



**Annual Mandatory 2023  
(including Bloodborne Pathogens)  
- CHS Only**

**For Clinicians and Non-Clinicians**

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## **MISSION: WE BELIEVE IN YOU**

Not only did we choose you, but you chose us because a job is more than a place to work, it is your calling. Each one of us possesses the skills and values to carry out our Mission to those we serve.

It is the caring tradition of our founders that we express in our Mission: We are called to reveal the healing love of Jesus to all. As an associate of Catholic Health you have become a part of a long, rich history, co-responsible for the Mission, Vision, Values, and Heritage.

You, as a member of the Catholic Health team, are one of the most valuable resources we offer to our patients, residents, their families, and one another. You are the reason many people choose Catholic Health for their care. As a healing ministry, we continue to grow and evolve to meet the community's changing needs and to build a work environment full of hope for our associates. As we share in the loving ministry of Jesus as Healer, we are committed to sustaining and improving the health and spirit of individuals and communities.

**Our mission is the driving force behind all that we are and all that we do at Catholic Health.**

Like Jesus, who reached out in love and compassion to the sick and suffering of his day,

Catholic Health dedicates itself to delivering high-quality, compassionate, and affordable health services to all with special care given to those who are poor and disadvantaged.

**Our Mission: (Why we exist)**

**We are called to reveal the healing love of Jesus to all.**

**Our 2025 Vision: (What we are striving to do)**

**As your trusted partner, inspired by faith and committed to excellence, we lead the transformation of healthcare and create healthier communities.**

**Our Values: (What we believe in)**

**Reverence, Compassion, Integrity, Innovation, Community, Excellence**

### **SPIRITUAL CARE AND CHAPLAINCY SERVICES**

Catholic Health provides spiritual care services in all of its facilities including acute care, community based care, and home care. Chaplaincy and Specialized Counseling Services are available 24 hours a day, 7 days a week. Online mental health and well-being resources are available via CHS CredibleMind site: <https://chsbuffalo.crediblemind.com>.

### **ETHICS CONSULTATION/ETHICS COMMITTEE**

Ethics consultation is a process by which a team of interdisciplinary consultants provide help, upon request, for issues directly involving a patient or resident. Ethics consultation is an advisory service that offers non-binding recommendations. Patients, family members, and healthcare providers remain responsible for their own decisions. If you and your staff want to request an Ethics Consultation, please talk to your Mission leader.

Mission: <https://my.chsbuffalo.org/mission>

### **Mission Integration Charities of Choice and Foundations of Catholic Health**

Associates can make a one-time gift or set up an ongoing payroll deduction for one or more of the following charities: CH Helping Hands, FeedMore WNY, Global Health Ministry, and the United Way. To give to the Catholic Health Charities of Choice(s), please go to: <https://my.chsbuffalo.org/mission/charities-of-choice>.

The Foundations of Catholic Health help raise funds for the healthcare ministries of Catholic Health of Western New York. Funds raised help to create health communities, support leading edge clinical technology, attract top physician talent, and provide the latest in clinical education to our medical team members. To give to the Foundations of Catholic Health, please go to:  
<https://www.chsbuffalo.org/foundations/associate-giving-form>.

## **HEALTH LITERACY & CULTURAL COMPETENCE**

Health Literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.

“Cultural competence in healthcare describes the ability of systems to provide care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs.” Inequities in health systematically put groups of people who are already socially disadvantaged (i.e. based on income, gender, race, ethnicity, religion, body size, education level, etc.) at further disadvantage with respect to their health; health is essential to wellbeing and to overcoming other effects of social disadvantage.” Health inequities resulting in disparities in healthcare may be based on biases the healthcare provider/worker may have.

Build awareness of learning and listening about others, knowing we are all unique individuals and that we need to treat others the way “they” want to be treated, not how “we” want to be treated. In other words, listen objectively and consider situations from the “patient’s” perspective. When we are able to address biases we make great strides in reducing health inequities/disparities.

## **CORPORATE COMPLIANCE**

### **Corporate Compliance Program**

The CH Compliance Program aims to prevent, detect and resolve instances of conduct that do not conform to federal and state law, and private payer health care requirements as well as sound business policies. As health care associates we have obligations to understand the ethical, professional, and legal requirements of our roles.

An effective compliance program puts an organization in a position to function with integrity and do the right thing which ultimately provides better healthcare. Compliance is the responsibility of all Associates and they have a duty to uphold compliance measures and to report items of concern. Kimberly Whistler, Esq. (716-821-4471) is the Corporate Compliance & Privacy Officer with oversight responsibility for the compliance status and activities in all CH organizations.

It is our responsibility to maintain the highest standards with respect to our delivery of care and to conduct our business affairs with integrity, based on sound ethical and moral standards.

- We recognize our responsibility to treat the people we serve with the same standards of care,

regardless of payer source and in accordance with applicable rules, regulations and laws.

- We are intolerant of fraud, waste and abuse throughout the Catholic Health System and strive to always deliver medically necessary services in the most efficient and prudent manner.
- We also hold those we conduct business with to the same standards. An effective compliance program supports quality healthcare.

### **CH Code of Conduct**

In keeping with the mission and goals of CH, directors, officers, managers, associates, medical staff, house staff, contractors, volunteers, students and other agents are expected to comply with the following guidelines. This Code of Conduct does not replace sound ethical and professional judgment.

#### **1. Promote Ethical Business Conduct**

- Deal openly and honestly with fellow associates, customers, contractors, government entities and others.
- Maintain high standards of business and ethical conduct in accordance with the CH Mission, directives of the Catholic Church and applicable federal, state and local laws and regulations.
- Conduct business dealings with the best interests of CH in view.
- Document work related activities completely and accurately.

#### **2. Appropriately Use Resources**

- Use supplies and services in a manner that supports financial stability and positive environmental impact.

#### **3. Preserve Confidentiality**

- Preserve patient confidentiality within the requirements of the law.
- Maintain confidentiality of proprietary information.

#### **4. Avoid Conflicts of Interest**

- Disclose financial interests, vendor promotions, secondary employment and/or any other potential conflicts of interest.
- As requested, complete timely submission of the Conflict of Interest Disclosure Statement.

#### **5. Exhibit Catholic Health Behavioral Conduct**

- Act with integrity by exhibiting CH value based behaviors in work related activities.
- If applicable, follow ethical standards of respective professional organization.
- Uphold the Non-Retaliation Policy for those who report concerns in good faith.

#### **6. Uphold Legal and Regulatory Compliance**

- Adhere to both the spirit and letter of applicable federal, state and local laws and regulations.
- Refuse offers, solicitations and payments to induce referrals of the people we serve.
- Protect and retain records and documents as required by professional standards, governmental regulations, and organizational policies.

#### **7. Act Responsibly & Be Accountable**

- Accept mission aligned challenges as opportunities for improvement.
- Ensure appropriate corrective action is taken in a timely manner.
- Notify the appropriate person of instances of suspected non-compliance in a timely manner.

## **CONFLICT OF INTEREST**

All constituents have the responsibility to act in the best interest of the Catholic Health System and be fair in making business decisions. To maintain professional judgment, situations must be avoided that lead to actual or perceived conflicts of interest. A conflict of interest exists when an outside activity or relationship appears to influence a constituent's decision-making process. Conflicts of interest could arise in areas of:

- Secondary employment.
- Acceptance of gifts, payments or services, directly or indirectly, from patients, families, sponsors, or vendors to influence care, referrals or the Catholic Health System business decisions.
- Directing business to a company in which a constituent or his/her family has a financial interest.
- Owning or holding a financial interest in a company that is a vendor, contractor, or supplier of the Catholic Health System.
- Performing consultative services for a customer, vendor or supplier of the Catholic Health System.

Anything that you believe based on these definitions to be a potential conflict of interest, must be disclosed as the initial step to assuring an actual conflict of interest does not occur. Consult your department chair or Corporate Compliance [ComplianceOffice@chsbuffalo.org](mailto:ComplianceOffice@chsbuffalo.org) for clarification.

All constituents and others affiliated with the Catholic Health System sign an Affirmation Statement indicating their adherence to the Code of Conduct.

## **Ethical Decision Making is based upon the Code of Ethics, which is also part of the Standards of Conduct.**

We, in the Catholic Health System, are called on to promote the standards of integrity and ethics. Essentially this means that we say what we mean and do what we say we will do. We treat others as we expect to be treated, and demand the best of ourselves. We each represent the Catholic Health System and accept shared responsibility for our programs, actions, and decisions.

## **Section 1557: Protecting Individuals Against Discrimination**

Section 1557 of the Affordable Care Act (ACA) prohibits discrimination in healthcare programs or activities on the basis of race, color, national origin, sex, age, or disability. Health insurers, hospitals, clinics, and any other entities that receive federal funds are covered by this law.

If you have questions or concerns about protection from discrimination contact your HR department or the Compliance Office at [ComplianceOffice@chsbuffalo.org](mailto:ComplianceOffice@chsbuffalo.org).

## **GOVERNMENT AGENCIES AND POLICIES**

Rules, regulations and laws governing healthcare organizations are found within numerous government agencies. These agencies are continually on the lookout for non-compliance because billions of dollars are involved in healthcare, the fund is limited, and there is fear that there are multiple occurrences of deliberate fraud, waste and abuse.

## **The False Claims Act**

The Federal False Claims Act (FCA) is a law governing fraud, waste and abuse. The FCA makes it a crime for any person or organization to knowingly make a false record, file or submit a false claim with the government for payment. Under certain circumstances, an inaccurate Medicare, Medicaid, or VA claim could become a false claim. Examples of possible False Claims include someone knowingly billing Medicare for services that were not provided, were not ordered by a provider, or were provided at sub-standard quality. Violations of the Federal False Claims Act will result in severe penalties.

New York State has instituted a FCA that mirrors the federal False Claims Act. These penalties are higher than the federal penalties. Additional regulations in 2009 expanded the FCA by adding liability for improper retention of government overpayment, stating overpayments are to be returned within 60 days of discovery. Therefore, CH expects that our associates who are involved with submitting claims for provided services will only use true, complete and accurate information.

Under the False Claims Act, a person who knows a false claim was submitted for payment can file a lawsuit (Qui Tam action) in Federal Court on behalf of the government and, in some cases, receive a reward for bringing original information about a violation to the government's attention. The New York State False Claims Act allows a similar lawsuit in State court if a false claim is filed with the State for payment, such as under Medicaid.

CH is committed to helping all constituents resolve conflicts, questions or concerns that arise in the workplace. Likewise, constituents have the responsibility to raise concerns with appropriate CH personnel.

### **GOVERNMENT INVESTIGATIONS**

Government investigations are a fact of life in today's business environment. CH has procedures for cooperating in these complex matters. You may be approached at work or outside of work, by a person who claims to be an investigator, with an inquiry for CH related information, or you may be presented with a subpoena or written request for information. You are not obligated to respond to the inquiry until after you have spoken with your supervisor or the Chief Compliance Officer. If you have been approached by or have spoken with an investigator, you must report this to your supervisor or the Chief Compliance Officer. The Chief Compliance Officer will verify the investigator's credentials, determine the investigation's legitimacy, and assist you in following proper procedure for cooperating with the investigation.

### **REPORTING**

Combating fraud, abuse and waste can be achieved through ongoing reporting, auditing, process improvement, and continued monitoring of identified compliance risk areas.

