



# 2013 Annual Review

## Montefiore Medical Center

### Clinical and Non-Clinical



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# About the Annual Review

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The purpose of this Annual Review is to re-orient you and all Montefiore associates to the organization, refreshing your knowledge in key topic areas. Annual Review must be completed each year by all associates, and completion records are tracked and monitored. Annual Review also provides a way for up to demonstrate to The Joint Commission and other regulatory bodies that our associates have been made aware of certain policies that affect patient care.

The 2013 Annual Review consists of three parts:

- 2013 Annual Review (pdf)
- Clinical or Non-clinical Annual Review Test
- Annual Learning Needs Assessment

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***Tip: You must access and complete all three parts in order to successfully complete the Annual Review.***

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We have tried to make the document easier to navigate this year by adding a clickable index at the end. Wherever possible, we've also included a contact person for each topic in case you want more information.

As in previous years, you must achieve a score of 80% or higher in order to pass the exam, but you may attempt the exam as many times as you like.

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***Tip: Non-clinical associates may stop before the "Clinical Excellence" section. This material will not be covered on your exam.***

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If you have any questions regarding accessing or completing any part of the Annual Review, please contact:

The Learning Network

718-920-8787

[learningnetwork@montefiore.org](mailto:learningnetwork@montefiore.org)

## HOW TO REGISTER FOR THE CLINICAL OR NON-CLINICAL ANNUAL REVIEW

1. Double-click on the "eLearning@montefiore" icon on your Montefiore PC Desktop or type in your internet browser [www.healthstream.com/hlc/montefiore](http://www.healthstream.com/hlc/montefiore).
2. Log in using all six (6) digits of your EZ-Time number (located on the top of your pay stub) as your "User ID" and your password, which is your date of birth as mmddyy (i.e. if your birthday is 09/21/1969 your password will be 092169). \*If you are having any issues logging into the system please email: [LearningNetwork@montefiore.org](mailto:LearningNetwork@montefiore.org) or call 718-920-8787.
3. Once you log on you will be sent straight to the HealthStream Student Homepage. (If you are a HealthStream administrator you will be sent to a different screen. Just click on "Student.")
4. Click on "Catalog."
5. In the Browse for a Course Search Box type in "2013 Annual Review" and click on "Search" or click on the folder called "Annual Review."
6. Once you click on the search button the "Clinical Annual Review" and "Non-clinical Annual Review" courses will appear.
7. Click once on the correct annual review course you are required to take.
8. On the course overview page please click on the right side of the page "Enroll in this Course" box.
9. Once you enroll in the course you will need to complete all three (3) parts of the course to receive full credit for completion.

# Organization

## HISTORY

At Montefiore, we are proud of our tradition of serving the community. The timeline below highlights some key events in our history.

### Chronic Care Facility (1884)

Montefiore is founded by philanthropic leaders of New York's Jewish community, who recognize the need to care for patients with tuberculosis and other chronic illnesses. The facility is named to honor Sir Moses Montefiore, a renowned 19th century philanthropist.

### Community Hospital (1940-1959)

- 1945** Nation's first headache unit opens
- 1945** Nation's first hospital-based Department of Home Health Care created
- 1948** Medical group practice established to serve nation's first HMO
- 1958** World's first pacemaker developed and implanted at Montefiore
- 1959** Montefiore becomes the first voluntary hospital to recognize a hospital workers union, with a standalone 1199 SEIU

### Teaching Hospital (1960-1979)

- 1963** Loeb Center opens for post-hospital nursing care and rehabilitation
- 1963** Montefiore begins training physicians as the University Hospital for Albert Einstein College of Medicine
- 1966** Children's Kidney Center opens as one of the world's first comprehensive pediatric renal programs
- 1970** Residency Program in Social Medicine established to train physicians for inner-city primary care practice
- 1972** One of the nation's first pediatric kidney transplants performed
- 1970** Montefiore's community-based lead poisoning prevention program established; serves as a national model.

### Academic Medical Center (1980-1995)

- 1980** Montefiore responds to the AIDS epidemic and is designated as one of NY State's first AIDS Centers
- 1989** Expansion of primary care network across the Bronx and Westchester
- 1993** South Bronx Children's Health Center opens to serve a community in need of physicians
- 1995** Montefiore establishes the Care Management Organization

### Technology Advancements (1996-2008)

- 1996** Montefiore implements advanced business and clinical information systems and is one of the first hospitals to employ computerized physician order entry
- 1998** Innovative emergency room opens at the Weiler Hospital, soon NYC's busiest E.R.
- 2001** The Children's Hospital at Montefiore opens in a state-of-the-art facility



Montefiore is the first U.S. medical center to develop Code of Organizational Ethics

- 2006** Montefiore leads development of Bronx-wide consortium to share patient health information
- 2008** Our Lady of Mercy joins newly established Montefiore Health System, Inc.

### Our Future

Today, Montefiore is one of the nation's largest health systems. Building on a 125-year history, Montefiore looks ahead to its future as a premier, nationally ranked academic medical center with advanced specialty care and an integrated delivery system. Montefiore will continue to provide quality care for its community and beyond.

## MONTEFIORE OVERVIEW



Contact:

**Randee Sacks Levine**

Senior Director of Communications

Marketing & Communications

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As the academic medical center and University Hospital for Albert Einstein College of Medicine, Montefiore Medical Center is nationally recognized for clinical excellence—breaking new ground in research, training the next generation of healthcare leaders, and delivering science-driven, patient-centered care. Montefiore is ranked among the top hospitals nationally and regionally by *U.S. News and World Report*. We provide coordinated, compassionate and leading-edge care designed to reach people when and where they need it most. Through highly integrated teams of physicians, nurses, social workers, mental health professionals and other caregivers, we have created an innovative, seamless system of care focused around the patient.

### Notable Centers of Excellence

At the intersection of Einstein science and Montefiore medicine is our commitment to scientific inquiry. This commitment has resulted in the creation of the Montefiore Einstein Centers of Excellence in cancer care, cardiovascular services, transplantation and children's health, where nationally recognized investigators and multidisciplinary clinical teams collaborate to develop and deliver advanced, innovative care.

### Advanced Specialty and Surgical Care

We offer advanced, multidisciplinary care across specialties, delivering one standard of excellence for all. Our interventions are designed to help patients understand and manage their illness, advocate for their health, access the right treatments and receive the vital social support they need to flourish. On multiple fronts, Montefiore is developing more effective and less invasive approaches to complex problems from procedures to repair diseased hearts, protocols to treat complex cancers and medical devices designed to meet the needs of growing children.

### Primary Care

With more than 50 primary care locations throughout the New York metropolitan area, we are focusing on accessible, patient-centered primary and preventive care provided by leading physicians in the areas of family and internal medicine, pediatrics, obstetrics and gynecology, and a team of experts in nursing, health education, nutrition and pharmacy.

### Providing Care Without Walls

Montefiore combines its deep commitment to the community with nationally-renowned expertise to reach people in locations easiest for them. Through Montefiore's School Health Program (MSHP), Primary Care at Home programs, mobile medical and dental health vans and health education initiatives, Montefiore provides primary care services in non-traditional settings. Montefiore Home Care is a certified licensed Home Care Agency, accredited by The Joint Commission. It is one of the oldest, most respected and quality-oriented home health care programs in the country. Founded in 1947 by Dr. Martin Cherkasky and established as the first hospital-based agency in the United States, Montefiore Home Care continues to serve residents in the Bronx and Westchester County.

### Research and Education

Montefiore's partnership with Einstein advances clinical and translational research to accelerate the pace at which new discoveries become the treatments and therapies that benefit patients. Together, the two institutions are among 38 academic medical centers nationwide to be awarded a prestigious Clinical and Translational Science Award (CTSA) by the National Institutes of Health. The second-largest medical residency program in the country, with 1,251 residents and fellows across 89 programs, Montefiore provides the doctors of tomorrow a unique opportunity for education and training in one of the most diverse urban areas in the country.

### Comprehensive Care Management

Montefiore goes beyond fragmented fee-for-service payments, assuming total responsibility for the quality and costs of care for some of our sickest patients. Through CMO, Montefiore Care Management, we use a global prepayment or similar strategies to manage care for 200,000 individuals over the continuum, including hospital care, rehabilitation, outpatient care, professional services, home care, mental health counseling, community-based services, remote patient monitoring and many other programs.

Our leadership in coordinating care across multiple settings has earned us federal recognition from the Centers for Medicare and Medicaid Services as a Pioneer Accountable Care Organization. Montefiore's ACO is one of only 32 organizations in the nation, as well as the only one in New York State, to operate under this new model of providing Medicare beneficiaries with higher quality care, while reducing expenditures through enhanced care coordination.

# Montefiore Senior Leadership



Steven Safyer, MD  
President and CEO



Philip Ozuah, MD, PhD  
Executive Vice President  
Chief Operating Officer



Joel Perlman  
Executive Vice President  
Finance



Alfredo Cabrera  
Senior Vice President  
Human Resources



Richard T. Celiberti  
Senior Vice President & Executive Director,  
Wakefield Campus



Susan Green-Lorenzen  
Senior Vice President  
Operations



Stanley Jacobson  
Senior Vice President



Christopher Panczner  
Senior Vice President  
General Counsel



Andrew Racine, MD, PhD  
Senior Vice President  
Chief Medical Officer



Lynn Richmond, NP  
Senior Vice President  
Chief of Staff



Charles Agins  
Vice President  
Business Management  
Info Systems



Audre Bagnall  
Vice President  
Planning



Judith Chananie  
Vice President  
Deputy General Counsel



Brian Currie, MD  
Vice President  
Research



Patrick Haughey  
Vice President  
Clinical Services



Cynthia Hayes  
Vice President  
Chief Marketing Officer



David Ingber  
Vice President  
Finance



Marji Karlin  
Vice President  
Finance



Jeffrey Menkes,  
SVP, System  
Network  
Development



Beverly Michael  
Vice President,  
Clinical Services  
Executive Director,  
Einstein Campus



Ed Pflieger  
Vice President  
Engineering



Michael Prilutsky  
Vice President  
Clinical Services



Steve Rosenthal  
Vice President  
Network  
Management



Rachelle Sanders  
Vice President  
Chief Development  
Officer



Peter Semczuk,  
DDS, MPH  
Vice President,  
Clinical Services  
Executive Director,  
Moses Campus



Peter Shamamian, MD  
Chief Quality Officer



William Shanahan  
Vice President  
Human Resources



Susan Solometo  
Vice President  
Surgical Care Center



Lynn Stansel  
Vice President and  
Counsel, Compliance



Drew Swiss  
Vice President  
Finance



Jeffrey Weiss, MD  
Vice President  
Medical Affairs



Jack Wolf  
Vice President &  
Chief Information  
Officer

## MISSION, VISION, VALUES



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### Mission

To heal, to teach, to discover and to advance the health of the communities we serve.



### Vision

To be a premier academic medical center that transforms health and enriches lives.



### Values

Humanity, Innovation, Teamwork, Diversity, and Equity

#### Mission

*To heal, to teach, to discover and to advance the health of the communities we serve.*

Montefiore builds upon our rich history of medical innovation and community service to improve the lives of those in our care. Our mission is exemplified in our exceptional, compassionate care and dedication to improve the well-being of those we serve.

#### Vision

*To be a premier academic medical center that transforms health and enriches lives.*

Through our enduring partnership with Albert Einstein College of Medicine, we combine clinical care with research to deliver the most current treatments available to our patients. Together, with state-of-the-art treatment and facilities and the highest ethical standards, we are challenging the limits of medicine.

#### Values

Our values define our philosophy of care. They shape our actions and motivate and inspire us to pursue excellence and achieve the goals we have set forth for the future. Our values include:

*Humanity*—Our physicians, nurses and other clinical and support staff serve with extraordinary care and compassion. These attributes are rooted in a rich history that began more than 125 years ago when Montefiore was established to care for patients with debilitating and chronic illnesses. We see our patients as people first, with a set of values, beliefs and experiences that shape their needs and our care.

*Innovation*—Our innovative delivery system, research endeavors and use of technology to improve how care is provided are fundamental to our success. Together, Montefiore and Einstein advance clinical and translational research to facilitate the transformation of new discoveries into treatments and therapies that benefit our patients. We are never satisfied with the status quo and are always challenging ourselves to elevate to a new level of patient care.

*Teamwork*—At Montefiore, our collaborative approach ensures a culture of participation, learning and respect. We build on the knowledge and specialized expertise of all disciplines, which contribute vital insights and new perspectives in pursuit of a common goal. By bringing together multidisciplinary teams and involving patients and their families throughout the treatment process, we improve the quality of patient care, enhance patient safety and provide the broadest range of expertise possible.

*Diversity*—We embrace our diverse workforce and community, knowing that it is an intrinsic part of who we are. Montefiore is proud of its heritage, serving residents of the Bronx, and the surrounding New York metropolitan area, as well as patients from across the nation and around the globe. Different backgrounds bring new contributions to patient care and medical advances. We seek to recruit and retain candidates with a breadth of experiences and backgrounds.

*Equity*—Our actions are the result of a deep belief in fairness to those we serve. We are committed to offering access to vital programs and exceptional care to all patients regardless of social or economic status, ethnicity, creed, gender, and sexual preference. Montefiore also advocates for government policies that ensure equitable access to all care—both primary and advanced specialty care.

## People

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### MONTEFIORE STANDARDS OF BEHAVIOR: RESPECT



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At Montefiore, we hold each other accountable for treating each other and our patients with respect.

R

#### Respect

I honor and value each person.

E

#### Effective Communication

I listen carefully and keep others well informed.

S

#### Sensitivity

I demonstrate my willingness and ability and listen and understand others' feelings, needs and circumstances.

P

#### Professionalism

I demonstrate confidence, competence and pride in my work and appearance.

E

#### Exceed Expectations

I assist others without being asked.

C

#### Courtesy

I treat everyone with kindness and care.

T

#### Teamwork

I am a member of the Montefiore Team; I support and encourage others and focus on our shared goals.



## ANTI-HARASSMENT AND ANTI-DISCRIMINATION



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& Labor Relations

Human Resources

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Montefiore is committed to providing its Associates, patients and visitors with an environment free from discrimination, unlawful harassment and other harassing behavior. Maintaining such an environment is a responsibility shared equally by all Associates. Montefiore's policy prohibiting discrimination and harassment applies to all individuals affiliated with Montefiore, including full- and part-time Associates, temporary Associates, agency workers, patients, students, visitors, volunteers, vendors, consultants and independent contractors. This policy applies to conduct both in the workplace and at work-related activities outside of the workplace (for example, an off-site business meeting or a business-related social event occurring after regular working hours).

### Unlawful Harassment Is Prohibited

Under this policy, harassment is verbal or physical conduct that denigrates or shows hostility to or aversion toward an individual because of his/her race, color, sex, religion, creed, national origin, alienage or citizenship status, age, actual or presumed disability, history of disability, sexual orientation, genetic predisposition or carrier status, pregnancy, military status, marital status, or partnership status or any other characteristic protected by law that: (a) has the purpose or effect of creating an intimidating, hostile or offensive work environment; (b) has the purpose or effect of unreasonably interfering with an individual's work performance; or (c) otherwise adversely affects an individual's employment opportunities. Harassing conduct may include (but is not limited to):

- Epithets, slurs or negative stereotyping
- Threatening or intimidating acts
- Denigrating jokes
- Displaying or circulating objects or written or graphic material that denigrates or shows hostility or aversion toward an individual or group (including through email, the internet, or the mail)

### Sexual Harassment Is Prohibited

Sexual harassment is a type of unlawful harassment. Sexual harassment is defined in this policy and in federal guidelines as unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when, for example, (a) submission to such conduct is made either explicitly or implicitly a term and condition of an individual's employment; (b) submission to or rejection of such conduct by an individual is used as the basis for employment

decisions affecting the individual; or (c) such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive working environment. Examples of sexual harassment are:

- Touching or groping
- Unwanted sexual advances or requests for sexual favors
- Sexual jokes and innuendos
- Verbal abuse of a sexual nature
- Commentary on an individual's appearance or body
- Displaying or circulating sexually suggestive objects or written or graphic material (including through email, the internet, or the mail)

### Retaliation Is Prohibited

Retaliation is a form of discrimination. Montefiore prohibits retaliation against any individual who (a) reports, in good faith, discrimination or harassment or retaliation or (b) participates in an investigation of such a report. Montefiore will severely discipline any person who engages in retaliation.

### Reporting Harassment

Montefiore strongly urges individuals to promptly report their complaints or concerns so that rapid and effective action can occur. Montefiore urges individuals to make the complaint before the objectionable conduct becomes severe or pervasive. An individual can make a report to:

- The individual's immediate supervisor
- The administrative or clinical leader of the individual's department
- A Human Resources Business Partner
- A Labor or Employee Relations Manager
- The Director of Employee and Labor Relations
- The Associate General Counsel for Labor and Employment
- Corporate Compliance
- Compliance Hotline (1-800-662-8595)

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***Tip: Managerial Associates are REQUIRED under this policy to promptly report to either an HR Business Partner or Labor and Employee Relations any complaint they receive concerning discrimination, harassment or retaliation.***

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### Investigation of a Complaint

Montefiore will promptly investigate a complaint about discrimination, harassment or retaliation. Human Resources is responsible for ensuring that the investigation

is prompt, thorough, fair and accurate. Montefiore will keep confidential the identities of the individuals involved in the investigation (including the person who made the complaint, the person accused of violating this policy, and the persons interviewed during the investigation) to the extent feasible to conduct an adequate investigation and take any appropriate corrective action.

This policy relies, in part, on the good faith of Montefiore Associates. If an Associate deliberately abuses this policy and files a false or malicious complaint, Montefiore may discipline the Associate. Such discipline may include, but is not limited to, a suspension without pay or discharge.

## WORKING WELL TOGETHER: TEAM STEPPS **NEW 2013!**



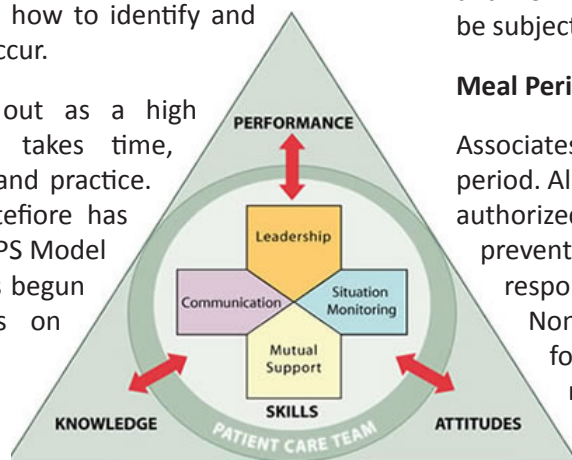
Contact:  
**Helen Slaven**  
 Chief Learning Officer  
 The Learning Network  
 718-920-8889  
[hslaven@montefiore.org](mailto:hslaven@montefiore.org)

### Teamwork Matters

Teamwork is one of Montefiore’s core values and is important to our success. Teamwork, being alert, actively engaged, and willing to speak up if you see a potential problem is an essential component of a productive and safe workplace. Four characteristics of high performing teams have been shown to make a difference (1) strong leadership, (2) situation monitoring, (3) mutual support, and (4) communication skills. Having the knowledge, skills and attitudes associated with each of these skills, helps create a positive workplace and improves outcomes.

