



## MVHS ON-BOARDING PACKET 2026/2027

Welcome to the Mohawk Valley Health System (MVHS)! Our shared commitment to the healthcare needs of this community, along with our patient- and-family-centered approach to healthcare make a difference by providing service and compassion to those in need.

As you review the information in this booklet, please complete the **Onboarding Review Questions** and submit it along with the following completed items:

- Confidentiality Statement
- HIPAA Education Acknowledgement
- Attestation Confidential HIV-Related Information
- New Employee Orientation Statement

Based upon your area of interest or need, please contact one of the following for further information on setting up a placement at MVHS.

- For Scheduling Inquiries of Medical Students, PA Students, NP Students, RNFA Students, and Midwifery Students
  - Arnela Lozic – [alozic@mvhealthsystem.org](mailto:alozic@mvhealthsystem.org)
- For onboarding (hands-on) of Medical Students, PA Students and NP Students
  - Anthony Dorsino – [adorsino@mvhealthsystem.org](mailto:adorsino@mvhealthsystem.org)
- For Clinical Education (Nursing/PT/OT/SLP/SW/RT/Pharmacy/Phlebotomy, etc.) and Academic Affiliation programs, including the New Visions
  - Megan Coombs, DNP, RN, NEA-BC, NPD-BC, CCRN – [mcoombs@mvhealthsystem.org](mailto:mcoombs@mvhealthsystem.org)
- For Volunteering
  - Volunteer Services Coordinator– Michele Dovi, [mdovi@mvhealthsystem.org](mailto:mdovi@mvhealthsystem.org)
- For observation/shadow sessions not required by an Affiliated Program, High School students (excluding New Visions), and un-paid internships:
  - Please submit the shadow request form ( <https://form.jotform.com/253214276662053> ) and a member of the HR department will get back to you soon.

Thank you for choosing MVHS as your partner for your healthcare experience!

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## Mission, Vision and Values

### Our History

#### **FSLH**

- 1875 - Faxton Hospital is established by Theodore Faxton
- 1957 - The new St. Luke's Memorial Hospital Center opens after St. Luke's Home and Hospital and Utica Memorial Hospital merged
- 2000 - Consolidation of Faxton & St. Luke's hospitals

#### **SEMC**

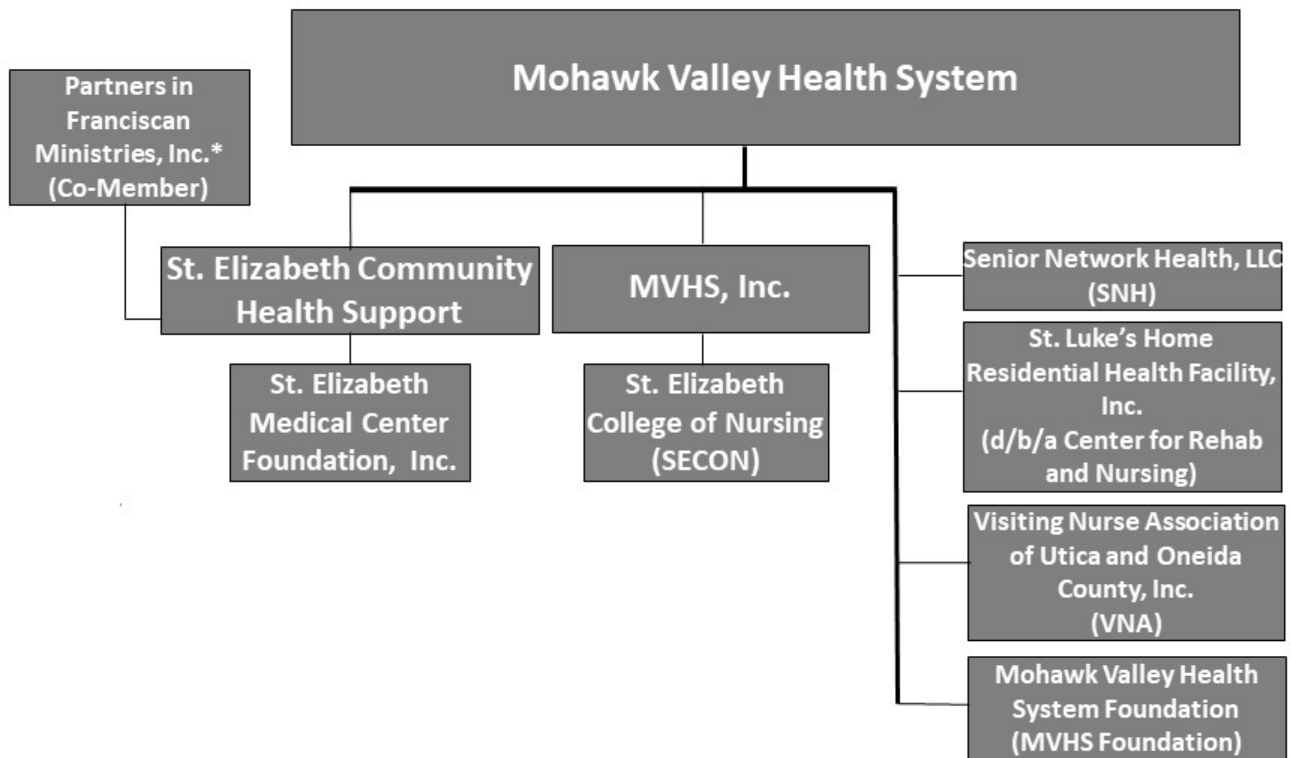
- 1866 - SEMC was established by the Sisters of St. Francis in a house on Columbia St.
- 1870 - St. Elizabeth Hospital was incorporated by NYS
- 1904 - School of Nursing was established
- 1917 - the current facility was occupied

#### **Wynn**

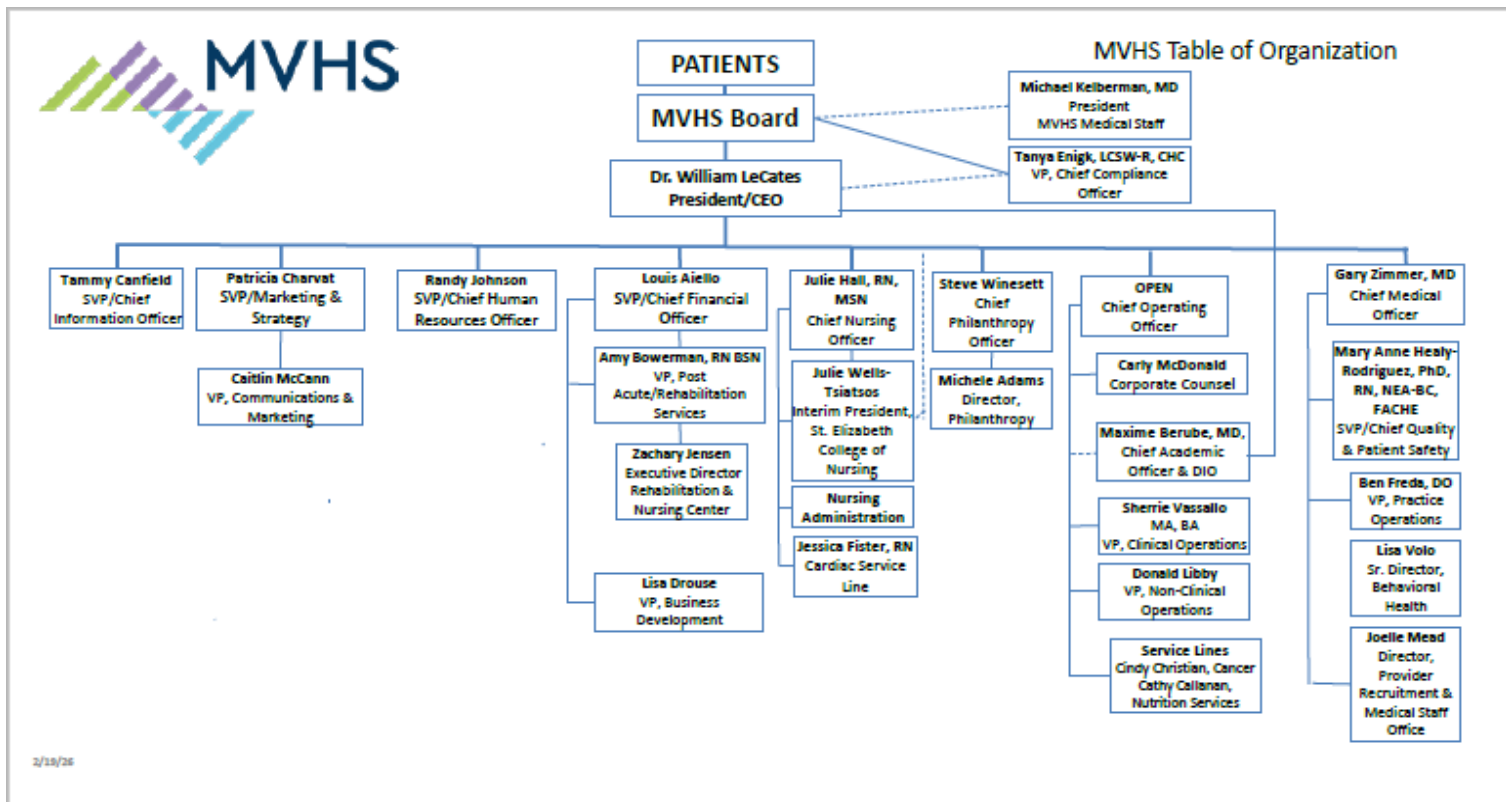
- 2023- Wynn Hospital was established and opened on October 29, 2023

# Organizational Structure and Governance

As of 10/29/23



\*Partners in Franciscan Ministries, Inc., which is sponsored by the Sisters of St. Francis of the Neumann Communities, is a co-member of SECHS with MVHS



## Our Mission

MVHS and our flagship, Wynn Hospital, deliver premier healthcare to our region, keeping our patients as the focus of all we do.

## Our Vision

MVHS and our flagship, Wynn Hospital, will be the leading patient-centered medical and healing environment, the employer of choice and the pride of Central New York.

## Our Quality Policy

The Mohawk Valley Health System (MVHS) provides high quality, patient-centered care using evidence-based practices to continually improve the delivery of our healthcare services.

## Our Values

**Accountability, Respect, Teamwork, Kindness and Safety**

**Accountability - We take ownership of personal and team outcomes.**

- I take ownership of my performance and learn new ways to get better results.
- I give effective feedback and receive feedback in a positive manner.
- I follow through on my commitments and promises.
- I take pride in the MVHS environment and take actions for our betterment.

**Respect - We treat others as we want to be treated.**

- I always consider how my actions impact the experience of others.
- I value inclusion and embrace the rich diversity of our patients and my coworkers.
- I create trusting and respectful relationships with my teammates.
- I adapt my behavior when facing multiple demands so I can be at my best.

**Teamwork - Together we are better.**

- I proactively ask for help and offer help so we can all succeed.
- I look for opportunities to contribute to the greater good.
- I share knowledge and resources in order to benefit others.
- I give appreciation often and celebrate the success of others across all roles.

**Kindness - We ensure everyone feels cared for and cared about.**

- I act with empathy and curiosity, knowing everyone has a different story.
- I listen respectfully to others and value their contribution.
- I am aware of my needs and the needs of others and look for ways to support them.
- I assume positive intent and seek to understand.

**Safety - We consistently provide the highest quality of care through safe, proven practices.**









- I do the right thing always, with the patient's best interest in mind.
- I demonstrate the highest professional and ethical standards.
- I proactively communicate with others, keeping patient needs top of mind.
- I carefully follow all HRO guidelines, protocols and precautions to create a safe environment for all.

**Welcome to Our Family- We invite you to join us in living our Values and achieving our Mission, Vision, and Values.**

## COVID

**Symptoms of Coronavirus (COVID-19)**

Know the symptoms of COVID-19, which can include the following:


 Cough, shortness of breath or difficulty breathing			 Fever or chills
 Muscle or body aches	 Vomiting or diarrhea		 New loss of taste or smell

Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

Seek medical care immediately if someone has emergency warning signs of COVID-19.

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your healthcare provider for any other symptoms that are severe or concerning to you.

 [cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

### Students and COVID

- Students can care for COVID positive or PUI (Patients Under Investigation) for COVID as appropriate per their school and instructors.

## Compliance Training

### Compliance Program

#### Training Objectives:

To ensure Mohawk Valley Health System (MVHS) employees understand:

- The organization's corporate culture of maintaining ethical business practices and compliance with laws and regulations that govern health care.
- The importance and obligation to consistently adhere to the laws, regulations, and policies that govern health care.
- How to prevent situations that may put the organization at risk both legally and financially.
- How to report suspected violations of federal and state laws and regulations, and suspected violations of internal policies and procedures that govern our health care system.

#### What is the Compliance Program?

- The MVHS compliance program helps guide our employees to obey all applicable laws and regulations while conducting business.
- It also emphasizes how important it is for us to act with integrity and make ethical decisions for our business, our patients, our residents and their families, our employees and our community.
- The trust and confidence of those we care for is critical to our success.

#### What is the purpose of a Compliance program?

- Maintain and enhance quality of care.
- Demonstrate sincere, ongoing efforts to comply with all applicable laws.
- Revise and clarify current policies and procedures in order to enhance compliance.
- Enhance communications with governmental entities with respect to compliance activities.
- Empower all responsible parties to prevent, detect, and resolve conduct that does not conform with applicable laws, regulations and the program; and
- Establish mechanisms for employees to raise concerns about compliance issues and ensure that those concerns are appropriately addressed.

#### Elements of the Compliance program:

- Written policies and procedures
- Designation of Compliance Officer
- Training and education
- Communication lines to the Compliance Officer
- Disciplinary policies
- Identification of compliance risk areas and non-compliance
- Responding to compliance issues
- Policy of non-intimidation and non-retaliation

#### Your Responsibility:

- Each employee is expected to perform their duties in accordance with all rules, regulations, policies and procedures, principles, and values by which the organization operates.
- Each employee is responsible to assist others with understanding these standards to which they are held accountable.
- If you are aware of potential violations of rules, regulations, policies and procedures, it is your responsibility to bring this forward.

### Code of Conduct

Compliance is everyone's business! Do the right thing!

#### What is the Code of Conduct?

- Serves as a guide to assist employees in making sound, ethical decisions during their day to day duties.
- Provides standards that protect and promote organizational integrity, honesty, and fairness.
- Communicates the commitment to compliancy by management, employees, and contractors by which the organization functions.

## Medical Record Documentation/Coding and Billing

Medical record documentation is essential to record pertinent facts, findings, and observations during an individual's healthcare. The medical record:

- Is an important element in providing high quality care as it chronologically documents all treatments provided to the patient.
- It assists the physician and healthcare professionals to:
  - evaluate and plan immediate treatment
  - monitor healthcare over time
  - communicate and maintain continuity of care among physicians, and other health care professionals involved in the patient's care
  - assists with accurate and timely claims review and payment
  - allocate appropriate utilization review and quality of care evaluations
  - contributes to the collection of data that may be useful for research and education.

A medical record serves as a legal document to verify care provided. Medical record documentation facilitates claims processing and supports payment for services provided.

## Policies

**Policies are implemented to facilitate accurate coding and billing. These policies should:**

- Align with all federal and state laws and regulations.
- Prohibit employees from knowingly presenting claims for payment, or approval, which are false, factitious, or fraudulent.
- Encourage that all individuals provide accurate and complete information regarding patient care, in order to attain complete billing and coding for appropriate reimbursement.
- Expect that employees always follow documentation guidelines.
- Endorse to our physicians and clinicians, to provide their due diligence and attention in providing complete and accurate information, in a timely manner, to attain accurate coding and billing for appropriate reimbursement.

