthcare Providers and Systems)**

CMS, or Medicare, has developed the Hospital CAHPS (HCAHPS) survey, to provide a standardized instrument and data collection methodology for measuring patient satisfaction with hospital care. While many hospitals collect information on patient satisfaction, there is no national standard for collecting or publicly reporting this information that would enable valid comparisons to be made across all hospitals. Therefore, CMS has required all hospitals who receive Medicare reimbursement to participate in the HCAHPS survey and to have their scores reported publicly on the Internet.

There are three broad goals that have shaped the HCAHPS survey.

1. The survey is designed to produce comparable data on the patient's perspective on care that allows objective and meaningful comparisons between hospitals on domains that are important to consumers.
2. Public reporting of the survey results is designed to create incentives for hospitals to improve their quality of care.
3. Public reporting will serve to enhance public accountability in health care by increasing the transparency of the quality of hospital care provided in return for the public investment.

There are 7 areas that will be measured:

- Nurse Communication
- Doctor Communication
- Cleanliness and quiet of the hospital environment
- Responsiveness of hospital staff
- Pain Management
- Communication about medicines
- Discharge Information

SLRHC is committed to having the highest scores possible on the HCAHPS survey so that patients will choose to come to our facilities. Therefore it is important for all staff to familiarize themselves with the questions and the areas in which we can improve our scores.

# **Section VIII**

## **Population Specific Care**

# POPULATION SPECIFIC CARE

Patients who come for care at SLRHC represent a great variety of populations. Therefore, our staff must be able to take care of the many different populations. But what does population really mean? Population can be defined many ways. JCAHO states that population can be defined by the following:

- **Age** (e.g., pediatrics, adult, elderly)
- **Health status/disease process** (e.g., diabetics, cardiac patients, surgical patients)
- **Cultural/Spiritual** (e.g., Christian, Jewish, Muslim, Hispanic, Chinese)
- **Functional Status** (e.g. limited mobility, deaf, visually impaired, developmentally disabled)
- **Equipment used in treating the population** (e.g. Fetal monitor, telemetry, ventilator)



All staff with direct patient contact should identify the populations whom they care for. Just as importantly, staff must be able to identify the skills they need to care for these populations. It may be easier to answer these three questions:

- What do you do?
- Whom do you care for?
- What are the qualifications of the staff that are required for people who work in the department?



What makes you qualified (or competent) to work with your particular population? This will vary depending on your position and where you work. For example, if you are an RN working with a pediatric population, you need to know pediatric lab values and how to calculate medication dosages for children. However, an RN working on a telemetry unit must be able to identify cardiac rhythms.

Each staff member with direct patient contact should be able to identify the populations they care for and the skills or competencies needed. This will vary by department and by position.