High performing teams use these skills to create a shared awareness about what is going on with the team and its progress toward the goal. They are familiar with the roles and responsibilities of their teammates. By having a mutually positive attitude, they enjoy working together, support and trust each other. This allows the team to perform at a high level, adapt to changes and back each other up by sharing information and speaking up when they see potential issues. High performing teams know the plan, who’s supposed to do what and how, and how to identify and correct errors, if they occur.

Not all teams start out as a high performing team. It takes time, training, commitment and practice. In the last year, Montefiore has adopted the TeamSTEPPS Model (shown below) and has begun training all associates on important team skills.



The four skills are the core of the TeamSTEPPS framework. The arrows depict a two-way dynamic interplay between the four skills and the team-related outcomes. Interaction between the outcomes and skills is the basis of a team striving to deliver safe, quality care. Encircling the four skills is the patient care team which not only represents the patient and direct caregivers, but those who play a supportive role within the healthcare delivery system.

## FOR MORE INFORMATION...

You can find more information about TeamSTEPPS at <http://www.ahrq.gov/teamstepstools/> or by contacting the Montefiore Learning Network at [learningnetwork@montefiore.org](mailto:learningnetwork@montefiore.org) or 718-920-8787.

## TIMEKEEPING PRACTICES



Contact:  
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Montefiore is fully committed to paying Associates in a timely and accurate basis, as well as in a manner that complies with federal and state wage and hour requirements. To ensure timely and accurate payment, you are responsible for complying with Montefiore’s timekeeping and pay policies, procedures, and practices. We highlight and reinforce these policies, procedures and practices as follows.

### Pre- or Post-Shift Work

Non-exempt, overtime-eligible Associates should not perform any work before or after their scheduled shift unless authorized in advance by their manager. All overtime work must be authorized in advance, unless business or patient care needs prevents prior approval. In that case, it is the non-exempt, overtime-eligible Associate’s responsibility to obtain approval as soon as practical. Non-exempt, overtime-eligible Associates will be paid for all unauthorized overtime and work performed before or after his or her shift, but will be subject to discipline, up to and including termination.

### Meal Periods

Associates should not perform any work during their meal period. All work performed during the meal period must be authorized in advance, unless business or patient care needs prevents prior approval. In that case, it is the Associate’s responsibility to obtain approval as soon as practical. Non-exempt, overtime-eligible Associates will be paid for all unauthorized work performed during their meal period but will be subject to discipline, up to and including termination.

## Recording and Reporting of Time Worked

Non-exempt, overtime-eligible Associates are responsible for notifying their Manager if they have performed any work that has not been recorded in the timekeeping system and to report all such time. Non-exempt, overtime-eligible Associates are responsible for accurately tracking, recording and reporting all time worked before and after their shift, as well as during their meal period. Non-exempt, overtime-eligible Associates are responsible for carefully reviewing their pay stubs to ensure that they have been paid accurately for all of the time they have worked. If a non-exempt, hourly Associate's paycheck is not accurate, he or she must report this information to payroll, the Associate's supervisor or human resources.



## No Unlawful Deduction of Wages

Exempt associates not eligible for overtime are paid on a salary basis. There shall be no deductions from their salary unless the deduction is for absences of one or more full days due to personal reasons, sickness or disability; offsetting amounts associates received as jury or witness fees or as military pay; unpaid disciplinary suspensions of one or more full days imposed in good faith for work conduct rule violations covered by Hospital policies.

Partial day deductions are allowed for penalties imposed in good faith for infractions of safety rules of major significance, or unpaid leave under the Family Medical Leave Act. Managers cannot deduct time worked from non-exempt, overtime-eligible associates' pay, even if the time worked was not authorized.

## IMPAIRED PROFESSIONAL

There are many types of impairment and it can inhibit a professional to practice with reasonable skill and safety. This may be due to mental or physical illness, habitual or excessive use of alcohol, drugs or other substances that impair ability.

At Montefiore, our utmost concern is protecting the health and safety of our patients and others. We recognize that conditions related to impairment may be treatable illnesses. We assist professionals by helping them recognize that they have a problem, helping them receive treatment and/or rehabilitative services and helping them resume their careers.

## Signs of Potential Impairment

Physical Conditions:

- Looks tired
- Slurred speech

- Eyes glassy or blood shot
- Personal hygiene deteriorates
- Unkempt appearance
- Smells of alcohol or marijuana
- Shaky or sweaty

General Conduct:

- Dependency on opiates, stimulants, sedatives or alcohol
- Irritable or argumentative
- Bizarre behavior
- Depressed or unexplained mood swings
- Unfocused, confused, poor memory or poor concentration
- Chronic lateness or absenteeism
- Significant change in behavior or personality
- Unexplained accidents or injuries
- Spends too much time behind locked doors

Professional Conduct:

- Neglect of patients or duties
- Inappropriate treatment or dangerous patient care orders
- Appointments and schedules become disorganized
- Hard to locate or does not respond to pages or calls
- Patient complaints increase
- Unusually high dosages or wastage noted in drug logs
- Offers to administer narcotics or sedatives to patients
- Keeps excessive stock of sedatives or narcotics
- Writes prescriptions for narcotics, stimulants or sedatives for self or Associates
- Requests frequent prescriptions for narcotics, stimulants or sedatives from colleagues
- Diverts patients' narcotics, stimulants or sedatives for self-use

Although each of these signs by itself may not indicate impairment, when viewed collectively they may be helpful in defining whether a problem or potential problem exists.

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***Tip: You are REQUIRED to immediately report any good faith suspicion or concern about an impaired professional.***

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All information will be treated confidentially to the extent allowed by law. All good faith reports of possible impairment can be made without fear of retaliation. If you suspect impairment contact your immediate supervisor, Occupational Health Services or the Medical Director. If there is an immediate risk to a patient or Associate safety page the on-call Medical Director through the page operator at 718-920-8282.

## MONTEFIORE ORGAN AND TISSUE DONATION INITIATIVE

Contact:  
**Michael Moore**  
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929-234-4810  
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The Montefiore Organ and Tissue Donation Initiative was launched to promote education among Montefiore Associates and the nearly two million Bronx residents on the importance of becoming organ and tissue donors. The initiative represents Montefiore's dedication to promoting human life and dignity through organ and tissue donation. With strong support from the leadership at Montefiore, the initiative's goals are to 1) increase the awareness of its Associates and Bronx residents of the need to increase organ and tissue donation and to 2) increase enrollments on the New York State Donate Life Registry. A successful campaign can give great hope to over 100,000 people still on the national transplant wait list. This includes nearly 7,000 in the New York greater metropolitan area and many more that are in need corneas, heart valves, skin, bones and other tissues.

### Sensitivity to the Beliefs and Desires of Potential Donors

Healthcare professionals play a vital role in communicating with and supporting families of potential organ donors. Using discretion and demonstrating sensitivity to the circumstances, beliefs and desires of families of potential donors is critical in helping those individuals make appropriate choices.

The following should be considered.

- Address concerns by providing accurate information about the process of donation.
- Communicate with sensitivity acknowledging and addressing their loss.
- Consider how to best meet the emotional needs of potential donors and family members.
- Use a non-judgmental approach focused on helping the family make a decision which is right for them.
- Consider the cultural and ethnic aspects and attitudes to donation and provide culturally appropriate information and support.
- Offer resources and support including the Caregiver Support Center (Moses), social work, pastoral care, etc.

### Who Can Donate Organs and Tissues

People of all ages and medical histories should consider themselves potential donors. Your medical condition at the time of death will determine what organs and tissue can be donated. Organs and tissue that can be donated include:

heart, kidneys, lungs, pancreas, liver, intestines, corneas, skin, tendons, bone and heart valves.

### Enroll Today

Signing up to be an organ and tissue donor is easy. All you have to do is:

- Let your family members and doctors know that you want to be an organ and tissue donor
- Designate yourself as an organ and tissue donor when you get or renew your driver's license
- Enroll in the New York State Donor Life Registry by calling the Montefiore Organ and Tissue Donation Initiative

### ORGAN DONATION CONTACTS

To learn more about becoming a donor, call the

#### NEW YORK STATE ORGAN AND TISSUE DONOR RESGISTRY

1-866-693-6667

or register online at [www.nyhealth.gov/donatelife](http://www.nyhealth.gov/donatelife)

#### MONTEFIORE ORGAN AND TISSUE DONATION INITIATIVE

718-798-4285

### MONTEFIORE MEDIA POLICY **NEW 2013!**

Contact:  
**Brette Peyton**  
Asst. Director, Media & Public Relations  
718-920-5709  
[bpeyton@montefiore.org](mailto:bpeyton@montefiore.org)

Media and Public Relations is responsible for...

- Serving as the public face of Montefiore with the media. This includes both proactive and reactive engagement with a goal of enhancing the medical center's reputation. The Media and Public Relations Team serve as spokespeople and facilitators for linking the media with Montefiore experts.
- Increasing general awareness, understanding and support for Montefiore, its people, programs and mission.
- Managing Montefiore's Twitter presence (@MontefioreNYC).
- Protecting the confidentiality of patients and their families.

### How Can I Contact Someone in Media and Public Relations?

The Media and Public Relations Team is available 24/7. The Media and Public Relations Office is staffed during business hours Monday through Friday, and team members are on call outside of business hours. They can be reached during business hours at 718-920-4011 or after hours through the

page operator at 718-920-8282. After 5:00 pm on weekdays and on weekends, any media requests should be referred to either the Administrator on-call or the Assistant Director of Nursing or the Assistant Nurse Manager who will contact the Public Relations representative on-call.

Associates are the eyes and ears of Montefiore, so please contact the Media and Public Relations Department to share story ideas, request media support or flag issues you believe might prompt media interest.

### When Media Call

Associates are not authorized to interact with reporters or speak on behalf of the institution in any capacity. If you are approached by a reporter, refer him or her to the Media and Public Relations Department. This is the protocol at all times - whether you are approached on or around campus or at an off-site public event or conference. Assure the reporter that a Montefiore media representative is available 24/7 and will respond shortly.

### What should I do if I see cameras or media on-site anywhere at Montefiore?

A Public Relations representative must accompany members of the media at all times. If you see unaccompanied reporters, TV cameras or photographers, please contact Security immediately at 718-920-5668 with a description and location. Security will contact the Media and Public Relations Team and assist further, as needed.

### SOCIAL MEDIA **NEW 2013!**



Contact:  
**Randee Sacks Levine**  
Senior Director of Communications  
Marketing & Communications  
718-920-5195  
[rlevine@montefiore.org](mailto:rlevine@montefiore.org)

Social media sites provide us with an important way of communicating online with current and prospective associates, physicians, patients and partners both inside and outside of Montefiore. It is a great way to share content, have on-line conversations and create community. Blogs, Wikis, Facebook, LinkedIn, Twitter, Foursquare, social video (such as YouTube), photography sharing sites (such as Flickr) and our internal social media tool Yammer, provide us with powerful tools to communicate. It's important to remember that whether on or off duty, when using social media, all associates are bound by all Montefiore policies, procedures and rules governing workplace conduct, including those pertaining to patient privacy, the use and disclosure of confidential and proprietary information, prohibited discrimination and or harassment, and acceptable and procedures relating to these and other legal obligations are available on the Intranet. Associates are encouraged to review the guidelines provided in HR Policy VII-18, Social Media, before posting or communicating any information

about the Medical Center, its services or staff on the web.

What to remember when using Yammer or other social media sites

- Keep all posts professional and respectful.
- All messages posted on behalf of Montefiore must be approved and coordinated in advance through the Marketing & Communications Department.
- Never post any confidential or proprietary business information.
- Never post protected health information (PHI), including in private groups or messages.

Montefiore's Marketing and Communications Department is responsible for developing and managing all official social networking sites, groups, fan pages or other tools that represent the Montefiore organization at large. Associates wanting to develop additional subgroup/sites representing specific departments, programs, initiatives, etc. at Montefiore must submit a proposal and receive approval from the Marketing and Communications Department prior to site development. The Marketing and Communications Department is responsible for the oversight of all subgroups/sites. Montefiore reserves the right to request such sites to link to officially-sanctioned institutional sites or to request removal or changes to sub-groups/sites.

### Montefiore Yammer Network (MYN)

The Montefiore Yammer Network (MYN), a secure, web-based enterprise social network just for Montefiore associates, has functionality to help associates effectively communicate, collaborate and streamline their workflow. Tools include:

- The ability to create and join both public and private work groups;
- A Facebook-like wall to share information across all of Montefiore or within smaller groups;
- The ability to upload and share files;
- Real-time multi-user document editing;
- A feature that allows for direct messaging; and
- Apps to help you do anything from praise a colleague to post an event to tap into the experience and expertise of our network to solve a problem.

Please remember that no PHI is permitted on Yammer, including in private groups or messages. As Montefiore associates, we are spread out across more than 130 locations in the Bronx and Westchester. While nothing will ever replace meeting colleagues face-to-face or hearing their voices over the phone, we hope that Yammer will help to bring people together and make people feel a bit more connected when face-to-face just isn't possible. We also hope that it will make it easier to share information and add to the efficiency and overall collaboration across the organization.

# Safety, Quality and Sustainability

## Facilities

### COMPREHENSIVE EMERGENCY MANAGEMENT PLAN



Contact:  
**Mike Mocolski**  
Director, EMS and Emergency Management  
718-920-7600  
[mmocolsk@montefiore.org](mailto:mmocolsk@montefiore.org)

#### What Should I Do in an Emergency?

**Emergency**—a natural, technological, or human-caused event that disrupts normal operations

If you discover the emergency, make an appropriate notification. For example, pull the fire alarm for a fire, call x2222, and notify your supervisor and/or security. Return to your department if you are away, and report to your supervisor for instructions. If you are working in another department, check with the supervisor there first in case your help is needed there. Remember that you and your department may be asked to do something unusual or different from your normal assignment; job assignments may be modified during an emergency. Refer to your Department Emergency Operations Plan (DEOP) for instructions.

**Tip: Avoid using the telephone for non-emergent calls, they get overloaded quickly.**

#### Who Is in Charge in an Emergency?

The person in charge of and responsible for the entire hospital response to an emergency is called the Incident Commander (IC). Leadership and direction of the emergency takes place in the Hospital Command Center (HCC). The IC gathers information about the incident, decides how the hospital should respond, and what actions we should take across all functions, including Operations, Logistics, Planning, Finance, and Administration.

#### What Is a Labor Pool?

**Labor Pool**—a designated location where medical, nursing, and non-medical personnel and volunteers are sent during an emergency to await assignment

**Medical Staff Pool**—a designated location where physicians are sent during an emergency to await assignment

In some emergencies, we may assemble a group of staff to assist with emergency activities such as patient care.

**Tip: If you are needed in the Labor Pool, you will be directed to go there by a supervisor; otherwise, stay at your assigned work location.**

It is very important that staff members follow directions in an emergency and do not go off or act on their own.

#### What Do I Say When People Ask Me for Information?

If people ask you for information regarding an emergency, refer them to the Public Information Officer (PIO) or the Public Relations Office. Do NOT spread rumors or unverified information.

### WHAT IF I'M OFF DUTY?

If you are off-duty and you hear about an emergency at the hospital or in the community:

Check your work email for a message from [EmergencyInfo@montefiore.org](mailto:EmergencyInfo@montefiore.org).

Call the Associate Information Hotline for recorded information and instructions: 718-920-8008.

Make arrangements to come to work if requested.

If not requested, or unable to make contact, report as scheduled for your next regular shift.

If you are unable to come to work as scheduled, contact your supervisor for instructions.

DO NOT respond to the scene of an emergency in the community unless you are part of the planned, organized response (e.g., if you are a firefighter or EMT).

## Incident Codes

Our hospitals use a standard set of emergency codes for announcing critical events while minimizing the alarm to non-staff present in the hospital. As an associate, you are responsible for knowing these codes and responding accordingly.

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*Tip: Recently, Code Brown was added to signify Elopement of a Patient Without Capacity.*

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Emergency Code	Meaning	Immediate Response
<b>Code 4 HICS Level 3 or 4</b>	Internal Disaster – Emergency Operations Plan activated	IC activates HCC; Command and General Staff respond as directed
<b>Code 7 HICS Level 3 or 4</b>	External Disaster – Emergency Operations Plan activated	IC activates HCC; Command and General Staff respond as directed
<b>Code Red</b>	Fire	Fire Response Team responds to scene
<b>Code CAC</b>	Adult & Pediatric Cardiac Arrest Emergency	Adult or Peds Code Team responds to patient
<b>Code RRT</b>	Adult Medical Emergency	Adult Rapid Response Team responds to patient
<b>Code PMET</b>	Pediatric Medical Emergency	Peds Rapid Response Team responds to patient
<b>Code Adam</b>	Infant/Child Abduction	Lockdown of exterior doors; Security response to location
<b>Code 5</b>	Security Emergency	Security response to location
<b>Dr. Strong</b>	Security Emergency – Covert Response	Security response to location
<b>Code Silver</b>	Active Shooters	
<b>Code Brown</b>	Elopement of a Patient Without Capacity	
<b>Code Clear</b>	Situation has been resolved	Initiate recovery actions/resume normal activities

## FIRE SAFETY



Contact:  
**Garrett Doering**  
Director, Environmental Health & Safety  
718-920-5104  
[gdoering@montefiore.org](mailto:gdoering@montefiore.org)

In the event of a fire or smoke condition, implement the RACE procedure immediately.

### RACE

#### RESCUE

Rescue anyone in immediate danger and at the same time; call out “Code Red,” which is the incident code for fire. Please DO NOT yell fire, it can cause panic among patients or visitors.

#### ALARM

Alarm by pulling the closest fire alarm pull station or pull box. Fire alarm pull stations are located at throughout Montefiore and always at exit stairways. Also have someone call x2222 or 911

#### CONFINE

Confine by closing doors in the immediate area where the alarm has been activated. These will include doors to patient rooms, storage rooms and other rooms that open into the exit corridor.

#### EXTINGUISH or EVACUATE

Extinguish by using a portable fire extinguisher or, if necessary, evacuate the area.

### How Do I Respond If I Hear a Fire Alarm?

It is your responsibility to know the specific fire procedures in your area. In some locations, such as the Moses campus, when the alarms go off, they go off in all buildings. You should know the alarm sequences in your work area. To determine the location of an alarm, count the alarm sequences and look them up on the fire alarm code charts posted throughout Montefiore.

#### **Point of origin**—the location where the fire started

If you are at the “point of origin” of the fire (if the alarm sequence indicates that the fire is in your area)

- Assist in closing patient room doors and doors to other rooms.
- Clear all corridors by putting all items on one side of the corridor or in an empty room, if available.
- Reassure patients and visitors of their safety.
- Be prepared to evacuate the area if necessary.

If you are way from the “point of origin”

- Listen to the overhead announcement for any instructions.
- Wait for the “all clear” signal.
- Return to normal operation after the “all clear.”

### Fire Extinguisher

Fire extinguishers are useful for putting out fires before they spread. PASS is the acronym for the proper use of the fire extinguisher.



### PASS

**PULL** the pin

**AIM** at the base of the fire—not at the flames!

**SQUEEZE** the handle

**SWEEP** from side to side

### Evacuation—Horizontal or Vertical?

There are two types of evacuation in a hospital—horizontal and vertical.

**Horizontal evacuation**—moving patients from one smoke compartment to another on the same level or floor.

**Vertical evacuation**—moving or transferring patients from one floor to the lower floors through the stairways or emergency exits.