## Federal False Claims Act (FCA)

**What is it?**

- An American Federal Law (31 U.S.C. 3729-3733) which prohibits health care providers from submitting false information to the Federal government in order to be paid for health care services. This includes:
  1. Knowingly presenting to the Federal Government, (or cause to be presented), false or fraudulent claims for payment.
  2. Knowingly using (or cause to be used) false records or statements, to get a claim paid by the Federal Government.
  3. Anyone conspiring with others, to get a false or fraudulent claim paid by the Federal Government.
  4. Knowingly using, (or cause to be used), a false record or statement to conceal, avoid, or decrease an obligation to pay, transmit money or property, to the Federal Government.

**Examples of false claims:**

- Billing for health care services not performed
- Billing for health care services that do not have documentation to support them
- Assigning an incorrect procedure code or diagnosis code in order to get paid more money

## Conflict of Interest

- The relationship we have with our patients is, in part, a fiduciary relationship. Patients trust us and rightly expect us to act in their best interest. Patients should be confident that decisions regarding their care are not influenced by the self-interest of their health care providers.
- Personnel should not place themselves in a position where their actions or the activities or interests of others with whom they or with whom a member of their family may have a financial, business, professional, family or social relationship that could be in conflict with the interests of MVHS.
- Anyone who believes he or she has a conflict of interest, or the appearance of a conflict of interest, should discuss it with his or her supervisor, department manager or the Corporate Compliance Officer for further evaluation.
- Disclosure of conflicts is in no way a reason for non-employment or association with MVHS. Disclosure is only to allow the conflict to be managed within the best interest of MVHS.

### Examples of Conflict of Interest:

- A direct or indirect interest in any transaction which might in any way affect an employee's objectivity, independent judgment or conduct in carrying out his or her job responsibilities.
- Conducting any business or performing any services for another individual or company while at work.
- Using MVHS property or other resources for outside activities.
- Direct or indirect involvement in outside commercial interests, such as vendors, physicians, patients, competitors or others having a business relationship with the facility, which could influence the decisions or actions of an employee performing his or her job.
- Using or revealing outside the facility any confidential or proprietary information concerning the facility.
- Using for personal gain confidential or "insider" information obtained as a result of employment with the facility.

## Reporting Non-Compliance

### What to do if you believe there may be a problem:

- A successful compliance program, and the reduction of any attempts of potential fraud, abuse, or waste, depends on open lines of communication between hospital personnel and the compliance department.
- Confidentiality and non-retaliatory policies encourage this communication, and assists with reporting fraud.

### To report a violation or a concern, you may:

- Discuss the concern with your immediate supervisor; or
- Contact your Department Administrator; or
- Contact the Compliance Officer or
- Call the Compliance EthicPoint (1-800-954-9418)
  - Call at any time... any day... All calls are confidential
  - EthicPoint is a confidential and anonymous way to report any work-related activity that does not live up to the high ethical commitment of our organization's values, laws and regulations, or business practice policies.

### What is a "WHISTLEBLOWER?"

- A whistleblower is anyone who somehow becomes aware, has inside knowledge, or suspects unlawful or dishonest activity within an organization. This may include an employee, supplier, contractor, client, or any individual. Whistleblowers assist in uncovering otherwise undetectable wrongdoing.
- To ensure individuals come forward and report misconduct involving false claims to the federal government, the False Claims Act includes a whistleblower provision which provides:
- Anyone with actual knowledge of an alleged false claim to the government has the right to file a lawsuit on behalf of the U.S. Government.
- Whistleblowers relief, by not allowing their employer to retaliate against them, if they do file an action under The False Claims Act.

### Non-Intimidation and Non-Retaliation Policy

- A Policy of non-intimidation and non-retaliation protects individuals in their good faith participation in the compliance program including reporting potential issues, investigating issues, self-evaluations, audits and remedial actions, and reporting to appropriate officials.
- All MVHS affiliates have policies to protect employees who report concerns from intimidation and retaliation.
- If an employee reports a concern, and feels they are being intimidated or retaliated against, call the Compliance Officer immediately!

## HIPAA Privacy and Security

### Federal HIPAA Regulations

- Privacy Rule – Implemented in 2003. Requires health care providers to develop and implement policies and procedures to protect patients’ “protected health information” PHI.
- Security Rule – Implemented in 2005. Requires health care providers to develop and implement policies and procedures in order to safeguard electronic health records.

### Three Basic Methods Are Used to Keep Patient Information Confidential/Secure:

#### Administrative Safeguards

- Policies and Procedures to implement privacy and security measures.
- Perform an annual Risk Assessment which is used to identify and analyze risks regarding securing PHI.
- Use of usernames and passwords.

#### Technical Safeguards

- Use of encryption software.
- Firewall software.
- Virus detection software.
- Use of usernames and passwords.

#### Physical Safeguards

- Use of locks on doors where PHI is stored (paper records, computer rooms).
- Use of cameras for secure areas.
- Fire doors / special fire extinguishers for main computer systems.
- Organizational Safeguards
- Implement “Business Associates Agreements” with vendors who have access to the PHI of your

### What is Considered Protected Health Information (PHI)?

- Any (Past, Present, or Future) physical or mental health information regarding the patient whether in electronic, paper, or oral format, including healthcare treatment information. Billing and payment information for healthcare services.
- Information that can be used to identify the patient:
  - Name. - Social Security Number.
  - Address. - Credit Card / Bank Account Number.
  - Phone Number. - Billing Account Number.
  - E-mail address. - Insurance Subscriber Number.
  - Anything that can be used to identify the patient.

### When is it Appropriate to Share PHI?

- Generally, you may use or disclose PHI without an authorization for these purposes:
- For treatment of a patient, including arrangements for transfer and referral care;
- To get payment for healthcare services;
- Approved healthcare operations such as quality review, competency activities, auditing for compliance programs, and mandatory reporting.
- Verbal Authorization - In some cases, we can release or use information with the patient’s verbal authorization. A common example of this would be when a patient asks that care and treatment information be shared with

their family members or friends. Immunization records can also be released to a patient's school with a verbal authorization.

- **Written Authorization**- A written authorization should be obtained when not using information for treatment, payment, or healthcare operations, and when verbal authorization is not sufficient. Authorizations are usually required when copies of records are requested. Regulations relating to the release of patient information are extensive and many HIPAA violations are due to inappropriate release of records or not releasing records when it is required. Refer to Release of Protected Health Information policy.
- Extra Caution! – The sharing of confidential information related to certain diagnosis and treatment are afforded a higher level of protection under New York State Laws, for example:
  - Alcohol/Substance Abuse
  - Child Abuse
  - HIV - AIDS Related Information
  - Mental Health
  - Genetics
  - Minors under the age of 18

### **How Does MVHS Protect Patient Information?**

Electronic Information:

- Access is controlled by requiring the use of a username and password. (Don't share your password, or post it visibly in your work area).
- Restricting user access to functions based upon their Job Description. (Minimum Necessary standard).
- Keeping electronic PHI on a secure network.
- Requiring PHI stored on PC's and USB drives to be encrypted.
- Back up tapes are stored in a secure locked area.
- Physical access to the main computer systems are locked and monitored 24/7.
- Healthcare providers should not leave a computer unattended without logging out of the program that they are using.
- Audits of user access.

**Paper Charts:**

- Should be locked up when unsupervised.
- Visitors should not be allowed into a Medical Record area unsupervised.
- Charts on the nursing unit need to stay with the patient.
- Documents should never be left in public view.
- Ensure proper disposal (place in a locked shred bin).

**Verbal Information:**

- Do not discuss patient information in public areas such as hallways, elevators, or lunch room.
- Visitors should be asked to leave the room before talking to a patient about PHI, unless the patient agrees that the visitor may stay.

**The Minimum Necessary Requirement**

- Minimum necessary means using or disclosing the least amount of information you need to perform your job. Each individual's access to patient information is different based on what you need to know. Even though you may have access to specific databases of information, the information within those databases should only be accessed because your job requires you to for treatment, payment, or healthcare operations.

**Ask yourself before looking at any patient information:**

- Do I need this in order to do my job or provide patient care?
- What is the least amount of information I need to share with a person in order for them to do their job?
- Steps are also taken to limit the amount of PHI that is released to requestors. The Health Information Management Department (HIM) is responsible for most release of information (ROI) functions within both facilities.

## **Cyber Security**

**Be Technology Wise**

- Be sure you are not clicking and opening any suspicious links and attachments in your email.
- Pay attention to suspicious activity when using electronic devices while accessing ePHI.

- Understand HIPAA rules and policies that are in place to manage (ePHI) electronic Protected Health Information.

### Phishing

- Phishing is the fraudulent practice of sending emails claiming to be from reputable sources in order to induce individuals to reveal personal information such as usernames and passwords. Some examples include:
  - An email directing someone to download an attachment.
  - An email directing the recipient to enter to enter personal details.
  - An email warning the recipient that they have a computer virus.
  - An email directing the recipient to call a help line to assist with their computer issues.

### Emails & Suspicious Activity: What Ifs?

- If you are suspect to a possible phishing email the best action would be to “right click” on the email and assign it to Junk Mail, this will also delete the message from your mailbox.
- Another best practice when it comes to security is the “See something, Say something” approach and mention suspicious activity to a member of the I.T. staff.

### Social Media

- Do not share or post any information about patients on any social networking sites (Facebook, Instagram, Snapchat, Twitter).
- Individuals who post patient information or photos are violating HIPAA privacy regulations and MVHS privacy policies and are subject to disciplinary action up to and including termination.
- Even discussing or posting information about a patient without referring to their name may be a violation because in many cases there is enough information that the name of the patient can be reasonably inferred.
- Any postings to official MVHS web sites or social media sites must be pre-approved and have patient authorization / release forms signed by the patient prior to posting.

### HIV/ AIDS

- Article 27–F of the NYS Public Health Law protects the confidentiality and privacy of anyone who:
  - Has HIV infection or HIV/AIDS-related illness;
  - Has been treated for HIV/AIDS-related illness;
  - Has been tested for HIV; or
  - Has been exposed to HIV.
- The General Rule is No Disclosure. A patient’s HIV-related information is confidential and shall not be disclosed to anyone unless the patient or their legally authorized representative has signed a HIV-related information release form (DOH 2557). There are only a few exceptions where the law allows disclosure of HIV-related information without a patient release.
- There are very few Exceptions to the “No Disclosure” Rule where a patient release for a disclosure is not required. Examples:
  - Providers taking care of the patient – but only as necessary to provide appropriate care or treatment.
  - Hospital staff and review organizations or government agencies – but only those authorized to access medical records and then only if the information is necessary to supervise, monitor or administer a health or social service.
  - The patient’s insurance company – but only if there is a signed general release and then only if the information is necessary to pay for medical care.
  - Disclosure per a court order – but only if the order specifically directs release HIV-related information and is signed by a judge.

If you have any questions about whether you may disclose HIV-related information without having a patient release, please contact your supervisor or the Privacy Officer.

- What information is protected by Article 27-F? “Confidential HIV-related information”, which is any information showing a person:
  - Had an HIV-related test such as a HIV antibody test, PCR test, CD4 test for HIV, or a viral load test.
  - Has been exposed to HIV.

- Has an HIV infection, HIV-related illness, or AIDS (such as PCP pneumonia or Kaposi's Sarcoma – even without the mention of HIV or AIDS).
- Has any of these conditions and has information on any of their sexual or needle-sharing contacts.
- In order to release any HIV/AIDS related information, a valid HIV Release Form is required to be signed and dated by the patient, or if the patient lacks capacity to consent, by a qualified person under section 18 of the Public Health Law or by a person authorized by law to consent to healthcare for the patient. The release must specifically authorize the disclosure of HIV-related information; and must contain: The names of the protected person, the provider and the recipient, the reason for the disclosure and the time frame the consent is effective.
- Do not have a discussion about a patient's HIV status or history in front of a visitor. Do not assume that the visitor is aware of the patient's HIV status. Do not assume that the patient consents to your notifying anyone of his/her HIV status. Ask visitors to leave the room.
- It is not permissible to disclose an individual's HIV-related information to other health care providers solely for infection control purposes. Casual contact creates no risk of HIV transmission, and any risk of direct occupational exposure to HIV that may be encountered by health care workers can be effectively minimized through universal infection control precautions.
- If you are concerned about the patient possibly transmitting HIV to a partner or other person due to sharing of needles, there are specific New York State privacy requirements that must be followed. Do not notify a patient's partner or contact. Please contact your supervisor or the Privacy Officer or the Legal Department for guidance.
- Criminal penalties for violations. Under State law, anyone who illegally discloses confidential HIV-related information may be punished by a fine of up to \$5,000 and a jail term of up to one year.
- Questions? For more information about HIV confidentiality, please call the Privacy Officer or the New York State Department of Health HIV Confidentiality Hotline at 1-800-962-5065.

## Patient's Rights Under HIPAA

- Receive a copy of our Notice of Privacy Practices.
- Opt-out of the hospital directory.
- Access their medical record.
- Receive a report on whom we disclosed their information to, known as an account of disclosures.
- Receive notification of a breach of their PHI.
- Request a method of confidential communication.
- Request an amendment to their medical record.
- Request their information be kept from their insurance carrier if they pay their bill out of pocket and in full, within 30 days of receiving the services.

## What Happens When a Possible Violation Occurs?

- An investigation will be initiated.
- An audit log of the Software Program(s) will be run to identify any possible violations.
- The employee and other witnesses involved will be interviewed.
- A determination will be made if there is a violation.
- Processes and procedures will be reviewed in order to identify any opportunities for improvement.
- Disciplinary action will be taken as appropriate up to and including termination.
- The patient will be notified if a violation is confirmed.
- The Department of Health and Human Services, Office of Civil Rights will be notified of the violation, per their requirements.
- If a licensed employee, the appropriate licensing agency will be notified as required.
- The individual may be subject to civil and criminal penalties for inappropriate uses or disclosure of PHI. The maximum fine for an individual is \$250,000 and may include a prison term up to 10 years.
- The healthcare provider may be fined up to \$1,500,000.

## E-Mail

- Your MVHS e-mail account may have your name as the account owner, but it is the property of MVHS.
- E-mail accounts are monitored for proper use.

- Do not send patient information to an external e-mail account unless it is encrypted typing “[Secure]” in the subject line. Contact the IT Department with any questions.
- Viruses, Malware, Trojans, Worms, and Key Stroke Trackers are all forms of malicious software used to corrupt computer systems. Do not install any malicious software onto a MVHS computer. Do not click on a link from an external e-mail sent to you by someone that you do not know. It could contain malicious software.
- All e-mails should contain a confidentiality statement.

#### **Internet**

- Applications for internet access must be completed and signed by your Department Manger and Vice President.
- The internet is to be used for MVHS business purposes only.
- Internet accounts are audited for improper use.

#### **HIPAA'S Dos and Don'ts**

##### Do's

- Get an new password when yours has been compromised.
- Excuse yourself from taking care of individuals with whom you have a personal relationship with.
- Cover up patient information that you are working on when someone approaches your desk.
- Ask for a screen protector if your monitor is in public view.
- Make sure to use a fax cover sheet and verify fax numbers before faxing PHI.
- When faxing dial 9 before sending a fax to an outside line, if your fax is not set up to do it automatically.
- Check papers from copy machines and faxes to make sure that you do not disclose the wrong patient information to someone.
- Use a soft voice when in earshot of other patients and visitors, if it is not possible to use a private area.