One of the most important ways to ensure that everyone in Catholic Health lives out the Code of Conduct is to report questionable behaviors. All individuals associated with CH have an obligation to report, in good faith, concerns about actual or potential wrong-doing related to governmental rules, laws and regulations, organizational policies/procedures and the CH Code of Conduct.

Associates are not permitted to overlook such situations. CH has adopted an open door policy allowing associates to report a discrepancy/concern with assurance that it will be addressed at the appropriate level. We are firmly committed to a policy that encourages timely disclosure of such concerns.

Catholic Health supports a policy of non-retaliation/non-intimidation for reporting in good faith a compliance concern.

It is the responsibility of any individual who believes he or she has been subjected to any retribution or retaliation, or has knowledge or information of such actions, to bring this to the attention of Corporate Compliance. Patient complaints, privacy breaches, or questions: [ComplianceOffice@chsbuffalo.org](mailto:ComplianceOffice@chsbuffalo.org).

### **PENALTIES FOR NON-COMPLIANCE**

Government actions for non-compliance can include:

- Sanctions/Exclusion from participation in Medicare/Medicaid

- Fines \$\$\$
- Corporate Integrity Agreements (CIA)
- Incarceration – Jail time

### **Corporate Integrity Agreement**

A provider who allegedly commits Federal healthcare fraud may face exclusion, meaning they could be banned from billing Federal healthcare programs. Instead, the provider can choose to settle the case and may need to enter into a corporate integrity agreement or (“CIA”).

A CIA is an arrangement between the Office of the Inspector General of the Department of Health & Human Services (“OIG”) and the provider that outlines the requirements the provider must fulfill to continue participating in Federal healthcare programs ( Medicare and/or Medicaid). In October, 2017, Catholic Health’s Home & Community Based Care program agreed to enter into a 5 year corporate integrity agreement (“CIA”) as part of a settlement with the OIG and the Department of Justice (“DOJ”) in order to resolve allegations that we had violated the False Claims Act by submitting false Medicare claims. In addition to the CIA, Catholic Health agreed to pay six million dollars to the DOJ. The settlement was directly related to allegations of medically unnecessary services provided and inadequate documentation to support those services provided to residents of our skilled nursing facilities.

Terms of CIAs vary, determined by the facts of each case, but the agreements share some consistent elements. CIAs are an enforcement tool utilized by the OIG to improve the quality of healthcare and to promote compliance with healthcare regulations. The OIG believes, as does Catholic Health, that integrating compliance into the day-to-day business operations of an organization, allows us to operate more effectively and efficiently, ultimately providing better care to patients as well as building on a culture of compliance and integrity.

### **COMMITMENT**

Everyone plays a significant role in the success or failure of our compliance efforts. Through your participation in the CH Corporate Compliance Program, your actions set in place the standards of conduct, unify our compliance initiative within CH, and assist in providing quality care and services to those we serve throughout our community.

Do the right thing, and if you are uncertain...."Always Seek Knowledge" (A.S.K.). Act with integrity.

### **LIMITED ENGLISH PROFICIENCY**

Any limited English speaking or hard of hearing patient who presents at our facilities for care will have access to interpretive services 24 hours a day, 7 days a week. Language assistance will be offered at registration or at the beginning of the provision of services. Patients are informed that the service is provided free-of-charge.

All CH associates and providers that provide “medical information” discussed with a patient are required to document the communication assistance provided in the patient’s medical record. Hospital patients who are visually impaired should be offered enlarged print at pre-admission and for discharge planning. The Nursing Supervisor or patient representative is available if further assistance or information is needed.

M-Files Policy: [Communication Assistance for Patients and Patient Representatives \(Policy # CHS-CCP-121A\)](#)

## **HIPAA PRIVACY & SECURITY REGULATIONS**

The intent of the Health Insurance Portability Accountability Act (HIPAA) is to set standards and guarantee security and privacy to protect healthcare information. In 2009 additional regulatory modifications were added to patient privacy rights that required revisions to the patient Privacy Notice. The changes included mandatory investigations with risk assessments resulting in breach notification requirements, increased penalties for failure to adhere to HIPAA standards, and increased government enforcement. The law applies to all covered entities and business associates.

### **What is Protected**

Individually identifiable health information (Protected Health Information - PHI) must be protected. "Health Information" is any past, present and future information (oral or recorded) in any form or medium that is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school, university, or health care clearinghouse and includes payment information.

### **PHI Identifiers-Protected Health Information**

- Name
- E-mail and website addresses
- Social Security Numbers
- Telephone and fax numbers
- Account numbers
- Health plan beneficiary numbers
- Certificate/license numbers
- Full face photographic images
- Vehicle identifiers and serial numbers
- Medical Device numbers
- Geographic subdivisions smaller than a state
- Biometric identifiers (finger prints and voiceprints)
- All elements of dates directly relating to the individual's birth date, admission date, discharge date, date of death, and all ages over 89
- Any other unique identifying number, characteristic or code

### **Physical Safeguards for Maintaining Privacy of Information**

- Be aware of your surroundings, lower your voice.
- Be conscious of who is in the immediate area when discussing sensitive patient information
- Be careful when on the phone discussing patient information
- Secure your area when not attended
- Log off of computer screens containing PHI before leaving the area. If you are returning shortly use Ctrl/Alt/Delete then simply enter your password to return to the screen
- Close medical records when not in use and store them in a secure area
- Do not allow other associates to utilize your ID and computer password
- Do not leave papers with PHI in plain view
- Secure fax machines in areas away from public access
- Pick up faxed or printed PHI immediately and correctly identify and verify transmissions
- Destroy and dispose of documents containing PHI so that the information cannot be retrieved.
- Do NOT text PHI unless you know for certain the transmission is encrypted.
  - (Tiger Connect is encrypted)

- Use two identifiers when mailing or providing PHI to a patient
- Report immediately potential or actual HIPAA concerns.

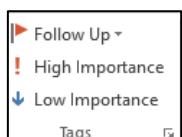
### Sending Emails with PHI Internally and Externally

All emails sent internally within CH are secure. Emails sent externally, outside the system, need to be encrypted.

### Sending Encrypted Email with PHI from Outlook

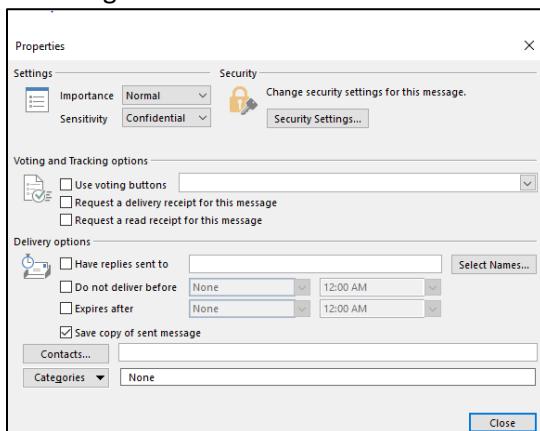
In the Menu click on Message

Then go to



Click on tag, the box below drops down. Click on Sensitivity for Confidential then hit close.

Then type in your message and send.



### Sending Encrypted Email from the Outlook Web App

Go to [wm.chsbuffalo.org](http://wm.chsbuffalo.org)

Click on +New Mail

Scroll over to the right until you see the three dots.

Click on the three dots and then the "show message options".

Under "Sensitivity" click on the arrow then click on "Confidential" then click on OK.

Complete your email and send.

### Unauthorized Accessing and Disclosure of Patient Information

An associate may access PHI that has been assigned and needed to carry out their duties. Accessing health information of family members, friends, co-workers, persons of public interest or any others that is not work related is a VIOLATION of HIPAA. Directly accessing your own personal medical records is also strictly prohibited.

Personal medical information should be accessed through the Patient Portal. Patient complaints, privacy breaches, or questions: [ComplianceOffice@chsbuffalo.org](mailto:ComplianceOffice@chsbuffalo.org)

### IDENTITY THEFT

- Identity theft is fraud committed or attempted by using identifying information of another person without that person's authority.

- Identifying information is a name or number that may be used to identify a specific person. For example: name, address, telephone number, social security number, date of birth, driver's license, or insurance number.
- Catholic Health has an "[Identity Theft Prevention and Detection Program \(Policy # CHS-LS-RSK-018\)](#)" policy that can be found on the M-Files Policy Search management system.
- Contact Risk Management when an occurrence of Identity Theft is suspected or reported.

## **SOCIAL MEDIA POSTINGS**

Catholic Health recognizes social media as an avenue for self-expression, however, associates must remember that they are personally responsible for the content they contribute and should use social media responsibly. Social Media includes, but is not limited to social networking sites such as Facebook, LinkedIn, Flickr, Twitter, personal websites, news forums, and chat rooms.

Refer to: [Social Media \(Policy # HR123\)](#) on M-Files Policy Search.

## **VIOLATIONS OF COMPLIANCE and/or PRIVACY POLICIES AND PROCEDURES MAY RESULT IN:**

- Termination of association with Catholic Health
- Monetary fines for Catholic Health and/or the individual
- Civil and criminal penalties (exclusion/sanction or incarceration) for the individual violator and/or Catholic Health

## **It is your duty to REPORT SUSPECTED CONCERNs**

### **Compliance Concerns**

- Your manager or higher level manager
- Compliance Hotline 1-888-200-5350 (available 24/7)
- [ComplianceOffice@chsbuffalo.org](mailto:ComplianceOffice@chsbuffalo.org)

### **IT Security Concerns (electronic devices, phones, email, texting, social media)**

- Security Office Hotline 862-2800 (available 24/7)
- IT HelpDesk 828-3600 (available 24/7)

### **HIPAA Privacy Concerns (verbal, paper, faxes)**

- Compliance Hotline 1-888-200-5350
- HIPAA hotline 862-1790
- [ComplianceOffice@chsbuffalo.org](mailto:ComplianceOffice@chsbuffalo.org)

## **RISK MANAGEMENT**

### **What is Risk Management?**

Risk Management is the systematic review of events that have caused harm or present a potential for harm and could result in loss for the hospital system.

### **OCCURRENCES**

#### **When should an associate complete an Occurrence Report?**

Situations that require an Occurrence Report are those that have the potential to or have already had an untoward effect on a patient, visitor or associate.

#### **What is the purpose of an Occurrence Report?**

- Enhance quality of patient care
- Assist in providing a safe environment
- Reduce potential liability exposure

#### **Sources of Occurrences:**

- Patients
- Visitors
- Security Reports
- Patient Complaints
- Equipment related (Safe Medical Device Act)

Occurrences can happen in any department. Any associate or physician who discovers, witnesses or to whom an occurrence is reported is responsible for documenting the event immediately via Occurrence Report. Any associate who requires assistance should contact his/her manager. It is important to document the facts only – who, what, when, where and why.

#### **DO NOT:**

- Document in the medical record that an “occurrence report” was completed
- Give your opinion in the medical record or on the occurrence report
- Make copies of an occurrence report

### **PATIENT COMPLAINTS**

Complaints are another opportunity for improvement. The patient bill of rights provides for the patient to bring concerns to our attention without fear of reprisal.

#### **What happens when a Complaint is filed?**

- When appropriate, an employee may handle a complaint on his/her own. Employees are empowered to resolve issues within the scope of their job (or report to manager). Employees are free to seek assistance if required. It is part of the quality improvement process to complete the form. DO NOT ask the complainant to fill out the form. Remember that they also have the right to take concerns to the Department of Health.
- A complaint may be referred to the Patient Representative

- A complaint may be referred to Risk Management

## RISK MANAGEMENT PROCESS

Patient and visitor safety are assessed from both clinical and environmental perspectives.