In most cases, horizontal evacuation should be used first. Within a floor, smoke barrier doors divide a building into different smoke zones. On a typical patient floor, the smoke barrier door is located in the middle of the unit. Vertical evacuations should only be used when no other horizontal evacuation points are available. Elevators cannot be used for vertical evacuation.

**Tip: For a fire safety in-service please call Garrett Doering at 718-920-5104.**

### HAZARD COMMUNICATION

Contact:  
**Compliance Manager**  
Environmental Health & Safety  
718-920-7600  
[EHS@montefiore.org](mailto:EHS@montefiore.org)

The primary goal of U.S. Department of Labor’s Occupational Safety and Health Administration (OSHA) Hazard Communication Standard is to ensure safety of employees who work with hazardous materials. The



Hazard Communication standard used to allow chemical manufacturers and importers to convey information on labels and material safety data sheets in whatever format they choose. While the available information has been helpful in improving employee safety and health, a more standardized approach to classifying the hazards and conveying the information will be more effective, and provide further improvements in the workplace. To improve safety and health of workers through more effective communications on chemical hazards, OSHA revised its Hazard Communication Standard in 2012 to adopt The Globally Harmonized System of Classification and Labeling of Chemicals (GHS).

The Globally Harmonized System (GHS) is an international approach to hazard communication, providing agreed criteria for classification of chemical hazards, and a standardized approach to label elements and safety data sheets. It also includes standardized label elements that are assigned to these hazard classes and categories, and provide the appropriate signal words, pictograms, and hazard and precautionary statements to convey the hazards to users. A standardized order of information for safety data sheets is also provided.

The three major areas of change in the revised hazard communication standard are:

- Hazard classification: The definitions of hazard have been changed to provide specific criteria for classification of health and physical hazards, as well as classification of mixtures. These specific criteria will

help to ensure that evaluations of hazardous effects are consistent across manufacturers, and that labels and safety data sheets are more accurate as a result.

- Labels: Chemical manufacturers and importers will be required to provide a label that includes a harmonized signal word, pictogram, and hazard statement for each hazard class and category. Precautionary statements must also be provided.
- Safety Data Sheets: Will replace Material Safety Data Sheets and now have a specified 16-section format.

### Label Requirements

Under the revised Hazard Communication Standard, labels for a hazardous chemical must contain the following:

- Product Identifier: how the hazardous chemical is identified. This can be (but is not limited to) the chemical name, code number or batch number. The manufacturer, importer or distributor can decide the appropriate product identifier. Note: the same product identifier must be both on the label and in section 1 of the SDS
- Signal words: a single word used to indicate the relative level of severity of hazard and alert the reader to a potential hazard on the label. The signal words used are “danger” and “warning.” “Danger” is used for the more severe hazards, while “warning” is used for less severe hazards. Note: there will only be one signal word on the label no matter how many hazards a chemical may have.
- Pictogram: a symbol plus other graphic elements,



PRODUCT IDENTIFIER

Universal Product Code

**SIGNAL WORD** 1

Hazard statement 3

Precautionary statements & pictograms 4

Fill Weight:                      Lot Number:










Gross Weight:                  Fill Date:

Expiration Date:

5

Company Name, Street Address, City, State, Zip, Country, Phone Number, Emergency Phone

## Pictograms

<b>Flame Over Circle</b> 	<b>Flame</b> 	<b>Exploding Bomb</b> 	<b>Skull and Crossbones</b> 	<b>Corrosion</b> 
<b>Gas Cylinder</b> 	<b>Health Hazard</b> 	<b>Environment</b> 	<b>Exclamation Mark</b> 	

such as a border, background pattern, or color that is intended to convey specific information about the hazards of a chemical. Each pictogram consists of a different symbol on a white background within a red square frame set on a point (i.e. a red diamond). There are nine pictograms under the GHS. However, only eight pictograms are required under the HCS.

- **Hazard Statement:** a statement assigned to a hazard class and category that describes the nature of the hazard(s) of a chemical, including, where appropriate, the degree of hazard. For example: "causes damage to kidneys through prolonged or repeated exposure when absorbed through the skin."
- **Precautionary Statement:** a phrase that describes recommended measures to be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical or improper storage or handling of a hazardous chemical. There are 4 types of precautionary statements: prevention (to minimize exposure); response (in case of accidental spillage or exposure emergency response, and first aid); storage; and disposal. For example: a chemical presenting a specific target organ toxicity (repeated exposure) hazard would include the following on the label: "Do not breathe dust/fume/gas/mist/vapors/spray. Get medical advice /attention if you feel unwell. Dispose of contents/container in accordance with local/regional/national and international regulations."
- Company name, address, contact information, emergency phone number

### Safety Data Sheet (SDS)

SDS is a detail source of information about the chemical. It has a standardized 16 section format. The required information will appear in the same section of a SDS

regardless of the supplier. The most important information will be listed in the first sections of the SDS.

Section 1-8 contain general information about the chemical, identification, hazards, composition, safe handling practices and emergency control measures (e.g., fire fighting). This information is intended for emergency responders so that they can get information quickly. Section 9-11 and 16 contain other technical and scientific information, such as physical and chemical properties, stability and reactivity information, toxicological information, exposure control information, and other information including date of preparation or last revision. SDS must also contain section 12-15, to be consistent with the GHS, but OSHA will not enforce the content of these sections because they concern matters handled by other agencies.

### Employer Responsibilities

Employer must ensure that MSDS/SDS is readily accessible to employees for all hazardous chemical in their workplace.

**MSDS/SDS Online Service:** go to Montefiore intranet, click on Resources, click on MSDS on the drop down menu to access MSDS/SDS Online Service.

**MSDS Fax Back On Demand Service:** available by contacting MSDS Online at 888-362-7416 (Note: this service is meant to provide supplemental coverage for your department during an emergency only.)







### Employee Responsibility

As employees, you are responsible to be aware of the hazardous materials that you may come in contact with while working, how to handle and use them safely, and where to find the MSDS/SDS information.

# HAZARDOUS MATERIALS AND WASTE STREAM SEGREGATION



Contact:  
**Garrett Doering**  
 Director, Environmental Health & Safety  
 718-920-5104  
[gdoering@montefiore.org](mailto:gdoering@montefiore.org)

Municipal Waste	Document Waste	Recyclable Waste
Regular Trash/Clear Bag Waste	HIPAA	Recycling
		
<p>Paper towels, paper/plastic cups, paper/plastic wrappers</p> <p>Food waste</p> <p>Soiled dressings or gauze stained with blood or body fluids (no free liquid/not dripping)</p> <p>Disposable speculums, disposable plastic bed pans/urinals, drainage systems with no visible blood</p> <p>Personal protective equipment (PPE) used during care of NON-ISOLATED patients (i.e., exam gloves, face masks, disposable gowns)</p> <p><b>Absolutely no linen of any kind</b></p>	<p>Paper (i.e., hard copies of patient records and other confidential information)</p>	<p>Plastic bottles/containers</p> <p>Glass bottles/jars</p> <p>Aluminum/tin cans</p> <p>Cardboard</p> <p>Nonconfidential paper, newspapers, magazines</p>
 <p>Municipal Landfill</p>	<p>Shredded</p>  <p>Recycled</p>	 <p>Recycled</p>

**To Coordinate Disposal, Contact Environmental Services:**  
 Moses Campus: extension 7901 | North Campus: extension 9679 | East Campus: 718-904-4000

**Tip: Information about any chemical can be obtained from the Material Safety Data Sheet (MSDS).**





Regulated Medical Waste		
Red Bag	Sharps	Trace Chemo Waste
		
<p>Suction canisters contaminated with blood</p> <p>Contaminated equipment used during the treatment of ISOLATED patients (i.e., gowns, gloves, drapes, packaging)</p> <p>IV tubing with visible blood, blood bags, hemodialysis tubing</p> <p>Blood-soaked dressings/gauze with potential for leakage, drainage systems with visible blood (i.e., urinary, chest wound)</p> <p>Blood-saturated material/waste generated from handling specimens in the laboratory setting</p> <p><b>Absolutely no linen of any kind</b></p>	<p>Needles (used and unused, with safety device activated)</p> <p>Syringes</p> <p>Pipettes, scalpel blades, scissors</p> <p>Glass slides/broken or unbroken glass</p> <p>IV needles/IV stylets</p> <p>Vials (empty/partial)</p>	<p>Chemotherapy wastes such as vials (empty/trace), syringes (empty/trace), needles (empty/trace), IV bags and tubing (empty/trace)</p> <p>Materials soiled by chemotherapy patients within 48 hours of being administered chemotherapy medications (i.e., linens, diapers, gowns)</p>
<p>Autoclave, Incineration SSM Technology (Red Bag Solutions) Grinder/Shredder</p>  <p>Landfill</p>	<p>Autoclave, Incineration SSM Technology (Red Bag Solutions) Grinder/Shredder</p>  <p>Landfill</p>	<p>Low-Temperature Incinerator</p>  <p>Landfill</p>

**Hazardous materials**—substances that are present in the workplace which are capable of causing harm

Hazardous materials are stored and used throughout the medical center. The care we provide generates hazardous waste. Montefiore is committed to ensuring that hazardous waste streams are managed in such a way that hazardous situations for associates, patients, visitors, and the community are minimized. Montefiore also has a responsibility to minimize any negative environmental impact our waste materials may pose. Hand in hand with human safety and protecting our environment, we must manage our waste streams correctly to maintain compliance with numerous regulatory agencies. You are responsible for identifying the hazardous materials you work with, and for ensuring that waste materials are handled and disposed of properly.

The Federal Medical Waste Tracking Act requires that items containing or saturated with blood or blood products be discarded in receptacles lined with a red plastic bag. The Environmental Services Department is responsible for red bag waste. Biological Hazard Signs are used to indicate areas of potential contamination, including sharps containers, specimen refrigerators, bags with lab waste, and doors leading to garbage and laundry.

The Environmental Health and Safety Department works to identify hazardous waste streams and implement policies for their collection and disposal. If you have any questions concerning hazardous waste determination and collection, please contact [EHS@montefiore.org](mailto:EHS@montefiore.org).

Hazardous Waste	
Hazardous RCRA	Universal Waste
	
<p>P,U,D listed RCRA pharmaceutical waste</p> <p>RCRA pharmaceutical waste drugs that are: ignitable, corrosive, reactive, toxic</p> <p>Hazardous waste generated by facilities (i.e., oil-based paint, aerosols, floor strippers, combustible adhesives)</p> <p>Hazardous waste generated in a laboratory that is P,U,D,F listed</p> <p>Solid RCRA Chemo–Bulk (visible liquid/product remaining)</p> <p><b>RCRA Black Bins are to be used ONLY for the disposal of RCRA-regulated pharmaceutical/medication waste. Contact EH&amp;S to coordinate collection and disposal of all other types of hazardous waste</b></p>	<p>Fluorescent light bulbs</p> <p>Light ballasts</p> <p>Batteries (i.e., lead acid, nickel cadmium, lithium)</p> <p>Pesticides (i.e., insecticides, rodenticides, fungicides)</p> <p>Electronics (i.e., CPUs, computer monitors, cell phones, printers)</p> <p><b>Contact EH&amp;S to coordinate the collection and disposal of the Universal Waste items listed above. DO NOT dispose of the above items in RCRA Black Bins</b></p>
<p>High-Temperature Incinerator</p>  <p>Lined Hazardous Waste Landfill</p>	 <p>Recycled</p>
<p><b>To Coordinate Disposal, Contact Environmental Health and Safety: <a href="mailto:EHS@montefiore.org">EHS@montefiore.org</a>   718-920-7600</b></p>	

## RADIATION SAFETY



Contact:  
**Man Yu Chen**  
Radiation Safety Officer  
Environmental Health and Safety  
718-920-5012  
[mchen@montefiore.org](mailto:mchen@montefiore.org)

Radiation is an occupational risk to which associates may be exposed in a clinical setting. Effective radiation safety practices will keep exposures to a minimum.

### MINIMIZING YOUR EXPOSURE

#### TIME

Minimize the time spent with patients given radioactive material. Nursing care should be planned so that minimal time is spent at the bedside and in the room.

#### DISTANCE

Radiation drops off rapidly as a function of distance from the source. When visiting the patient or making rounds, other than short periods of close contact, the nurse should maintain some distance from patient.

#### SHIELDING

Use shielding to provide a barrier between the source of radiation (radioisotopes, x-rays) and yourself.

## MRI SAFETY



Contact:  
**Michael L. Lipton, MD, PhD**  
Medical Director for MRI Services  
Department of Radiology  
718-430-3390  
[michael.lipton@einstein.yu.edu](mailto:michael.lipton@einstein.yu.edu)



Contact:  
**Qi "Chris" Peng, PhD**  
MRI Physicist  
Department of Radiology  
347-618-1011  
[qpeng@montefiore.org](mailto:qpeng@montefiore.org)

**Magnetic Resonance Imaging (MRI)**—a medical imaging technique used in radiology to visualize internal structures of the body in detail. MRI makes use of extremely strong magnets (up to 10x the strength of the crane mounted magnets used to move cars around junkyards) to image nuclei of atoms inside the body.

MRI is an essential diagnostic tool, but it requires a unique set of high-level safety precautions. All associates who work in the MRI environment are trained for MRI safety

and have to fulfill annual MRI safety continuing education requirements and recertification.

**Tip: The MRI magnet IS ALWAYS ON.**  
**There is NO time when the below safety concerns do not exist in MRI.**

### Screening for Potentially Fatal Risks to Patients

Every person (e.g., patients, staff, family) entering the MRI scanner room must first complete a screening form and then be interviewed by trained MRI personnel, to determine personal risk for entering the MR environment. Screening must ALWAYS be completed, even in emergencies. False or inaccurate responses to the screening questions could lead to serious injury or death. ONLY the patient or someone who actually knows the patient's detailed medical history should complete the screening form. Devices that have potential for especially severe consequences include, pacemakers, defibrillators and other electronic devices, aneurysm clips and metallic fragments in or near the eyes. A qualified radiologist must assess these devices prior to MRI. Patients or others (including staff) with pacemakers or implanted defibrillators should NEVER enter the MR scanner room for any reason.

### Dangerous Objects NOT Allowed In MRI

Ferromagnetic objects (magnets and items, no matter how small, which contain iron, steel, nickel or cobalt, among others) will be strongly attracted to the MRI machine and can be launched through the air at extreme speeds of 60 miles per hour or more. In order to avoid this "missile effect", NO such items may be brought into the MR scanner room FOR ANY REASON at any time. Oxygen tanks are PROHIBITED in MRI at all times; wall oxygen is available. The MRI suite is locked for safety; keep the doors closed and locked. Read all safety warning signs carefully and adhere to their instructions. All equipment within the locked MRI suite, even if it is outside the MRI scanner room, must be labeled MR Safe, MR Unsafe or MR Conditional as follows:



Symbol for MR Safe. This means the item poses no known hazards in all magnetic resonance imaging (MRI) environments.



Symbol for MR Unsafe. This means an item is known to pose hazards in all MRI environments.



Symbol for MR Conditional. This means an item has been demonstrated to pose no known hazards in a specified MRI environment with specified conditions of use.

In the event of a medical emergency involving a patient or other person within the MR scanner room, initiate basic life support (BLS) and remove the patient from the MR scanner room as soon as possible. Further resuscitation must take place OUTSIDE the MR scanner room.

**Tip: NO equipment may be brought into the MR scanner room for resuscitation.**

**Fire and Emergency Safety:** In the event of a fire, only MR-compatible fire extinguishers may be used within the MR suite. The MRI technologist and/or specially trained radiological staff must ensure that non-MR personnel including police, fire or security are restricted from entering the MRI scanner room with their equipment during emergencies. If needed, radiology personnel trained to emergently turn off the magnetic field are available onsite at all times. ALL safety restrictions and precautions remain in place until this trained individual verifies that the magnetic field is no longer present.

## OXYGEN SAFETY



Contact:  
**Cliff Dryden**  
Director, Respiratory Care Service  
Respiratory Care Service  
718-920-5110  
[cdryden@montefiore.org](mailto:cdryden@montefiore.org)

The more you know about oxygen, the safer everyone will be!

1. Oxygen (O<sub>2</sub>) is a drug. It's regulated by the Food and Drug Administration. Medical grade oxygen is a gas at room temperature that is virtually 100% pure. Proper handling is key to ensuring everyone's safety as well as protecting and maintaining the oxygen's quality.
2. Oxygen cylinders are under pressure. If a tank falls or drops, it might break causing the pressurized oxygen to propel the cylinder like a rocket.
3. Oxygen is sensitive to ignition sources. Oxygen supports combustion. It should be kept away from flammable materials such as petroleum-based products (Vaseline), heat producing instruments (electro-surgical units or cautery pencils) and spark generating devices (defibrillators). In addition, oxygen can seep into surgical drapes and bed sheets, creating a potentially hazardous condition for ignition.
4. Oxygen tanks are dangerous around MRIs. The magnetic field generated by an MRI can cause the tank to fly across a room, causing injuries to patients and staff and equipment damage.

5. Never rely on color. Read the tank label for proper identification.
6. There are two basic sizes of oxygen tank. Each contain 2200–2400 PSIG of oxygen:



The "H" tank holds 244 cubic feet of oxygen. It weighs about 135lbs.



The portable "E" tank holds only 22 cubic feet of oxygen. It weighs about 15lbs.

## OXYGEN DOS AND DON'TS

### ~ DO ~

- Carry oxygen tanks with both hands.
- Be sure your hands are free from grease or oil.
- ALWAYS secure tanks in stands or holders.
- Read the gauge and change tanks when it shows less than 500 PSIG.
- Turn the tank off after use.
- Exchange your tanks. If you leave one, take one and if you take one, leave one.
- Call Respiratory Therapy to pick up empties:
  - Moses Campus: 718-920-5200
  - East Campus: 718-904-3214
  - Wakefield Campus: 718-920-9230

### ~ DON'T ~

- Use oxygen near open flames or potential ignition sources.
- Leave any tank unattended. Tanks MUST be secured in a proper cart or stand at all times.
- Drop an oxygen tank—it could become a dangerous missile!
- Roll oxygen tanks on their sides. Transport them in approved carts only.
- Bring an oxygen tank into an MRI or surgical suite without checking with the supervisor beforehand.

## GREEN INITIATIVES NEW 2013!



Contact:  
**Paul Jennings**  
Senior Director, Engineering  
Department of Engineering and Facilities  
718-920-7177  
[pjenning@montefiore.org](mailto:pjenning@montefiore.org)



Recognizing the importance of energy efficiency and sustainability, Montefiore is currently working on initiatives in these categories:

- Energy conservation
- Water conservation
- Greener transportation
- Greener construction
- Greener purchasing
- Waste reduction
- Education/outreach

These efforts require assistance from and benefit many departments, including but not limited to Engineering, Transportation, Food and Nutrition, Environmental Services, and Environmental Health and Safety. As healthcare costs rise, working to reduce costs is essential. These initiatives help reduce operating costs, improve the environment, and enhance Montefiore's corporate image. Most important, these projects benefit Montefiore's associates and patients.

Significant progress has already been made. In 2009, Montefiore partnered with Mayor Bloomberg's office to reduce its carbon footprint 30 percent by 2017. Through 2011, Montefiore had already reduced its carbon footprint by 15 percent. Several energy efficient technologies have been installed, including lighting, variable frequency drives, and motors. In addition, several sustainability projects are being developed or have been implemented, including green roofs, composting, renewable energy projects, tankless water coolers, biodegradable supplies, and electric vehicle charging stations. We are developing an energy and sustainability strategic plan, consistent with the Medical Center's strategic plan, to provide a sustainable vision through 2019.