##### Don't's

- Let someone else use your password.
- Look at your own medical record or billing information without going through proper channels.
- View the medical record of a family member or co-worker, without proper authorization.
- Leave a paper copy of a document with medical information on it in a public area such as a lunch, meeting, or break room.
- Do not access any more information than you need to perform you job responsibilities. (Minimum Necessary Requirement).
- Leave a portable computer or device that contains PHI unsecured or unattended when off premises.
- Discuss patient information in public areas.
- Report a Suspected Violation to the Privacy Officer.
- The information contained in this handbook is used for orientation and annual mandatory education. It is your responsibility to read this training handbook and abide by the privacy and security policies of Mohawk Valley Health System.

### **Emergency Medical Treatment and Active Labor Act (EMTALA)**

- Referred to as the "anti-dumping" law, it was designed to prevent hospitals from transferring uninsured or Medicaid patients to public hospitals without, at a minimum, providing a medical screening examination to ensure they were stable for transfer
- Law ensuring that if a patient requests to be seen by an Emergency Department they are provided with a medical screening evaluation.
- The medical evaluation is provided regardless of their ability to pay.
- Applies to areas that meet the definition of a “Dedicated Emergency Department”

#### **A dedicated emergency department includes a hospital department or facility that:**

- Is licensed by the state as an emergency room or department.

- Is held out to the public as a place that provides care for emergency medical conditions on an urgent basis without requiring a previously scheduled appointment; or
- Provides at least 1/3rd of all its outpatient visits for the treatment of emergency medical conditions on an urgent basis without requiring a scheduled appointment.

**Exclusions to the law:**

- Hospital-based outpatient clinics not equipped to handle medical emergencies are not obligated under EMTALA and can simply refer patients to a nearby emergency department for care.

**Responsibility of Every Employee:**

- If an individual approaches an employee of the hospital and requests to be seen, they must be directed to the ED at the Wynn Hospital.
- If an individual comes to the hospital and cannot verbalize a request for service, e.g. due to a language barrier or a medical condition, and you would believe there is a need for emergency service, then you must direct them to the ED on that campus.
- Once the patient presents to the ED, the patient must be provided a medical screening.
- Medical screening is used to determine if the patient has an Emergency Medical Condition.
- No delay in care for financial reasons.
- Will not ask for insurance information prior to screening.

Emergency Medical Condition-Patient presenting with acute symptoms of such severity that lack of attention could place their health or safety in jeopardy, or cause impairment or dysfunction of body.

**Definition by law:**

- Pregnancy with contractions
- Acute pain
- Psychiatric disturbances
- Symptoms of substance abuse, including alcohol

Emergency Department Requirements- Once patient has been provided an exam, the ED must do one of the following:

- Admit the patient to the hospital
- Stabilize the patient for Discharge
  - Ensure ability to obtain outpatient care
  - Provide discharge instructions and summary of care provided
  - Ensure patient is stable psychologically
- Stabilize the patient for Transfer
  - Patient must be able to remain stabilized and not deteriorate
  - Accepting facility must have a Dr. that accepts responsibility for the patient

**Accepting Transfers**

- Hospitals have an obligation to accept patients from other hospitals if we:
  - Have capacity for type of care needed (open beds)
  - Provide specialized care needed by a patient: cardiac surgery, trauma, adult inpatient psychiatry
  - Have physician capability for level of care needed

**Transfer Center**

- The Mohawk Valley Health System's Transfer Center coordinates the transfer of patients:
  - from outside facilities to our hospitals
  - to other facilities that provide a higher level of care or specialty care not available at the Mohawk Valley Health System
  - to and from the Wynn Hospital
  - Patients are transferred to ensure timely and appropriate care.
  - Each transfer is determined on a case-by-case basis.
  - Centralizing all patient transfers and movement within the system helps to maximize utilization of the available services at both campuses.

**Goals of the Regional Transfer Center**

- Provide easy access to the system for providers by giving them a single contact point for admitting patients to the system.
- Decrease the need to send patients out of the community for emergency or continuing treatment.
- Provide improved access for patients from out of area facilities for services available at the Wynn Hospital.
- Improve the navigation of patients within the system to best support their specific needs and better utilize available resources.

#### **Exceptions-Patient may present to ED and refuse care under “Patient Rights”**

- Right to Accept all or part of Treatment
- Right to Refuse all or part of Treatment but patient must be:
  - Informed
  - Competent
  - With capacity (of age)
  - Sign release
  - Against Medical Advice (AMA)

#### **Patient Refusal**

- If a patient refuses to have testing or have a medical screening evaluation, they need to document their refusal.
- Patient and staff will both sign the form.
- If patient refuses to fill out form, this will be documented by the RN or MD.

#### **Help Outside the Building**

\*\*For all Emergencies outside the main campus buildings (within 250 yards) a rapid response will be called. \*\*

Non-Compliance-Failure to follow any of the stipulations previously mentioned:

- Hospital
  - Fines: up to \$50,000/occurrence (average patient = \$250,000 fine)
  - Public notice of violation of law
  - Medicare reimbursement lost
  - Monetary loss is not covered by any insurance
- On-call Physicians
  - Individually liable
  - Fines
  - Medicare reimbursements lost
  - Fail to treat : reported
  - Not covered by any insurance

#### **EMTALA Violation Procedure**

- Obligation to report suspected violations
- Fill out the EMTALA Occurrence Screen Form
- Notify Supervisor immediately
- Administration has to investigate the incident and make a decision whether or not to report within 72 hours
- Failure to report = Violation!

#### **What does this mean to me?**

- You act as an agent for the hospital
- You must guide ANYONE seeking care, or for whom a reasonable lay person would think wants care, directly to the Emergency Department
- You must help us ensure compliance

## **Quality Management and Patient Safety**

### **Objectives of this presentation:**

- Understand what is Quality and the customers' expectations,
- Understand what the MVHS Corporate Quality Goals are,
- Able to define a Never Event,
- Know when and how to complete Safety Reports, and
- Reporting of Quality or Safety Issues to the Quality Management Department (QM).
- To be survey ready every day for everyone's safety!!!

#### **Medical Error Facts**

- It's a chilling reality – one often overlooked in annual mortality statistics: Preventable medical errors persist as the No. 3 killer in the U.S. – third only to heart disease and cancer – claiming the lives of some 400,000 people.
- Devastating loss of human life – more than 1,000 people each day.
- Medical errors cost the nation a colossal \$1 trillion each year.

### **What is Quality?**

Quality is meeting or exceeding the customers' needs or expectations.

- Healthcare customers are internal and external.
  - Internal customers: Patients, Family, Staff
  - External customers: Physicians, Vendors
- Customers define what quality is; it is their expectations.
- You need to know and understand ALL of the customer's requirements to achieve quality outcomes.

#### **Customers define Healthcare Quality as:**

- Safe - Avoid injury to patients from care intended to help them.
- Timely - Reduce wait times and sometimes harmful delays.
- Effective - Provide services based on evidence-based medicine.
- Efficient - Avoid waste of equipment, supplies, ideas, and energy.
- Equitable - Provide care that does not vary in quality due to gender, or ethnicity.
- Patient-Centered - Provide services based on scientific knowledge to all who could benefit, and not to those not likely to benefit.

### **MVHS Quality Policy**

The Mohawk Valley Health System (MVHS) provides high quality, patient-centered care using evidence-based practices to continually improve the delivery of our healthcare services.

#### **Systems Approach**

- The Performance Improvement and Patient Safety Plan emphasizes a SYSTEMS approach to quality healthcare.
- Healthcare is made up of many systems/processes that have to work together to achieve positive patient outcomes.
- This "systems" approach makes each person within the healthcare organization responsible for the SAFETY and QUALITY of the CARE/ SERVICES provided to our customers.

#### **Performance Improvement**

- Performance Improvement means continuously;
- Measuring, Assessing, and Improving the safety and quality of care delivered to the patients.
- The ultimate goal is Improvement in Patient Outcomes, which includes; prevention and reduction of hospital complications, and death.

#### **Process Management Methodology**

- DMAIC
- The model to drive process improvement for patient outcomes and safety includes;
- Define-the process goals that are consistent with customer demands (expectations).
- Measure - the current process and collect relevant data.
- Analyze - to verify relationship and identify root cause(s).
- Improve - to optimize the process.
- Control - to ensure sustainability.

## Safety Goals

The MVHS Quality Corporate Goals to achieve improvement in patient outcomes include;

- Reduce HARM - monitoring of harm allows us to develop safer systems of care
- Reduce 30 Day Mortality – decrease the number of deaths during a hospital stay
- Reduce 30 Day Readmission Rate – decrease the patients readmitted to the hospital
- Increase patient satisfaction – meeting the customer’s expectations

### Interventions to achieve Quality Corporate Goals include:

- Improve the accuracy of patient identification using Active Patient Identification by asking the patients their name & date of birth.
- Improve the effectiveness of communication (verbal & documentation) among caregivers.
- Improve the safety of prescribing, dispensing & administration of medications.
- Reduce the risk of health care-associated infections through hand washing, gloves, gowns etc.
- Accurately and completely reconcile medications across the continuum of care.
- Reduce the risk of patient harm resulting from falls by identifying high risk patients and putting interventions in place to prevent falls.
- Prevent health care-associated pressure ulcers through assessments, turning & positioning and use of preventative devices.
- Prevent injuries related to defective or malfunctioning equipment. Tag and remove defective equipment from the area of use.
- Maintain a clean, safe environment throughout the facilities to prevent injuries to patients, families, staff, physicians, students, volunteers and others.

Tracking adverse events over time is a useful way to tell if changes being made are improving the quality and safety of the care processes.

**NEVER EVENTS**-are defined as Medical Errors that should never happen!! Hospitals do not receive reimbursement for NEVER EVENTS!

- Examples of Never Events include;
  - Foreign Body left in patient,
  - Falls and Injuries as a result of care,
  - Hospital Acquired Infections,
  - Medication Errors, and
  - Wrong patient, wrong procedure, or wrong site.

**Sentinel Events**- are unexpected occurrences that may have caused or have the potential to cause death or serious physical or psychological impairment of patients. Sentinel Events are Reportable to the New York State Department of Health; NYPORTS – New York Patient Occurrence Reporting and Tracking System

Events that are reportable include:

- Unexpected Death
- Impairment of limb, organ or body function
- Wrong patient, wrong site, or wrong procedure
- Malfunction of equipment during treatment
- Investigation of Sentinel Events are conducted to identify root causes of the event (continually asking the question "why" did the event occur), and
- Correct the causes and/or put systems/processes in place before harm comes to another person.

**Near Miss Event**- is an unplanned event that did not result in injury, illness, or damage – but had the potential to do so.

Examples

- Wrong medication was identified prior to the patient taking it
- Fall without injuries

### If you identify a Quality/Safety Issue (occurrence), you should;

- Immediately handle the problem if necessary to avoid further harm to patients and others.
- Notify your supervisor of the event.

- Call the Quality Management staff with information regarding the Quality/Safety Issue.
- Complete a Safety Report in Midas+ regarding the issue so it can be investigated, and actions taken if needed.

## Safety Reports

- Safety Reports are completed for occurrences which may cause an injury and/or actually injured an individual (patient, visitor), or caused damage to hospital property/equipment.
- These occurrences are investigated to determine if there is a system/process issue or individual performance issue. For individual performance issues progressive disciplinary actions may be warranted.
- These occurrences are investigated to prevent reoccurrence of the Quality/Safety issue.

### Occurrences to be reported via Safety Reports include, but are not limited to;

- Equipment Failure
- Slip/Fall
- Procedure/Test/Treatment Related
- Medications/Blood/IV
- Elopement of the patient
- Fire within the facility
- Spill or Leak

### Document the following on the Safety Reports;

- Identify the Occurrence (Quality/Safety issue)
- Location of the event (ex. Patient's room, nurses station)
- Persons involved (staff, visitor, physician)
- Description of the event (who, what, where, when)
- Outcomes if known (ex. seen in Emergency Dept., no injuries)
- Persons contacted (ex. Supervisor, physician, family)

### How to fill out a Safety Report in MIDAS:

A Safety Report shall be completed and submitted to the Quality Management Department within 24 hours following a patient or visitor event and/or any other unusual happening or occurrence on hospital property. The Safety Report can be submitted electronically via MIDAS+ Remote Data Entry. The purpose of the Safety Report is:

- ❖ To promptly report any out-of-the-ordinary event or occurrence, which may involve risk and/or actual injury to an individual (patient, visitor, student, and physician) or damage to hospital property.
- ❖ The occurrence affects or will affect the quality of care provided by the hospital and includes violations of established procedures, policy, protocols or disruptions of functions.
- ❖ Such reporting is not to be punitive and is for continuous quality improvement review. Thus, it is not to be noted in the patient's medical record, nor is it a part of the patient's medical record. However, the objective facts of the occurrence to a patient shall be documented in the patient's record.
- ❖ The basic purpose of this reporting is to assist in prevention, education, analysis and review of trends, and to determine corrective actions for identified or potential problems. It is also to assist in identifying the need for policy and/or procedural changes.

### Completion of the Electronic Form

- ❖ Completion of the electronic Midas Report must be done with direct objective and factual observations.
- ❖ Access the electronic Safety Report via the **Safety Reports-Complaints** icon located within the Citrix environment.

Information regarding an occurrence may be left on the Safety First “Hotline”. Include the information noted above in the phone message. Please contact your Supervisor for further direction specific to your department/unit.

## Patient Care Issues

In the event Mohawk Valley Health System is not properly addressing patient care issues, any staff member, patient, or family may call;

- New York State Department of Health  
Complaint Hospital Intake Program  
1-800-804-5447
- DNV-GL Healthcare Inc.  
1-866-523-6842

## Conclusions

- EVERYONE at Mohawk Valley Health System is responsible for the SAFETY AND QUALITY of Care/Services provided to the customers.
- Safety Reports are completed for occurrences which may cause an injury and/or actually injured an individual (patient, visitor), or caused damage to hospital property/equipment.
- Contact the Quality Management Department with any quality or safety concerns.

## Quality Management Department

- Questions regarding Quality Management or Patient Safety, please contact the Quality Management Offices

## Process Management

Who in the organization is responsible for quality ? EVERYONE!

### The MVHS Quality Management System:

- Is a customer-focused, process-based Quality Management System.
- Requires control of documents
- Controlled electronically (paper documents are uncontrolled)
- Approved prior to use

### The DMAIC Cycle:

**Define:** the process goals that are consistent with customer demands.

**Measure:** the current process and collect relevant data.

**Analyze:** to verify relationship of factors and determine root cause.

**Improve:** to optimize the process.

**Control:** to ensure sustainability.

### What is ISO?

- International Organization for Standardization.
- Series of documents defining the principles, fundamentals, specifications and guidelines for process improvement as it relates to Quality Management Systems.

**ISO's Mission:** “...to promote the development of standardization to facilitate the international exchange of goods and services...”

### Policy Stat

- Is located on the intranet and holds all of MVHS policies and procedures for easy look up.

## MVHS Employee Health Offices

### Purpose of Employee Health

- Provide premier health services to employees at MVHS and affiliates
- Minimize work related injuries to ensure your safety and provide the best care to our patients and residents.
- Education and training programs to promote primary prevention

### Annual Health Assessments/Fit testing and Mantoux

- Annually, you must update your health assessment. This includes the health form, Mantoux and fit testing if applicable.
- You will receive a green postcard in the mail to your home address (or address you have on record) notifying you that you are due.
- This annual update must be completed within the month that you are due.
- If you do not complete the entire process within 30 days, you will not be allowed to work/be placed at MVHS.

### Immunizations - (Flu)

- MVHS abides by DOH recommendations.
- The Flu shot is not mandatory, however highly recommended.
- If you do not get the flu shot, when the NYS commissioner of health dictates, you must wear a mask at all times when in any area's with the potential for patient contact (halls, elevators, bathrooms, café)
- Flu shot is provided annually during the flu season FREE of charge
- Hepatitis B and Tetanus/Pertussis vaccine will also be offered to you FREE of charge
- If you are a Dialysis employee, proof of Hepatitis vaccination is mandatory. If you do not have this documentation, we will provide you with the vaccine.