- Following an occurrence, assure patient/visitor safety, then complete Occurrence Report
- Notify Quality and Patient Safety Department of patient occurrences
- Notify Security of visitor or property occurrences
- Risk Management will be notified of occurrence and will investigate and collect information
- Risk Management participates on the team to evaluate the occurrence and help improve safety
- Risk Management reports events to insurance carriers in case of potential liability

## SYSTEM RISK MANAGEMENT OFFICE RESPONSIBILITIES

- Identify potential risk and collaborate in reduction of potentially compensable events throughout the system
- Manage claims and assist in the management of suits. Employees will be supported throughout the entire litigation process (interviews/deposition/trials)
- Respond to or assist in response to subpoenas or Summons with Complaints.

**Please Note:** The Administration Office of any facility is the only department authorized to accept Summons with Complaints. Administration, Health Information, Business Office, and Primary Care Centers are able to accept Subpoenas. Be cautious – service may come by mail. Carefully document the date and time of service as well as who accepted the documents.

**\*\*\*\* Notify Risk Management immediately upon receipt of a work related Summons or Subpoena. If you are uncertain about accepting documents, please contact Risk Management before accepting service.**

- Maintain insurance for the hospitals, long term care, and home care (including all employees)
- A system resource for medical-legal-risk concerns
- Provide Risk Management education programs

## EMTALA REGULATIONS

EMTALA is the Emergency Medical Treatment and Active Labor Act, a.k.a. COBRA. EMTALA provides a guideline for safely and appropriately transferring patients in accordance with Federal regulations. The law provides for a medical screening exam (MSE) to all individuals seeking emergency services on hospital property. Hospital property includes the driveway, parking lot, lobby, waiting rooms and areas within 250 yards of the facility. If an emergency medical condition is found, the patient will be stabilized within the hospital's ability to do so, prior to the patient's transfer or discharge. **\*\*\* Never suggest that a patient go elsewhere for treatment.**

# **HUMAN RESOURCES**

## Discrimination and Harassment

### **PURPOSE:**

Catholic Health's objective is to ensure individuals are treated with respect and dignity in addition to complying with Federal and State Laws prohibiting discrimination and harassment.

### **APPLIES TO:**

This policy applies to associates, medical staff, volunteers, vendors, and any other persons in contact with Catholic Health.

### **POLICY STATEMENT**

Catholic Health (CH) is committed to a work environment in which all individuals are treated with respect and dignity.

Each individual has the right to work in a professional atmosphere that promotes equal employment opportunities and prohibits discriminating practices including harassment. Therefore, CH expects that all relationships among persons at work will be business-like and free of bias, prejudice, or harassment. CH encourages all staff to report all perceived incidents of discrimination and harassment. CH will promptly investigate such reports and will take appropriate corrective action.

Any associate who is found violating this policy is subject to disciplinary action up to and including termination of employment.

### **EQUAL EMPLOYMENT OPPORTUNITY**

It is the policy of CH to ensure equal employment opportunity on the basis of race, color, religion, gender, sexual orientation, age, disability, marital status, veteran status, citizenship, or any other characteristic protected by law. CH prohibits any such discrimination.

In order to ensure equal opportunity in employment for individuals with disabilities, CH will provide reasonable accommodation to qualified applicants and employees with disabilities that are known or should have been known to CH, if such accommodations will enable them to perform the essential functions of their jobs, unless providing such accommodation would impose an undue hardship. Catholic Health also provides reasonable accommodation for other protected characteristics as required by law.

### **HARASSMENT**

It is the policy of CH that harassment is defined as offensive or intimidating conduct of a verbal or physical nature, which has the purpose or effect of unreasonably interfering with an associate's working condition or performance, creates a hostile, intimidating, or offensive work environment, or otherwise affects employment opportunities.

Bullying may include behaviors such as sabotaging work, having resources or information withheld, being excluded from conversations or activities at work, being accused of errors by co-workers, and being yelled or screamed at by co-workers. These offenses fall under our [Conduct Principle and Corrective Action \(Policy # HR011\)](#) and deal with creating conflict, unprofessional behavior toward co-workers, verbal abuse, interfering with the work of a co-worker, and spreading malicious rumors which are connected to bullying.

Sexual harassment is defined as any unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature.

1. Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
2. Submission to a rejection of such conduct by an individual is used as a basis for employment decisions affecting such individual;
3. 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.

All associates are accountable for their behavior and interactions whether they are engaging with a fellow associate or someone not directly connected with CHS (e.g. affiliated healthcare providers, patient, patient visitor, volunteer, vendor or consultant).

#### **HARASSMENT/DISCRIMINATION COMPLAINT PROCEDURE**

Any possible victim or observer of discrimination or harassment has an obligation to notify his or her supervisor, or the organization's respective Human Resources Director, and any other officer of the organization immediately.

Any person electing to utilize this process will be treated courteously, the problem handled swiftly and as confidentially feasible in the light of the need to take appropriate corrective action. Associates are strongly urged to utilize this process. The filing of malicious complaints is an abuse of this policy and is prohibited and will lead to corrective action.

Anyone who is found to have engaged in prohibited discrimination or harassment will be subject to appropriate disciplinary action which may include termination.

#### **RETALIATION**

No hardship, loss of benefit, or penalty may be imposed on an associate as punishment for filing or responding to a bona fide complaint of discrimination or harassment; appearing as a witness in the investigation of a complaint; or serving as an investigator.

M-Files Policy: [Discrimination and Harassment \(Policy # HR016\); Sexual Harassment \(Policy # HR016A\)](#)

## **BILL OF RIGHTS: PATIENTS, PARENTS, AND BREASTFEEDING MOTHERS**

Patients, parents, and breastfeeding mothers in New York State have certain rights and protections guaranteed by state and federal laws and regulations. These laws and regulations help ensure the quality and safety of their care. The Patient Bill of Rights provides for the patient to bring concerns to our attention without fear of reprisal.

#### **What happens when a Complaint is filed?**

- If the patient's concern cannot be handled immediately, the concern should be elevated to a member of the management team. Employees are empowered to resolve issues within the scope of their job (or report to a manager).
- Once a complaint is referred to the Patient Representative they will follow-up with patient and/or their representative.
- Patient complaints are tracked and trended for opportunities for improvement.
- Remember, patients and families have the right to take concerns to the Department of Health and

the Joint Commission.

M-Files Policy: [Patient Rights and Responsibilities \(Policy # MS-006\)](#)

## **HEALTH, SAFETY, AND ENVIRONMENT**

### **PREVENTION**

Prevention is the key to successful programs.

- Anticipate and recognize potential hazards (situational awareness).
- Evaluate the likelihood that the hazard may cause an injury or illness.
- Control the risk associated with the hazard Prevention is everyone's responsibility.

### **RESPONSIBILITIES**

**1. Associates have the greatest opportunity to anticipate and recognize hazards since they are exposed most often. They are responsible for:**

- Following all policies and procedures.
- Using the specific equipment the job calls for and using it properly.
- Wearing the required Personal Protective Equipment (PPE).
- Asking for assistance if you need help.
- Communicating with fellow associates when performing tasks together.
- Maintaining Situational Awareness –Thinking the task through prior to starting; pause a second to plan the job to eliminate potential hazards.
- Working cautiously- do not take chances.
- Obeying warnings/warning signs – they are posted for a reason.
- Asking your Manager/Person-in-Charge, when in doubt about a task.
- Understanding when special training or equipment may be needed.
- Reporting any unsafe act or condition immediately to your supervisor.
- Using good body mechanics in all activities.
- Using the safety devices that are available to you
- Maintaining safe practices by not blocking corridors, egress paths, exits, smoke/fire doors, fire alarm pull stations, fire extinguishers, eyewash stations, medical gas cutoff valves, or electrical panels.

Door wedges are prohibited.

**2. Managers or the Person in Charge are responsible for:**

- Ensuring that procedures and equipment relevant to their department's activities are available and implemented.
- Investigating all incidents (including completing the Incident Report Form (HR27)) and ensuring that the Incident Report Form is sent to Integrated Disability Management (IDM) within twenty-four (24) hours of the incident.

Completing department rounds to ensure the environment of care is safe for patients, visitors, and associates.

# **SAFETY MANAGEMENT PROGRAMS**

## **1. Associate Injury/Incident Program**

What do you do when you have an Incident?

- Assess your medical needs and determine if treatment is necessary.
- If needed, obtain medical attention from the nearest CH Emergency Department or your own provider.
- Report all incidents immediately to your Manager or Person-in-Charge. As soon as possible, or at the latest by the end of the shift, the associate should complete page one of an [Incident Report \(Policy # HRF 27\)](#); the Manager or Person-in-Charge should complete the Incident Investigation (back page of report) with the associate, and forward to the IDM department.

## **2. Electrical Safety Program**

Be aware of electrical hazards including shock, shorts, and fires.

- Immediately report defective equipment, tag it, take it out of service, and/or secure it.
- All electrical equipment, including personal items, must be inspected prior to use.
- Inspect the power cord and plug before each use. The ground prong should be intact and unbent. The power cord insulation should be unbroken and uniform throughout its length.
- Do not use equipment in the presence of liquids.
- Ensure electrical equipment has adequate space for ventilation. Never stack things on or behind electrical equipment that might interfere with proper ventilation of the device.
- Unplug electrical equipment by pulling on the plug not the cord.
- Three wire to two wire adaptors should never be used.
- Extension cords should only be used on a temporary basis and should be tested and approved by the Facilities & Engineering department.
- Report any electrical equipment related issues to your supervisor or Facilities & Engineering.

## **3. Lock-out /Tag-out (LOTO)**

A program designed to protect associates and contractors working on hazardous energy sources.

Never remove a lock or a tag.

## **4. Asbestos Program**

Designed to prevent associate exposure to asbestos in facilities with asbestos containing materials (ACM). Protection is ensured through a thorough ACM inventory, access control, labeling and education. All asbestos work is performed by licensed third party contractors.

## **5. Chemical Hygiene Program**

A written Chemical Hygiene Plan defines special protective measures for laboratory personnel and operations.

## **6. Ionizing Radiation Safety Program**

A written safety program run by the radiation safety officer, that defines special protective measures to keep exposures to ionizing radiation at levels that are As Low As Reasonably Achievable (ALARA). Operations usually covered include x-ray, nuclear medicine, and oncology.

## **7. Formaldehyde Exposure Control Program**

A written safety program that defines special protective measures for operations which use

Formaldehyde, describing processes for exposure monitoring, emergency procedures, work practices, and associate training (usually encountered in the labs).

## **8. Ergonomics**

Ergonomic (Musculoskeletal) injuries/disorders are injuries or disorders of the muscles, nerves, tendons, ligaments, joints, cartilage, and spinal discs generally caused or exacerbated by excessive repetition or overuse.

### **Ergonomic risk factors may include:**

- Awkward positions/posture
- Force
- Task duration
- Task frequency
- Vibration
- Mechanical stress
- Low temperature or other environmental stresses

### **Body Mechanics:**

Body Mechanics are the application of proper or natural body movement to daily activities, to prevent and correct problems associated with posture. Good body mechanics can significantly reduce the potential for ergonomic injury. Therefore, good body mechanics, in combination with proper lifting techniques and equipment, must be used when transferring or repositioning materials and patients.