For questions regarding Montefiore's energy and sustainability plans and projects, contact Tom Kelly (above), join the Social Sustainability Network Group on Yammer, or visit Engineering's Intranet page.

## Personal Safety

### ERGONOMICS NEW 2013!



Contact:  
**Alfred Carbuto, MS, RN-BC, FNP, COHN-S**  
Nurse Practitioner  
Occupational Health Service  
347-498-2402  
[acarbut@montefiore.org](mailto:acarbut@montefiore.org)

**Ergonomics**—an applied science concerned with designing and arranging things people use so that the people and things interact most efficiently and safely

The aim of Ergonomics is to prevent all types of muscle and skeletal pain and disabilities. The following tips can help you work safely and prevent injuries.

#### Lifting and Carrying

- Assess the need for help from others to lift/carry.
- Get a firm footing.
- Stand close to the load; bend from the knees, keeping back straight.
- Get a firm grip of the load then lift with your legs.
- While carrying the load hold it close to your body to avoid strain to your back.
- Slowly lower the load while bending with your knees.

#### Reaching

- Do not stretch for an object, use a stool or ladder.
- Let your arms and legs do the work, not your back.

#### Sitting

- Do not slouch. Sit firmly against the back of your chair.
- Avoid leaning forward and arching your back.
- Arrange your desk area in a way to reduce reaching and twisting.
- Adjust your chair height so your feet are flat on the floor or on a stable footrest.
- Maintain ninety-degree angle or more between upper and lower legs.
- Maintain adequate back support when seated.

#### Tips for Computer Users

- Relax arms and shoulders—sit at least an arm's length away from the computer screen.
- Elbows to fingers should be in a straight line with your wrists in a neutral position.





- Avoid pounding the computer keys with excessive force.
- Rest your wrists on pads to reduce pressure.
- Take breaks from constant typing.

#### Arranging Computer Equipment

- Keep top of monitor at seated eye level.
- Keep documents at eye level and near the monitor.
- Keep keyboard at elbow height.
- Arrange equipment appropriately.
- Reduce glare on monitor.
- Clean monitor screen often.
- Take visual breaks and rest your eyes.
- Have regular eye exams and use corrective lenses, if prescribed.
- Maintain appropriate distance from monitor.
- Arrange keyboard and monitor in a straight line to avoid twisting of body to type and view monitor/screen.

#### Moving Patients Safely

- Ask for assistance when moving patients.
- Whenever moving a patient or object, always push rather than pull to avoid back injuries.
- Adjust bed to the proper height when turning patients or pulling them up in bed.
- Use your legs and not your back to avoid injury.

## SECURITY

Contact:  
**Lonnie Trotta**  
 Director of Security  
 718-920-4113  
[ltrotta@montefiore.org](mailto:ltrotta@montefiore.org)

A unique aspect of hospital security is the important role every associate plays in providing protection for the Medical Center. All new associates are trained about the Security Program, including what types of incidents the Security Department can respond to, how to report incidents, how to obtain a security escort and how to obtain assistance in an emergency.

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***Tip: Associates can contact the security base station at 718-920-5668 24 hours a day, 7 days a week.***

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The Security Department works to provide a safe and secure setting in which the various departments can function most effectively, and to ensure patients, visitors and staff feel that the Medical Center is a safe environment. The Security Department develops and maintains all policies and procedures required to provide a safe environment.

Security issues an identification badge to all associates, volunteers, students, temporary agency personnel and contractors in order to provide easy, positive identification and to comply with regulatory requirements. Access cards are also provided to those associates in sensitive areas. All associates are required to display an identification badge on their upper body while on duty. Lost ID cards/access cards should be reported to Security and Human Resources. There is a replacement fee to obtain another.

### Maintaining a Nonviolent Workplace

Maintaining a nonviolent workplace ensures the safety of patients, associates and visitors. Associates have the right to complete their work tasks without implied or actual threat of physical aggression from patients or visitors. Acts or threats of violence or abuse are strictly prohibited at Montefiore. Individuals who engage in acts or threats of violence or abuse are subject to immediate discharge.

Prohibited acts or threats of violence include, but are not limited to the following:

- *Physical abuse*—such as physical touching that is intimidating, hitting, slapping, punching, kicking, pinching, grabbing or pushing
- *Verbal abuse*—such as the use of language (in either spoken or written form) that is directly or indirectly threatening, obscene, hostile, humiliating or degrading
- *Gestures designed to intimidate an individual*—such as inappropriate touching which includes invading someone’s personal space, fist shaking, spitting, slamming doors, and throwing objects

Associates should be aware of the resources available to help them assess risk of violence in the workplace and how to seek assistance if needed.

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***Tip: Any act or threat of violence or abuse toward an individual should be immediately reported to Security.***

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Upon receipt of a report, Security will notify the Employee and Labor Relations Department and the department head(s) of individuals involved in the incident. Security will document the incident in an Occurrence report, and Labor and Employee Relations will determine the appropriate level of discipline and whether further investigation is necessary.

Comprehensive nonviolent workplace training is provided to associates who work in clinical settings that are noted to be at higher risk for patient or visitor acts of aggression and/or abuse. Any associate who feels that a potentially harmful event is about to occur should inform their supervisor and/or Security immediately for further assistance to prevent an escalation of the crisis situation.

## Organizational Improvements/Supports

### RISK MANAGEMENT



Contact:  
**Tina Weinstein**  
AVP Risk Management & Claims  
Risk Management  
718-920-4051  
[tweinste@montefiore.org](mailto:tweinste@montefiore.org)

The goal of the Risk Management Department is to collaborate with hospital staff in improving the quality of care and minimizing liability. The Risk Management Department seeks to prevent financial losses to Montefiore associated with adverse events and patient/visitor injury. In addition, the Risk Management Department provides education and guidance to Montefiore Associates for issues related to consent, documentation, advanced health care directives, termination of patient relationship, service of summonses and legal papers, medical malpractice issues and all other insurance matters and concerns related to actual or potential lawsuits. Risk Management is also responsible for notifying the FDA when medical devices fail or do not work properly.

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***Tip: The Department is located at 3328 Rochambeau Avenue, 2nd floor, and consists of experienced risk management professionals who aim to serve as a resource to all Montefiore Associates.***

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All Associates are encouraged to promptly report accidents, device failures, potential liabilities, untoward events, near misses, unanticipated outcomes, and therapeutic misadventures through the electronic adverse event reporting system, Midas. Risk Management will be notified when the event report has been completed in the Midas system.

The office hours are 8:30am-5:00pm weekdays. Emergent risk management issues during non-office hours are responded to by the On-call Risk Manager. This individual is accessed by contacting the Associate Director of Nursing (ADN). During non-office hours, non-emergent messages may be left on the answering machines for 718-920-4051, 718-920-6733 and 718-920-6340.

Risk Management is available to answer questions regarding the following Administrative Policies:

- Consents (JC10)
- Safe Medical Devices (JM02.1)
- Photographing, Videotaping and Audio taping Montefiore Patients (JP23.1)

We encourage you to contact us during regular business hours regarding these policies or their application. Risk

Management is committed to associate education and conducts department in-service programs. Please contact Risk Management if you would like to schedule an in-service for your staff.

### REGULATORY, SURVEYS AND REPORTING



Contact:  
**Maryanne Schmid**  
Senior Director of Quality Management  
Quality Management  
718-920-2344  
[mschmid@montefiore.org](mailto:mschmid@montefiore.org)



Contact:  
**Meg Taheri**  
Director of Regulatory Affairs  
Quality Management  
718-920-5171  
[mtaheri@montefiore.org](mailto:mtaheri@montefiore.org)

#### Surveys

Montefiore undergoes a minimum of one or two surveys by external regulatory agencies a month. These surveys are conducted in order to ascertain that Montefiore is providing quality care to its patients. Many of the surveys that occur at Montefiore are conducted on an unannounced basis. In order to maintain a state of continuous survey readiness, Montefiore performs internal and external mock surveys to assess and identify areas that may require improvement.

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***Tip: If approached by a surveyor, immediately contact your supervisor and Regulatory Affairs in the Quality Management Department at 718-920-5026.***

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Some of the various organizations that conduct surveys at Montefiore include:

- The Joint Commission (TJC)
- Centers for Medicaid/Medicare Services (CMS)
- New York State Department of Health (NYSDOH)
- College of American Pathologists (CAP)
- Office of Professional Medical Conduct (OPMC)

Accreditation by The Joint Commission is required in order for Montefiore to receive Medicare reimbursement. Therefore, it is important for our Associates to always adhere to all rules and regulations and remain survey-ready.

If any associate, including members of the medical staff, or patient/family has any concerns about patient care or safety in the organization, he or she is encouraged to contact Customer Service. If the issue is not resolved through Customer Service, you may contact the Joint Commission at 630-792-5800. All Associates have responsibility and play a critical role in maintaining constant survey readiness.

## What can you do to be prepared for an unannounced survey?

- Ensure the environment is always clean and safe for you and our patients.
- Know how to locate and learn the relevant policies and procedures for your department.
- Know and adhere to the National Patient Safety Goals.
- If you are a caregiver, ensure you are thoroughly documenting all aspects of care in the medical record.
- Conduct rounds regularly with Associates using the “Sweep List” or create your own tool for your area based on the requirements.
- Check the Montefiore intranet frequently for new or updated information: TJC Survey Readiness tab
- Post and share information for Associates at staff meetings, in eating areas, bathrooms, lounges, etc.

## Reporting

The New York State Department of Health requires that hospitals report routine complications and adverse occurrences that may occur in the hospital setting. The reporting of these occurrences is submitted via an electronic system called New York Patient Occurrence Reporting and Tracking System (NYPORTS). Reporting is mandatory and is non-punitive.

Regulatory Affairs/Quality Management coordinates Montefiore’s compliance with the New York Patient Occurrence Reporting and Tracking System. New York State Department of Health mandates that hospitals report certain events within 24 hours of their occurrence.

Some of these events include any unexpected adverse event unrelated to the natural course of the patient’s illness or underlying condition resulting in:

- Surgery or other invasive procedure performed on the wrong site/wrong patient
- Unintended retention of a foreign object in a patient after surgery or other invasive procedure
- Patient death or serious injury associated with a fall while being cared for in a healthcare setting
- Patient death or serious injury resulting from the irretrievable loss of an irreplaceable biologic specimen
- Patient or staff death or serious injury associated with a burn incurred from any source in the course of a patient care process in a healthcare setting
- Patient death or serious injury associated from failure to follow up or communicate lab, pathology, or radiology test results
- Death or serious injury of patient or staff associated with the introduction of a metallic object into the MRI area

- Maternal death or serious injury associated with labor or delivery while being cared for in a healthcare setting
- Death or serious injury of a neonate associated with labor or delivery
- Patient death or serious injury in circumstances other than those related to the natural course of illness, disease or proper treatment in accordance with generally accepted medical standards
- Patient death or serious injury associated with the use of physical restraints or bedrails while being cared for in a healthcare setting
- Patient death or serious injury associated with a medication error (i.e. errors involving the wrong drug, wrong dose, wrong patient, wrong time, wrong rate, wrong preparation, or wrong route of administration, and omissions.
- Intraoperative or immediately post-operative/post procedure death in an ASA (American Society of Anesthesiology) Class 1 or Class 1E patient
- Death or serious injury of a patient or staff member resulting from a physical assault (i.e., battery) that occurs within or on the grounds of a healthcare setting
- Patient suicide, attempted suicide, or self harm that results in serious injury while being cared for in a healthcare setting
- Patient death or serious injury associated with patient elopement (disappearance)
- Patient death or serious injury associated with the use or function of a device in patient care in which the device is used or functions other than as intended
- Abduction of a patient of any age
- Discharge or release of a patient of any age, who is unable to make decisions, to other than an authorized person
- Sexual abuse/Sexual assault on a patient or staff member within or on the grounds of a healthcare setting
- Misadministration of radiation or radioactive material (as defined by BERP, Section 16.25, 10 NYCRR)
- External disaster outside the control of the hospital, which effects facility operations
- Termination of any services vital to the continued safe operation of the hospital or to the health and safety of its patients and personnel
- Poisoning occurring within the hospital.
- Hospital fire or other internal disaster disrupting patient care or causing harm to patients or staff.
- Patient death or serious injury associated with unsafe administration of blood products

Any Montefiore associate who becomes aware of any such event must escalate immediately to your immediate

supervisor; call Risk Management at (718) 920-6340 or 6733 and/or the NYPORTS Hotline 718-920-2233 (available 24/7) and/or Quality Management/Regulatory Affairs at 718-920-5026. Documentation must be maintained with the completion of an Occurrence Report.

For specific information and implementation guidance regarding reportable events you may refer to the Regulatory Affairs section of the Intranet and Administrative Policy and Procedures: JO01.1 (Incident Reporting to the New York State Department of Health NYPORTS); JO02.1 (Occurrences to Patients, Visitors, Volunteers, Contract Employees, Students and Instructors); JO04.1 (Critical Event); JO05.1 (Guidelines for Complex Case Review); JO06.1 (Escalation of Clinical Issues) and JO07.1 (Disclosure of Unanticipated Events) located on the Montefiore Intranet.

For more information please contact Regulatory Affairs/Quality Management at 718-920-5026 or send an email to: [BeingtheBest@montefiore.org](mailto:BeingtheBest@montefiore.org).

## HIPAA



Mary Scranton  
Privacy Officer  
Associate Vice President & Counsel  
718-920-8239  
[mscranto@montefiore.org](mailto:mscranto@montefiore.org)  
[privacyofficer@montefiore.org](mailto:privacyofficer@montefiore.org)

Patients have an expectation of privacy with regard to their medical records, and you should honor that privacy at all times. Accessing and/or disclosing confidential information without authorization is both unethical and illegal.

If you have any questions or concerns about confidentiality or patient privacy, please contact Montefiore's Privacy Officer, Mary Scranton, at 718-920-8239, [mscranto@montefiore.org](mailto:mscranto@montefiore.org), or [privacyofficer@montefiore.org](mailto:privacyofficer@montefiore.org). If you have questions about electronic protected health information, including health information in Montefiore's electronic health record systems, contact Montefiore's Information Security Officer, Anca Banciu, at 914-457-6152 or [abanciu@montefiore.org](mailto:abanciu@montefiore.org). The Department of Compliance maintains a 24-hour Compliance Hotline (1-800-662-8595) for reporting known or suspected noncompliance, including privacy violations. You should immediately report any privacy violations of which you become aware.

### What Is HIPAA?

***The Health Insurance Portability and Accountability Act of 1996 (HIPAA)***—the federal law created to reduce healthcare administrative costs and to promote the use of electronic medical records (EMR). It includes Privacy and Security Rules to protect the confidentiality of patients' medical records.

The Health Insurance Portability and Accountability Act ("HIPAA") is a federal law governing patient privacy and the security of electronic patient information. The

Privacy Rule requires that all covered entities—including hospitals—implement policies and procedures to maintain the confidentiality of any "individually identifiable health information" held or transmitted by the covered entity, in any form or media, whether electronic, paper, or oral. Individually identifiable health information may include common identifiers such as

- Name
- Address
- Birth date
- Medical record number
- Social Security Number, and
- Anything else that can reasonably be used to identify the patient.

***Protected Health Information (PHI)***—any information, including demographic data, which relates to 1) the individual's past, present or future physical or mental health or condition, 2) the provision of health care to the individual, or 3) the past, present, or future payment for the provision of health care to the individual.

The Security Rule supplements the Privacy Rule by requiring covered entities to implement additional measures to safeguard their electronic PHI ("ePHI"). Both the Privacy Rule and Security Rule require that PHI be safeguarded.

Failure to maintain the confidentiality of PHI (whether verbal, in paper, electronic, or any other format) can result in serious harm to patients, damage to our reputation, and may result in civil or criminal penalties. Disciplinary action, up to and including termination, will be imposed against any individual who violates our HIPAA policies.

### What Disclosures Are Required by HIPAA?

HIPAA requires that we disclose PHI in the following three situations:

1. To individual patients (or their personal representatives) specifically when they request access to, or an accounting of disclosures of, their protected health information;
2. To Department of Health and Human Services (DHHS) when it is undertaking a compliance investigation or review or enforcement action (contact the Privacy Officer if you receive a request from DHHS or any other regulatory agency).
3. As required by State or local regulations.

### What Disclosures Are Permitted by HIPAA?

We are permitted to use and disclose protected health information without the patient's authorization if the disclosure is being made to the patient. In addition, we are allowed to use and disclose PHI without authorization for Treatment, Payment, or Health Care Operations.

**Treatment**—the provision, coordination, or management of health care and related services for an individual by one or more health care providers, including consultation between providers regarding a patient and/or the referral of a patient by one provider to another

Treatment includes coordinating or managing the care with someone outside of Montefiore.

**Payment**—the activities we perform to get reimbursed for the health care services we have provided

For instance, payment activities include determining eligibility of coverage, billing, claims management, collection activities, review of health care services with respect to medical necessity, utilization review activities and disclosure to consumer reporting agencies in an effort to collect reimbursement.

**Health care operations**—activities that ensure our effective business operations

Health care operations include, but are not limited to, conducting quality assessment and improvement activities, reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, health plan performance, conducting training programs, accreditation, certification, licensing, or credentialing activities, conducting or arranging for medical review, legal services, and auditing functions, including fraud and abuse detection and compliance programs, business planning and development, such as conducting cost management and planning-related analyses related to managing and operating the entity, including formulary development and administration, and development or improvement of methods of payment. Note that education of medical students and residents is considered part of operations. Research, however, is not operations, and is covered by separate HIPAA requirements and separate Montefiore policies and procedures.

### **What is a Notice of Privacy Practices?**

The HIPAA privacy regulations require Montefiore to provide patients with a statement of how we protect the privacy of PHI. This statement is titled “Notice of Privacy Practices.” This Notice must be provided to patients at their first date of service or when they register. The Notice is necessarily long and quite detailed because the HIPAA regulations specify numerous subjects that must be discussed. Patients are asked to sign an acknowledgment of receipt of the Notice of Privacy Practices because we are required to demonstrate that we have given our Notice to each patient at the first point of service. Patients do not have to accept the Notice or sign the acknowledgement in order to be treated.

### **What Are Incidental Uses and Disclosures?**

A use or disclosure of PHI that occurs as a result of, or “incident to,” an otherwise permitted use or disclosure is permitted as long as there are reasonable safeguards to protect the information, and the information being shared was limited to the “minimum necessary.”

For example, a visitor may overhear a provider’s confidential conversation with another provider or a patient, or may glimpse a patient’s information on a sign-in sheet or nursing station whiteboard. HIPAA is not intended to impede these customary and essential communications and practices and, thus, does not require that all risk of incidental use or disclosure be eliminated to satisfy its standards. However, reasonable safeguards must be put in place wherever feasible to minimize the number of incidental disclosures that may occur. Examples of reasonable safeguards include facing computer terminals away from public view, putting away charts when you are finished using them, and speaking to your patient or family in a low voice out of earshot of others.

### **What is the Minimum Necessary Standard?**

PHI should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a particular function. The minimum necessary standard requires us to limit unnecessary or inappropriate access to and disclosure of protected health information.