**Occupational Exposure** is: "Any exposure to blood or body fluids."

#### If Exposed:

- Immediately report the incident to your manager
- Wash the site with soap & water
- Irrigate the eyes at eye wash station
- During normal business hours, immediately report to Employee Health Office. If after hours, report to the Emergency department.

#### DO NOT:

- Milk the wound
- Tie anything around the site
- Soak or pour any caustic agents on the site

**Human Resources must receive an incident report within 24 hours**

#### Occupational exposure is:

- "Link to the OSHA 1910.1030 Bloodborne Pathogen Standard is available on the Infection Prevention Department Webpage. "  
[https://www.osha.gov/pls/oshaweb/owadisp.show\\_document?p\\_table=STANDARDS&p\\_id=10051](https://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=10051)

#### Occupational injuries:

- Any injury that is sustained while at work must be documented on the Incident Report form
- As soon as an injury occurs, you must notify your manager.

- If during normal hours, you must be seen in the Employee Health Office. If after hours, the employee will be seen in the ED. (based on severity of injury)

### **Incident Reporting**

- All work related injuries to an employee must be reported immediately to your supervisor /manager
- Incident Reports must be completed in full
- Employee & Manager must sign report together
- Ensure reports are delivered to the Employee Health Office W/I 24 hours of occurrence (online or on paper)
- A “Safety Report” must be filed if equipment is involved in incident
- Witnesses must be recorded on the report

### **Acute health assessments for possible contagious illness**

- Employees who are working can be seen in the EH office for possible contagious illness. There is no charge for this service
- If you need to be seen, please call the EH office.

### **Things that we commonly see in the EH office**

- Skin Rash
- Pink eye
- Work related injuries/illnesses
- Serious conditions such as abdominal pain, chest pain, severe asthma attack should be seen in the ED.
- If you have any questions as to whether or not you should be seen in EH or ED, call the EH office for guidance.

### **Tobacco Cessation**

- MVHS is a tobacco free institution
- Use of tobacco products is not permitted anywhere on the property
- If you do use tobacco/smoke and visit any of the “designated” smoking areas, please use proper etiquette and dispose of the waste in proper containers. Throwing cigarette butts on the ground is littering and can be subject to local fines if observed by the police.
- If you wish to quit smoking, EH can help. We offer smoking cessation counseling FREE of charge.

### **Wellness**

- MVHS is proactive with our employee’s wellness
- Interactive Health (IH) is a company that MVHS has contracted with to provide lab services to our employees.
- IH will draw a comprehensive panel of labs FREE of charge
- The results of these labs will be sent to your home address and are completely CONFIDENTIAL.
- You can request that your primary Dr. receive a copy of the results if you wish.
- EH will gladly sit with you and discuss your results if you wish.
- Participation is not mandatory but highly recommended. Often serious medical problems are discovered that the employee was not aware of.
- This of course is FREE of charge

## **Cultural Diversity and Language Assistance**

### **What is Culture?**

The anthropologist Daniel G. Bates defined culture as: “The system of shared beliefs, values, customs, behaviors, and artifacts that the members of society use to cope with their world and with one another, and that are transmitted from generation to generation through learning”.

### **Culture Competency**

Refers to an ability to interact effectively and successfully with people of various ethnic and or cultural groups.

### **Cultural competence comprises four components:**

- Awareness of one’s own cultural worldview
- Attitude towards cultural differences

- Knowledge of different cultural practices and worldviews
- Cross-cultural skills.
- Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures

### **Cultural Diversity**

- Working with people of different cultures occurs on a daily basis in the health care environment.
- Cultural understanding results in improved communication with our patients and coworkers.
- New ideas may seem unusual or frightening
- In general, a person is allowed to participate in cultural and spiritual practices that do not break hospital policy, harm others, or interfere with the beneficial course of medical therapy.

### **Interaction with Patients**

When interacting with people from diverse cultural backgrounds, several key concepts should be considered

- Communication Style
- Views about Health
- Family Values
- Need for privacy

Communication Styles – Verbal or physical gestures commonly used during conversation send different messages for different cultures. Remember that cultural differences are a two way street.

### **Cultural Sensitivity**

Cultural Sensitivity means being aware that cultural differences and similarities exist and have an effect on values, learning and behavior.

### **Components of Cultural Sensitivity include:**

- Valuing and recognizing the importance of one’s own culture.
- Valuing diversity.
- A willingness to adapt one’s communication and behaviors to be compatible with another’s cultural norms.
- A willingness to learn about traditions and characteristics of other cultures.

### **Healthcare Setting Perceptions:**

Attitudes toward patients can be influenced by a range of factors such as:

- Prior patient conditions
- Age and Gender
- Sexual preference
- Socioeconomic status
- Race and/or ethnicity
- Language

\*\*\*Here at MVHS, we promote Total Equality in Healthcare\*\*\*

## **Language Assistance Program**

### **Patient Communication Assistance Policy(PCAP):**

“MVHS shall provide free access to medical interpretation service to all patients or parents/legal guardians of minors or incapacitated patients in need of assistance due to limited English-proficiency (LEP) and/or communication impairments such as vision, speech and hearing.”

### **Elements of PCAP:**

- Individuals younger than 18 years of age may not be used as interpreters.
- Access to interpreter service must be provided within a reasonable time frame.
- “Free Interpretation Services Are Available” signs are displayed at all points of patient/customer access areas.
- “The Right to Medical Interpreter Service” brochure informs LEP patients and/or guardian of their rights to free interpretations services.
- “I Speak” posters and booklets are available to assist staff in identifying the language spoken by the patient.

### **Cultural Population**

The MVHS serves patients from culturally diverse community populations such as:

- Anglo-Saxons
- African-Americans
- Hispanics
- Bosnians, Burmese/ Karen, Cambodians
- Russian, Somalis-Bantu

### **Immigration to Central New York**

- Total Population of Utica according to the 2010 census is 62,235 (+2.6% since 2000) – this can be directly linked to the influx of immigrants and refugees to this area.
- Over 35% of Utica’s population is considered to be “diverse”.
- The City of Utica and the surrounding community have seen individuals from all over the globe including: Albania, Bosnia, Burma, Cambodia, China, Nepal, Russia, Somalia, Thailand and Vietnam just to name a few.
- In addition to our patient population, our Family Medicine Residency Program is largely comprised of culturally diverse physicians who were not born in the United States.
- We’ve had resident physicians from: Nigeria, Burma, Bosnia, Russia, Vietnam, Pakistan, India, Jordan, South Africa and Haiti.

## Limited English Proficiency

### **What does LEP mean?**

Limited English Proficiency- Any individual whose primary language is not English and who cannot read, speak, write, or understand the English language at a level sufficient to permit such patient to interact effectively within a health care setting.

### **Effective Communication Methods:**

When encountering a patient who has Limited English Proficiency:

- Speak in a normal tone
- Ask open-ended questions (best practice for any Patient interaction)
- Concentrate on what you are communicating, how you are communicating, and how your listener is receiving the communication
- Present pertinent patient-care information in various ways
- Avoid technical or confusing terminology or medical jargon
- Respect and acknowledge the patient’s cultural differences
- Request feedback from the patient
- Re-phrase the message if the communication was ineffective or not received properly by the patient
- Recognize the language the patient speaks
- Provide interpretation services
- Key Component of Nonverbal Communication
- Physical gestures
- Body posture and positioning
- Facial expressions
- Personal space ~ proximity to others
- Touch ~ frequency and nature of contact
- Time~ importance of punctuality, acceptable excuses for lateness

## Language Assistance Resources

- Trained Medical Interpreters
- Telephonic Services
- Video Remote Interpreting (VRI)
- Non-verbal communication tools
- Translated Documents

- For interpreter services, please contact the Language Assistance Program (numbers available in the telephone directory or by calling the operator)

Always document Language Services!

Guidelines for Working with Medical Interpreters

Whats the difference between translating and interpreting?

- Translation is written, in which the interpreter may be asked to do sight translation of a text.
- Interpreting is referred to the spoken aspect of communication.

### **Purpose of Interpreter:**

The basic purpose of the interpreter is to facilitate understanding in communication between people who are speaking different languages.

### **Interpreter Code of Ethics**

- Confidentiality
- Accuracy
- Completeness
- Conveying of cultural frameworks
- Non-judgmental attitude
- Professionalism\*
- Code Achieved through:
  - Positive attitude towards clients
  - Acceptance of all assignments
  - Ethical behavior

### **Specific Roles**

- Conduit- Interpret everything that is said, exactly as it is said: add nothing, omit nothing, change nothing.
- Clarifier- Interpret what is said faithfully but in such a way that the listener can understand; check for understanding.
- Culture Broker
- Advocate

### **Working with the Interpreter**

- Brief pre-interview.
- Establish a good working relationship.
- Allow enough time for the interpreted sessions.
- Speak in a normal voice.
- Avoid jargon and technical terms.
- Keep your utterances short.
- Ask only one question at a time.
- Expect the interpreter to interrupt.
- Expect the interpreter to take notes.
- Be prepared to repeat.
- Have a brief post-interview.
- Remember why the interpreter is present.

\*\*\*Use telephonic interpretation when a staff interpreter is not available.\*\*\*

### **Emergency Situation:**

- Family member or friend (16+).
- Use the simplest vocabulary that will express your meaning.
- Speak in short and simple sentences.
- Check to see if the message is understood.

### **Linguistic and Cultural Differences:**

- Facial expressions and gestures may be misleading.
- Cultural differences are a two-way street.
- Patients should be allowed to participate in cultural and Spiritual practices that DO NOT:
  - Interfere with the well being of others
  - Endanger the safety of others
  - Interfere with beneficial medical therapy or treatment

## Child, Elder Abuse/Neglect and Domestic Violence

### **Child Abuse Characterized by:**

- Physical injury caused by punching, beating, kicking, biting, burning or otherwise harming a child.
- Unexplained bruises, welts, burns, fractures, lacerations or abrasions inconsistent with medical findings and/or frequent injuries that are accidental.
- Sexual Abuse indicators include: bruises or bleeding in external genitalia, vaginal or anal areas, venereal disease and pregnancy.

### **Child Neglect Characterized by:**

Failure to provide for the child's basic needs. Neglect can be physical, educational and/or emotional. Physical neglect indicators are;

- Consistent hunger
- Failure to thrive and lags in development
- Poor hygiene
- Inappropriate dress
- Consistent lack of supervision
- Abandonment
- Unattended physical, medical and dental problems.

### **Elder Abuse & Neglect:**

- Occurs in all racial, ethnic and economic groups
- Can occur in the home by someone with a special relationship with the elder (e.g. spouse, child, friend or caregiver)
- Can occur in hospitals, nursing homes, group or foster homes.
- Physical force against the elderly resulting in bodily injury, physical pain or impairment.
- May include striking (with or without an object), shoving, shaking and burning.
- Inappropriate use of drugs and physical restraints, force feeding and physical punishment.

### **Emotional Abuse to Elder:**

- Infliction of pain through verbal or nonverbal acts.
- Includes insults, threats, humiliation, harassment and isolation of the victim from regular activities.

### **Neglect of Elder:**

- Failure to provide basic needs such as food, water, clothing, shelter, medicine, personal safety and homecare.

### **Financial Exploitation of Elder:**

- Occurs when family members or care givers take control of elder's financial resources either through misrepresentation, coercion or theft.

### **Domestic Violence:**

- Basic need to feel safe and secure is often threatened for victims of domestic violence.
- The single major cause of injury to women, more significant than auto accidents, rapes and other assaults combined.

## Child and Elder Abuse Reporting:

- Suspected cases of Child Abuse or Neglect are reportable to the Child Abuse Hotline.
- Suspected cases of Elder Abuse or Neglect are reportable to the Adult Protective Services.
- Suspected cases of nursing home abuse reportable to Department of Health.

## MVHS Reporters:

- Hospital staff are in a unique position to identify patients who have possibly been abused or neglected.
- Contact your Supervisor if you suspect Child or Elder Abuse/Neglect.
- Mandated reporters are required to make the telephone call to report the abuse/neglect.

**Contact:**

If assistance is required with Child or Elder Abuse/Neglect, please contact the Case Management Department.

## Spiritual Care

- Healthcare organizations are obligated to respond to the spiritual needs because patients have a right to such services.
- Fear and loneliness experienced during serious illness generate spiritual crises that require spiritual care.
- Spiritual care plays a significant role when cure is not possible and patients question the meaning of life.
- Workplace cultures generate or reveal the spiritual needs of staff members, making spiritual care vital to the organization.
- Spiritual care is important in healthcare organizations when allocation of limited resources leads to moral, ethical and spiritual concerns

**Mission Statement:**

- The Office of Spiritual Care strives to provide exemplary spiritual care to patients, their families and our staff by providing hope, compassion and understanding with respect for each person's faith tradition or lack thereof and functioning in a cooperative manner throughout the healthcare system.

**The 3 Components of Spiritual Care at MVHS**

1. Compassion (Support)
  - Presence
  - Visits
  - Prayers
  - Emotional Support
  - Listening and Counseling
2. Hope (Worship)
  - Daily Masses
  - Communion
  - Morning Prayer
  - Referrals to other faith communities
  - Memorial Services
3. Understanding (Education)
  - Faith based consultations
  - Engagement with various faiths
  - Bible Study
  - Educate healthcare team on religious traditions

**Functioning as a member of the treatment team:**

- Clarify institutional policies and procedures
- Protect patients from unwelcome forms of intrusion
- Serve on ethics committee
- Improve communication between staff and families
- Assist during times of crises
- Assist staff with their own grief

**Barriers to effective use of Chaplains**

- Myths and stereotypes
- Discomfort around religion
- Secrecy

## MVHS Foundations

Our foundations are the fundraising arms of our healthcare system.

- Help support the mission, vision and values of the organization
- Help enhance quality and availability of healthcare services
- Provides equipment and services outside the normal hospital operating budget

### **Inspired Giving makes a difference:**

- New MRI in Radiation Oncology
- Updated lobby and waiting rooms
- Educational simulation lab
- New equipment in cardiac rehab
- Newly equipped O.R. treatment rooms

What can you do to support?

- Be on the alert for grateful patients who express an interest in showing appreciation.
- Put them in touch with the respective foundation office .

## Clinical Engineering and Equipment Management

Our medical, nursing, and support staffs rely on medical equipment to help provide care for our patients.

Accidents involving medical equipment that breaks or fails can harm our patients and our healthcare providers who are using the equipment.

### **What is Medical Equipment?**

- Anesthesia machines
- Defibrillators
- IV Pumps
- Blood pressure units
- Beds
- Patient room furniture
- Scales

### **What is Equipment Management?**

A process that helps reduce the risk of using medical equipment including

- Repairing equipment
- Maintaining equipment
- Inspecting equipment
- In servicing of medical equipment

**This process helps provide a safe environment for patients and staff.**

### **What is Equipment Management?**

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**This process helps provide a safe environment for patients and staff.**

Impact on our Employees

- Defective or broken equipment poses a safety hazard.
- There is also a risk of electrical shock.
- Employees miss work and are financially harmed.
- Employees involved in a incident where a patient is harmed are often emotionally impacted.

**Impact on Patients, Families & Visitors:**

- Misdiagnosis if equipment is not calibrated.

- Patients can be harmed if equipment does not function properly.
- Patients can experience delays or cancellations when equipment doesn't work properly.
- Patients, families and visitors may also experience other problems when our employees are injured, such as:
  - Reduced staff level.
  - Reduction in quality of care.
  - Increase in potential patient harm.

## Preventative Maintenance

### How can I tell if a piece of equipment is safe for use?

- All medical equipment is labeled with an inspection sticker and CE control number.
- Each year the inspection sticker will be a different color and stickers contain important safety information.
- It is everyone's responsibility to ensure equipment is within the inspection period prior to use.