### **Proper Lifting Techniques:**

- Bend knees (maintain low back curves)
- Maintain a wide base of support with feet while standing and lifting
- Keep patient close and use transfer/ gait belt
- Utilize appropriate safe patient handling and movement equipment for lift, transfers, and bed mobility, e.g. mechanical lifts, friction reducing sheets, transfer belts, etc.
- Plan your movements ahead of time. Replace quick/jerky movements with smooth ones
- Communicate all moves with your patient and assisting associate(s)
- Ask for assistance when appropriate
- Get as much help from the patient as possible and allow patient time to perform movements
- Pivot your feet, DO NOT twist your back
- Minimize reaching and bending

**\*Contact your supervisor if you would like to request an ergonomic assessment.**

## **9. Safe Patient Handling Program**

- Safe patient handling programs can reduce the risk of injury, protect patient dignity, improve quality of care, increase consumer satisfaction, and enhance caregiver morale
- Decrease patient pressure ulcers
- Decrease patient falls and injuries
- Decrease associate injuries

## **HAZARD COMMUNICATION/ASSOCIATE “RIGHT TO KNOW”**

CH facilities are supported by a written Hazard Communication Program. This program provides guidance on information gathering and communication with associates. It also addresses mandatory requirements for labeling hazardous materials, management of Safety Data Sheets (SDSs), and training.

### **1. OSHA Requirements**

- OSHA has adopted hazardous chemical labeling requirements bringing it into alignment with the United Nations' Globally Harmonized System of Classification and Labeling of Chemicals (GHS).
- These changes will help ensure improved quality and consistency in the classification and labeling of all chemicals and will also enhance worker comprehension.
- As a result, workers will have better information available on the safe handling and use of hazardous chemicals, thereby allowing them to avoid injuries and illnesses related to exposures to hazardous chemicals.
- The label will provide information to the workers on the specific hazardous chemical.
- Safety Data Sheets (SDSs) – previously known as Material Safety Data Sheets (MSDSs), must accompany hazardous chemicals.
- All hazardous chemical must be labeled with specified elements including pictograms, signal words, and hazard and precautionary statements.

There are six elements that need to be included on each label. They are as follows:

- Product/Chemical Identifier
- Supplier Identifier
- Hazard Pictogram(s) – standardized under GHS
- Signal Word – standardized under GHS
- Hazard Statement(s) – standardized under GHS
- Precautionary Information – Standardized under HCS



#### **Pictogram**

- “Pictogram” means a composition that may include a symbol plus other graphic elements, such as a border, background pattern, or color, that is intended to convey specific information about the hazards of a chemical.
- Nine pictograms are designated under this standard for application to a hazard category.



#### **Signal Word**

- “Signal word” means a 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” (most severe) and “warning” (less severe).

#### **Hazard Statement**

- “Hazard statement” means 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.

- Example: Fatal if swallowed (Acute Oral Toxicity)

### Precautionary Statement

- “Precautionary statement” means a phrase that describes recommended measures that should be taken to minimize or prevent adverse effects resulting from exposure to a hazardous chemical, or improper storage or handling.
- Example: Do not eat, drink, or smoke when using product
- The statements assigned to a chemical address the following four areas:
  - Prevention
  - Response
  - Storage
  - Disposal



## 2. Safety Data Sheets (SDSs)

The collection and maintenance of a Safety Data Sheet (SDS) file for the chemicals used or stored onsite is also required. This file is readily available to you through our MSDS Online service 24 hours-a-day. To access MSDS Online follow these steps:

- Locate a computer with Internet access.
- Access the CH Homepage
- Find “MSDS Online” within the application on the left side of the screen.
- If you are unable to find the SDS you need:
  - Contact your Supervisor
  - Contact the House Supervisor
  - Contact the Manufacturer (If phone # is available.)

## 3. Training

Before you begin to use a chemical, you must receive training on its specific hazards and proper conditions of use from your manager. Almost any product can become hazardous given the right circumstances. Therefore, it is important to understand the properties of the products used in your work area. The best sources of information are:

- The Label
- Your Manager or Person-in-Charge
- The Safety Data Sheet (SDS)
- Health, Safety and Environment Department

## 4. Disposal

Hazardous materials (chemicals) need to be disposed of in accordance with accepted CH practices to comply with applicable laws and regulations. At no time shall hazardous chemicals be disposed of down the drain. If you or your department does not know how to properly dispose of a hazardous material, contact the Health, Safety, and Environment Department.

## 5. Spills

If you encounter a hazardous material spill and you are trained in handling the material, attempt to contain the spill and then:

- Get away from the area
- and keep others away
- Follow the facility's procedure for a Hazardous Spill
- Notify the Person in Charge immediately

Associates are responsible for:

- Receiving proper training from your manager on any chemicals that you may use.
- Review the SDS prior to use and annually for all applicable chemicals.
- Ensure you are using the proper Personal Protective Equipment (PPE).
- Talk to your Manager or Person-in-Charge if you are unsure of procedures.
- When transferring chemicals to a secondary container, ensure that the containers are properly labeled including:
  1. The manufacturer's name and the chemical name
  2. Emergency contact information
  3. The associated physical and health hazards
  4. Date Opened/Expiration Date

## **EMERGENCY RESPONSE PROGRAM**

It is extremely difficult to anticipate all of the complications that an emergency will bring. For the hospital, this means we must always be in a state of readiness.

The Comprehensive Emergency Management Plan (CEMP) is designed to provide clear guidelines for a time when many unusual demands will be made on the hospital. Every associate shares the responsibility to keep the hospital functioning smoothly during a crisis.

**The CEMP can be located on the Catholic Health home page, click on Emergency Response on the left column or on the S Drive S:/Public/Emergency Response.**

- Emergency Response Plan Activation Levels (Prepare and Respond)
- Know where your Department Meeting Point sign is
- Be familiar with the General Emergency Response flip chart located in the department wall pocket
- Be familiar with the Department Emergency Operations Plan (DEOP) located in the wall pocket
- Be familiar with the Status Report (STATREP) located in the wall pocket, when to fill it out and deliver to the Hospital Command Center (HCC)
- Be familiar with your role and what actions to take when an emergency is announced

## **LIFE SAFETY PROGRAM**

### **Fire Safety System**

Should a fire start, our actions must be careful, deliberate, and planned. We are not charged with holding back the forces of the fire single-handedly. We must coordinate the many resources at our disposal. Our response is an integrated part of a larger fire control plan which includes:

- Early Detection: As soon as a fire begins emitting heat and smoke, our detection systems are designed to automatically alert us.

- Mobility: Our ability to transfer affected persons out of an area of danger is preserved through the maintenance of clear hallways and stairwells.
- Support: Through the use of our communication tools, extra hands can be summoned.
- Compartmentalization: Through the use of fire resistive construction (rooms, smoke compartments, floors, buildings and exits) we can effectively slow the growth of a fire simply by closing doors, buying valuable time. Know where your smoke and fire doors are located in your department.
- Mitigation: Oxygen and medical gas line shutoffs are located in every area.
- Horizontal Evacuation: Should a unit need to be evacuated, the process can be expedited quickly through the use of multiple fire zones on each level of our buildings.

### **RACE (FIRE Response)**

The RACE model has been specifically designed to take advantage of these features and prioritize your actions. In the event you identify a fire emergency follow this action plan:

<b>Rescue:</b>	Remove people from the immediate area of danger (if safe to do so) and close the door.
<b>Announce:</b>	Call out FIRE & Location when you discover a fire. Pull the closest fire alarm.
	Call the switchboard (or fire department) using the facility Emergency number 55555 (911) and state FIRE & Location.
<b>Confine:</b>	Contain the fire and smoke by closing all doors and windows.
<b>Evacuate:</b>	The unit or surrounding area if directed. Once the decision to evacuate is made, the last person in the area should shut off the medical gases.

### **Fire Extinguishers**

Our primary response to fire and smoke is isolation using the compartmentalization provided by our building structures, and horizontal evacuation. Should a condition arise where fire extinguisher use is deemed appropriate and you are not putting yourself in danger, follow the PASS technique.

<b>Pull</b>	the pin securing the handle
<b>Aim</b>	at the base of the fire
<b>Squeeze</b>	the handle
<b>Sweep</b>	side to side.

Note: Keep the exit at your back and stand 8 – 10 feet away from the fire when using a fire extinguisher. It is important to remember to keep the extinguisher upright, and to extinguish the fire completely to prevent re-ignition.

### **MEDICAL EQUIPMENT PROGRAM**

All medical equipment must be inspected by the Biomedical Engineering Department for electrical and operational safety before they are used or put into circulation. Do not use cheater plugs for any medical equipment. Do not use damaged, broken, or malfunctioning equipment. If you encounter damaged, broken, or malfunctioning equipment follow these steps to assure safe patient care.

- Immediately remove the equipment from use. This is a patient safety requirement.

- Ensure the patient is safe, replace equipment if needed.
- Quarantine the medical equipment and all associated supplies (tubes, leads, etc.)
- Place a “Defective Equipment” tag on the device.
- List descriptive information on the tag (What is the problem, what happened, etc.?).
- Complete an Occurrence Report if a failure or malfunction occurred during patient care.
- Call to have the equipment picked up by Biomedical Engineering.

## **UTILITY SYSTEMS SAFETY**

All major utility systems such as electric, water, heat, medical gas, elevators, ventilation, etc. are maintained by the Facility and Engineering Departments at each site. Communication utility systems (telephone & computer) are maintained by the Telecommunications and Information Systems Departments. Utility systems are periodically tested for functionality and/or placed on a preventive maintenance program to keep them in good working order. Utility system back-ups and contingency plans have been established because there is always the potential for a utility system failure. If you experience a utility failure emergency in your area call the switchboard using the facility emergency number 55555 or the Person in Charge, depending on your location.

## **SECURITY**

### **Associate Responsibilities:**

- Treat your identification badge as a key- when not in use, store in a secure location.
- If your identification badge is lost or stolen, immediately report it to your respective Human Resource Department.
- Understand and follow Catholic Health rules and regulations.
- Be alert for irregularities or suspicious activities. IF YOU SEE SOMETHING, SAY SOMETHING
- Wear your identification badge on upper half of chest.
- Watch others for and prevent tailgating and piggybacking off your own ID Badge access through secure doors.
- Associates are responsible for enforcing Catholic Health visitor rules.
- Safeguard your valuables.
- Park in designated associate parking areas and lock your vehicle.
- Read, understand and comply with the Security Policies.

### **Workplace Violence Prevention Measures:**

- Provide comfortable waiting areas for patients, residents, visitors and clients, etc.
- Keep customers informed regarding delays, changes.
- Address customers in a friendly manner, in person/on telephone.
- Empathize with a problem.
- Use pleasant/sympathetic tone of voice.
- Listen and be courteous.
- Maintain situational awareness: Be alert for inappropriate body language, verbal threats or escalating actions.

### **Actions to take if a situation escalates**

- a. Alert others to potential for danger
- b. Call 55555 from a landline or 911, depending on your location

- c. Try to move toward an escape route
- d. Keep eye contact
- e. Speak clearly
- f. Follow instructions
- g. Do not be a hero
- h. If able, stall for time

## **TAILGATING/PIGGYBACKING**

To better protect the safety and security of all those inside our buildings, we are reminding our associates, providers and volunteers not to allow anyone to enter our facilities using your ID badge. Your ID badge, your access only!

Opening a secure doorway or providing parking access using your ID badge to unauthorized individuals is not allowed. Commonly referred to as “Tailgating” or “Piggybacking,” these unsafe practices create exposures, which undermine secure processes and procedures intended to protect those we serve and each other.