The minimum necessary standard does not apply to the following:

- Disclosures to or requests by a health care provider for treatment purposes.
- Disclosures to the individual who is the subject of the information.
- Uses or disclosures made pursuant to an individual’s authorization.
- Uses or disclosures that are required by other law.

Of course, the provider should always use good judgment and not disclose extraneous additional information in any situation.

### **What Other Types of Disclosures Are Permitted?**

The Privacy Rule allows us to disclose PHI, without the patient’s authorization or permission, for the purposes listed below. These disclosures are permitted, although not required.

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**Tip: Specific conditions or limitations apply to each purpose, so before releasing PHI for any of the purposes listed below, be sure to check with Montefiore’s Privacy Officer.**

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- *Required by Law*—Covered entities may use and disclose PHI without individual authorization as required by law.
- *Public Health Activities*—Covered entities may disclose PHI to public health authorities authorized by law to collect or receive such information for preventing or controlling disease, injury, or disability.
- *Child Abuse or Neglect*—In certain circumstances, the provider should disclose PHI to appropriate government authorities regarding child abuse or neglect.
- *Health Oversight Activities*—Covered entities may disclose PHI to health oversight agencies for purposes of authorized health oversight activities, such as audits and investigations necessary for oversight of the health care system and government benefit programs.
- *Judicial and Administrative Proceedings*—Covered entities may disclose PHI in a judicial or administrative proceeding if the request for the information is through an order from a court or administrative tribunal. Such information may sometimes be disclosed in response to a subpoena. Always check with the Office of Legal Affairs if you receive a subpoena or court order.
- *Law Enforcement Purposes*—Covered entities may disclose PHI to law enforcement officials but only under certain circumstances, and subject to specified conditions. Always contact the Privacy Officer or Office of Legal Affairs (even if the law enforcement officer is standing in front of you).

### **How Can a Patient Get a Copy of His/Her Medical Record?**

A patient can request a copy of his/her medical record by completing a HIPAA Authorization form and submitting it to the Department of Health Information Management (“HIM”). Patients may request that HIM provide them with an electronic version of any records that we maintain electronically. You may contact HIM for questions, at 718-920-4921.

### **What is a HIPAA Authorization?**

An Authorization is an individual’s signed permission to allow healthcare professionals to use or disclose their PHI for reasons generally not related to treatment, payment or health care operations. The Authorization must include: a detailed description of the PHI elements to be disclosed (e.g. entire medical record, lab result, consultation report), the person who will make the disclosure, the person or entity to which the disclosure will be made, an expiration date, and the purpose for which their PHI will be used.

### **When is an Authorization Required?**

You must obtain the individual’s written authorization for any use or disclosure of PHI that is not for treatment, payment or

health care operations; or otherwise permitted or required by the Privacy Rule. Examples of disclosures that would require an individual’s authorization include disclosures to a life insurer for coverage purposes, disclosures to an employer of the results of a pre-employment physical or lab test, or disclosures to a pharmaceutical firm for their own marketing purposes. All authorizations must contain specific information regarding the information to be disclosed or used, the person(s) disclosing and receiving the information, expiration, right to revoke in writing, and other information. Contact HIM at 718-920-4921 to obtain a Montefiore HIPAA authorization.

### **What Do I Do when Patients are Checking Out After a Clinic Visit, and Request a Copy of Their Clinic Notes or Labs?**

It is okay to provide a patient with a copy of a clinic note or lab report. You should document in the medical record that the patient was given a copy. If a patient requests a copy of the entire record, refer the patient to HIM.

### **What is Sensitive Information?**

Although all health information is sensitive, New York State and federal law have provided strict protection of certain health information, which we refer to as “sensitive information.” We are required to treat this information with special care.

Sensitive Information includes:

- Psychotherapy Notes
- Information about a Mental Illness or Developmental Disability
- Information about HIV/AIDS Testing or Treatment (including the fact that an HIV test was ordered, performed or reported, regardless of whether the results of such tests were positive or negative)
- Information about Substance (i.e., alcohol or drug) Abuse
- Information about Genetic Testing

Extra precautions should be taken with Sensitive Information, including the following:

- Even though a patient may have agreed to have a family member present when you are discussing the patient’s general health, you should always check with the patient before discussing sensitive information in the presence of family and/or friends.
- While a patient may have given you permission to leave messages on an answering machine, you should never leave a message asking the patient to return a call concerning their HIV test results.
- Montefiore has a specific HIPAA authorization specifically for disclosure of sensitive information. The authorization must include language specifically

permitting Montefiore to release the sensitive information. The form is available on the intranet and should be used for any sensitive disclosure.

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***Tip: The very fact that someone is a patient being treated for any of the sensitive categories is information that cannot be shared. Therefore, you may not confirm that someone is a patient on a psychiatric unit, including in the Psychiatric Emergency Room, or in the AIDS Center.***

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Also note that other information considered very sensitive includes information about sexually transmitted diseases, pregnancy, and domestic violence. Use discretion in handling these categories, even though a specific authorization is not required for release of this information. Note also that New York law provides that certain sensitive information about minors is confidential and not to be released to a parent or anyone else without the minor's authorization (refer to Montefiore's Administrative Policy and Procedure #JH41.1).

#### **What about Communication with Family, Friends and Others?**

HIPAA allows us to share information with an involved spouse, family members, friends, or other persons identified by a patient, for purposes of the patient's care or payment for health care.

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***Tip: As a general rule, a provider should not discuss PHI with family members, friends and others involved with a patient unless the patient indicates either explicitly or implicitly that communication is appropriate.***

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If a patient has indicated a desire to restrict communication, the provider should confirm the identity of any third party and be sure he/she is one to whom communication has been authorized by the patient. When a patient is unable to communicate his/her wishes about communication with others, the provider should make an effort to determine that the third party has a relationship to the patient that makes communication reasonable. Information can be shared with others in this situation when in the judgment of the provider it is in the best interest of the patient to do so. The above cautions should also apply to communication to others by telephone, fax and email.

## **PASSWORD TIPS**

### **NEVER SHARE YOUR PASSWORD.**

Your account is assigned to you. You will be held responsible for the activities of the account.

### **NEVER WRITE DOWN A PASSWORD.**

Passwords that are written down can be easily stolen. If you MUST write down your password – never store it near your computer. Never store it in your office, with your laptop or under your keyboard.

### **CHANGE YOUR PASSWORD.**

The longer you have used your password, the more likely it is that someone else will manage to figure it out. Change passwords every 90 days. Place a reminder on your calendar or change it with the change of seasons.

### **NEVER STORE YOUR PASSWORD IN A PROGRAM.**

Many e-mail clients, web browsers, and web services will offer to store your password for you so that you don't need to type it in each time you want to use it. This is a bad idea. It is generally easy for people to recover your password from inside one of these programs if they have access to your computer (and sometimes even if they don't). It is also possible for some computer viruses to recover your password from your computer and e-mail them to random people or post them publicly on the Internet.

### **CREATE COMPLEX BUT EASY TO REMEMBER PASSWORDS.**

The more complex a password, the more difficult it is to crack. A complex password (i.e. longer than eight characters with upper and lower case letters, numbers and symbols) is best.

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***Tip: If you do store any PHI on a portable device (including a home or office desktop computer), you are personally responsible for ensuring the privacy and security of this information.***

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Even when the patient is not present or it is impractical because of emergency circumstances or the patient's incapacity for the provider to ask the patient about discussing her care or payment with a family member or other person, a provider may share this information with the person when, in exercising professional judgment, it determines that doing so would be in the best interest of the patient.

### **Sometimes Patients Want Things Changed or Removed from Their Medical Record. Can We Do That?**

Under HIPAA, patients have the right to request that their medical record information be amended. However, information can't be removed once it is written in the medical record. Statements can be added by following the amendment process, but not removed. Individuals may request an amendment by completing a form and submitting it to HIM. Patients must include a reason to support the amendment request.

### **What is a Request for Confidential Communication?**

HIPAA provides patients the right to request communication of PHI by an alternative means or at an alternative location. For example, a patient may request that the results of a particular test be sent to a different address or called to a special telephone number. Montefiore must accommodate reasonable requests for communications through alternative means and/or at an alternative location. Requests must be in writing, and the patient must be given a written acknowledgement that the request for confidential communications has been accepted or denied.

### **What is an Accounting of Disclosures?**

HIPAA grants patients the right to receive a written accounting of both written and verbal disclosures of his/her PHI with certain exceptions. A "disclosure" refers to information that goes outside the organization. Montefiore's Health Information Management Department provides the centralized repository to capture disclosures of PHI and report these to a patient when requested. This requirement does not include disclosures made in the course of treatment of the patient. However, in the course of caring for patients, providers are asked to complete a myriad of forms that disclose PHI to external agencies. Examples include schools, employers, the DMV, community agencies providing health programs, disability insurance providers and life insurance companies. These disclosures all require authorization (often built into the form itself), and also must be captured for accounting of disclosures.

### **Can Patients Restrict Disclosures to Their Health Plans?**

Yes. If the patient has paid in full for a specific service or treatment, the patient may request that we not disclose any

information about that service or treatment to the patient's health plan.

### **Can a Pharmaceutical or Medical Device Vendor Representative Observe Patient Care or Have Access to PHI?**

No. It is not appropriate for a supply or equipment vendor representative (such as a pharmaceutical or medical device vendor) to be present during a patient's appointment, treatment or surgery. Additionally, a vendor may not have access to patient charts or lists of patient names.

### **Information Security**

As a user of any of Montefiore's electronic health records, you are responsible for any system access or activity that occurs under your login ID. Therefore, it is important that you familiarize yourself with our HIPAA security policy and procedure, which can be found in the Administrative Policy and Procedure manual on the Montefiore intranet.

### **What Is Encryption?**

Encryption is a process that transforms information into a format that is unreadable to anyone who doesn't have the key to decode it. Encryption safeguards PHI if it is lost or stolen. Encryption can protect PHI stored in a computer or database as well as PHI in transit, such as PHI sent in an e-mail. Devices, including desktop and laptop computers, mobile phones and flash drives, must be encrypted before you use the devices to store or transmit PHI.

### **How Can I E-Mail PHI?**

If you send an e-mail containing PHI from a [Montefiore.org](http://Montefiore.org) e-mail address to another [Montefiore.org](http://Montefiore.org) address, the e-mail is secure. If you send the e-mail to any outside address, however, such as Yahoo, Verizon, aol or Einstein, you must encrypt the e-mail before sending it. For simple instructions on how to encrypt e-mail, go to (Intranet) "E-Mail Encryption for outgoing mail."

### **What about Portable Devices?**

Do you use a smartphone, iPad, or a laptop/notebook computer? Do you store patient information in any form on this device? Do you have patient information on a home computer? If you do store PHI on a portable device, you should take the following precautions

- Your name and contact information should be on the device.
- It must be password protected and encrypted.
- It must be in a secure location at all times if it is not in your personal possession.
- Delete PHI immediately when you are no longer using it.



## **Can I Access My Family Member's, Friend's, or Co-worker's PHI (e.g. electronic, written)?**

No. Associates may not access either through our information systems (e.g. CareCast, CEMR) or the patient's medical record the medical and/or demographic information of family members, friends, or other individuals for personal or other non-work related purposes, even if written or verbal patient authorization has been given.

## **What if My Child or Parent Is a Patient Here?**

Associates who are legally authorized to receive PHI for a family member (e.g. parent for a minor, adult son/daughter for an elderly parent) should contact the provider or site, or submit a HIPAA Authorization to the Health Information Management (HIM) Department for the information. Contact HIM Customer Service Unit 718-920-4921. Associates may not use their employee status to obtain medical and/or demographic information for anyone else, including looking up someone's phone number or address.

## **What if I am Involved in the Treatment, Billing or Other Activity of a Person I know?**

In the rare circumstance when an associate's job (e.g. billing, providing treatment) requires him/her to access and/or copy the medical information of a family member, a co-worker, or other personally known individual, then he/she should immediately report the situation to his/her supervisor who will determine whether to assign a different associate to complete the task involving the specific patient.

## **As an Associate May I Access My Own PHI (e.g. electronic, written)?**

Your access to your own PHI must be based on the same procedures available to other patients not based on your job-related access to our information systems. For example, if you are waiting for a lab result or want to view a clinic note or operative report, you must either contact your physician for the information or make a written request to HIM. Contact HIM Customer Service Unit 718-920-4921.

## **Audits and Monitoring**

Walkthrough audits are periodically conducted in all patient care areas, to monitor for compliance with our HIPAA policies and procedures. We also audit access to electronic PHI through our clinical information systems. Note that there is a digital "paper trail" available that shows every time you access any patient information electronically.

## **What Should I Do If I Want to File a Patient Privacy Complaint?**

You can file a complaint by contacting the Privacy Officer directly at 718-920-8239, or call the Compliance Hotline

at 800-662-8595, if you wish to be anonymous. The Compliance Hotline is available 24 hours a day.

## **Who Can I Call for Questions or to Request Training?**

Contact Mary Scranton, Privacy Officer, or Martha Senturion, Privacy Manager, for questions or to request HIPAA training in your department. Both can be reached at 718-920-8239 or [privacyofficer@montefiore.org](mailto:privacyofficer@montefiore.org).

## **Investigations**

Every report of improper use or disclosure of PHI is investigated. Investigation may include review of documents, audit of electronic access and interview of witnesses. You are required to make yourself available and cooperate in any investigation.

## **Penalties for Non-Compliance**

Violations of HIPAA (or related policies and procedures) can lead to immediate termination of your employment, medical staff membership or affiliation with Montefiore, and both civil and/or criminal prosecution.

## **CORPORATE COMPLIANCE PROGRAM**



Contact:

**Lynn A. Stansel**

Vice President & Counsel, Compliance

718-920-6624

[lstansel@montefiore.org](mailto:lstansel@montefiore.org)

## **About the Compliance Program**

The purpose of the Montefiore Compliance Program is to guide associates in carrying out their duties in compliance with federal and state laws and regulations and Montefiore's policies and procedures. Integrity, honesty and ethical behavior are critical to the Compliance Program, because they sustain the trust of our patients, their families, third-party payers, government regulators, suppliers and the community at large.

Montefiore's compliance program includes eight elements:

1. Written policies and procedures to describe Montefiore's expectations and provide guidance with respect to compliance, including the Montefiore Code of Conduct. Montefiore's Compliance policies and procedures are available on the Intranet under the Compliance link.
2. Designation of Lynn Stansel, Vice President & Counsel, Compliance (718-920-8239, [lstansel@montefiore.org](mailto:lstansel@montefiore.org)), as Montefiore's Compliance Officer, who is responsible for developing, operating and monitoring the Compliance Program. The Compliance Officer reports directly to senior leadership through the Executive Compliance Committee and to the governing body,

periodically and on an as-needed basis. The Compliance Officer oversees the Compliance Program, including making revisions as the organization's needs change, coordinating and participating in training and education for employees, independently investigating compliance matters and ensuring that any necessary corrective action is taken.

3. Training and education of Associates and others affiliated with Montefiore on compliance issues, expectations and the Compliance Program.
4. Communication lines to the Department of Compliance, including the Compliance Hotline, to encourage questions and complaints while protecting the confidentiality of reports and anonymity of the complainants.
5. A process for responding to and investigating areas of potential noncompliance, with policies for the imposition of uniform, consistent and appropriate discipline.
6. Use of auditing and monitoring for the identification of areas of potential risk and areas of noncompliance.
7. A system for responding to compliance issues that are identified through reporting, auditing and monitoring.
8. A policy of non-intimidation and non-retaliation against any individual for reporting something he or she sincerely believes may be a violation, or for participating in good faith in the investigation of suspected misconduct.

### **The Compliance Hotline**

Montefiore has established a 24-Hour Compliance Hotline, 1-800-662-8595, for Associates and others to report compliance concerns that cannot be addressed through other channels. We encourage Associates to follow their departmental chain of command, including involving Human Resources as appropriate, before contacting the Compliance Hotline.

### **Code of Conduct**

Montefiore has a Code of Conduct that affirms its commitment to the highest standards of ethics, professional service and quality healthcare as well as its compliance with all legal and regulatory requirements. In part, the Code of Conduct requires that:

- Billing, coding and reimbursement procedures are performed in accordance with contracts with third-party payers and all legal requirements. Services are billed using only billing codes that accurately describe the services that were provided and accurately reflect documentation in the medical record.
- Montefiore acknowledges all patient / family / customer / visitor concerns and complaints, and we promptly investigate and resolve complaints to the

fullest extent possible.

- We never deny urgent or emergent care based on a patient's ability to pay for services.
- Associates do not ask for or accept any gifts in exchange for services.
- Complete and accurate patient registration information for all patients is collected and recorded in a timely manner.
- Clinical and billing Associates communicate with each other effectively and accurately to ensure correct billing.

As Associates of Montefiore, we are responsible for reading and adhering to the Code of Conduct.

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***Tip: All Associates have a duty to report any suspected violations of the Code of Conduct. Anyone who reports conduct that he or she sincerely believes is improper will be protected from retaliation.***

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### **False Claims Laws**

Under federal and state false claims laws, the government prosecutes, criminally or civilly, individuals or entities that submit or cause to be submitted, claims for payment by the government, when the claims are false. In the healthcare industry this includes Medicare, Medicaid and other federal healthcare programs. Examples that may create a false claim include: billing twice for the same service; billing for services not rendered; billing for medically unnecessary services or falsifying certificates of medical necessity; unbundling or billing separately for services that should be billed as one; creating false medical records or treatment plans to increase payments; failing to report and refund overpayments or credit balances; physician billing without personal involvement for services rendered by medical students, interns, residents or fellows in teaching hospitals; and giving and/or receiving unlawful inducements to healthcare providers for referrals for services.

In compliance with these laws, Montefiore prohibits any Associates, physicians, consultants or vendors from knowingly submitting a claim for payment that includes false or fraudulent information or is based on false or fraudulent documentation. All Associates and others have a duty to notify the Department of Compliance (718-920-8239, or via the Compliance Hotline, 800-662-8595) if they reasonably suspect or are aware of the preparation or submission of a false claim or report, or any other potential fraud, waste or abuse related to a federal or state-funded health care program. Any Associate or other individual who makes a report has the right to do so anonymously and will be protected against retaliation for making the report. Failure

to report and disclose or assist in an investigation of fraud and abuse is a violation of the person's duties to Montefiore and may result in disciplinary action.

The state and federal false claims laws allow people who are not affiliated with the government to file lawsuits claiming fraud against the government. The act of filing such actions is informally called "whistleblowing." Persons filing under the false claims laws stand to receive a portion of any recovered damages. This provides a legal tool to counteract fraudulent billings turned in to the government. Montefiore encourages Associates to report compliance concerns to the Department of Compliance and to allow a reasonable time for investigation of the concerns before contacting a government agency.

## PERFORMANCE IMPROVEMENT



Contact:  
**Maryanne Schmid**  
Senior Director of Quality Management  
Quality Management  
718-920-2344  
[mschmid@montefiore.org](mailto:mschmid@montefiore.org)

### Performance Improvement Model

The Performance Improvement Model is consistent with Montefiore's Mission and Vision, and its strategic goal to "develop a seamless delivery system with superior access, quality, safety and patient satisfaction." It is an interdisciplinary, and ongoing process designed to objectively and systematically monitor and evaluate the quality and safety of care and services, pursue opportunities to improve patient care, and to address identified problems and vulnerable areas (high risk, high volume, problem prone, high cost) using indicator monitoring and initiatives.