**\*\*\*A tag of any other color means the inspection is out of date. Remove the equipment from service and follow the process for equipment needing repair.\*\*\***

## Repair

### What do I do if Medical Equipment needs to be repaired?

- Complete a RED "Service Required" tag and attach it to the equipment.
- Place the equipment in the area designated for broken/dirty equipment.
- Defective equipment will be picked up from the designated areas by Transport and brought to Central Sterile for proper cleaning.

### For Urgent Repairs:

- Call or page the Clinical Engineering department to the unit.
- Complete service required tag after Clinical Engineering and other healthcare staff have assessed the situation and addressed immediate concerns.

### If equipment breaks or fails while it is being used on a patient, a Patient Safety Report must be completed.

- 1) Please fill the tag out completely.
- 2) Please be as detailed as possible with the problem description.
- 3) Attach tag securely to equipment.
- 4) Follow all of the steps on the back of the tag.

### Take Action, You make a Difference!

- Staff members are our trusted front line experts. You use equipment every day, trust your instincts if things "don't seem right."
- Inspect equipment before you use it.
- Immediately remove defective or broken equipment from use and follow the proper procedures to get it returned to Clinical Engineering for repair.
- If you see equipment that is out of the inspection date, remove it from service and call Clinical Engineering.

## Infection Prevention

### Hand Hygiene

Alcohol based hand rub (ABHR). As long as hands are not visibly soiled and you are not caring for a patient with a C. difficile infection. It is more convenient, quick, and readily available.

Soap and Water:

1. Wet hands with water
2. Apply soap
3. Lather hands by rubbing together for 15 seconds, focusing on fingertips and nails
4. Rinse under running water
5. Dry with paper towel

6. Turn off faucet with a dry paper towel

Alcohol Based Hand Rub:

1. Apply to the palm of hand
2. Rub hands together, covering all surfaces, (focusing on fingertips and nails)
3. Continue rubbing until dry

Should hand hygiene be performed before or after glove use? BOTH!

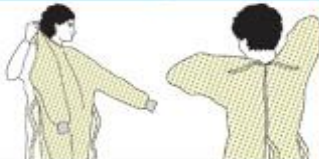
How do infections such as colds, flu and norovirus get into healthcare facilities? PEOPLE!

- Stay home when you're sick. Avoid bringing germs to work.
- Encourage visitors to stay home when they're sick.
- You can spread illness before you display symptoms. This is why consistent hand hygiene and respiratory etiquette are important.

## Donning


**1. GOWN**

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist




**2. MASK OR RESPIRATOR**

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator




**3. GOGGLES OR FACE SHIELD**

- Place over face and eyes and adjust to fit







**4. GLOVES**

- Extend to cover wrist of isolation gown



## Doffing Example 1

<p><b>1. GLOVES</b></p> <ul style="list-style-type: none"><li>• Outside of gloves is contaminated!</li><li>• Grasp outside of glove with opposite gloved hand; peel off</li><li>• Hold removed glove in gloved hand</li><li>• Slide fingers of ungloved hand under remaining glove at wrist</li><li>• Peel glove off over first glove</li><li>• Discard gloves in waste container</li></ul>	
<p><b>2. GOGGLES OR FACE SHIELD</b></p> <ul style="list-style-type: none"><li>• Outside of goggles or face shield is contaminated!</li><li>• To remove, handle by head band or ear pieces</li><li>• Place in designated receptacle for reprocessing or in waste container</li></ul>	
<p><b>3. GOWN</b></p> <ul style="list-style-type: none"><li>• Gown front and sleeves are contaminated!</li><li>• Unfasten ties</li><li>• Pull away from neck and shoulders, touching inside of gown only</li><li>• Turn gown inside out</li><li>• Fold or roll into a bundle and discard</li></ul>	
<p><b>4. MASK OR RESPIRATOR</b></p> <ul style="list-style-type: none"><li>• Front of mask/respirator is contaminated – DO NOT TOUCH!</li><li>• Grasp bottom, then top ties or elastics and remove</li><li>• Discard in waste container</li></ul>	

## Doffing Example 2

**HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)  
EXAMPLE 2**

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

- 1. GOWN AND GLOVES**
  - Gown front and sleeves and the outside of gloves are contaminated!
  - If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
  - While removing the gown, fold or roll the gown inside-out into a bundle
  - As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container
- 2. GOGGLES OR FACE SHIELD**
  - Outside of goggles or face shield are contaminated!
  - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
  - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container
- 3. MASK OR RESPIRATOR**
  - Front of mask/respirator is contaminated — DO NOT TOUCH!
  - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
  - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
  - Discard in a waste container
- 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE**

**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**

Standard Precautions apply to Every Patient – Every Time!!!

### Hand Hygiene – 5 Moments

Appropriate hand hygiene PRIOR to patient contact will ALWAYS prevent transmission of germs

### Personal Protective Equipment

- Anticipation of exposure risk is crucial i.e. splash, spray, cough...
- Choose the equipment necessary to KEEP YOU SAFE
- Ensure PPE is available where and when it is needed

### Respiratory Hygiene and Cough Etiquette

- Covering respiratory secretions –use a mask if necessary
- Hand hygiene after contact with secretions
- Educate staff, patients and visitors
- Spatial separation of persons with acute febrile respiratory symptoms

### Needle Safety

- Retractable devices
- Sharps containers
- NEVER recap used needles
- One needle, one syringe, only one time!!

### Environmental Cleaning

- Partner with EVS to ensure appropriate cleaning & efficient patient throughput
- Frequent cleaning of high touch areas
- Utilizing the UV disinfection system any time it can be arranged

### Waste Disposal

- Use of appropriate receptacle (clear bag vs. red bag)
- Wear gloves
- Red bag waste MUST be in a hard container

## Soiled Linen

- Wear gloves
- Hold away from the body
- Never place on floor

## Patient Care Equipment

- Always wipe down between patients
- **White tag when not in use**

## What are the two most important times for a patient to clean their hands?

1. Before they eat
2. After using the bathroom

## Transmission Based Precautions

- MVHS does not place a patient who is infected/colonized with VRE or MRSA on Contact Isolation.
- Designed for patients documented or suspected to be infected or colonized with highly transmissible or epidemiologically important pathogens for which additional precautions beyond Standard Precautions are needed to interrupt transmission in...
  - **Airborne** - are used for patients with Tuberculosis or Measles, do not open the door to these rooms unless you are trained and have been fit tested.
  - **Droplet**-are used for things like the Flu and can be spread through fluid from a cough or sneeze.
  - **Contact**-are used for things like VRE and other antibiotic resistance bugs and bacteria.
  - **Clostridium difficile**- also known as "C. diff" is a germ that can cause diarrhea.
    - Most cases of C. diff infection occur in patients taking antibiotics.
    - Symptoms of a C. diff infection include:watery diarrhea, fever,abdominal pain
    - C. diff spores can live outside the human body for a very long time and may be found on things in the environment.
    - C. diff infection can spread from person-to-person on contaminated equipment and on the hands of doctors, nurses, other healthcare providers and visitors.
    - Patients who are on Contact Precautions for C.diff will have this RED sign posted outside of their room.
    - All staff MUST use Contact Precautions when entering a C.diff room.
    - Put on a gown AND gloves before entering the room.
    - Wash hands with soap and water when leaving the room.
    - Use bleach to clean the room and items inside of the room.
    - All safety concerns and questions about Contact Precautions should be brought to the attention of the clinical staff as soon as they are identified.

## Bloodborne Pathogens

- OSHA's Bloodborne Pathogens standard prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials, and to reduce their risk from this exposure.
- Implementations of this standard not only will prevent hepatitis B cases, but also will significantly reduce the risk of workers contracting AIDS, Hepatitis C, or other bloodborne diseases.

### Bloodborne Pathogens:

"Bloodborne pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include among others hepatitis B virus (HBV), which causes hepatitis B; human immunodeficiency virus (HIV), which causes AIDS; hepatitis C virus and other pathogens, such as those that cause malaria.

"Other potentially infectious materials" means:

- The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between bodily fluids;

- Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and
- HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.

It is estimated that 600,000 to 800,000 needlestick injuries occur each year in the United States.

“Contaminated sharps” means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.

#### **Engineering and Work Practice Controls**

- Primary methods used to control the transmission of HBV and HIV
- When occupational exposure remains after engineering and work practices are put in place, personal protective equipment (PPE) must be used.

#### **Engineering Controls**

- These controls reduce employee exposure by either removing the hazard or isolating the worker,
  - Examples: sharps disposal containers, self-sheathing needles, safer medical devices (needleless systems, sharps with engineered sharps injury protections)

#### **Work Practice Controls**

- These controls reduce the likelihood of exposure by altering how a task is performed
  - Examples:
    - Wash hands after removing gloves as soon as possible after exposure
    - Do not bend or break sharps
    - No food or smoking in work areas

#### **Personal Protective Equipment**

- Specialized clothing or equipment worn by an employee for protection against infectious materials
- Must be properly cleaned, laundered, repaired, or disposed of at no cost to the employee
- Must be removed when leaving the area or upon contamination.

#### **Biohazard Warning Labels**

Warning labels are required on:

- Containers of regulated waste
- Refrigerators and freezers containing blood and other potentially infectious materials
- Other containers used to store, transport, or ship blood or other potentially infectious materials

Red bags or containers may be substituted for labels

## **Hepatitis**

Leads to liver failure, liver cancer and death

#### **Hepatitis B Virus**

- Most easily transmitted
- Rate reducing due to vaccine
- Approximately 200 health care workers die from HBV related liver disease every year
- Can live up to 7 days on a surface in dried blood

#### **Hepatitis C Virus**

- 130-150 million people infected worldwide
- No vaccine, can be treated
- The longer people live with HCV the more likely they are to develop serious life-threatening liver disease
- Can live between 16 hours to 4 days on environmental surfaces

#### **Hepatitis B Vaccination Requirements:**

- Must be made available to all employees at risk of exposure within 10 working days of initial assignment unless:
  - Employee has had the vaccination
  - Antibody testing reveals immunity
  - Must be provided even if the employee first declines but then decides to accept the vaccination
  - Employees who decline the vaccination must sign a declination form

*\*\*\*High-risk of transmission in healthcare due to needle stick injuries or blood exposure\*\*\**

## HIV

HIV is the virus that causes AIDS

### High risk populations include:

- Those who engage in unprotected sex
- Men who have sex with men
- Sex Workers
- IV drug users
- Current or past prison inmates

There is no risk of contracting HIV through casual contact.

Does not survive well in the environment.

### High-risk of transmission in healthcare due to needle stick injuries or blood exposure:

- Post Exposure prophylaxis (PEP):to be effective PEP must begin within 3 days of exposure before the virus has time to multiply

**\*\*HIV Testing/Status is confidential health information\*\***

When in doubt...

- Err on the side of CAUTION
- Contact the Infection Prevention Department

## HazMat Awareness, Safety and Emergency Management

### Fire Safety Training

Respond using the **RACE** acronym:

**R** – RESCUE

**A** – ALARM

**C** – CONTAIN

**E** – EXTINGUISH/EVACUATE

#### **R – RESCUE**

Rescue/remove patients and personnel that are in immediate danger from fire area.

#### **A - ALARM**

- Alert help by pulling fire alarm call box (pull-box)
- At the Wynn Hospital dial 78911 and inform Hospital Operator of condition and location.
- All off-sites dial 911 then hospital operator:
  - Wynn 315-917-8911
- Let faculty and staff in the area know that there is a Code Red.
- Notification Equipment – Alarm bells, strobe lights

#### **C – CONTAIN**

- Close doors and windows to compartmentalize the fire, minimize the spread of smoke and reduce air supply to the fire.
- Do not travel through corridor fire doors once they have closed.

#### **E – EXTINGUISH OR EVACUATE**

EXTINGUISH an incipient fire using an appropriate fire extinguisher OR EVACUATE area of a larger fire.

Incipient Stage Fire - A fire in the initial or beginning stage that can be controlled or extinguished by portable fire extinguishers, without the need for protective clothing or breathing apparatus.

#### ***Fire Extinguisher Use:***

#### **PASS - Pull, Aim, Squeeze, Sweep**

- Pull the pin on fire extinguisher (and break tamper seal).
- Aim the fire extinguisher nozzle at the base of the fire.

- Squeeze the handle to release the extinguishing agent.
- Sweep from side to side at the base of the fire until put out.

**Definition of a Hazardous Material:** *No official definition*

**OSHA definition:**

Hazardous Chemical: Any substance to which exposure “results or may result in adverse affects on the health or safety of employees:” or “any chemical which is a physical hazard or a health hazard.”

*29 CFR 1910.1200 (c)*

**Chemical Information Resources:**

- Container Labels
- Material Safety Data Sheets (MSDS’s) also known as Safety Data Sheets (Intranet)
  - If an MSDS/SDS is not listed online, contact the Safety Officer
- Emergency Dept
- Poison Control Center
- Emergency Response

**Globally Harmonized System of Classification and Labeling of Chemicals (GHS)**

- Developed by the United nations
- GHS is Worldwide

**What is Changing?**

- Label Requirements
- New Signal Words
  - “Warning” – less severe hazard
  - “Danger” – more severe hazard
- Standardized Hazard Statements
  - Examples – “Highly flammable liquid and vapor”, “Causes skin irritation”
- Standardized Precautionary Statements
  - Examples – “Wear protective gloves”, “Do not breathe vapors”
- New Common Symbols (Pictograms) – Physical Hazards

## Pictograms



**Flame**

This symbol indicates the presence of flammable materials, self-reactive substances or mixtures, which in combination emit flammable gases.



**Gas Cylinder**

This symbol represents compressed, liquefied, refrigerated liquefied, or dissolved gasses.



**Flame over Circle**

Flame over circle represents oxidizing gases, liquids or solids.



**Corrosion**

Materials with this symbol can cause skin corrosion or serious eye damage. And corrosive to metals.



### **Explosion Bomb**

This symbol represents unstable explosives. It can also mean self-reactive substances or mixtures.



### **Person**

Materials that affect respiratory sensitization, germ cell mutagenicity, carcinogenicity, reproductive toxicity, specific target organ toxicity following single and/ or repeated exposures.



### **Exclamation Mark**

Materials have acute toxicity (oral, dermal, inhalation), skin or eye irritation/sensitization or specific target organ toxicity like respiratory irritation or narcotic effect.



### **Skull & Crossbones**

Materials have acute toxicity (oral, dermal, inhalation).

Globally Harmonized System of Classification and Labeling of Chemicals

- World-wide Common Approach
- For YOUR protection when working with chemicals
- Know GHS!
- Protect yourself!

## **Hazmat Spills:**

### **Internal**

- Spilled Liquids

### **External**

- Traffic Accident
- Medical Aid
- Fire, Person Down, etc.

Initial reports may not indicate presence of Hazardous materials.

### **Chemical Spills**

- Clean up incidental spills in accordance with manufacturers guidelines and wearing appropriate PPE
- The first thought when you encounter an internal spill or a contaminated patient is to S.I.N.

### **Safety**

- Get the big picture.
- Can you handle it?
- What are the risks? What do you know?
- What don't you know?

### **Isolation**

- Isolate the scene and deny entry

### **Notification**

- Call your Supervisor
- Always complete a Safety Report if a chemical spill occurs, with or without patient, employee or resident exposure

### **What are your first concerns?**

- Is this patient contaminated with a hazardous material? If yes, have them exit the building and enter the ED from outside.
- How can contamination of the ED (or other area) and its occupants be minimized?
- How can the patient be managed so that they can receive medical care?