“Tailgating” implies without consent (similar to a car tailgating another vehicle), while “Piggybacking” usually implies consent. Both are very common and serious breaches of security. One of the greatest issues with tailgating or piggybacking is the potential for harm to be done by someone whose presence is not known in our facilities.

## **ASSOCIATE HEALTH**

For the well-being of all patients/residents/clients, associates, providers and visitors, all associates and affiliates with suspected or proven communicable disease must be restricted from work.

Always use respiratory etiquette. Cover your cough, use tissues and wash your hands.

Generally, if you are sick do not come to work.

If you experience the following stay home and/or see your provider:

- If you have a fever > 100°
- Conjunctivitis (pink eye) return to work after 24 hrs. on antibiotics, unless not improved
- Strep Throat, return to work after 24 hrs. on antibiotics
- Upper respiratory infection (not a runny nose, allergies, etc.) with fever > 100°
- Diarrhea
- Symptoms of Chicken Pox, Measles or Mumps
- Other potentially communicable illnesses or conditions
- Shingles and Herpes Simplex, contact Associate Health for guidance

Check with your manager or Associate Health on conditions which may impact your ability to work.

If you become sick/ill while at work, it is your responsibility to notify your manager and determine if you need to seek medical attention.

### **Annual Health Assessment**

An annual health assessment is required on your original hire date unless you are a Merit associate, then it is required in February. Note: Failure to have your Annual Assessment may result in suspension.

### Influenza Vaccine

The vaccine is offered every year to associates typically beginning in October - November and is recommended yearly. Note: You may receive the FLU vaccine elsewhere. If you decline, you will need to sign a declination form and wear a mask in patient care areas during NYS declared flu season.

### Hepatitis B Vaccine

This vaccine is available through the Associate Health office to all staff who may have exposure to blood or body fluids.

### **OCCUPATIONAL SAFETY AND HEALTH ADMINISTRATION (OSHA) BLOODBORNE PATHOGEN ACT**

In 1991 OSHA developed the Occupational Exposure to Bloodborne Pathogen Act to protect health care professionals against the health hazards related to the more serious blood borne diseases, namely Acquired Immunodeficiency Syndrome (AIDS), Hepatitis B (HBV) and Hepatitis C (HCV). A copy of the OSHA standard 29 CFR 1910.1030 is available from Associate Health or on the Internet at [www.osha.gov](http://www.osha.gov).

**If you have any questions regarding the information in this training on Bloodborne Pathogens contact Associate Health at 716.447.6479 Monday thru Friday 7:30 AM – 3:30 PM. If outside this timeframe, the on-call LPN from Associate Health can be reached at 716. 572.7587. This resource is available to you 24/7.**

Healthcare facilities are required by OSHA to have a written exposure control plan for Bloodborne Pathogens. Catholic Health has a written plan for exposure to blood and other potentially infectious materials. The plan is located on M-Files. Be sure that you can locate the plan at your facility.

Bloodborne pathogens are microorganisms, which can transmit infection through direct or indirect contact with blood and some body fluids.

There are three bloodborne pathogens which are of special concern to the health care worker. They are:

- Hepatitis B (HBV)
- Hepatitis C (HCV)
- HIV (causes AIDS)

### **HEPATITIS B**

Hepatitis B is a virus that attacks the liver. It can be transmitted from infected blood and body fluid, items contaminated with infected blood, through sexual contact, and from mother to child during pregnancy & birth (if the mother is infected). The symptoms of hepatitis B include fatigue, poor appetite, stomach pain, fever, nausea, vomiting, and occasionally joint pain, hives, or rash. Urine may become darker in color, and then jaundice (a yellowing of the skin and whites of the eyes) may appear.

You can minimize the risks of developing Hepatitis B from an accidental exposure by receiving the Hepatitis B vaccine. If you have not received the vaccine, you can receive it at no cost to you through Associate Health.

### **Remember the vaccine is....**

- Synthetic (not a live vaccine)
- A series of three (3) shots at specific time intervals
- Always given in the deltoid (arm)

- You need all three doses to develop immunity!

If you have not received the vaccine call the Associate Health Office in your facility to make arrangements.

## **HEPATITIS C**

Hepatitis C is a virus that attacks the liver. It is primarily transmitted through infected blood. It is the number one reason for liver transplants in the U.S. About 85% of individuals who become infected stay infected. There is no vaccine available for preventing Hepatitis C.

Approximately 20 percent of persons exposed to the virus develop symptoms which may include jaundice (yellowing of the skin and whites of the eyes), fatigue, dark-colored urine, stomach pain, loss of appetite, and nausea. After the initial infection, 15-25 percent will recover and 75-85 percent will become chronically infected (lifelong infection). Approximately 70 percent of persons chronically infected will develop liver disease, sometimes decades after initial infection.

## **HIV**

HIV is a virus that causes AIDS. It affects the immune system directly. There is no vaccine and no cure. However with the advances in medical treatment individuals can live a long life with AIDS. Once someone is infected with the HIV virus he/she is infectious to others who have direct contact with blood, certain body fluids, or through sexual contact. The HIV virus is not transmitted through touching, feeding, or caring for HIV infected individuals; nor is it transmitted in all body fluids. Urine, stool, sputum, tears, and sweat have not been proven to transmit the virus (unless there is visible blood in these body fluids).

The first symptoms of HIV infection can resemble symptoms of common cold or flu viruses. Some people who contract HIV experience very strong symptoms, but others experience none at all. Those who do have symptoms generally experience fever, fatigue, and, often, rash. Other common symptoms can include headache, swollen lymph nodes, and sore throat. Because of the nonspecific symptoms associated with primary or acute HIV infection, symptoms are not a reliable way to diagnose HIV infection. All HIV related information is confidential. All HIV testing is voluntary and confidential. Education must be done with verbal consent for testing.

## **MEASURES TO MINIMIZE EXPOSURE RISK**

Regard all contact with blood, body fluid, mucous membrane, and non-intact skin as infectious. These are Standard Precautions. This applies to every patient, resident, client, etc.- every time.

Wear the correct Personal Protective Equipment to minimize that direct contact.

Types of Personnel Protective Equipment:

- Gloves: are worn whenever you have contact with blood, body fluid, non-intact skin or mucous membranes, or whenever you handle contaminated equipment. There are non-sterile, non-latex gloves available.
- Eye Protection & Masks: are worn whenever there is potential of splashing or spraying into your face, particularly eyes and mouth. There are fluid resistant masks and eye shields available. These items are single use and must be removed when leaving the patient care area. Single issue re-useable goggles are available in certain situations.
- Gowns: are worn when splashing or spraying onto your clothing is possible. There does not have to be a large volume of fluid anticipated to wear a gown. Be sure that you tie the neck at the back

to provide the best protection. These gowns are single use. Also, remember that scrub suits, lab coats or patient gowns do not provide any fluid resistance and are not considered protective.

Do Not Eat or Drink in any work area where blood or body fluid is located. This includes specimen storage areas, nurses' stations, housekeeping carts, lab work areas, or areas where contaminated equipment is kept.

Sharps are to be handled carefully. Do not bend or manipulate any sharp. Needles should be disposed of immediately after use in an appropriate sharps container. Be careful to pick up sharps that have dropped with a forceps, hemostats, or a mechanical device. If a sharp object is falling, allow it to fall. Do not try to grab it.

Sharps do not belong in the trash! Sharps containers must be changed when they are three quarters (3/4) full. Do not overfill sharps containers. Also be sure to use the right sharps container for the equipment. There are small sharps containers on IV start trays or blood draw trays. There are larger sharps containers in the patient care areas and there are very large containers on wheels that can be moved into an area where a large sharp is being used. The point is, you want the sharp to fit and not be sticking out the top. Make sure to only put the appropriate item into the container- do not put gauze, tape, EKG electrodes, plastic eating utensils, or gloves into these containers.

There are several devices that are designed to prevent injury by inactivating the needle after use or by utilizing a needle-less system. If your job requires blood draws or starting IV lines, be sure you know how to use these products. Be sure to use the safety feature of every device. All safety devices should be activated with your hand or finger behind the needle or blade. If you are responsible for obtaining specimens from a Foley catheter, be sure to use the needleless device and not a needle!

Remember these measures to prevent unnecessary percutaneous exposure:

- Proper equipment set up and disposal of angiocaths.
- Proper use of needlestick-prevention devices.
- Constant visualization and communication of sharps on the surgical field.

Preventing needlestick injuries is the best way to protect yourself from accidental exposure to potentially infectious material.

### **BLOOD SPILLS**

Remember to clean up blood spills promptly. Blood spill kits are available on clean supply carts on each unit. Clean with the disinfectant. Spray on and wipe up any gross soil then spray again and allow to dry. Always wear gloves. You may need to wear a gown and/or mask/eye shield if splashing in the face is anticipated. Dispose of everything in a red bag. This is regulated medical waste.

For large blood spills, initiate containment with paper towels and contact Environmental Services. Biohazard Labels indicates infectious material. Be aware.

If an exposure occurs (e.g. contaminated sharp, blood or body fluid splashed onto non-intact skin or mucous membranes) the following measures should be implemented:

- Wash area with soap and water. If mucous membrane exposure, flush with water only.
- Report to manager/person-in-charge and obtain packet (red folder)
- Call the Associate Health nurse during regular business hours
- Complete the Risk Assessment and Associate Incident. The Associate Health nurse can assist you.

- Report to the Emergency Department with the packet.
- Remind the Healthcare provider that this is a time sensitive issue. You want to take care of this as soon as possible after the injury – that means within 15-20 minutes you should be reporting to the Emergency Department. Do not wait.
- Follow up with Associate Health as soon as possible.

## **QUALITY AND PATIENT SAFETY**

At CH we believe that the patients' and associates' safety are our main concern. As a result we have focused our efforts to strengthen our Culture of Safety with the ultimate goal of eliminating medical errors to our patients and injuries to our associates. How? - **By raising our expectations of our Board, Leaders, Physicians, and Associates.**

Through education and implementation of proven tools that will help us all communicate better, help each other, and prevent harm to our patients and associates. Below are some proven tools that are currently being implemented to help us achieve our goals.

**Every Associate and Member of the Medical Staff is expected to practice “Pursuing Excellence Expectations for Patient Experience and Patient Safety”**

- Pay Attention To Detail
- Communicate Clearly and Directly & Perform Effective Handoffs
- Have a Questioning Attitude
- Work Together With Your Team
- Follow the Rules
- Interact Respectfully and Compassionately
- Demonstrate a Positive Attitude
- Demonstrate Accountability for your Actions

Every Associate will be held accountable through the evaluation process for how the expectations are being met.

### **1. PAY ATTENTION TO DETAIL**

**STAR – Stop, Think, Act, Review – when you are busy.**

This review only takes a few seconds and helps to make sure you have not missed a critical step.

**STOP:** Stop and concentrate on the task you will be doing

**THINK:** Think about what is the right thing to do

**ACT:** Perform the task

**REVIEW:** Review your actions to make sure everything was completed

- **STAR** is a tool to utilize when you are on auto-pilot and it is easy to forget a step without knowing
- **STAR** can be utilized when you are multi-tasking and do not want to make an error

### **2. COMMUNICATE CLEARLY AND DIRECTLY & PERFORM EFFECTIVE HANDOFFS**

Standardized communication: **SBAR**

The Joint Commission has reported that communication failure is the root cause of 65% of the 2,840 sentinel events to them.