A single Quality Improvement Plan exists for the entire Montefiore Network and one committee, The Montefiore Quality Council, has oversight responsibility for performance improvement, quality and safety across the entire Montefiore integrated delivery system. Characteristics of the performance improvement program are that it is customer focused, interdisciplinary, data driven, and outcome oriented.

The Joint Commission (JC) Core Measures and Centers for Medicare and Medicaid Services (CMS) Quality Performance Measures are evidence-based indicators that assess:

- Heart Failure (HF)
- Pregnancy and Related Conditions (PR)
- Acute Myocardial Infarction (AMI)
- Pneumonia (PN)
- Surgical Care Improvement Project (SCIP)
- HCAHPS survey of patient experience

Montefiore uses the Plan-Do-Check-Act (PDCA) model for planned, systematic improvements. Performance improvement projects can be unit, department or organizationally focused. The impetus to conduct a performance improvement initiative can be from quality or financial data, peer/case review findings, customer (patient's or MMC associates) feedback or a regulatory requirement. Performance improvement at MMC stresses the need to include front line associates in improvement projects to gain better insight into the systems which are being used.

## PLAN-DO-CHECK-ACT (PDCA)

### PLAN

Assemble an interdisciplinary workgroup, review "Best Practices", identify measures of success, assess causes of problems, and collect baseline data

### DO

Test/pilot the potential solutions in limited implementation, minimize risk and disruption

### CHECK

Assess the success of the implementation, and determines, using appropriate data analysis, whether there were process improvements or reductions in the variability.

### ACT

Implement permanent changes to the process via education, policy and ongoing monitoring and response.

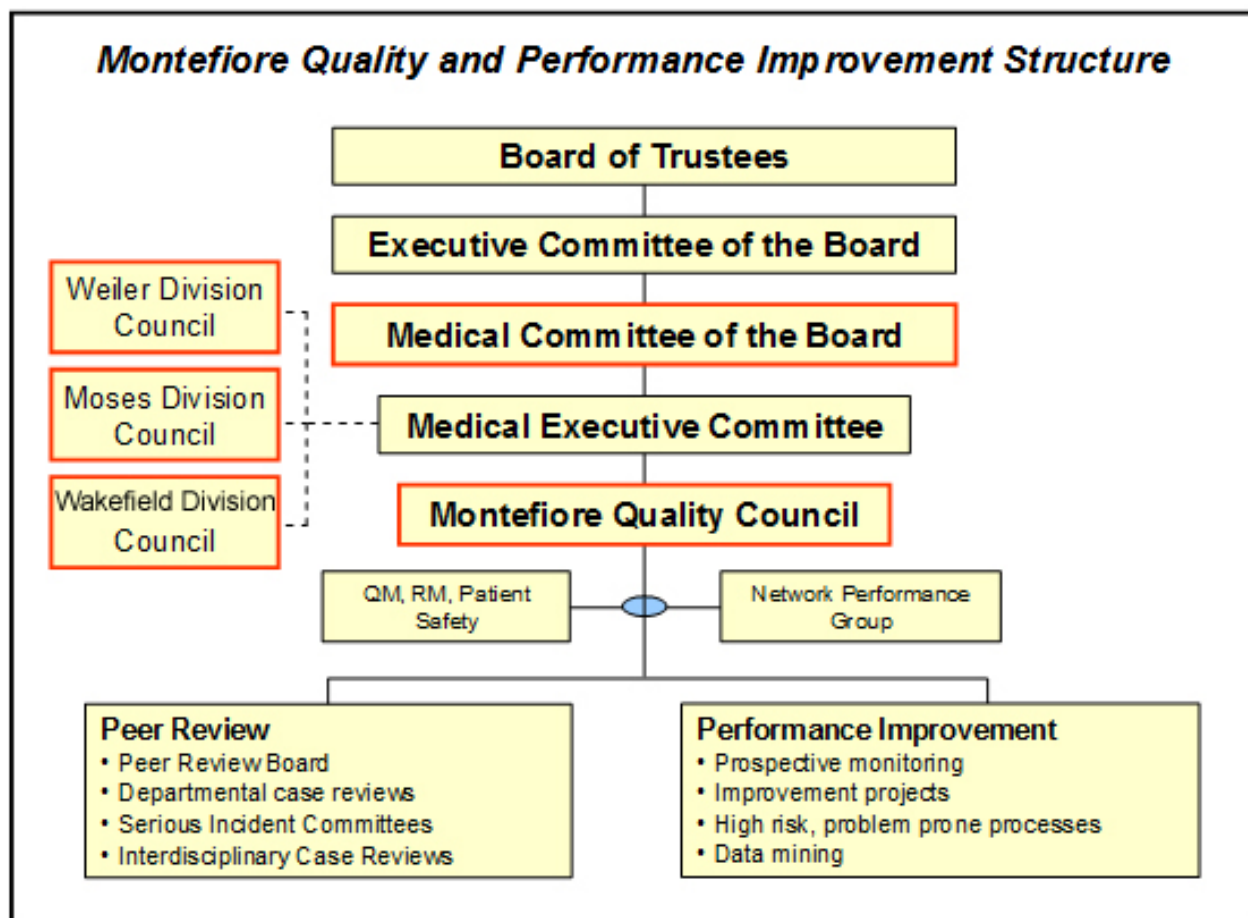
## QUALITY MANAGEMENT



Contact:  
**Maryanne Schmid**  
Senior Director of Quality Management  
Quality Management  
718-920-2344  
[mschmid@montefiore.org](mailto:mschmid@montefiore.org)

Montefiore's Quality Management (QM) Department facilitates and coordinates activities, including, but not limited to quality improvement initiatives, peer review, professional practice evaluations and root cause analyses. QM facilitates the analysis of potential and actual adverse events, and collaborates with involved services to develop and implement effective corrective action plans based upon current literature and clinical standards.

Peer review is a means by which clinical departments ensure consistent, impartial and professional evaluation of care. Cases are identified by department specific indicators



and are peer reviewed to assess potential quality of care issues. The process is designed to identify opportunities for change in practice or protocol and accompanying quality improvements projects. Adverse outcomes or patterns in care are escalated to leadership for analysis. Quality Improvement Committees (QICs) are the responsibility of the Chair of the department and are supported by the Quality Management department. In addition, information obtained through the QICs is used to support the privileging and re-appointment process for physician and allied staff. QICs submit reports to the organizational Peer Review Board (PRB) for review and evaluation on a periodic basis.

The Peer Review Board (PRB) ensures adequate assessment and oversight of the clinical departments' clinical quality improvement peer review process. The PRB evaluates quality peer reviews that have been completed by the departmental QI committees. It ensures that reviews encompass entire episodes of care and that current standards of practice have been applied in evaluations. It identifies any outstanding issues not satisfactorily addressed by the departments and returns cases to the departments for further review and follow-up. The PRB is responsible for implementation and monitoring of associated risk reduction strategies.

### Root Cause Analysis (RCA)

RCA is a structured method to analyze a serious event. It is an interdisciplinary process that focuses on system analysis and fact finding to get to the "root cause" of an event. The primary goal of the meeting is to understand an event and develop corrective actions to prevent a similar reoccurrence. The RCA meeting is facilitated by the Quality Management department and is intended to promote open dialogue and understanding of an occurrence, identify educational opportunities and strategize on performance improvement opportunities.

### OPPE/FPPE

Quality Management also maintains oversight (along with the clinical departments) of the Ongoing and Focused Professional Practice Evaluations. OPPE is a process whereby a department's medical leadership continuously monitors the professional performance of its medical and allied healthcare providers to ensure ongoing competency within their delineated scope of practice. FPPE is a process wherein a practitioner's professional performance is intensively monitored and evaluated for a time-limited period for all newly requested privileges and when a question arises regarding the ability to perform and provide safe, quality patient care.

## INFECTION PREVENTION AND CONTROL



Contact:  
**Audrey Adams**  
Director of Infection Prevention  
Infection Control  
718-920-4562  
[aadams@montefiore.org](mailto:aadams@montefiore.org)

The Infection Prevention and Control Program's goal is to prevent and control the spread of infections between patients, associates and visitors. It strives to prevent morbidity and mortality associated with the unfortunate consequences of healthcare associated infections.

There are specific manuals for clinical and ancillary departments regarding Infection Prevention and Control. It is the responsibility of every associate to become familiar with the contents of their departmental manual. The Infection Prevention and Control Manual and the Ambulatory Infection Prevention and Control Manual are located on the Intranet.

### Standard Precautions

**Standard Precautions**—protocols for minimizing the risk of exposure to infectious materials. These protocols are designed to prevent the transmission of disease.

Fundamental principles of standard precautions include but are not limited to:

- Hand hygiene
- Clean patient care areas
- Awareness of bi-directional mode of transmission (transmission between patient and healthcare worker and vice versa)
- Awareness of potential exposure to blood borne pathogens/bodily fluids from all patients
- Practicing needle stick prevention
- Using appropriate Personal Protective Equipment (PPE)
- Respiratory hygiene/cough etiquette
- Practicing safe handling of needles and syringes (one needle, one syringe, one time)

Report to Occupational Health Services (OHS) prior to reporting to work for any symptoms of diarrhea, severe upper respiratory infections, elevated temperatures, infected skin lesions and any condition diagnosed by a private physician as being contagious. Parents of school age children should report to OHS if such diseases as chicken pox, measles or other communicable childhood conditions are suspected in the home.

## RULES FOR HANDLING NEEDLES SAFELY

Discard all needles in puncture-resistant sharps containers

Use and properly dispose of all sharps

Activate the safety mechanism of safety needle devices directly after use (if applicable).

Make sure sharps containers are removed when  $\frac{3}{4}$  full and wall mounted 52" – 56" above the floor

NO recapping/removing of needle unless no alternative exists.

If necessary, recap needle with one-handed scoop method.

Transport blood gas syringe without needle attached, use the syringe cap.

Floor model containers are only permitted in designated locations, i.e. OR, laboratory, invasive procedure areas, etc.

### Engineering Controls and Devices

Engineering controls and devices include:

- Puncture-resistant sharps container
- Retractable lancet finger stick device
- Recessed needle-less and plastic cannula devices for I.V. therapy
- Safety butterfly and straight needle blood drawing devices
- Safety I.V. device
- Safety needle/syringe devices
- Safety blood transfer device
- Plastic specimen bag with external pocket

### Needle Stick Injuries / Waste Management

Needle stick injuries to associates present one of the greatest risks of blood borne disease.

Please refer to the Administrative Policy Manual 'Exposure Control Plan' for more information.

### Hand Hygiene

Hand hygiene is the single most important practice in preventing the spread of infection. Perform hand hygiene:

- Before and after your work shift
- Before and after patient care
- After any procedure
- Before and after personal hygiene
- Before touching something clean

- After touching something contaminated or dirty
- After removing gloves
- Any time hands become soiled—including sneezing in opened hands, blowing noses, etc.

Hand hygiene is performed using soap and water or alcohol-based hand rub (when hands are not visibly soiled). General hand care protocol includes minimizing use of scented lotions/moisturizers, using gloves when appropriate, and maintaining an appropriate nail length, no more than ¼ inch from the base of the finger.

## HOW TO WASH YOUR HANDS

1

Wet hands with running water.

2

Apply soap or hand washing agent.

3

Vigorously rub hands together for 15 seconds, washing all surfaces of hands, fingers and wrists.

4

Rinse thoroughly with fingers pointing down.

5

Blot hands dry with paper towel.

6

Before discarding paper towel, use paper towel to turn off faucets.

7

Dispose of towel in proper waste receptacle.

## HOW TO USE ALCOHOL-BASED HAND SANITIZERS

1

Apply small amount into palm of hand (thumbnail size).

2

Rub into all surfaces of hands until solution has evaporated or hands are dry.

### NOTE:

DO NOT USE if hands are visibly soiled.

## Environmental Hygiene

Tips for maintaining a clean environment:

- Do not eat or drink on patient care units.
- Eat in designated areas only.
- Clean up after procedures or after eating.
- Discard all food and waste into trash.
- Do not open unscreened windows.
- Monitor and discourage the accumulation of food at the patient's bedside.

## Transmission Based Isolation Precautions

The differences in infectivity and in the mode of transmission of the various agents form the basis for the following different categories of isolation / precautions:

- Contact Isolation
- Airborne Isolation
- Droplet Isolation

## MDRO and Antibiotic Use

### MultiDrug-Resistant Organisms (MDROs)—

*Microorganisms, predominantly bacteria, that are resistant to one or more classes of antimicrobial agents (e.g., MRSA, VRE, CRE)*

According to the CDC, prevention of antimicrobial resistance depends on appropriate clinical practices that should be incorporated into all routine patient care. These include

- Optimal management of vascular and urinary catheters
- Prevention of lower respiratory tract infection in intubated patients
- Accurate diagnosis of infectious etiologies
- Judicious antimicrobial selection and utilization



# The Patient and Family Experience

## PATIENT EXPERIENCE



Contact:  
**Leslie Bank**  
Director  
Customer Service  
718-920-4943  
[lbank@montefiore.org](mailto:lbank@montefiore.org)

Everything that happens to a patient and his or her family at Montefiore creates the patient's experience. Each and every interaction with staff makes an impression. A patient's experience includes the physical environment, clinical care, emotional support, and financial considerations. Patients prefer Montefiore because we provide an exceptional experience that promotes health and healing, where

quality clinical outcomes are achieved with a high level of compassionate care and attention to personal needs, and where patients and their families are:

- Recognized, respected, and valued as partners in the care process.
- Listened to and educated.
- Served by Associates who always demonstrate Montefiore Standards of Behavior.
- Provided with coordinated patient-centered services throughout the continuum of care.
- Cared-for in a welcoming and safe and confidence-inspiring environments.

## PATIENT'S RIGHTS AND RESPONSIBILITIES

All patients have rights and responsibilities. New York State law outlines a Patient Bill of Rights and it is our responsibility to ensure that each patient understands his / her rights, has received a copy, and knows how to exercise those rights.

### ~ PARTIAL LIST OF PATIENT RIGHTS ~

Understand his/her rights to receive assistance, including interpreter services, from Montefiore in order to understand these rights

Receive treatment without discrimination

Be informed of the names and titles of healthcare providers

Receive complete information regarding his/her diagnosis, treatment and prognosis

Participate in all decisions about his/her diagnosis, treatment and prognosis

Receive considerate and respectful care, including privacy while at Montefiore and confidentiality of all information and records regarding his/her care

Review his/her medical chart without charge

Lodge a complaint or grievance about any aspect of care. A complaint is something that can be fixed right away, but a grievance requires investigation and follow-up.

Customer Service documents and manages patient and family grievances.

### ~ PATIENT RESPONSIBILITIES ~

Providing accurate information relating to his/her condition and care

Following his/her treatment plan

Respecting the desire of roommates and others for privacy and quiet times

Being considerate of healthcare Associates

## Interpreting Services Program

Interpreting service is available 24/7 for the Deaf and Hard of Hearing or Limited English Proficient patients and families receiving services anywhere in Montefiore.

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***Tip: Whenever possible, please call Customer Services in advance to schedule an appointment with a sign language interpreter or an in-person foreign language interpreter at 718-920-4943.***

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After hours, weekends and holidays, the Intranet has instructions on how to obtain an interpreter, and the A D N on duty can assist as well.

### *For Whom Do We Provide This Service?*

- Deaf, Blind, Hard of Hearing and Deaf blind
- Limited English Proficient (LEP) patients
- Family members and companions

### *Why Is It Important?*

Language services are needed to ensure that all patients have equal access to quality care. In addition, Federal and State law, Joint Commission standards and Montefiore policies protect persons with disabilities and mandate accommodations and interpreting services.

### *Hospital Policy Statement*

“If you recognize or have any reason to believe a patient, relative, or companion of a patient is deaf or hard of hearing, you MUST offer the person appropriate auxiliary aids and/or services. Interpreters are available throughout Montefiore and affiliate sites and will be provided free of charge. The offer and response must be documented.”

### *Limited English Proficient Patients*

Use the following number from ANY MONTEFIORE PHONE and an interpreter will be happy to assist you in over 150 different languages by calling 718-920-TALK (8255). Call Customer Services to obtain your department’s access code.

### *Who Can Interpret?*

- Only a “qualified medical interpreter” may interpret
- Family members, friends may NOT interpret
- Bilingual staff may NOT interpret

### *Arranging for Interpreting Services*

You must inform the patient of the right to have an interpreter when making an appointment and upon arrival, and document the hospital’s offer of services and the patient’s response. Contact Customer Services at 718-920-4943. Follow after hour procedures on the Intranet or contact A D N.

## Cultural Competency

Culture provides the body of words and ways of living that have meaning for a group of people. It includes language, beliefs, customs, rituals and ceremonies. In order to understand our patients and co-workers, it is necessary to understand the layers of cultural experience that shape people’s inward and outward expressions of disease and wellness.

A diverse workplace is a reflection of a changing world. The joining together of many backgrounds provides a greater diversity of talents, which include: personality styles, education, age, gender, socioeconomic background, cultural background, race, religion, family situation, sexual orientation, physical abilities and lifestyles.

We can demonstrate knowledge, understanding and respect of different cultures in many ways, some of which include: asking a customer/patient how they prefer to be addressed, always using Mr. or Ms. unless given permission to use the first name and never using words such as “honey,” “sweetie,” or “darling,” when talking to our customers or co-workers, no matter what the cultural background of the individual.

## CLAS Standards

Montefiore is committed to providing culturally competent care and services to those we serve and in addition promotes an environment that recognizes, appreciates and respects diversity. The CLAS Standards (Culturally and Linguistically Appropriate Services) are recognized as the “gold standard” for creating an inclusive and culturally competent organization, were adopted and implemented at Montefiore.

### *Standard 1*

Health care organizations should ensure that patients/consumers receive from all staff member’s effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred language.

### *Standard 2*

Health care organizations should implement strategies to recruit, retain, and promote at all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.

### *Standard 3*

Health care organizations should ensure that staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.



#### *Standard 4*

Health care organizations must offer and provide language assistance services, including bilingual staff and interpreter services, at no cost to each patient/consumer with limited English proficiency at all points of contact, in a timely manner during all hours of operation.

#### *Standard 5*

Health care organizations must provide to patients/consumers in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.

#### *Standard 6*

Health care organizations must assure the competence of language assistance provided to limited English proficient patients/consumers by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the patient/consumer).

#### *Standard 7*

Health care organizations must make available easily understood patient-related materials and post signage in the languages of the commonly encountered groups and/or groups represented in the service area.

#### *Standard 8*

Health care organizations should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.

#### *Standard 9*

Health care organizations should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate cultural and linguistic competence-related measures into their internal audits, performance improvement programs, patient satisfaction assessments, and outcomes-based evaluations.

#### *Standard 10*

Health care organizations should ensure that data on the individual patient's/consumer's race, ethnicity, and spoken and written language are collected in health records, integrated into the organization's management information systems, and periodically updated.

#### *Standard 11*

Health care organizations should maintain a current demographic, cultural, and epidemiological profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.

#### *Standard 12*

Health care organizations should develop participatory, collaborative partnerships with communities and utilize a variety of formal and informal mechanisms to facilitate community and patient/consumer involvement in designing and implementing CLAS-related activities.

#### *Standard 13*

Health care organizations should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by patients/consumers.

#### *Standard 14*

Health care organizations are encouraged to regularly make available to the public information about their progress and successful innovations in implementing the CLAS standards and to provide public notice in their communities about the availability of this information.