### **Decontamination Team**

- “Decon” Team is a group of employees specially trained to respond to contaminated patients that arrive at our facility.
- As part of the Decon Team Environmental Services receives 2 hours of Awareness Training along with training on how to assemble and disassemble the Decon Tent
- Please contact your Supervisor if interested in joining this invaluable team.

### **Personal Protective Equipment (PPE)**

- What is it?
- Protective equipment YOU need to do your job safely!
- What do you do if you feel PPE is inadequate or not available at ALL times?
- Who do you speak with first? (Supervisor)
- If you feel it’s not resolved, who do you contact? (Human Resources)

## **Emergency Management**

- System used: National Incident Management System / Hospital Incident Command System (NIMS/HICS)
- Helps us quickly assess, organize, direct and control the response.
- Our overall goal is to do the greatest good for the greatest number of people, and to minimize the impact of an event on the hospital, staff, and patients.

### **Why HICS?**

- Core of a crisis management system using an all hazards approach
- Flexible organizational chart
- Standardized job descriptions
- Predictable chain of command
- Common language
- Strengthens our disaster
- Preparedness

### **Overview of HICS**

- When our HICS plan is activated, the person in charge of the hospital’s response is called the Incident Commander (IC).
- The IC gathers information about the incident, decides how the hospital should respond, and what actions to take.
- Leadership and direction of the emergency takes place in the Hospital Command Center (HCC)
- The IC leads four sections: Logistics, Planning, Finance/Administration, and Operations.
- What do these sections do?

### **What should I know in order to be prepared for an incident?**

- How to find and use the section of the Emergency Operations Plan (EOP) that applies to what you do.
- The Emergency Operations Plan is located on the Intranet Portal
- What your role is in an emergency and how to do it.
- How to use any special equipment that your job requires.
- How to communicate with others.
- How to get help using the chain of command.

- How to solve problems that come up while doing your job.

#### **What should I do in an emergency?**

- If you discover the emergency, make an appropriate notification (for example, pull the fire alarm for a fire, or tell your supervisor if a chemical spills).
- Return to your department if it is safe to do so
- Remember that you and your department may be asked to do something unusual or different than your normal assignment. How well and quickly you carry out these jobs may be critical to the safety and success of the hospital's mission and our patients. Your flexibility and cooperation in a crisis are very important.
- Do not call the Hospital Supervisor or Switchboard unless directed to do so.

#### **What if I'm off duty?**

- If you are off-duty and you hear about an emergency at the hospital or in the community:
  - Make arrangements to come to work early in case your help is requested.
  - If not requested, report as scheduled for your next regular shift.
  - If you are unable to come to work as scheduled, try to contact your supervisor for instructions.

#### **What do I say to folks who ask for information?**

##### Fellow Employees

- Pass on FACTS
- Do NOT spread rumors or unverified information
- Refer them to their supervisors

##### Patients and Families

- Ensure their safety and well-being
- Be truthful and reassuring
- Refer them to your supervisor

##### Media and the General Public

- Refer them to the Public Information Officer (PIO) or the Communications and Marketing Office

#### **Emergency Codes and Conditions** – Important Tips

- To report an emergency situation:
  - Internally "EXT 78911"
  - Wynn External Number – 315-917-8911
- Once a code is announced, Do NOT call the switchboard or Hospital Supervisor for "updates" or to offer assistance.
- You will receive further instructions from your supervisor.
- Actions taken are dependent upon situation.
- Remove self, peers and patients from danger if possible prepare patients for transport if necessary .

#### **Security**

- We have 24/7 Security at the Wynn Hospital.
- Always wear your badge, helps to identify in emergency situations and easily identifies you.
- All Security Officers have advanced training including Emergency Management.
- Ensure your valuables are locked at all times.
- Report missing items and patient lost & found immediately to the Security Office.
- Report any suspicious activity: "if you see something, say something".
- Attempt to walk to your vehicles in groups if possible. Contact Security for an escort if necessary.
- Advise security if you have a restraining or refrain-from order.

##### Workplace Security

The Security Management Plan is designed to promote a secure environment for patients and residents, visitors, employees, volunteers and medical staff. A secured environment is everyone's responsibility.

## Patient Care

The patient experience is defined as the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care.

### Lifespan Care

- Healthcare providers are expected to provide age-specific care which includes:
  - Adapting assessment and delivery of care to the developmental level of the individual.
  - Reflecting age-related data in the medical record.
  - Using appropriate references for tailoring medication administration and/or clinical assessment
  - Using appropriate equipment for size and weight assessment
- Ensures quality of care across the lifespan.
- Impacts patient satisfaction.
- Improves job performance.
- Meets national standards
- Though every person is unique, lifespan specific care ensures that the characteristics shared by each age group are taken into consideration throughout all areas of patient care.

### Lifespan Safety Needs

Patient Safety is a top priority regardless of our patient demographic. It is expressly important during all stages of childhood as well as with our elderly population.

- Childhood safety characteristics:
  - Lack of impulse control
  - Lack of good judgment
  - Intense curiosity
- Development of autonomy
- Adult safety characteristics:
  - Cognitive impairment
  - Sensory loss
  - Degenerative changes of aging
  - Lack of impulse control
  - Lack of good judgment
  - Need to maintain autonomy

## Patient Identification

- Provides positive identification of patients from the time of admittance or acceptance for treatment.
- Provides a positive method of linking patients to their medical records and treatment.
- Minimizes the possibility that identifying data can be lost or transferred from one patient to another.
- Improves the accuracy of patient identification and minimizes potential errors.
- Failure to properly identify patients can result in preventable harm, including but not limited to:
  - Medication Errors
  - Transfusion Errors
  - Testing Errors
  - Wrong Person Procedures
  - Discharge of infants to the wrong families

## Advance Directive and Code Status Identification

- All patients who seek care at MVHS must have their Advance Directive and Code Status addressed upon arrival.
- We cannot discriminate against our patients based on the presence or lack of advanced directives.
- It is our duty to educate patients on their options for creation of advanced directives.
- Specifics are governed by NYS law.

### Identification of Code Status

- When a patient declares a DNR Status the following must occur:
  - An order indicating DNR must immediately be obtained from the physician and be entered into the EMR.
  - A **PURPLE DNR bracelet** must be placed on the patient's wrist.
  - The appropriate paperwork must be completed and placed in the patient chart within 24 hours of receiving the DNR order.

## No Pass Zone

- The No Pass Zone is designed to empower every staff member to take an active role in our healthcare delivery system.
- Every staff member can answer a call light and address the patients need within their scope of practice and/or job description.



N – Never pass them by  
 O – Observe patient privacy  
 P – Provide what they are asking for, or...  
 A – Access someone who can  
 S – Safety first! Never put a patients safety at risk  
 S - Smile

### Non-Clinical Staff

- Respond to a room for which the call light has been activated.
- Determine if isolation precautions exist and follow the appropriate guidelines as outlined per hospital policy
- Introduce yourself and ask how you can help. Patients are more likely to share information if you ask them open-ended questions.
- Qualified staff may assist the patient within the scope of their job description.
- If the request is non-clinical (need for a newspaper, tissues, cups, or assistance with the television or telephone) offer to assist the patient with their need/request.
- If the patients need/request is anything else (clinical), explain to the patient that you are unable to perform the requested task but that you will find a qualified person to assist them.
- Please Note -If isolation requirements exist and you have not been properly trained, do NOT enter the room... Instead, introduce yourself and explain to the patient that you are unable to perform the requested task but that you will get a qualified individual, tell the patient that someone will be in as soon as possible.

### What Everyone Can do!

- Reposition call light, telephone, bedside table, chairs, trash can, tissues or other personal items within reach.
- Assist with making phone calls or answering the telephone.
- Change TV channels or turn the TV on or off.
- Turn lights on or off.
- Obtain personal items such as blanket, pillow, towel, washcloth, slippers, and toiletries.
- Obtain other items such as pens, pencils, books, magazines, etc.
- Open and/or close privacy curtains.
- Reduce clutter.

### Only qualified staff may do the following....

- Provide patients with water, food or other refreshments
- Manage an IV and/or infusion pump
- Offer pain relief
- Remove meal trays or water pitchers
- Assist patients with eating and drinking

- Physically assist a patient
- Activate/deactivate any alarms (other than the call system)
- Explain clinical matters/treatments as appropriate to your discipline
- Raise or lower a patient bed

## Fall Prevention Program

**Purpose:** The Fall Protection and Prevention Program has been established to provide a safe environment for all patients during hospitalization by identifying a patient's fall risk and providing the appropriate safety strategies for each patient using a multidisciplinary approach.

**Scope:** All departments and employees caring for adult and pediatric patient populations at the Wynn Hospital, including inpatients, observation patients, and patients in the ED.

### What is a Fall?

- A fall is defined by NDNQI as the sudden, unintentional descent, with or without injury to the patient that results in the patient coming to rest on the floor, on or against some other surface, on another person, or on an object. Press Ganey Associates (2014). NDNQI Guidelines for Data Collection and Submission on Patient Falls Indicator (Inpatient and Ambulatory Areas), June 2014.

### Safety Categories/Risk Levels

- Fall Protection (Low risk)
- Fall Protection with Prevention (Moderate risk)
- Fall Protection with Prevention (High risk)

### Low and Moderate Risk Fall Protection Strategies

- Provide information about the *Fall Protection and Prevention Program* to patients/families upon admission.
- Orient patient to surroundings.
- Utilize communication boards.
- Perform hourly rounding.
- Place call light and frequently needed objects within patient reach and answer call lights promptly.
- Consider displaying MV-03-007 Form 6 Fall Protection and Prevention Program.
- Encourage patient/family to call for assistance.
- Keep bed in lowest position possible.
- Keep at minimum two upper side rails up.
- Secure locks on beds, stretchers and wheelchairs.
- Assure adequate lighting, especially at night.
- Use properly fitted nonskid footwear.
- Utilize the approved mobility screening tool to determine the appropriate equipment for safe patient handling and mobility per Safe Patient and Resident Handling Program (Handle with Care Program) – MVHS, MV-01-015.
- Maintain safe patient environment as outlined in Physical Environment Safety Management Program - MVHS, MV-03-001.
- Consider use of bed/chair alarm.

### High Risk Fall Protection Strategies

Implement the above indicated Fall Protection safety strategies/interventions, as well as the following:

- **Place fall risk bracelet on patient.**
- Supervise patient during all ambulatory activities while considering privacy needs.
  - DO NOT leave patient unattended while toileting.
  - DO NOT leave patient unattended during transport.

- Notify receiving area of high fall risk via electronic and/or paper transfer records/report sheets.

Place Bed and chair alarm and confirm system is operational.

#### **Special Considerations:**

- Pediatric patients (ages 8 months up to 18 years old) are assessed routinely and as needed throughout their stay.
- The RN will determine which safety strategies are appropriate to implement specific to each pediatric patient. Some examples include:
  - Security transmitter
  - Orange bracelet
  - Bed/Chair alarm use
  - Enclosure bed
  - Mobility aid or assistive device
  - Sensory aid
  - Supervisory play
- All pediatric patients determined to be at HIGH risk for falls will have an Orange Humpty Dumpty sign displayed outside the room.

#### **Bed Entrapment is defined as:**

- Injury or death that may be caused by a patient getting caught, trapped or entangled in any part of the bed.
  - Strangulation or Suffocation
  - Serious injury from climbing over the rails
  - Inducing agitation
  - Bruising

### **Chemotherapy Safety**

- Chemotherapies and Biotherapies are drugs used in the treatment of cancer. Many of them are hazardous drugs (HDs).
  - HDs are those that require special handling because of health risks that may result from exposure.

#### **When will this sign be used?**

- The RN receiving the patient is to post this sign above the patient's bed if the patient is receiving chemotherapy or if they have received chemotherapy in the past 48 hours. All routes of chemotherapies are included.
- The Oncology Nursing Society (ONS) recommends that when handling a patient's body fluids while the patient is receiving chemotherapy or if they have received chemotherapy in the past 48 hours, certain precautions should be maintained.
- Employees or Volunteers that are pregnant or breastfeeding should refrain from activities that may expose them and their infants to reproductive health hazards such as chemical, physical, or biologic agents.
- The Start and Stop Dates and Times define when CHEMOTHERAPY PRECAUTIONS should be utilized.
  - Prior to placing the sign above the patient's bed, the RN should list the start date/time as the date/time the chemotherapy begins and the stop date/time for 48 hours post completion of chemotherapy.
  - If the patient is receiving daily chemotherapy and the final date and time of the precautions is unknown, please write "TBD" (for "to be determined") in the space until a final date and time can be determined, at which time the RN will document that date and time.

**Pain**-is the patient's perception of discomfort.

- Pain can impact the patient's quality of life, ability to work productively, to enjoy recreation and to function normally in family and society.
- Effects of pain include:
  - Difficulty sleeping

- Decrease in strength & endurance
- Interferes with a healthy appetite
- - morbidity
- May lead to mental status decline, anxiety, depression, suicidal thoughts
- May delay healing and recovery from illness
- May increase
  - ED visits
  - Hospital admissions
  - Unplanned office visits
- Extends length of stay in hospital
- Loss of income & insurance coverage

#### **Patient's report of pain**

- The single most reliable indicator of pain and relief of pain is the patient's self-report.
- Always accept the patient's report of pain as a reliable indicator.
- Patients with communication barriers may express pain by:
  - Grimacing
  - Moaning
  - Groaning
  - Rubbing a body part
- Nursing will use various tools to assess pain for individual patients and populations.

#### **Acute Pain**

- Short duration.
- Includes acute injuries, post-operative pain and post-trauma pain.

#### **Chronic Pain**

- An ongoing condition which lasts for weeks, months, even years.
- Examples include long-term back and neck pain, headaches
  - Pain can be managed effectively in the majority of patient populations.
  - Goals of pain management include:
    - Prevention of predictable pain (i.e.; pre-medication before procedure)
    - Timely assessment and treatment of pain
    - Reduction of pain to patient's "acceptable" pain level
- Though we cannot always eliminate pain completely, providers and nurses should communicate with patients about what their acceptable level of pain is.
- Medications are generally associated with pain relief. However, alternative methods can be used to decrease pain/increase comfort for the patient.
- **Examples include:**
  - Repositioning
  - Massage
  - Breathing/relaxation techniques
  - Guided imagery
  - Music therapy
- Alternate comfort measures may be utilized alone or in conjunction with pharmacological approaches.

### **Sharps Safety**

Dispose of your sharps in a sharps container.

#### **Sharps Safety Tips**

- DO NOT dispose of sharps in the linen or regular trash. They belong in sharps containers ONLY!
- DO NOT leave needles or other items in beds, on the floor, or on tables.
- Please use caution when changing linen or if you find a SHARP.
- Notify the proper personnel if you need your SHARPs container changed.

## Centers of Excellence

### Centers of Excellence

- Bariatric Surgery
- Stroke Program

### Trauma Center & Centers of Excellence

- Level III Trauma Center
- Orthopedic Surgery & Joint Replacement

**Trauma Care:** The goal is to get the injured patient to the facility with the right resources and the capability to provide the best care for the patient.

- The Wynn is currently designated by the Department of Health as a Level 3 Trauma Center.
  - This means the Wynn will provide high quality definitive care for trauma patients with a tiered activation/response process based upon physiologic, anatomic and mechanism of injury criteria.
  - There are multiple components including prevention, pre-hospital care and transportation, acute hospital care, rehabilitation, and research activities.

**Bariatric:** Refers to anyone who has limitations in health, mobility and environmental access due to physical size. The area of medicine that is concerned with the causes, prevention and treatment of obesity.