**SBAR** stands for the following:

1. **S**ituation What is going on with the patient / situation?
2. **B**ackground What is the background or context?
3. **A**sessment What do I think the problem is?
4. **R**ecommendation What would I do to correct it?

**Keys to effective communication:**

- Information included in the hand-off should be clear, concise, accurate, and up-to-date
- The caregiver receiving the hand-off should have the opportunity to review relevant historical data contained in the patient's medical record
- Repeat back or read back should be used to verify the information received, as appropriate
- Interruptions during hands-off should be limited to minimize the possibility that information might be forgotten or simply not conveyed.
- Interactive communication should occur, allowing for clarifying questions between the giver and receiver of patient information
- Phonetic and numeric clarifications should be utilized when appropriate

**NOTE: SBAR hand-off forms should be utilized in the EMR.**

### 3. HAVE A QUESTIONING ATTITUDE

If something doesn't seem right, it probably isn't. Stop and ask a question.

- Invoked when team members' viewpoints don't coincide with that of the decision maker

Assert a corrective action in a *firm* and *respectful* manner

- Make an opening
- State the concern
- Offer a solution
- Obtain an agreement

#### ✓ **Speak up for Safety**

We all have a responsibility to say something when patient safety is at risk:

- Use a "**Gentle Nudge**"
- Get the person's attention utilizing their name (Example: Debbie)
- Relay the information expressing that YOU have a CONCERN (Example: I think the policy is to label bloods at the bedside.)
- Propose a solution (utilize words like check/verify). (Example: Debbie; can I get you the labels so you can verify the patient's name and DOB and label the tubes when they are drawn).
- Let the person know that YOU are UNCOMFORTABLE with the situation
- If the response to direct communication with the attending physician, nurse, and/or team members is inadequate to restore safety
- You have the authority to Stop the Process and get Management Involved.

- The appropriate member of management should be contacted. The chain of command should be followed.
- Escalate your concerns

#### 4. WORK TOGETHER WITH YOUR TEAM

We need to help each other. This means if you see someone not following a rule, you need to tell them, and if they tell you, you should thank them. Offer each other assistance. Put the patient first. Remember, if you do not directly care for patients, what you do impacts the care of our patient's.

#### 5. FOLLOW THE RULES

Know the policies and procedures that apply to your department and that impact your safety and the safety of our patients. Follow those policies. Examples include: Patient Identification, Invasive Procedure Protocol (Time-Out), Falls Prevention, Verbal Orders, Hand-Hygiene, etc.

#### 6. INTERACT RESPECTFULLY AND COMPASSIONATELY

Remember to make eye contact, say hello, and utilize a patient and/ or co-worker's name.

Put yourself in the place of the other person. Conversations are conducted in appropriate settings with discretion to protect confidentiality.

#### 7. DEMONSTRATE A POSITIVE ATTITUDE

Exceed the expectations of our patients and your co-workers. Attempt to directly influence others through your behavior. Do not engage in or listen to negativity or gossip. Stop the gossip rather than participate in it.

#### 8. DEMONSTRATE ACCOUNTABILITY FOR YOUR ACTIONS

It is everyone's responsibility to take action when you notice something that needs to be changed or improved. The action could include notification to management, notifying another department of a problem, completing an occurrence report, or cleaning up a spill. Do not wait until an error occurs or there is a patient complaint before something is said or done.

#### WHAT IS QUALITY IMPROVEMENT?

It is a focused approach to identify, evaluate and improve strategic clinical processes to realize our overall goals of improving patient safety and clinical outcomes.

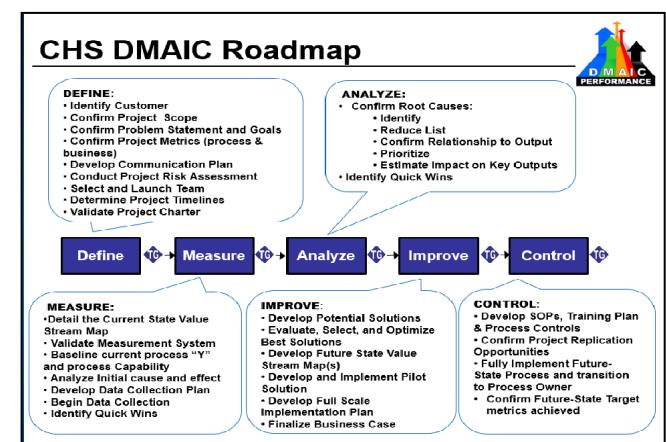
#### HOW DO WE MAKE IMPROVEMENTS?

##### Lean Six Sigma

#### REDUCING PATIENT FALLS

##### Prevention Program

- All patients entering our hospital, excluding newborns and infants, will be considered at risk for falls
- The level of risk will be determined by an assessment upon admission and may change based on patient conditions during the hospital stay.



## **Fall Risk Reduction Strategies:**

### **Never leave any patient alone on a commode**

- Yellow socks and a yellow blanket identify those patients who are at the highest risk for a fall throughout the System
- Utilize Bed and Chair Alarms as appropriate. These alarms are often indicated for patients who are unaware of their own limitations (will get out of bed without asking for help when told to ask for help).
- If a bed alarm is in use and the alarm needs to be turned off for any reason – “**FLIP THE FLAP**” – keep the flap of the alarm panel up until the alarm is turned back on.
- **Do not** leave a patient that you helped to the bathroom alone. NO PATIENT should be left alone on the commode. If you need to walk the patient to the bathroom, they should not be left alone.
- Make sure call lights and other personal items are within reach of the patient.

### **Use of Sitters (1:1) for High Risk Patients:**

- RN determines that a patient is at high risk for falls and may need a sitter
- If a sitter is needed, the nurse provides ongoing evaluation for the continued need for a sitter
- The assigned associate/sitter will remain continuously in the room and in close proximity to the patient being observed, including when the patient is in the bathroom
- A patient requiring a sitter **CANNOT be left alone**
- Any time a patient is out of bed, they are required to receive assistance with ambulation
- Any time the patient leaves the clinical unit, the charge nurse will determine the level of observation needed
- Sitters cannot leave the assignment until a replacement sitter has arrived
- Sitters should utilize the call system if they need supplies, relief, or a break

### **If a Patient Falls:**

- Patient must be assessed by a physician, NP, PA
- Attending Physician and Family must be notified
- Complete a POST FALL HUDDLE with your team utilizing the occurrence report, this is a chance to identify opportunities for improvements.
- The fall must be documented in the medical record – If the patient is an in-patient utilize the post fall documentation in the EMR
- Complete a **new** fall risk assessment
- If patient is on anticoagulation and hit their head or you are unable to determine if they hit their head during a fall, the provider should assess the patient’s potential need for a CT of the head and neuro checks.

## **RESTRAINT USE**

**The Catholic System is committed to reducing restraint use for patients.**

### **What is a Restraint?**

- Any manual method that immobilizes or reduces the ability of the patient to move his or her arms, legs, body or head freely
- There are two types of restraints: The type of restraint is not specific to the setting the patient is in, but to the situation the restraint is being used to address:
  - Acute medical/surgical restraints (**nonviolent or non-self-destructive**) - which include airway maintenance – Utilized to protect the patient’s safety in medical circumstances. Examples include pulling at lines and endotracheal tubes
  - Behavior management (**violent or self-destructive behavior**) restraint/seclusion.

**Catholic Health's approach to restraints is:**

- One that protects the patient's health and safety
- Preserves the patient's rights and well-being

**Restraint use reduction:**

- Alternatives must be attempted
- Least restrictive method must be utilized
- Physician must order and must reorder daily Acute medical/surgical restraints (**nonviolent or non-self-destructive**)
- Behavior management (**violent or self-destructive behavior**) – require a **face to face** evaluation within 1 hour of the initiation of the restraint.
- Patient must be monitored on a routine basis
- Documentation must support and include patient's response and rationale for continued use
- CMS requires reporting/ tracking of all deaths while a patient is in restraints or within 24hrs after removal of a restraint. The QPS department is responsible to report/track. Patient care services is responsible for notifying the QPS department.
- Mitts are not considered a restraint. A provider order is not required. The patient is free to move their hand. If a restraint is used in combination this would be a restraint.
- If restraints are discontinued based on patient assessment, a NEW order is required to place the patient back in restraints. If restraints are removed as a trial a NEW order is also required to place the patient back in restraints.

**Negative Effects of Restraint Use:**

- Death
- More serious injuries from falls
- Injury from entrapment
- Prolonged hospitalization
- Skin breakdown
- Depression

Restraints can be DANGEROUS!! Use as a last resort! If you need to apply restraints and have not been trained or have any concerns on how to apply a restraint, always ask prior to using.

**What about Siderails?**

Joint Commission Sentinel Event Alert: "Both split and full rails have the potential to cause injuries as well as entrapment..." Catholic Health supports limited side rail use to no more than 2 whenever possible. The use of 4 siderails is considered a restraint.

**PATIENT IDENTIFICATION**

**Patient identity should be verified:**

- Prior to starting any procedure including blood draws.
- Prior to medication administration.
- Prior to performing an assessment.
- Prior to transport off a unit/department.
- Upon arriving to unit/department.

- When obtaining a consent.
- Whenever an arm band is placed on a patient.
- When documenting in the medical record including but not limited to placing orders, documenting notes or placing documents into the record.
- Prior to administration of a blood product.
- Feeding of breast milk.
- Delivery of patient meals.
- Any clinical interaction with a patient.

## **Process for Patient Identification:**

- Patient Identification requires two unique identifiers which are: Date of Birth and Patient Name as found on the Patient ID band
- The information on the ID band will be compared to another source of documentation (i.e.: MAR, blood product label, transport slip, outpatient registration slip).
- Whenever possible the patient should be involved and requested to state information which is compared to another source.
- The use of bar-coding technology to verify patient identification does not exclude involving the patient; whenever possible the patient should be involved in the process.
- When using the EMR, always verify patient identification to ensure you are entering information into the correct medical record.
- **ROOM NUMBER SHOULD NEVER BE UTILIZED AS A PATIENT IDENTIFIER.**

**NOTE:** In the Newborn Nursery/NICU:

Newborns should be identified utilizing the mother's name and medical record number.

Example: Mom's name: ELIZABETH SMITH

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

First Baby: ELIZGIRLA SMITH

Once the baby's name has been determined the mother's name can be replaced with the baby's given name.

### **“Time Out” Immediately before starting procedure**

The “time-out” includes the following:

- Correct patient confirmed by team
- Agreement by team on procedure to be performed
- Correct side/ site marked - agreement on site/side by team
- Correct patient position
- Equipment/implants appropriately prepared
- Prophylactic Antibiotics started within 60 minutes prior to incision (exception - 2 hrs. Vancomycin; if > 60 minutes or 2 hrs., re-dose, then proceed)
- Confirmation of Images
- Safety Concerns Addressed

The process needs to be completed for **ALL** procedures requiring **CONSENT**

- This form is utilized for all time-outs whether in the OR at the Bedside. The RN or Clinical Person responsible for the procedure should lead the “time-out.”

**Note:** If a central line is inserted at the bedside complete the additional checklist on the back of the form. This is the Central Line Insertion Bundle.