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

EMTALA is a U.S. Act of Congress passed in 1986 as part of the Consolidated Omnibus Budget Reconciliation Act (COBRA). It requires hospitals to provide care to anyone needing emergency healthcare treatment regardless of citizenship, legal status or ability to pay. There are no reimbursement provisions. Participating hospitals may only transfer or discharge patients needing emergency treatment under their own informed consent, after stabilization, or when their condition requires transfer to a hospital better equipped to administer the treatment. EMTALA applies to hospitals that accept payment from the Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) under the Medicare program. ([http://en.wikipedia.org/wiki/Emergency\\_Medical\\_Treatment\\_and\\_Active\\_Labor\\_Act](http://en.wikipedia.org/wiki/Emergency_Medical_Treatment_and_Active_Labor_Act))

## CONFIDENTIAL CARE OF MINOR ADOLESCENTS

NEW 2013!



Contact:

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Program Manager

Montefiore Medical Group

718-405-4483

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As a child enters adolescence he or she is starting on the road towards becoming an adult. Adolescents are experiencing many changes in their bodies, in how they think and in how they feel. They begin to act in ways that are not the same as when they were younger. Additionally, adolescents face many challenges to their health during this stage of development. Their need to establish their own identity, to experiment, to deal with their emerging sexuality may all contribute to risky behaviors. This in turn can lead to the kinds of problems in adolescence that we are all familiar with: high rates of substance abuse, violence related and other unintentional injuries, mental illness, unintended pregnancy and sexually transmitted infections (STI), which disproportionately affect the Bronx adolescent population served by Montefiore Medical Center. As a result, the health care needs of adolescent patients change. There will also be new routines during the doctor's visit. For example, parents or guardians may now be asked to wait outside of the exam room for a part of the visit, giving the adolescent patient and the healthcare provider private time to discuss any problems.

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***Tip: According to the American Academy of Pediatrics (AAP), a pediatric patient should be approached as an adolescent as early as age 11 years.***

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To help guarantee that adolescent patients at Montefiore Medical Center facilities seek and get health care services that may be of a confidential nature, all Associates should be aware that Montefiore has a policy (JC17.1), based on

New York State Law, that entitles minor adolescents to assessment and care for confidential health concerns; the services that are provided must be kept private. This means that parents will not be told about any given care for a teenager's sexual health or behavior unless the child provides consent. The law also states that if information is learned during care about a condition or event that might cause harm to the teen or others, the parent or guardian will be informed. The legal protections afforded to these aspects of adolescent care continue until the 18th birthday when the law recognizes an individual as an adult and HIPAA laws take effect.

A minor is anyone less than 18 years of age. Minor patients, regardless of their age, unaccompanied by a parent or legal guardians who seek immediate health care, should, at a minimum, receive an evaluation to determine the nature and urgency of their complaint. In New York State, a Minor is entitled to confidential assessment and care for specific health care concerns.

***Confidential Care—treatment of a condition for which a Minor may provide any required consent for him or herself.***

Confidential Care applies to such conditions as:

- Medical, dental health and hospital service relating to prenatal care
- Contraceptive care
- Reproductive services
- Sexually transmitted diseases
- HIV and AIDS
- Outpatient mental health and treatment for alcohol and substance abuse

Information related to such Confidential Care cannot be disclosed to a parent/guardian without the adolescent's consent. However, if the adolescent's life or the life of another is in danger, the associate should not keep such information confidential and this must be disclosed to the minor's parent/guardian and/or other appropriate agencies.



**Attention: Non-clinical Associates stop here and proceed to the test!  
Clinical Associates please proceed to the "Clinical Excellence" section below.**

# Clinical Excellence

## NATIONAL PATIENT SAFETY GOALS



Contact:  
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The mission of the MMC Patient Safety Program is to continuously improve care systems in order to minimize the risks posed to patients as a result of exposure to the healthcare system. The primary role of the Patient Safety Department is to facilitate and enable institutional patient safety activities including maintaining compliance with patient safety related regulations including the JCAHO National Patient Safety Goals, coordination and integration of patient safety best practices across the institution and communication of patient safety related information to leadership, associates, patients and families.

### FOR MORE INFORMATION...

See the patient safety page on [Montefiore.org](http://www.montefiore.org) <http://www.montefiore.org/commitment-to-quality-care> and for more information on policies related to patient safety see the Patient Safety Manual on the intranet <http://intranet/websitefiles/mmcintranet25168/body.cfm?id=3165>

### Review of the National Patient Safety Goals

The Joint Commission reviews the National Patient Safety Goals every year and removes those that are no longer areas of focus. Below are the goals for 2013.



#### *Patient Safety Goal 1 – Patient Identification*

Check two patient identifiers before giving a medication, drawing blood, giving a blood transfusion, collecting specimens, giving any treatment. The two patient identifiers are:

- In the hospital: Name and MR#
- For Outpatients: Name and DOB
- For Homecare: Name and DOB on the first visit, then name and facial recognition
- For SATP: Name and SATP ID number

#### *Patient Safety Goal 2 – Communication: Critical Test Results*

When critical lab test results are reported (i.e. potassium = 7.5) or critical diagnostic results, a licensed provider caring for the patient must be notified within 30 minutes.

#### *Patient Safety Goal 3 – Medication Safety*

**Medication Labeling:** When any medication or solution is transferred from the original packaging to another container it should be labeled. Medication or solution labels include the medication name, strength, amount, expiration date, and expiration time. Any medications or solutions found unlabeled are immediately discarded.

**Anticoagulation Management:** Montefiore Medical Center uses approved protocols for the initiation, maintenance and laboratory monitoring of anticoagulant therapy. Before the initiation of Coumadin/warfarin the patient's baseline coagulation status is always checked. When heparin is administered intravenously and continuously, Montefiore requires the use of programmable infusion pumps in order to provide consistent and accurate dosing. Additionally, patients and families receive education regarding anticoagulant therapy including the importance of follow-up monitoring, compliance issues, dietary restrictions, and potential for adverse drug reactions and interactions.

**Medication Reconciliation:** When the patient enters the care of the hospital or during an outpatient encounter, information about the patient's current medications (including dose, route and frequency) is obtained and documented. These are then compared to the medications ordered for the patient in the hospital and any discrepancies are identified and resolved. When the patient leaves the hospital's care, the current list of reconciled medications is provided and explained to the patient and, as needed, the family.

#### *Patient Safety Goal 7 – Infection Control and Prevention*

**Hand Hygiene:** Healthcare workers washing their hands or using alcohol based hand gel is the most effective way to prevent the spread of infections in hospitals. Wash your hands or use alcohol based hand gel BEFORE and AFTER contact with any patient.

**Multi Drug Resistant Organisms (ex MRSA, Cdiff, VRE):** When a patient is found to have a multidrug resistant organism they should be placed on contact isolation and appropriate personal protective equipment (PPE) should be worn by all staff, visitors and families. When the lab isolates a MDRO they notify the providers caring for that patient as well as the Infection Control Department.

Central Line Infections: Prevention of central line associated infections is achieved at Montefiore by using the “Bundle Strategy” which includes determining which patients are at risk for infection, using a pre insertion checklist, sterile technique on insertion, standardized central line kit, proper line care, and using appropriate disinfectants to “scrub the hub”. Evaluate all central lines routinely and remove nonessential catheters.

Surgical Site Infections: Strategies to prevent these infections include administration of prophylactic antibiotics, good skin preparation, sterile technique and patient education. Surgical patients are monitored for the development of surgical site infections for 30 days post procedure and for 1 year if an implantable device was inserted.

Catheter Associated Urinary Tract Infections: Prevent catheter associated UTIs by inserting only for an appropriate indication and by removing the catheter as soon as possible. Catheters should be placed under sterile technique and secured to ensure unobstructed flow and drainage.

*Patient Safety Goal 9 – Reduce the risk of patient harm resulting from falls. (Home Care)*

To reduce the risk of patient falls, Montefiore Home Care has implemented a robust, multidisciplinary fall reduction program for all home care residents. The fall reduction program includes patient evaluation of fall history, review of medications, gait and balance screening, assessment of walking aids and fall prevention devices, and environmental assessments.

*Patient Safety Goal 15 – Identify and help patients at risk for suicide*

Montefiore Medical Center screens all patients with a chief complaint related to an emotional or behavioral disorders for suicidal ideation. If a patient is deemed to be at risk with suicidal ideation, appropriate precautions are taken including possibly putting a patient on 1:1, doing a formal psychiatry evaluation, and/or transfer to a psychiatric unit. On discharge, Montefiore Medical Center provides all patients and their family members with the phone number for a crisis hotline: 1-800-273-TALK (8255).

*Patient Safety Goal 15 – Identify and help patients on home oxygen therapy who are at risk for home fires (Home Care).*

Montefiore’s Home Health Agency takes multiple steps to help prevent home fires in patients on home oxygen therapy. The home safety risk assessment includes the presence or absence and working order of smoke detectors, fire extinguishers and fire safety plans, and a review of all medical equipment. Education to the patient and family regarding home oxygen safety risks and interventions is also a key element to prevent home fires.

### *Patient Safety Goal – Universal Protocol*

It is the responsibility of all associates involved in the care of the patient undergoing an operation to verify the correct patient, procedure and procedure site/site. This also applies to invasive procedures in an ancillary area (ex GI suite, Interventional Radiology, Cath lab) or at the bedside (ex. thoracentesis, paracentesis, lumbar puncture etc). The components of the universal protocol include:

- The pre-procedure verification process: An ongoing process of information gathering and confirmation to make sure that all relevant documents, related information and equipment are available, correctly identified, and are consistent with the patient’s expectations and with the team’s understanding of the intended patient, procedure, and site.
- Marking Process: The physician doing the procedure must mark the site using his/her own initials. The mark must be visible in the operative field after the patient is prepped and draped. Placement of an X is not an acceptable substitute to initialing the proper side.
- Final Verification Process (“Time Out”): Immediately prior to the start of any surgical/invasive procedure, a final verification called the “time out” will be conducted to confirm the correct patient, procedure and procedure site. During the time-out, other activities are suspended, to the extent possible without compromising patient safety, so that all relevant members of the team are focused on the active confirmation of the correct patient, procedure, site, and other critical elements. If there are any discrepancies in information, or disagreements regarding the procedure, the surgical procedure will be delayed until the issues are resolved.

### **ELOPEMENT** <sup>NEW 2013!</sup>

**Elopement**—Any patient who leaves a patient care area unexpectedly or without informing staff is considered an elopement.

**Wandering**—Wandering is rhythmic, intermittent movement behavior which can be demonstrated by some cognitively impaired individuals.

These definitions apply in a number of scenarios and will be managed individually by the clinical care team responsible for the patient in accordance with the Elopement Policy JD 15.1 with the overall goal of providing for patient safety:

1. *Patients with capacity and are known to be leaving the patient care unit temporarily—the acknowledged excursion.* In all cases, the responsible clinical provider will explain the risks of leaving the unit and attempt to

discourage the patient. However, if the patient insists on leaving the unit, the provider will work directly with the patient to come to an agreement as per the elopement policy.

2. *Patients with capacity who leave the patient care unit unannounced.* Security should be notified as per the elopement policy.
3. *Patients without capacity who wander away from their assigned patient care unit or have surrogates who take them off the unit unannounced or unexpectedly.* At presentation and throughout the hospital stay, patients with cognitive deficits should be assessed and identified as at risk for wandering and elopement. Prevention strategies will then be implemented as per the elopement policy. If elopement occurs in the patient without capacity, a Code Brown will be initiated. Call 2222 and give the operator a description of the patient.
4. *Patients without capacity who have surrogates who are expressing the desire to take them off the unit temporarily—acknowledged escorted excursion.* Only a Health Care Proxy or legally recognized surrogate can authorize an acknowledged escorted excursion in consultation with the responsible clinical provider.
5. *Adolescent patients.* Acknowledged excursions are not permitted. If an adolescent is discovered missing, a code Adam will be called per policy JS 06.1.

## ABUSE, NEGLECT, AND EXPLOITATION

Contact:  
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CMO - Social Services  
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Montefiore has policies and procedures for responding to the physical and emotional needs of victims of abuse, neglect, assault, and domestic violence. All Associates should be aware that New York State law requires healthcare workers to report suspicions of abuse, neglect, and in some instances, domestic violence. All healthcare workers are mandated to report suspicions of a patient being the victim of child abuse / maltreatment or elder abuse / neglect.

### Child Abuse

Child abuse and neglect exist in epidemic proportions in this country. There are more than 3 million reports annually representing 1% of the child population. Child abuse can take the form of physical abuse, sexual abuse, or neglect.

**Physical Abuse**—any harmful action directed against a child regardless of intent that results in a non-accidental physical injury.

Physical abuse is the most visible form of child maltreatment and results from actions such as punching, beating, kicking, biting or burning. Physical abuse may leave permanent injury or it can result in death.

**Sexual Abuse**—acts of sexual assault and sexual exploitation that may occur over a long period or as a single incident. Sexual abuse includes exposing or subjecting a child to sexual contact, activity or behavior.

Exploitation for pornographic purposes, prostitution and exhibitionism would all be included in the definition of sexual abuse.

**Neglect**—the failure to provide for a child's needs to the extent that there is harm or risk of harm to the child's health and safety.

Neglect includes inadequate supervision, lack of nutrition, lack of shelter, lack of medical or dental care. It also includes failure to meet a child's educational or emotional needs.

## WHO TO CALL

### CHILD ABUSE MANDATED REPORTER HOTLINE

1-800-635-1522

### BUTLER CHILD ADVOCACY CENTER

718-920-5321

3314 Steuben Avenue

### BUTLER CENTER MENTAL HEALTH TREATMENT PROGRAM

718-920-5833

718-920-8282 (page operator)

3380 Reservoir Oval

### ELDER ABUSE HOTLINE

212-442-3103

### DOMESTIC VIOLENCE HOTLINE

NYC – 800-621-4673 (English/Spanish)

City Services - 311

Outside of NYC – 800-942-6906 (English)

Outside of NYC – 800-942-6908 (Spanish)

### ADULT PROTECTIVE SERVICES

212-630-1853

### N.Y.C. DEPARTMENT OF AGING

311

### SAFE HORIZONS

212-577-7777

### RED CROSS EMERGENCY HOMELESS SERVICES

212-787-1000

## The Abandoned Infant Protection Act (AIPA)

In July 2000, a law was passed in New York State that provided a safe alternative to abandonment of newborn infants when fearful, desperate, usually young parents are unable to care for the baby. The law does not require parents to leave any identifying information about themselves when the baby is presented for care. Hospitals, fire stations and police stations are considered “safe sites.” Safely leaving a newborn (up to 5 days of age as stated in AIPA) creates an affirmative defense under the criminal law. In other words, the parent did abandon the baby but did so safely, thereby assuring the well-being of the child.

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**Tip: If a Montefiore Associate is handed a baby under these circumstances the baby should be immediately taken to the Emergency Department at The Children’s Hospital at Montefiore for evaluation and medical care.**

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The mother, who has recently given birth, should be encouraged to stay for treatment as well. The situation should be reported to the State Child Abuse hotline (see below for phone number). Administration for Children’s Services will respond and take custody of the infant once she/he has been medically stabilized.

## Reporting Suspected Child Abuse, Neglect and Maltreatment

Upon collaboration with the Interdisciplinary Treatment Team and upon escalation to the appropriate person (i.e., manager, administrator, charge nurse, chief resident, attending, etc.), it is the responsibility of the associate to document and call all instances of suspected child abuse, maltreatment and/or neglect into the New York State Central Register of Child Abuse and Maltreatment.

If a healthcare professional needs assistance he/she should contact the staff of the Butler Child Advocacy Center for consultation. They are available 24 hours a day, seven days a week and can be reached through the page operator. The J. E. and Z. B. Butler Child Advocacy Center, a program of the Department of Pediatrics, provides forensic social work and medical evaluation and counseling services to children and families where abuse and neglect is suspected or identified.

Reporting suspected abuse is your responsibility. For detailed instructions, please refer to Administrative Policy and Procedure JA03.1: The Identification, Reporting and Management of Children Suspected to Be a Victim of Child Abuse and Maltreatment/Neglect.

## Domestic Violence

**Domestic Violence**—emotional, psychological, physical, sexual, or economic abuse that one person in an intimate relationship uses to control the other

It is Montefiore’s legal obligation to report to police the suspicion of assault or domestic violence includes gunshot wound or powder burn, other injury arising from discharge of a firearm, or if a victim is actually or apparently injured by knife, ice pick, or other sharp instrument. In the absence of the above injuries, suspected sexual assault or domestic violence should not be reported to police unless patient consent obtained.

## Elder Mistreatment

**Elder Abuse**—a single or repeated act, or lack of appropriate actions, which causes harm, risk of harm, or distress to an individual 60 years or older and occurs within any relationship where there is an expectation of trust; or when the targeted act is directed towards an elder person by virtue of age or disabilities. (NYC Elder Abuse Center: <http://nyceac.com/about/definition/>)

Elder abuse can be intentional or unintentional and may include physical, psychological, emotional, or sexual abuse, neglect, abandonment, and financial exploitation. Elder neglect occurs when a caretaker does not fulfill a care-taking obligation. This can include

- Abandonment or Isolation
- Denial of food, shelter, clothing and medical assistance
- Withholding of necessary medication or assistive devices, such as glasses or false teeth

## RESTRAINTS



Contact:  
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Montefiore provides an environment which promotes the rights of all patients to compassionate, dignified, age appropriate care. We strive to minimize and eliminate the use of restraint and seclusion. Restraint or seclusion are measures which are to be utilized only after preventive strategies/alternatives have been ineffective or determined to be inappropriate. Our goals include:

- To minimize the usage of restraint or seclusion through the implementation of preventive strategies/alternatives
- To protect each patient’s health and safety
- To preserve each patient’s dignity, rights and well-being

**Restraint**—any manual method, physical or mechanical device, material or equipment that immobilizes or reduces the ability of a patient to move his or her arms, legs, body or head freely; or a psychoactive medication when used to restrict a patient's freedom of movement and that is not a standard treatment or dosage for the patient's condition.

The intent of the device determines whether it meets criteria as a restraint, not the device itself. For example, side rails, when used for patient safety during transport, as part of seizure precautions or due to the developmental age of the patient, are not considered restraint. Raising less than 4 rails when a bed has more than 2 rails is not considered restraint if they can still leave the bed easily. If raising 4 siderails impedes the patient from leaving the bed, they would be considered restraint. It is important to remember the key requirements of all associates when restraint is used:

1. Implement alternatives first—consider the patient's needs related to confusion, medical equipment, or behavior.

- Reorientation, use of volunteer staff and/or diversionary activities are useful in reducing the need for restraint use.
- For medical or surgical patients, reevaluating the need for tubes and catheters daily, or effectively protecting or covering devices is also beneficial.
- For psychiatric patients, verbal redirection and limit setting are examples of strategies to attempt before restraint is needed.

2. When the alternatives have failed, a current and timely order is needed by the LIP, within 30 minutes of restraint application.

- Nursing documentation on the appropriate flow sheet begins at the time of the order and the restraint application.
- Check orders carefully; it is important that the least restrictive restraint is used; this can be discussed between the medical and nursing staff to meet the needs of the patient.
- Documentation requirements are clearly identified in the restraint policy: refer to R-01 for details regarding the components of documentation.