- Treat ALL PATIENTS with respect and dignity.
  - Address the patient eye to eye
  - Talk to the patient not at the patient
  - Consider the patient's previous negative experiences
  - Recognize that many have tried to lose weight repeatedly over many years
- Bariatric Equipment
  - Beds
  - Chairs
  - Recliners
  - Commodes
  - Walkers
  - Wheelchairs
  - May consult with Bariatric Coordinator and/or team for assistance with using specialty equipment

### Bariatric Center of Excellence

- The Wynn must meet certain standards and criteria for this recognition
- Meets specific standards
- Annual education on sensitivity, specialty equipment and potential complications is provided

### What does it take to become a Primary Stroke Center?

- NYS DOH designation
- Must provide 24-hour coverage for acute stroke care with the following:
  - Neurology, Imaging, Care Standards
  - All nurses who care for stroke patients must have 8 hours of classroom education annually.
  - FSLH was designated as a Primary Stroke Center in December 2008.
  - FSLH is the Stroke Center for this area.
  - Every stroke patient must be brought to the nearest stroke designated hospital unless life threatening
- DOH Stroke Center designation requires the capability to provide stroke care, including all the necessary medical imaging:
  - 24 Hours a day
  - 7 days a week
  - 365 days a year
- This also includes providing education:
  - To each and every stroke patient
  - Staff

- Members within the community

### **Neuroendovascular Procedures**

- A new service being offered for advanced treatment of stroke patients.
- Procedures are done at the Wynn campus in Interventional Radiology.

### **Organ Donation**

- The Center for Donation and Transplant (CDT) is a non-profit organ procurement organization dedicated to increasing organ and tissue donation and retrieval of donor organs and tissue.
- The CDT serves 23 hospitals and is responsible for:
  - Organ procurement & allocation
  - Community education & public relations
  - Ensuring that families have the option to donate & that they are asked in an appropriate & sensitive manner
  - Approximately 100,000 patients are waiting for a life-saving transplant in the US.
  - Every 14 minutes, another name is added to the waiting list
  - An average of 17 people dies every day due to the lack of transplantable organs.
  - One donor can save or enhance the life of up to 50 people.

Types of organs that can be transplanted:

- Heart
- Lungs
- Liver
- Kidneys
- Pancreas
- Intestine

Tissue Donation

- Bone
- Cartilage
- Corneas
- Fascia - Tendons
- Heart Valves
- Veins
- Skin
- Pericardium
- Ligaments

Becoming a donor

- New York State residents can join the Donate Life Registry to document your decision to be an organ/tissue donor.
- The registry is a legal document of gift, meaning that enrolling in the registry is your legal consent to donate organs/tissues if medically possible after death.
- The registry is a confidential database maintained by the New York State Department of Health.

### **Reporting Patient Abuse**

- When a patient is harmed, or is placed at risk of harm because of an act of a staff.
  - This includes physical abuse, psychological abuse, sexual abuse, and deliberate inappropriate use of restraint
- When a patient is harmed, or placed at risk of harm, because of a failure by the staff to provide care.
  - This includes: failing to supervise a person that requires it, failing to provide food/shelter/clothing, failure to provide medical care/treatments, and failure to provide access to educational instruction on treatments when there is a duty to do so.

Who should report the abuse/neglect?

- YOU!!!

- You should not assume another person reported it!
- You should not simply pass on to a supervisor or social work!
  - You should also pass this information on to a supervisor ASAP. If the supervisor is the one causing the abuse, please go higher in the chain of command.
- You are liable if you become aware of the abuse and do not report it.

Speak up!

- If you are present when a staff is being verbally or emotionally abusive to a patient, say something at that time. Do not let the abuse continue!

#### **MVHS "Alert Line" Compliance Hotline: 800-954-9418**

- When you see or hear of a violation of the Code of Conduct, you should speak with your supervisor or the supervisor of that area. If you feel uncomfortable sharing your concerns or are dissatisfied with his or her response, there are other options. You should speak with the next level of management or a senior leader about your concerns. You may also speak to the MVHS Corporate Compliance Officer. If at any time you wish to remain anonymous when reporting an alleged violation, you may call the MVHS Compliance.

Justice Center for the Protection of People with Special Needs

- People with special needs shall be protected from abuse, neglect and mistreatment. This will be accomplished by assuring that the state maintains the nation's highest standards of health, safety and dignity; and by supporting the dedicated men and women who provide services.

Report Abuse & Neglect - 24/7 Statewide Toll Free Hotline -1-855-373-2122

## Awareness and De-escalation

### Awareness

Disruptive situations can arise at any time. We can prevent these episodes from becoming crisis situations with proper awareness and effective de-escalation. As an agent of MVHS you may find yourself in a situation that would require you to utilize this education to achieve the best possible outcome.

#### **Always be AWARE & PROACTIVE!**

Be aware of what is happening around you. Look and Listen, EARLY INTERVENTION IS KEY!

- It is vital that staff members be aware of their own verbal and non-verbal communication as well as the patient's.

#### **Part of Awareness is gathering information:**

- Awareness allows staff to identify possible underlying causes of the behavior.
- Disruptive behavior is often a result of underlying needs not being met, unresolved problems and conflicts.
- By identifying factors involved it allows you to be more effective in de-escalating the issue and preventing further re-occurrences of disruptive behavior
- Information gathered through your awareness will help you discover a possible trigger or cause of the disruptive behavior.
- Triggers set off the disruptive behavior
- **Triggers can be:**
  - Biological, psychological or environmental
  - Unmet personal needs
  - Receiving unwanted information
  - Counter transference – A person responds to another person negatively because they remind them of someone they dislike.
  - Sights, smells or sounds
  - Time of day, special event or season
  - The staff's physical presence and the use of verbal and non-verbal techniques can sometimes prevent disruptive behavior or a situation from escalating.

#### **Proactively look for changes in usual behavior...**

- Increase in voice tones
- Staring
- Extreme quietness
- Easily agitated
- Mumbling
- Restlessness
- Rocking
- Pacing
- Changes in breathing pattern

**\*These may indicate a trigger has occurred therefore leading to disruptive behavior\***

### **Be Aware of your influence!**

- Participants mutually influence each other during interactions - the expressions of one person directly affect the response of the other.
- It is vitally important that staff members are aware of not only the patient's, but of their own non-verbal communication.

### **Potential Barriers**

- To verbally de-escalate another person, you must open as many clear lines of communication as possible.
- Barriers to Communication are the things that keep the meaning of what is being said from being heard.
- Communication Barriers:
  - Pre-judging
  - Not Listening
  - Criticizing
  - Name-Calling
  - Engaging in Power Struggles
  - Ordering
  - Threatening
  - Minimizing
  - Arguing
- These barriers will almost always be present from the escalated individual. Your job is to deflect the barriers and open the lines of communication. This can be done with awareness of your surroundings and triggers related to the escalated individual by being proactive and implementing verbal and non-verbal de-escalation techniques through effective communication.
- You cannot control how the other person perceives your engagement, but you can control your role in improving or aggravating the situation. If you are unable to de-escalate, allow another person to step in if possible.

### **Listening is Key**

Listening uses both verbal and non-verbal skills and techniques

- A good listener lets the speaker know that they are being heard, and that their message is being understood
- Three Main Listening Skills:
  - Attending: Giving your physical (and mental) attention to another person.
  - Following: Making sure you are engaged by using eye contact. Use un-intrusive gestures (such as nodding of your head, saying okay or asking questions infrequently)
  - Reflecting: Paraphrasing and reflecting, using the feelings of the other person. (empathy)
- Listen when you are "listening."
- Refrain from other activities when listening
- Multi-tasking is not good when you are listening

When we resist the urge to argue or counter-attack, it can have a profound and sudden calming effect on the speaker.

### **Key Points**

- Do NOT be judgmental.

- Do NOT ignore the person or pretend to be paying attention.
- Listen to what the person is really saying.
- Re-state the message.
- Clarify the message.
- Repeat the message.
- Be empathetic!
- Validate -- “I understand why...” (Not in agreement with...)
- Try to establish rapport with the other person.

## Verbal De-escalation

- Verbal De-escalation is what we use during a potentially dangerous or threatening situation in an attempt to prevent a person from causing harm to us, themselves or others.
- This is important because the use of the following non-physical skills can prevent a potentially dangerous situation from escalating into a physical confrontation or injury.

Be aware of your voice... Tone, Volume, Rate and Inflection

- Speak slowly -- This is usually interpreted as soothing.
- A controlled voice is one that is firm yet calm which promotes confidence in both parties.
- Always be respectful to the other person.
- Using “please” and “thank-you” is an easy way to indicate respect.

## Verbal Skills and Techniques

- Ventilation - allowing the pt. to express their frustration of feelings. Staff member should not tell the pt. what is wrong with them. The pt. must be allowed to say what they want to say without sanction by the staff member
- Distraction - control pt.'s conversation by asking individual short questions that require short responses. For example, who did it? Where did it happen? etc.
- Refocus – Help guide positive thinking toward goals
- Reassurance - the staff member must explain to the pt. that they have the ability and will to help them deal with the problem
- Understanding - acknowledge the fact that the pt. is angry without judging them or minimizing why they are angry
- BE EMPATHETIC not SYMPATHETIC
- Offer choices – Assist patient with making the correct decision by offering options that are appropriate and helpful
- Modeling - control the tone of your voice, speaking in simple, quiet sentences. Display the behavior that you expect from them. Demonstrate control of your own emotions.
- Humor - humor can help to alleviate some of the tension. However, one should never use humor if you are not good at it J This is best used when there is an established trusting relationship between the individuals
- One-on-one – If the situation is assessed safe, sometimes the attention of a one-on-one session is effective during de-escalation. However, another individual should be available if a crisis situation occurs
- Consequences--Remind the pt. of the natural consequences of their behavior while being supportive
- Motivate – Keep your statements positive and focused on the current situation, not the past or un-predictable future

## Non Verbal Communication

- 50% of our communication is non-verbal. It is very important to be able to identify exactly what we are communicating to others non-verbally.
- You may be trying to de-escalate the situation by talking to the other person, but your body language may be showing a willingness to get physical.
- It is also important that we recognize and understand the non-verbal cues from another person who has the potential of escalating.

Practice Makes Perfect!

- Some people just seem to have a knack for using nonverbal communication effectively and correctly interpreting signals from others.
- These people are often described as being able to "read people."
- In reality, you can build this skill by paying careful attention to nonverbal behavior and practicing different types of nonverbal communication with others. By noticing nonverbal behavior and practicing your own skills, you can dramatically improve your communication abilities.
- REMEMBER ... Be AWARE of your surroundings and be PROACTIVE in your approach. These are your keys to successful de-escalation.

## NYS Justice Center- Code of Conduct

The Justice Center was created to assure that New York State maintains the nation's highest standards of health, safety, and dignity for people with special needs. These standards cannot be achieved without dedicated people like you, who provide direct support to people with special needs.

### Overview

- People with special needs should have the opportunity to live self-directed, meaningful lives in their communities, free from abuse and neglect, and protected from harm.
- Code of Conduct—a framework of professional conduct—as a resource to guide you in your daily interactions with those you support.
- This training will provide a general overview of the Code of Conduct and set the stage for you and your employer to have more detailed discussions about the importance of professional conduct.

### Person-Centered Approach

- Your primary duty is to the people who receive supports and services from your organization.
- Each person of suitable age must have the opportunity to direct his or her own life, honoring, where consistent with agency policy, his or her right to assume risk in a safe manner, and recognizing each person's potential for lifelong learning and growth.
- Whenever consistent with agency policy, using a person-centered approach means working in support of the person's preferences and interests.

### Physical, Emotional, and Personal Well-Being

- When complete this net learning, you are pledging to promote the physical, emotional and personal well-being of any person who receives services and supports from your organization
  - Including their protection from abuse and neglect and reducing their risk of harm to others and themselves

### Respect, Dignity and Choice

- By completing this net learning, you are pledging to respect the dignity and individuality of any person who receives services and supports from your organization
- Honor their choices and preferences whenever possible and consistent with agency policy.
- You are also pledging to help people receiving supports and services use the opportunities and resources available to all in the community, whenever possible and consistent with agency policy.

### Self-Determination

- As an individual who supports people who receive services, you will help people realize their rights and responsibilities, and, as consistent with agency policy, help them make informed decisions and understand their options related to their physical health and emotional well-being.

### Relationships

- The Code of Conduct includes a pledge to help individuals maintain or develop healthy relationships with family and friends
- To support them in making informed choices about safely expressing their sexuality and other preferences, whenever possible and consistent with agency policy

## **Advocacy**

- When you complete this net learning, you promise to advocate for justice, inclusion and community participation with, or on behalf of, any person who receives services and supports from your organization
  - As consistent with agency policy and to promote justice, fairness and equality, and respect their human, civil and legal rights.

## **Personal Health Information and Confidentiality**

- The Code of Conduct also requires that you understand that people receiving services have the right to privacy and confidentiality with respect to their personal health information.
- When you complete this net learning, you are pledging to protecting this information from unauthorized use or disclosure, except as required or permitted by law.

## **Non-Discrimination**

- When completing this net learning, you agree that you will not discriminate against people receiving services and supports or colleagues based on race, religion, national origin, sex, age, sexual orientation, economic condition or disability.

## **Integrity, Responsibility and Professional Competency**

- In completing this net learning, you pledge to:
  - Reinforce the values of your organization when it does not compromise the well-being of any person who receives services and supports
  - Maintain your skills and competency through continued learning, actively seek advice and the guidance of supervisors and colleagues whenever you are uncertain about an appropriate course of action
  - Not misrepresent your professional qualifications or affiliations, and demonstrate model behavior to all, including persons receiving services and supports.

## **Reporting Requirements**

- As a mandated reporter, you have a legal obligation under Social Services Law § 491, to report all allegations of abuse, neglect or significant incidents immediately upon discovery to the Justice Center's Vulnerable Persons' Central Register by calling 1-855-373-2122.
- This number can be found on the intranet and is posted on the Inpatient Psychiatric Units.
- We encourage you to speak to your supervisor about your internal reporting procedures and responsibilities.

## **Code of Conduct Pledge**

- In addition to the ten provisions, the Code of Conduct includes a pledge that may need to be signed by an individual who has or will have regular and direct contact with persons receiving services from facilities or providers under the jurisdiction of the Justice Center.
- The signed pledges are kept on file by your employer and are not maintained by the Justice Center.
- The pledge must be signed on an annual basis for some employees, providing an opportunity to review the provisions and renew your commitment to prevent abuse, neglect or harm towards any person with special needs.

## **Conclusion**

- We encourage you to have more detailed discussions with your employer about the content of this training and how the Code of Conduct provisions apply to you and your daily interactions with those you support.
- As our partner in preventing abuse, we also want to hear from you. The Justice Center welcomes any suggestions on policies or practices to prevent abuse. If you have suggestions, you can send them to [prevention@justicecenter.ny.gov](mailto:prevention@justicecenter.ny.gov).
- Thank you for participating in this training and thank you for choosing a challenging and rewarding career supporting individuals with special needs.

## **Socialization with Psychiatric Patients**

- MVHS staff are not allowed to form non-work related relationships with patients of the Inpatient Behavioral Health Unit.

- i.e. exchange phone number or address, pay personal visit, conduct business with, date or otherwise associate with patient outside the hospital
- This policy pertains to current patients and former patients within one year of discharge from the Inpatient Behavioral Health Unit.

#### Purpose

- This policy precludes the development of situations, which give the appearance of taking advantage of the patient's emotional vulnerability or dependency on staff during the patient's treatment.
- It is also essential for the patient's well-being to separate a therapeutic from a social relationship.

#### Exceptions to this Policy

- When it has been determined by the Nurse Manager and Medical director that staff socialization with a patient is therapeutic and would not result in potential misuse of the working relationship
- When staff member and patient knew each other prior to admission to the Inpatient Behavioral Health Unit.