## **CRITICAL VALUES**

### **What is a critical value?**

- A critical value is a test result that, when action is not taken immediately, can cause patient harm

### **What are examples of a critical values?**

- Radiology Results
- New Pneumothorax
- Intra- Cranial Bleeds
- Retained Foreign Body
- Cardiology Results
- Acute MI on EKG
- Echo that notes Aortic Dissection
- Lab Results
- Positive Blood Culture
- White Blood Cell Count > 50
- Potassium  $\geq$  7
- Lactic Acid > 2

### **Who needs to be notified of the critical value?**

- The Physician/Provider ALWAYS needs to be notified/ aware within 60 minutes:
- The person who obtains the result is responsible for notifying a RN on the nursing unit for in-patients or the physician for out - patients
- The RN on the nursing unit is responsible to call the physician.
- The Physician needs to return the call within a reasonable time, generally not to exceed 60 minutes.

### **What should be documented?**

- Document the time that you called the provider or nursing unit.
- Document the time the provider returned the call.
- Document the conversation and/or orders received

### **What should you do if the provider does not call back?**

- When the provider does not return the call, follow the chain of command (Notify your Supervisor – who can notify the Department Chair of that physician)
- A Rapid Response Team can always be called if the patient requires immediate care
- Report the delay of care on an occurrence report

### **What if you feel the value is not addressed?**

- There is the Speak up for Safety policy
- First offer your suggestion to the provider, if this is ignored get your supervisor/ manager involved

## **ANTICOAGULATION SAFETY**

Anticoagulants, such as Unfractionated Heparin, Low Molecular Heparins, and Warfarin are considered high risk drugs. What can be done to reduce or prevent these adverse events related to these medications?

- Provide your patient education – all patients receiving anticoagulation should receive education regarding the medication they are receiving. This education should be documented in the medical record.
- Ensure your patient is properly monitored – patients receiving anticoagulation need to be carefully monitored. The medical staff, pharmacy, nursing, and the lab need to work together to ensure this is accomplished according to policy.
- Medications need to be administered carefully – IV heparin always needs to be administered via an IV pump; it should not be free flowing. Utilize the Guardrails on the IV pumps. Medication doses should be carefully checked, careful attention should be paid to detail to ensure errors are not made with look-alike sound-alike medications. The Heparin protocol should be utilized for IV Heparin orders. Changes in IV Heparin rate requires a 2 RN check.
- Patients receiving anticoagulants tend to bleed for longer periods of time, so this may require additional time holding a site following a blood draw. If a patient on an anticoagulant experiences a fall, they are at greater risk for a serious injury. Additional monitoring is often required.
- Patients taking Coumadin need to watch their intake of vitamin K – green leafy vegetables are a high source of vitamin K.

## **MEDICATION RECONCILIATION**

### **Medication Reconciliation is required on Admission**

- Obtain an accurate list of medications the patient is taking prior to admission. This information is recorded in the EMR for all in-patients and emergency room patients. Certain out-patient procedures require that a medication list is obtained (examples: CT Scans, GI procedures, OP surgeries).
- For all in-patient/ observations admissions, the physician is responsible for ensuring that patient's home medications are addressed on admission. This is accomplished within the EMR.
- If a patient reports they are not receiving a home medication, communicate this to the physician.

### **During the Hospital Stay:**

- If medications are administered via MAK or BMV, verify orders by comparing the new order in MAK/ BMV to the physician order
- Reconcile meds at time of transfer
  - From unit to unit by insuring all new orders have been taken off
  - Post procedure by obtaining reorders for medications

### **At Discharge:**

- The patient must be given a complete list of medications they are to take at discharge (includes nursing home patients) – the list should be reviewed with the patient and/or family.
- The physician can reconcile medications within the EMR and the patient can be provided an electronic list at discharge.
- Out – patients always need clear instructions with regards to any changes in medications.

## **RAPID RESPONSE TEAM (RRT)**

The goal of the RRT is to:

- Identify any problems early on and prevent complications by treating problems before they become life threatening.
- Prevent “Failure to Rescue”
- Decrease hospital mortality and morbidity

### **When to call the RRT:**

- Acute change in vital signs
- Acute drop in blood oxygen level
- Altered mental function
- Acute respiratory distress
- Any staff member concern about the patient

## To call the RRT Dial 55555

### NOT TO USE ABBREVIATIONS

These abbreviations should never be utilized anywhere in the medical record. If a “Not to Use Abbreviation” is utilized, it should be clarified before action is taken.

Abbreviation/ Dose Expression	Intended Meaning	Misinterpretation	Correction
U or u	Unit	Mistaken as a zero (0) e.g. 4U seen as “40”	“Unit” has no acceptable abbreviation. Use “unit”.
IU	International unit	Mistaken as IV (intravenous) or 10 (ten)	Use “units”
Trailing zero after decimal point (1.0 mg)	1 mg	Mistaken as 10 mg if the decimal point is not seen	Do not use trailing zeroes for doses expressed in whole numbers
No leading zero before a decimal dose (.5 mg)	0.5 mg	Mistaken as 5 mg if the decimal point is not seen	Always use zero before a decimal when the dose is less than a whole unit
MgSO4	Magnesium sulfate	Mistaken as morphine sulfate	Spell out “magnesium sulfate”
MSO4, MS,	Morphine sulfate	Mistaken as magnesium sulfate	Spell out “morphine sulfate”
qd, QD, q.d.	Every day	Mistaken as q.i.d.	Use “daily”
qod, QOD, q.o.d.	Every other day	Mistaken as q.d. (daily) or q.i.d. (four times daily)	Use “every other day”

### PRESSURE ULCER PREVENTION

#### How to Prevent Pressure Ulcers:

- Position the patient off of bony prominences
- Turn and reposition every two hours
- Suspend (Float) the Heels
- Use pillows and wedges to position the patient

- Keep the patient dry
- Manage the patient's nutritional status
  - Assist with meals and drinks
  - Document amount patient eats and drinks
  - Let the Nurse know if patient doesn't eat or has trouble eating
- Provide patient and family education
- Clear documentation of skin status on admission is essential.
  - Document any pressure ulcer that may be present on admission.
- Complete a full assessment of the patient's skin on admission, which includes a 4 eyes assessment
- Measure the pressure ulcer and document weekly.
- Use the pressure ulcer documentation in the EMR to document assessment of the ulcer
- Assess the patient daily for risk of equipment related injuries. Example - oxygen tubing causing pressure injury behind the ears.
- Utilize prophylactic Allevyn on high risk patients. Examples: Critical care, surgical cases greater than 3 hours
- Complete the Braden Skin Assessment and Implement appropriate interventions

#### **ALARM SAFETY**

- Follow established policy guidelines for alarm settings on alarm-equipped medical devices.
- Follow established policy guidelines for tailoring alarm settings and limits for individual patients.
- Respond to patient alarms in a timely manner and evaluate patient for change in condition.
- Never completely turn off a patient alarm
- Assure the volume on alarms is audible to staff at all times.

#### **SCREENING FOR ABUSE, NEGLECT, or MALTREATMENT**

- The purpose is to provide consistent and appropriate screening, identification, and management of patients who are victims of child abuse, adult/elder abuse, or domestic violence.
- It is the policy of the Catholic Health System to provide patients with an environment which is free from neglect and abuse.
- All patients seen in the emergency room, admitted to the hospital in an observation or inpatient status are screened for potential abuse, neglect, or maltreatment as part of a nursing assessment.
- Screening questions include but are not limited to: Do you feel safe at home? Is anyone hitting, hurting, or causing you fear?
- When a patient in an outpatient or ancillary departments is identified as having been a potential and/or actual victim of abuse, neglect, or maltreatment, the department manager and/or nursing supervisor will assist with further evaluation and management of the patient.
- When a patient in the emergency room, or admitted to the hospital in an observation or inpatient status is identified as having been a potential and/ or actual victim of abuse, the patient will be evaluated and managed by the physician and members of the interdisciplinary care team as appropriate.

#### **Pain Assessment**

- Assess patients for patient on admission.
- When patients have pain, assess a pain level using the appropriate scale. Also discuss with the patient what their pain relief goal is. Examples include comfort when sitting, being able to participate in therapy, etc.
- Reassess pain following an intervention. Determine whether the pain goal has been met.

- Understand the medications prescribed for your patient. Opioids have an inherent risk of suppressing respiratory drive - monitor your patient. Appropriate monitoring can include continuous oximetry, end tidal CO<sub>2</sub>, and use of sedation scales.
- Work with the medical staff to provide the patient sufficient medication to relieve the pain without over-medication the patient.

### **Suicide Assessment and Prevention**

- Patients are assessed for risk of suicide in the ED and on admission.
- Attempted suicides and patients determined to be at risk are placed in suicide precautions.
- Suicide Prevention Kits are available to assist with implementing suicide precautions.
- It is important to maintain DIRECT OBSERVATION of the patient in suicide precautions at all times. This patient **should never** be out of the direct observer's line of vision and should remain within arm's reach.

### **Medication Room Security**

Security of medications is an important component of Catholic Health's Medication and Patient Safety strategy. Our hospital policies and procedures related to medication storage are designed to promote patient care and safety, as well as to protect public health.

### **Policy Overview**

Catholic Health's hospital policies and procedures related to security of medication storage areas assure that:

- Medications are properly and safely stored throughout our facilities in a manner consistent with law and regulations
- Medications are secured so that unauthorized persons cannot obtain access to them
- Medications are available for administration to patients when needed

Throughout our Catholic Health hospitals, medications are stored in areas that are locked or otherwise secured. These include:

- Medication Rooms (Med Rooms)
- Automated dispensing cabinets (Pyxis machines)
- Supply carts containing stock IVs or other medications that have been approved for distribution through central supply

### **Medication Rooms**

Med Rooms are rooms or areas within patient care areas that are used to securely store medications. They are locked or otherwise secured to assure that only authorized personnel have access to them.

### **Medication Room Contents**

Medication Rooms contain medications intended for administration to patients. The medications may be housed in carts or medication drawers/cassettes, Pyxis Medstations, in return to Pharmacy bins located on the counter, or may even be on shelves or in a refrigerator within the Med Room.

Because Med Rooms are secure areas, they may also contain other patient care related items such as needles, syringes, and various patient care related equipment. These rooms must be cleaned and maintained on a regular basis. For all of these reasons and uses, it is up to Catholic Health to determine who is authorized to access Medication Rooms.

### **Access to Medication Rooms**

To promote patient safety and protect public health, access to Medication storage areas is limited to personnel

authorized by the hospital and/or Catholic Health. Through Catholic Health and/or individual hospital policy, access to medication rooms is restricted to:

- Nurses
- Pharmacists
- Pharmacy Technicians
- Nurse Aides/Assistants
- Facility Services
- Environmental Services
- Authorized contracted services such as sharps/waste management
- Other authorized personnel per specific hospital/Catholic Health policy

### **Medication Room Access Guidelines**

If you have been authorized for access to a Medication Room:

- You are authorized to perform only the task that you have been assigned and/or is within your job description. For example:
  1. If you are from Environmental Services, you are only authorized to perform cleaning and other Environmental Services related activities.
  2. If you are from Facility Services, you are authorized to perform only activities related to maintenance or other Facility Services related activities.
- You must not disclose, post, display, inscribe on walls, or otherwise convey or distribute any codes or keys to the locks that access Medication Rooms.
- You must not remove anything from a Medication Room other than the equipment you brought in to perform your assignment.
- You must not disturb medications that have been placed in bins, in drawers, or on counters in the Medication Room.