3. Restraints for nonviolent patients may be ordered and applied for up to 24 hours. Restraints for violent patients may only be ordered and applied for up to 2 hours in patients over age 9 years. At the end of the restraint time limit, the patient must be reassessed for the continued need for restraint use and a new order would be required if restraint is still required.

4. Psychoactive medications may be used on a PRN basis for patients who are non-violent, if used for therapeutic goals such as, but not limited to: promoting sleep, sedation

for procedures/life support devices, or substance abuse/medication withdrawal. Psychoactive medications may also be used for violent, agitated or self-destructive patients when nonpharmacologic interventions such as redirection and use of coping skills have failed, and if the medications are part of the usual and customary treatment for management of psychiatric symptoms on a PRN basis.

5. Any death or injury associated with the use of restraint or seclusion must be reported immediately to nursing administration (ANM/ADN), who will notify Montefiore Department of Regulatory Affairs and CMS if warranted. Specifically, such an incident must be reported if it:

- Occurs while the patient is in restraint or seclusion at Montefiore
- Occurs within 24 hours after the patient has been removed from restraint or seclusion, or
- Occurs within one week after restraint or seclusion use if it is reasonable to assume that the use of restraint/seclusion contributed directly or indirectly to a patient's death (e.g. asphyxiation).

Please review policy R-1 in the Patient Care Manual.

## **PALLIATIVE CARE** **NEW 2013!**



Contact:

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### **Palliative Care and Hospice Care**

Palliative care uses an interdisciplinary team to provide care and support for patients and families of patients with serious illness. This care integrates medical, nursing, psychosocial and spiritual care for a patient. It is offered simultaneously with all other appropriate medical treatment to manage the underlying illness at the time of diagnosis of a serious illness. Palliative care is appropriate at any age or stage of a serious illness and may be provided along with curative treatment.

**Palliative Care**—health care treatment that includes interdisciplinary care and consultation with patients and family members to prevent or relieve pain, symptoms and suffering in order to enhance the patient's quality of life.

Palliative care is NOT the same as hospice care. There is often much confusion between the terms hospice and palliative care because both types of care have very similar goals. Palliative care services may be provided, irrespective of whether the patient is expected to fully recover, live with

chronic illness for an extended time or experience disease progression. Patients may receive services at any time during an illness, even from the time of diagnosis. Hospice care is similar to palliative care because it is provided by an interdisciplinary team. However, hospice differs for a number of reasons.

- It typically occurs at home or a nursing home.
- It is care for terminally ill patients no longer seeking curative treatments.
- It is generally applicable to patients expected to live for about six months or less.

### Requirements for Referral and Disclosure

The Palliative Care Information Act (PCIA) of 2010 requires physicians and nurse practitioners to offer information and counseling about palliative care to patients with a “terminal illness” (prognosis of six months or less) or to their representatives. The information to be provided includes:

- Prognosis
- Options for end-of-life care, including hospice and palliative care
- Possibilities for further life-sustaining treatment
- Options for aggressive pain and symptom management

This information serves as a vehicle for ensuring that patients receive quality end of life care in the right setting.

The Palliative Care Access Act (PCAA) applies to a broader population than that PCIA, including patients with advanced life limiting conditions who may have longer than a six month prognosis. Furthermore it expands the scope to facilities and organizations, such as the Montefiore Medical Center. PCAA requires organizations to facilitate access to appropriate Palliative Care consultations and services, including associated pain management; and includes but is not limited to referrals consistent with patient needs and preferences.

Montefiore Administrative Policy and Procedure #JDO 4.1 charges staff with identifying as early as possible those patients who would benefit from aggressive attention to end of life needs. Montefiore’s Policy addresses “identifying, clarifying and facilitating “the patient’s EOL care and needs.

### Palliative Care Screening and Responsibilities

Any member of an interdisciplinary team caring for a patient, including social work, nursing, primary care or palliative care, among other members can identify a patient’s eligibility for hospice or palliative care, or if the patient and family has received a goals of care discussion or determining whether or not the patient has advanced directives. You will be identifying potential hospice and palliative care candidates at each patient encounter.

## PALLIATIVE CARE SCREENING CRITERIA

Advanced Cancer (metastatic disease or progression from an earlier stage)

**OR**

> 75 Years with 1 Additional Criteria:

2 or More Hospitalizations for Related Illness within 90 days

Acute/Chronic or progressive conditions in need of symptom management

Significant physical/functional decline

> 10% unexplained weight loss in last 6 months.

### OTHER CRITERIA INCLUDE:

The need for information about treatment options and their pros and cons, family distress, and depression and anxiety associated with a diagnosis.

ICU admissions from a nursing home, post-cardiac arrest, or length of stay of 10 days or more.

Dementia, at the last stage of the disease where there is evidence of feeding difficulties, aspiration, functional dependency, and recurrent infection.

Any other progressive, incurable condition that has led to more than one hospitalization during the past six months.

An advanced life-limiting condition is generally understood to mean a medical condition, causing significant functional and quality of life impairments, that is not likely to be reversible by curative therapies and is likely to progress over time and ultimately contribute to physiological and functional decline and shortened survival.

All members of the health care team are required to continually address generalist level of palliative care:

- Symptom management
- Determining goals of care
- Considering the potential benefit of adding hospice care when appropriate

Additionally, all members of the team may identify the need for specialist level of palliative care. This includes but is not limited to nurses, aides, physician’s assistants, physicians and nurse practitioners. A referral for a palliative care evaluation or consultation should be made by the attending physician.



While a health care proxy form does not require a physician signature, an attending physician must sign an Advanced Directive (house officers may enter temporary statements). Physicians may also consider consulting with patients about completing a MOLST form if a patient has a serious illness. It is the only form authorized in New York State for documenting both non-hospital DNR and DNI orders. The medical center offers a number of services to accommodate the patient and his/her family's comfort, dignity, psychosocial, emotional and spiritual end-of-life needs.

**PALLIATIVE CARE RESOURCES**

**PALLIATIVE CARE PROGRAM**

**CAREGIVER SUPPORT CENTER**

**THE OFFICE OF RELIGIOUS AFFAIRS**

**MONTEFIORE CUSTOMER SERVICE DEPARTMENT**

**CENTER TO ADVANCE PALLIATIVE CARE**  
<http://www.capc.org>

**COMPASSION AND SUPPORT AT THE END OF LIFE**  
<http://compassionandsupport.org>

**NEW YORK STATE PALLIATIVE CARE ACT**  
[http://www.health.ny.gov/professionals/patients/patient\\_rights/palliative\\_care/](http://www.health.ny.gov/professionals/patients/patient_rights/palliative_care/)

The following are practices encouraged by Montefiore to assist patients in pain:

- Pain Management interventions can often help to minimize and/or eliminate a patient's pain.
- Collaborate with other members of the multi-disciplinary team and advocate for pain management options most appropriate for the patient, family, caregiver and setting.
- Pharmacological therapeutic options, including the use of opioids, non-opioids and adjuvant analgesics vary and should be individualized in each case.
- The use of multi-modal interventions for the relief of pain is encouraged by the American Pain Society and the American Academy of Pain Management and the American Society for Pain Management Nursing.
- Facilitate use of non-pharmacological interventions as a supplement to analgesic regimen when appropriate. These include but are not limited to relaxation, distraction and guided imagery
- Alter the environment to provide comfort (e.g., decrease lighting and noise).
- Treatment of pain in current or former substance abusers should be as proactive and comprehensive as for those without a history of substance abuse. As with all other patients in pain, the risks, benefits and alternatives to the selected treatment must be considered.
- Be aware of the psychological state of the patient. If anxiety, depression or uncontrolled pain/suffering persist after appropriate analgesia and other interventions, a Psychiatric consultation may be useful.

**PAIN MANAGEMENT**



Contact:  
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 Pediatric Pain Management Service  
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Contact:  
**Betty Rosenbaum, NP**  
 Clinical Manager  
 Montefiore Pain Center  
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Montefiore respects and supports every patient's right to pain assessment and optimal pain management. We are committed to providing pain management through all phases of life to the people we care for. Pain management can improve the quality of life, enhance healing, promote a sense of wellness and can relieve suffering at the end of life. The patient's report of pain is accepted as the primary source for evaluation and treatment. If the patient cannot communicate it is understood that there are behaviors and/or underlying pathological conditions which are consistent with and indicative of the patient's pain and discomfort. It is further understood that families and significant others can provide useful information in assisting healthcare professionals in their assessment and management of pain.

The Pain Service and Pediatric Pain Service may be consulted when patient's pain is not adequately controlled. They can assist with establishing individualized pain management regimens.

**PAIN SERVICE CONTACTS**

**OUTPATIENT APPOINTMENT PHONE**  
 (Adult and Pediatric)  
 718-920-7246

**ADULT ACUTE PAIN PAGER**  
 917-218-6395

**ADULT CHRONIC PAIN PAGER**  
 917-424-6807

Pediatric Pain Pager can be located on the Paging Grid

The Palliative Care Service may be consulted when chronic pain has diminished the quality of life or the patient and/or families are feeling anxious from unrelieved suffering and help is needed in determining the goals of treatment.

Palliative Care may also provide emotional and/or spiritual counseling. For additional information, please refer to Policy P-15 Pain Assessment and Management found in the Patient Care Manual.

## FALL REDUCTION PROGRAM



Contact:  
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Administrative Nurse Manager  
Nursing Administration  
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Interdisciplinary health care team members are responsible for identifying patients at risk for falling upon hospital admission and throughout the continuum of care. If a patient is assessed as a risk for falls, individualized fall reduction/prevention interventions for identified risk factors will be initiated. Patients will be reassessed each shift for fall risk triggers and interventions modified as indicated.

The following interventions are put into place on all patients identified at risk:

- A yellow fall alert band will be placed on all patients who have been identified as at risk for fall.
- Nursing team members will perform environmental rounds every hour or more as appropriate for those patients at risk for falling.
- Fall prevention strategies and patient outcomes will be discussed during interdisciplinary team rounds.

Documentation:

- Fall prevention plan of care shall be reviewed and documented each shift.
- Patient/family fall prevention education will be documented in the patients' medical record.
- Communication of fall risk status to ancillary departments will occur via the ticket to ride form.

In the event of a patient fall, the patient is immediately assessed for injury and a post fall assessment will be performed and documented. An occurrence report will be initiated.

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***Tip: Serious injuries related to a patient fall must be reported to Risk/Quality Management and the immediate supervisor within 24 hours of the occurrence to assess for required incident reporting to the NYS Department of Health and other Regulatory Agencies.***

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Data on falls is collected and reported in various nursing leadership and quality forums, including Montefiore Quality Council. For further information please refer to the Fall Reduction/Precautions Policy in the Patient Care Manual.

## RADIATION SAFETY (CLINICAL)



Contact:  
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Radiation Safety Officer  
Environmental Health and Safety  
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Clinical associates need to be aware of the radiation safety policies regarding their specific work assignments and should insist that they be followed carefully, both by themselves and by other healthcare professionals.

### External X-rays

Reasonable protection for staff will normally be maintained during x-ray procedures provided they:

- Do not permit themselves to be exposed to the direct beam.
- Remain at least 2m (6 ft.) from the x-ray beam whenever possible.
- Wear shielding when involved in an x-ray procedure.
- Wear lead apron and a dosimeter if needed to hold a patient during an x-ray exam. Avoid exposure to the primary x-ray beam. Hold patients only infrequently. Should not hold patients if pregnant.
- In areas where fluoroscopy is used (e.g., O.R., Cath Lab) all personnel who must remain inside the room during the fluoroscopic procedure are required to wear a radiation badge and a lead apron. The lead apron provides up to 90% protection from scatter radiation from the patient. In between procedures the fluoroscope is turned off and no ionizing radiation is being produced; at these times a lead apron is not necessary.

### Radioisotopes

#### *Nuclear Medicine*

Patients undergoing a nuclear medicine diagnostic study (e.g., bone scan, heart scan, gallbladder scan) receive a small amount of a radioactive material. Most of the radioactivity is dispersed in body fluids, the remainder going to the desired organ. Standard precautions provide sufficient protection from the radiopharmaceuticals used in Nuclear Medicine because of the short time in the body, pregnant nurses may care for these patients without restriction.

Radioiodine is used to treat patient with thyroid diseases. Most of these patients may be sent home with restrictions lasting a few days to two weeks. Occasionally a patient may be required to be hospitalized (e.g., no home care for a young child) for a few days. These patients will be confined to a private room and a yellow 'Caution Radiation' sign will be placed on the patient's door. Additional precautions include:

- Staff must wear radiation badge when caring for patient.
- Pregnant staff must not care for patient.
- Time and distance limits while in the room are posted on the door.
- Disposable utensils used for patient.
- No trash, sheets, etc. removed from room. Radiation safety will check all items before removing from the room.
- Use universal precautions when handling body fluids such as urine stained sheets.

Strontium 89 is administered I.V. to patients with intractable bone pain secondary to breast, lung, prostate, etc. cancer.

- Patients may be in semi-private room.
- Radiation badges are not needed.
- Pregnant staff should not care for these patients.
- Radiation exposure from urine is low.
- Use universal precautions when handling body fluids for one week.

#### Radiation Therapy

**Iodine 125 or Palladium 103 Implant**—a permanent interstitial implant which delivers a therapeutic dose of radiation therapy to accessible tumors.

#### Precautions:

- Patients may be placed in a semi-private room. Private room is not necessary.
- Radiation badges are not needed.
- Pregnant staff should not care for these patients.
- If there are any restrictions on the time or proximity of contact with the patient, the physics staff will provide information accordingly for each case. Otherwise it should be assumed that there are no restrictions.
- If a seed becomes dislodged while the patient is in the hospital, pick up the seed with a forceps and place it in a container, then leave the container in water. Notify Radiation Oncology Physics at ext. 920-4361 and Radiation Safety Office, extension 920-5012.
- There are no limitations on visitors. There is no contamination of body fluids.

**High Dose Rate Brachytherapy**—temporary implant that delivers a therapeutic dose of radiation to tumors. After treatment the patient is not radioactive.

## BLOOD TRANSFUSIONS



Contact:  
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### Patient Identification Prior to Transfusion

Patient and product identification must be verified precisely in order to prevent a transfusion error. At the point of transfusion administration, two registered nurses, or a registered nurse and a physician/RPA/NP must verify that

1. The patient's name and medical record number on the blood product ID tag (which is banded to the unit of blood) corresponds to the patient's wrist band, and
2. The unit # on the blood bag corresponds to the unit # on the blood product ID tag.

For barcode implemented units, first scan the patient's wristband, blood product bag and the blood product ID tag for proper identification. When all three match on the computer screen, you may proceed to document the chart word infusing. Except in emergent circumstances, CIS downtime, malfunction of equipment or a bad wristband all three scans are required prior to infusion.

### Procedure for Identification in Inpatient Areas

- At the patient's bedside 2 authorized staff members (provider "A" and "B") will perform patient and product identification checks.
- Provider "A" must read aloud the patients name and MR# on the patient identification band.
- At the same time, provider "B" confirms that the patient name and MR# on the blood product ID tag is identical to the information read by provider "A."
- Provider "B" further checks that the affixed label on the unit of blood has the same unit # and expiration date as that on the attached blood product ID tag.
- \*\*\*The providers then switch positions\*\*\*
- Provider "B" reads aloud the patient name and MR# off of the patient's identification band.
- Provider "A" confirms that the name and MR# on the blood product ID tag is identical to the information read aloud by provider "B."
- Provider "A" further checks that the affixed label on the unit of blood has the same unit # and expiration date as that on the attached blood product ID tag.
- After all information is confirmed and deemed correct, both providers must sign in the designated section of the blood product ID tag in order to verify that the identification checks were performed as outlined.
- For barcode implemented units, the patient's wristband, blood product and blood product ID tag,

are scanned. Except in emergent circumstances, CIS downtime, bad wristband or malfunction of equipment, wristband, unit of blood and blood product ID tag must be scanned. These three scans do not replace the need to validate the process above.

### Procedure for Identification in Outpatient Areas

In cases where patient identification cannot be verified via a wristband or badge, utilize an outpatient identification card (MR#) and date of birth following the above procedure.

- Assess the patient and record vital signs prior to transfusion and 15 minutes after the transfusion is initiated.
- If no signs of reactions appear within 30 minutes check patient every 30 minutes until the transfusion is completed.
- Take and record vital signs at the completion of the transfusion.
- Assess patient throughout transfusion for signs/symptoms of a transfusion reaction.
- Most often reaction will occur within first 15 minutes of transfusion

In addition to the risk of transmission of infectious diseases, circulatory overload, hemolytic, allergic, febrile and pyrogenic reactions, massive transfusions may also cause other complications such as:

- Coagulation disturbances
- Citrate intoxication
- Hyperkalemia
- Acid-base imbalance
- Loss of 2, 3 diphosphoglycerate
- Ammonia intoxication
- Hypothermia
- Circulatory overload
- Hypocalcaemia

The following signs and symptoms are indicative of a reaction and should be assessed.

Symptoms of Circulatory Overload:

- Distended neck veins
- Dyspnea
- Cough

Symptoms of Febrile Reaction:

- Sudden chilling and fever as indicated by temperature greater than or equal to 1.5 degrees Fahrenheit or 1 degree Celsius above pre-transfusion temperature.
- Headache
- Flushing
- Tachycardia

Symptoms of Hemolytic Reactions:

- Pain at IV site
- Severe headache
- Severe lumbar backache
- Hypotension
- Hematuria (red or black urine)
- Anxiety/restlessness

Symptoms of Allergic Reaction:

- Flushing
- Itching and rash
- Urticaria (Hives)
- Asthmatic wheezing

### What to Do if the Patient Has a Reaction

If any of the above occur, discontinue (clamp off) the blood and start a slow IV drip at the designated keep-vein-open (KVO) rate. Notify the doctor. If a hemolytic reaction is suspected, notify the Blood Bank and the Adult or Pediatric Hematology Departments at once. Monitor vital signs every 15 minutes as indicated by the severity and type of reaction. Immediately send a pink top and lavender top venous blood specimen together with the first voided urine, and all of the containers from the transfused units of blood or blood products to the Blood Bank. All samples must be labeled "post-transfusion" and include the date and exact time of collection. Closely monitor intake and output for evidence of oliguria or anuria.

Administer oxygen, epinephrine or other drugs as ordered. (Sponge bath or hypothermia blanket may be necessary.) Document in Progress Notes using the Data/Intervention/Response(DIR) or PIE format

- Date and time of reaction.
- Type and estimate of the amount of infused blood/blood products.
- Clinical signs of transfusion reaction in order of occurrence.
- Vital signs.
- Any treatment and patient's response to treatment.
- Any specimens sent to Blood Bank.

A copy of the blood product ID tag should be sent with the appropriate samples to Blood Bank. Original blood product ID tag is placed in medical record. If patient experiences a mild skin reaction (i.e., hives, itching) and no other associated symptoms or signs are present

- Stop transfusion and take vital signs.
- Notify physician.
- Administer antihistamines as ordered by physician.
- Restart transfusion when symptoms resolve, as indicated by physician.
- Document in progress note section of patient's chart using the DIR or PIE format.

The end.  
Please proceed to the test.

**QUESTIONS ABOUT THE ANNUAL REVIEW?**

Contact

**THE LEARNING NETWORK**

718-920-8787

[learningnetwork@montefiore.org](mailto:learningnetwork@montefiore.org)

**Montefiore**  
Learning Network

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