#### Reporting Requirement

- Whenever a staff member becomes aware that someone he or she knows personally has been admitted to the hospital, the staff member **must immediately notify his or her supervisor**
  - **It does not matter "how well" the staff feels that they know the patient. Any prior relationship should be reported.**
- The supervisor will discuss the situation with the staff member and when appropriate, in conjunction with the treatment team, determine what steps are necessary to prevent a conflict of interest and/or undue embarrassment to the patient.

**Violation of this policy is grounds for immediate disciplinary action, up to and including suspension or dismissal.**

## Human Resources Department

#### Our Goal:

- Partner with employees, managers and administration to create a great place for:
  - Employees to work
  - Patients to receive care
  - Physicians to provide care
  - Ensure that our organization's treatment of employees is fair, impartial and adheres to all federal, state and local laws

#### Our Services:

- Talent Acquisition: recruiting, hiring and on-boarding of both internal and external candidates
- Providing competitive wages and benefits
- Supporting employees through personal leaves and work related injuries
- Responding to labor and employee relations concerns
- Providing learning opportunities for individuals, teams and departments

#### Selective Policies:

Dress Code: Professional, Infection Prevention and Safety Factors

#### Personal Hygiene:

- Hair-must be restrained in clinical areas and nutrition
- Perfumes/colognes-light scents and use sparingly
- Nails-short, neat, no artificial nails in clinical areas

#### Clothing:

- Clinical areas: neat, clean, hospital or your own scrubs if not in a surgical area (no solid black)
- Non Clinical: neat, clean, business casual, or as assigned by your department
- Proper undergarments a must

#### Footwear:

- Clean and safe in relation to the job being performed
- Clinical:
  - nothing open-toed; must have backing
  - Stockings or socks must be worn at all times

#### Jewelry:

- Professional and appropriate for a hospital setting
- Be aware of necklaces and bracelets that can be grabbed by patients

#### I.D Badge:

- Above the waist
- Name is visible at all times

#### Parking:

- Cars need to be registered with Security Dept.

### Drug, Alcohol & Tobacco-FREE Workplace

#### Therefore:

- No employee on MVHS premises will be under the Influence of any substance, whether alcohol or drugs (legal or illegal), except an authorized substance with management's approval.
- If an employee is suspected of substance abuse, they will be subject to further drug/alcohol testing.
- Smoking is not permitted on hospital property.

### Social Media Policy Highlights

- No confidential patient or family member information may be discussed. No photos or details may be posted.
- Social media and/or social networking sites may not be used to disparage MVHS or anyone affiliated with MVHS, including employees, managers, physicians and administration.
- Social media and/or social networking sites may not be used to bully, harass, humiliate, threaten or discriminate against anyone affiliated with MVHS, employees, managers, physicians and administration.
- Internal or proprietary information may not be disclosed using social media and/or social networking sites.
- Employees are not allowed to access social media/social networking sites during the work day unless they obtain approval from their Department Manager or unless it is work related.

### Workplace Harassment

#### Different forms of harassment:

- Harassment in general is any offensive, unwelcome, physical or verbal behavior or conduct.
- Sexual Harassment: unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature.
- Workplace bullying also referred to as Horizontal Violence in healthcare.
- Any behavior or conduct that contributes to an intimidating or offensive work environment and/or interferes with an individual's ability to perform his/her job is strictly prohibited.

#### Sexual Harassment

#### Examples:

- Threatening or taking adverse employment actions if sexual favors are not granted
- Unwelcome flirtations, propositions, advances or comments about appearance
- Leering, improper gestures or remarks
- Unwelcome physical contact
- Sexual jokes and/or inappropriate use of sexually explicit or offensive language
- Display of sexually suggestive objects or pictures

#### Workplace Bullying

#### Examples:

- Verbal abuse
- Gossip

- Undermining activities
- Withholding information
- Non-verbal innuendo / body language (e.g.: eye rolling, folding arms, showing disinterest)
- Intimidation
- Sarcasm
- Humiliation
- Infighting
- Unjust criticism/faultfinding
- Exclusion
- Ignoring/silent treatment
- Marginalizing
- Retaliation

What can you do?

- Speak with the perpetrator in a neutral and safe setting. If this does not yield any results:
  - Contact your immediate manager
  - Contact Human Resources
  - Call EthicPoint
  - Utilize the services of our Employee Assistance Program

Workplace Harassment Key Points

- MVHS has zero tolerance for any workplace harassment.
- If you see something, say something.
- A prompt, discreet investigation of all complaints will be conducted and appropriate action will occur to ensure that any harassment stops and retaliation does not occur.
- Discrimination based on race, sex, religion, national origin, disability, sexual preference or age whether intended or unintended is prohibited and may be verbal, physical or visual.

Progressive Discipline

The purpose of this process is to provide employees the opportunity to improve and includes:

- Verbal warning
- Written warning
- Final written
- Suspension
- Termination

**Note:** depending on severity, some violations may result in immediate termination,

## Employee Benefits

- Employees who are eligible for benefits will be contacted by HR
- Employee assistance program
  - Confidential
  - No cost to employee
- Employee discounts are available when utilizing MVHS provided medical services
- Employee pharmacy

## Learning and Development Opportunities

MVHS encourages and supports continuous learning and development of its employees:

- Tuition Reimbursement (benefit eligible)
- Clinical and technical education
- Computer training
- Leadership training
- Net Learning
- School and University Partnerships

## Body Mechanics

- Body mechanics is the study of proper body movement to prevent and correct posture problems, reduce stress and enhance physical capabilities
- Ensures employee, clinician, and patient safety
- Places less stress and strain on the body, preventing injury
- Conserves energy

### Back Injuries

- Risk indicators for back pain include:
  - Socio-demographic factors (Age, gender, education level, smoking, body mass index, number of children)
  - Physical and work factors (Static and awkward body position, heavy physical work, night shifts, lifting, bending, twisting, pulling, and pushing)
  - Psychosocial factors (Perceived high pressure on time, workload, and home life, decreased control, stress, decreased support systems) (Latta, 2000)

### Anatomy

- Your back consists of bones (vertebrae) separated by cushions (discs) and held together by ligaments and muscles.
- The spine has 4 normal curves
  - The neck (cervical spine) and the low back (lumbar spine) curve inward (lordosis).
  - The chest (thoracic spine) and buttock area (sacrum/coccyx spine) curve outward (kyphosis)

### Learn the right Moves!

The best way to prevent back injuries is to learn the right moves:

- Practice good posture—maintain your back’s natural curves.
- Practice good body mechanics and work techniques—good habits reduce the strain placed on the back.
- Maintain physical fitness.
- Ergonomics: designing the job to fit the worker, not forcing the worker to fit the job

### Posture

Practice good posture:

- Hold your head up straight with your chin in.
- Your earlobes should be in line with your shoulders.
- Keep your shoulder blades back. Stretch the top of your head toward the ceiling. Tuck your stomach in.
- Support the arches in your feet.

### Good Body Mechanics and Work Techniques

#### Lifting

Remember your **BACK** when lifting:

- B—Back Straight
- A—Avoid Twisting
- C—Close to the body
- K—Keep the lift smooth (don’t jerk)

#### Standing/walking

- Keep your weight equal on both feet or with one foot up resting on a low stool.
- Change positions often.
- Keep head high, chin tucked in, and toes straight ahead.
- Wear comfortable, low-heeled shoes (less than 4 cm high) with good support.
- Take short rest breaks.

#### Driving

- Adjust car seat so your knees are just below hip level.
- Sit up straight.

- Keep both hands on the steering wheel.
- Use a lumbar support (or rolled-up towel) to support your lower back.

#### Sleeping

- Sleep on a firm mattress.
- Sleep on your side with a pillow between your bent knees or on your back with a pillow under knees.
- Never sleep on your stomach, which can twist your neck and strain your back.

#### Computer workstations

- Props- use a document holder, consider a headset if you are on the phone a lot
- Keyboard-wrists should be straight and relaxed, use a wrist rest
- Monitor-the top of monitor should be at eye level, screen should be 18-30 inches from eyes (or at arm's length),
- Maintain your back in neutral posture.
- Avoid extended reaches.

#### Lifting

- Do Not bend forward at the waist.
- Squat when lifting from a lower surface.
- Keep your feet apart or staggered when possible.
- Test the load before lifting; ask for help if the weight is too heavy (> 35 lbs)
- Keep the weight as close to your midsection as possible.
- If you need to turn while lifting, turn with your feet. Do not twist your body.
- Use your stomach muscles and your leg muscles to help you lift.
- Wear shoes with non-slip soles.

#### Pushing Pulling

- Pushing and pulling large objects can injure your back as easily as lifting.
- Stay close to the load.
- Push rather than pull when possible.
- Tighten your stomach muscles when pushing/pulling.
- Use your thigh muscles when pushing/pulling.

#### Reaching

- Do not stretch for loads above your head or out of reach.
- Use a stool to get closer to the load.
- Do not attempt to get heavy loads down from overhead without some help.

#### Equipment

- Use equipment designed to assist in lifting or moving objects whenever possible.
- This equipment can come in many forms such as: belts, mechanical lifts, transfer boards or carts.
- Make sure the equipment is in proper working order.
- PLAN your task ahead of time to minimize extra work

Maintain Physical Fitness -Poor physical fitness can increase the likelihood of a back injury.

#### Regular exercise:

- Strengthens back and abdominal muscles.
- Promotes weight control.
- Keeps bones healthy and strong.

#### Maintain a Healthy Lifestyle

- Get proper rest.
- Eat a well-balanced diet: low in fat and sweets, and high in fruits, grains, and vegetables.
- Exercise regularly (at least 20-30 minutes 3 times a week).
- Employees work hard, but they don't necessarily get the proper kind of exercise.
- If you must sit for long periods, remember to take frequent breaks every 20 minutes or so, to stand up and stretch.
- Smoking-has been shown to be associated with musculoskeletal diseases including low back pain

- Porter SE, Hanley EN Jr. The musculoskeletal effects of smoking. J Am AcadOrthop Surg. 2001;9:9–17
- Alcohol or drugs - Put a person at greater risk for injuries of all kinds.
- Practice healthy life-style behaviors to prevent work-related injury and promote optimal health and well-being.

### Home and Recreational Activities

- Our bodies do not stop functioning when we go home from work. Home and recreational activities involving forceful exertions or awkward postures can also lead to or aggravate back injuries. Some examples include sports and home repair work.

### Physiological and psychological factors

- Physical fitness, weight, diet, exercise, personal habits and lifestyle may also affect the development of back injuries. Individuals who are not in good physical condition tend to have more injuries. Excessive body weight can place added stress on the spine and is often associated with a higher rate of back injuries.

### And Learn the Right Moves

## Signs



The Blue background image on the electronic screens inside/outside the patient rooms represents a patient is on Comfort Care. It helps to eliminate moments for staff members that were not aware a patient has been placed on comfort care and may no longer need particular treatments or services.



Chemotherapy Precautions is when a patient is receiving chemotherapy, this sign makes employees aware so that they can follow proper precautions.



Cover Your Cough sign refers to the importance of proper respiratory etiquette. You should cough into your elbow, covering your mouth completely. No microphone cough



PPE Doffing demonstrates how to take PPE off.



PPE Donning demonstrates how to put PPE on.



This is used for things like the Flu and can be spread through fluid from a cough or sneeze.



Fluorescent Green Postcards are received in the mail on a yearly basis and serves as a reminder to go to employee health and have your yearly health assessment completed. You have 30 days to do this and if you do not, you are unable to work after the 30-day mark.



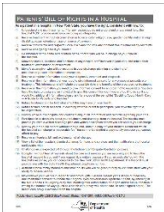
Clinical Engineering Inspections Stickers indicate when equipment has been inspected yearly, similar to motor vehicles. If you see equipment that is out of date for inspection, it should be pulled and red tagged.



Interpreter Services poster used as a tool to help communicate to non-English speaking patients that we have free interpreter services and in multiple languages. They can read and point to which language and this then can be communicated to the interpreter services at MVHS.



No Pass Zone serves as a reminder that we are all empowered to answer a patient call light that it is on. Regardless of who we are we can respond accordingly and get the assistance that is needed.



Patient's Bill of Rights serve as a list of guaranteed rights for patients while staying in the hospital. We must do everything we can to ensure that these rights are met.



Airborne Precautions are used for patients with Tuberculosis or Measles, do not open the door to these rooms unless you are trained and have been fit tested.



The Purple background image on the electronic screens inside/outside the patient rooms is used to eliminate moments for staff members who enter a room that were not aware a patient had passed away and loved ones were grieving.



Neutropenic Precautions are used for patient that have a compromised autoimmune system and therefore are susceptible to sickness.



Contact Precautions (Red) are used for patients with C-Diff and other infectious diarrhea bugs such as Norovirus. In these rooms you must wash your hand with soap and water and use bleach to clean.



Red Tag Process is used when equipment is found to be defective or not within the inspection time frame. It's important to fill it out completely to assist clinical engineering in repairing it appropriately.



White colored tape means that the equipment is clean and able to be used. If the tape is missing or a different color, it should not be used for another patient until properly cleaned.



Contact Precautions (yellow) is used for things like VRE and other antibiotic resistance bugs and bacteria.

## Patient's Bill of Rights

## PATIENTS' BILL OF RIGHTS IN A HOSPITAL

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

Public Health Law(PhL)2803 (1)(g)Patient's Rights, 10NYCRR, 405.7,405.7(a)(1),405.7(c)





## Emergency Codes and Conditions

All Employees and Volunteers can pick up a phone and call a CODE when necessary.

**Code Phone Number – 78911; Wynn External – 315-917-8911**

### **“Attention, Attention! Active Shooter in...”**

Active Shooter Situation Response – *Always be aware of surroundings and nearest exits.*

Security – MV-03-008

### **CODE RED**

Smoke/Fire – Respond with **R.A.C.E**  
(Rescue, Alarm, Contain, Extinguish/Evacuate)  
Emergency Preparedness - MV-03-018

### **CODE STROKE**

Individual Exhibiting STROKE Symptoms – *call this code if you witness this.*

Nursing – MV-20-080

### **CODE MI**

Cardiac Case  
Nursing – MV-20-009

### **“The DECON Team Has Been Activated...”**

Safety/EM  
Emergency Preparedness - MV-03-036

### **“Incident command Has Been Activated..”**

Initiate Disaster Response Plan (HICS)  
Emergency Preparedness - MV-03-021

### **CODE AMBER**

Infant / Child Abduction – *keep eyes open and report anything suspicious to security.*

Nursing / Security - MV-03-032

**RAPID RESPONSE TEAM** – *called when patient and/or visitor need medical help inside or outside our facilities. (ex. fall in waiting area/parking lot)*

Rapid Response Team - Nursing – MV-20-034

### **CODE LOCKDOWN/Lockout**

Facility Lock Down Plan  
Security – MV-03-023

### **CODE BLUE**

Cardiopulmonary Arrest 14+ yrs old  
Nursing – MV-20-033

### **“Carbon Monoxide Alarm in the....”**

Carbon Monoxide detection  
Emergency Preparedness – MV-03-031

### **CODE AIRWAY**

*Code that is used when patients need to be intubated–*  
MV-20-157

### **CODE ORANGE**

Prisoner Patient Escape – *keep eyes open and report anything suspicious to security.*

Security – MV-03-045

### **CODE ELOPEMENT**

Lost or Missing Patient/Resident (Elopement) – *listen to description and keep eyes open*

Security - MV-03-033

### **CODE BERT**

Behavioral Emergency – *used to call for manpower in response to behavioral issues.*

Security – MV-03-004

### **CODE PALS**

Cardiopulmonary Resuscitation  
Nursing – NS-PDP010

### **SECURITY ALERT / HOSTILE SITUATION**

Weapons Display / Hostage Situation  
Security - MV-03-027

### **CONDITION CLEAR**

Emergency Code / Condition Concluded