### **Reminder to Nurses regarding Medication Security**

- Controlled substances must never be left unsecured anywhere in the Medication Room. Depending on hospital policy, they must be:
  1. Returned to the Pyxis return bin if available
  2. Wasted with witness per policy
  3. Otherwise handled in a secure fashion in accordance with hospital policy
- Unused Medications – including High Risk Medications – must be handled appropriately in accordance with your hospital policy:
  1. Returned to the Pyxis return bin if available
  2. Placed in the RETURN TO PHARMACY bin if your hospital uses that mechanism for returning Medstations
  3. Unused medications should always be disposed of properly and must not be left on counters, shelves, or surfaces
- Pyxis Medstations are considered secure medication storage areas.
  1. In many instances throughout Catholic Health facilities, Pyxis Medstations may be located outside of the Medication Room proper.
  2. If you have unused medications, you must never leave them outside a Pyxis Medstation that

is not in a secure Medication Room

3. Unused medications must be secured within the Pyxis Return bin (if available) or taken to the RETURN TO PHARMACY bin located within a secure Medication Room.

### **Malignant Hyperthermia (MH)**

Clinical Signs of MH

- Specific
  - Muscle Rigidity
  - Increased CO<sub>2</sub> Production
  - Rhabdomyolysis
  - Marked Temperature Elevation
- Non-Specific
  - Tachycardia
  - Tachypnea
  - Acidosis (Respiratory/ Metabolic)
  - Hyperkalemia

Malignant Hyperthermia Carts are located in every Operating Room.

### **Occurrence Reporting and the GREAT CATCH Program**

- Reporting of Patient Safety Events is important to improving the care to our patients
- Events can be reported Electronically through the Patient & Visitor Event Reporting System
- All Events need to be reported whether they reached the patient or not
  - When should an associate complete an Occurrence Report?
- Situations that require an Occurrence Report are those that have the potential to or have already had an untoward effect on a patient, visitor or associate.
  - What is the purpose of an Occurrence Report?
- Enhance quality of patient care
- Assist in providing a safe environment
- Reduce potential liability exposure

Occurrences can happen in any department. Any associate or physician who discovers, witnesses or to whom an occurrence is reported is responsible for documenting the event immediately via Occurrence Report. Any associate who requires assistance should contact his/her manager. It is important to document the facts only – who, what, when, where and why.

#### **DO NOT:**

- Document in the medical record that an “occurrence report” was completed
- Give your opinion in the medical record or on the occurrence report
- Make copies of an occurrence report

#### Great Catch

- Events that are reported that prevent a serious event from occurring are considered a Great Catch. Each quarter, a Great Catch is recognized for the system. The ministries are also recognizing the great catches at their sites. Enter your Great Catch on the Associate Intranet by clicking *Patient and Visitor Event Reporting*.

## **SIGNIFICANT EVENTS & ROOT CAUSE ANALYSIS**

What are Significant Events and Root Cause Analysis?

Significant Events are a set of defined events that have caused, or have the potential to cause harm to a patient. Root Cause Analysis: A team of administration, medical staff, and associates that analyze a Significant Event to determine the Causes and find Solutions to prevent a future occurrence of a similar event. This includes events such as serious medication errors, falls with injury (fractures, subdural hematomas), burns, wrong invasive procedures, retained foreign bodies or equipment failure / misuse resulting in patient harm.

## **PATIENT EXPERIENCE**

### **A. Monthly a sample of patients are mailed a survey to complete.**

Sample Questions

- Overall Satisfaction
  - How would you rate this hospital overall on a scale of 0-10?
  - Willingness to Recommend
- Would you recommend this Hospital to your friends and family?
- Physical Comfort
  - Did you have help, if needed, getting to the bathroom?

### **B. Patient Experience Scoring:**

THE HIGHEST SCORE IS THE ONLY SCORE THAT IS “NOT” CONSIDERED A PROBLEM – i.e. Definitely Yes or “9 or 10”

- Specific questions help us understand the perceptions of our patients.
- Measures are compared to hospitals nationally
- The in-patient data is reported to the Public on the CMS (Centers for Medicare & Medicaid Services) website.
- **CH Goal: To provide the highest quality care that results in our patients rating us a 9 or 10 for overall satisfaction**

Improving the patient experience is the responsibility of every associate at Catholic Health. Whether you interact with patients or the associates that care for patients, what you do every day impacts the patient experience.

### **A. Involving the Patient and Family:**

- Encourage Patient & Family Involvement as Part of Patient Safety Strategy.
- Catholic Health believes in partnering with our patient and families to provide a safe environment:
  - Provide patients with education, ensure this education is in the patient’s primary language.
  - Include patient’s family/support person in the education.
  - Family/support person is encouraged to be with the person. CH visitor hours allow for the family/support person to stay with the patient.
  - If patient and/ or support person voices a potential safety concern – listen, investigate, and follow-up.
- Examples of involving the patient/ family include: use of whiteboards, bed-side report, discussions on

end-of life care, discharge education, etc.

## **JOINT COMMISSION**

Catholic Health fully endorses and supports the Joint Commission (JC) standards wherein **any employee who has concerns about the safety or quality of care provided in the hospital may report these concerns to the JC**. Furthermore, CH demonstrates its commitment by taking no disciplinary action against any associate who reports a safety or quality of care concern to the JC.

## **INFECTION CONTROL**

Infection Control (IC) performance improvement activities are intended to monitor, document, and improve the quality of Infection Control practice through ongoing surveillance.

Preventing infection is the responsibility of everyone working at Catholic Health. Infections can put everyone at risk. We know that infections can be prevented if everyone is committed to doing his/her part to prevent infections from developing and spreading.

### **Hand Hygiene**

One of the best ways to prevent the spread of infection is [Hand Hygiene \(Policy # IC 110\)](#)

**Hand hygiene** is the single most important measure to reduce the risks of transmitting micro-organisms from one person to another or from one site to another on the same patient. Hands should be washed between patient contacts (even when gloves are worn) and after contact with blood, body fluid, secretions, excretions and equipment contaminated by them.

### **Good Hand Hygiene Techniques:**

- **Traditional Hand Washing**
  - Use running water and soap. Remember to keep the water temperature comfortable.
  - 15-20 seconds is needed for effective Hand washing. Sing “Happy Birthday”!!
  - Apply friction to all surfaces.
  - Rinse and dry; turn off faucets with a paper towel.
  - **Must practice traditional hand washing with C diff infection patients & when hands are visibly soiled**
- **Waterless Hand Sanitizer**

Is available and is just as effective as soap and water in most circumstances. Waterless Hand sanitizer dispensers are conveniently located throughout the building. Waterless Hand sanitizer should NOT be used when your hands are visibly soiled because you need the mechanics of handwashing. Artificial fingernails of any sort are not to be worn if you work in any clinical setting.

### **Infection Control Plan (Policy # CHS IC 100)**

The infection control program conducts surveillance on key focus areas. In addition, there is a continuous monitoring for trends or clusters of illness in all settings. The goal is to prevent transmission of infection for our patients, staff, providers, visitors and anyone affiliated at our facilities.

### **Priority focus areas for patient safety in Infection Prevention include:**

- Ventilator Associated Events
- Catheter Associated Urinary Tract Infections
- Vascular access devices - IV, Central lines
- Clostridiooides difficile

- Surgical site infection prevention
- Multi-Drug resistant organisms – MRSA, VRE, ESBL, CRE

Prevention strategies are evidence based, and when used correctly and consistently, can prevent healthcare associated infections. Prevention measures are based on the Center for Disease Control, NYS Health Department and other regulatory agencies.

#### **Standard and Isolation Precautions ([Policy # IC 106](#) and [Policy # CHS IC 103](#))**

The purpose of isolation precautions is to **prevent the transmission of a communicable disease** by direct or indirect contact to patients, personnel, volunteers, visitors and others. *Standard precautions apply to all patients at all times.* Healthcare workers should avoid contamination of clothing and the transfer of microorganisms to other patients, surfaces and environments. Standard precautions are thought to be the most effective way to accomplish this and they protect against health care associated infections. Regardless of isolation status, reusable medical equipment & computers on wheels must be wiped down after use in a patient's room and hand hygiene must be performed.

The Isolation Precautions we practice are as follows: Contact, Droplet, Airborne, Enteric Contact & Enhanced. Follow the guidelines as listed in Policy # CHS IC 103 for each communicable disease.

#### **Antimicrobial Stewardship ([Policy # CHS IC 107](#))**

Antimicrobial Stewardship is defined as “coordinated interventions designed to improve and measure the appropriate use of [antibiotic] agents by **promoting the selection of the optimal [antibiotic] drug regimen including dosing, duration of therapy, and route of administration**”. Numerous studies have established antimicrobial stewardship as a safe and effective strategy to improve patient outcomes, reduce antimicrobial associated complications and reduce costs.

## **HEALTHCARE ASSISTANCE PROGRAM**

It is the policy of Catholic Health to ensure a socially accountable practice for expecting payment from all patients receiving care at one of our facilities. Patients served by Catholic Health are expected to pay for services provided based on non-medically necessary elective service rates, uninsured rates, rates negotiated by a third party payer or regulated by a governmental agency. The **Uninsured Expected Payment and Healthcare Assistance Policy** is specifically designed to address those patients who are uninsured or underinsured and require care from one of the facilities within Catholic Health.

The policy is divided into three distinct sections that grant different rights to patients based on the following Catholic Health ministries: Acute Care, Continuing Care, Home Healthcare.

M-Files Policy: [Uninsured Expected Payment and Healthcare Assistance Policy \(Policy # CHS-RMC-03\)](#).

## **BARIATRIC SENSITIVITY**

Obesity is a complex disease where there is an excess of total body fat and weight is 20% or more above normal body weight. Bariatric care is the appropriate terminology for care of the obese patient population.

Unfortunately, health care workers have been shown to have weight bias because it is thought that a lack of self-discipline and will power have caused this disease. When caring for people with obesity, ask yourself

the following:

- What assumptions do I make based only on a person's weight about their character, intelligence, success, and health status or lifestyle behaviors?
- Could my assumptions impact how I care for this person?
- Do I only look at their weight problem and not the other health problems they may have?

Challenge the weight bias in healthcare by leading by example and demonstrate sensitivity and compassion to our patients, residents, and visitors. Recognize that this individual is very aware of their weight problem and has probably tried to lose weight in the past. Acknowledge the difficulty this person may have with their health, activities of daily living and in their personal life. In addition, maintain their dignity by providing the right equipment, hospital gowns and privacy that will accommodate their size.

## **SUBSTANCE ABUSE DISORDERS**

Erie County-wide opiate overdoses have been increasing, may be related to the stress and isolation of the COVID pandemic. In addition to the current health crisis, there is a high level of Fentanyl in *any* street purchased substance. The use of Fentanyl has impacted the number of opiate overdoses significantly.

Many people suffering from opiate use disorder do not fit into the commonly perceived profiles of an "addict". Many individuals began their use of opiates in legitimate ways, often for the treatment of pain. As the legitimately prescribed pain medication become unavailable, the individual must seek alternate ways to manage their pain. Pain can be physical, emotional or spiritual. As with other chronic conditions, there are many predictors of who will become dependent. Family discord, trauma, limited social supports, and chronic pain may contribute the use of illicit substances. However, this disease impacts folks from every neighborhood, and every background.

Opioid drugs work by binding to opioid receptors in the brain, spinal cord, and other areas of the body. They reduce the sending of pain messages to the brain and reduce feelings of pain. Opioids are used to treat moderate to severe pain that may not respond well to other pain medications. Substance Use Disorder is a progressive, chronic and potentially fatal disease that impacts every life area. Mental, spiritual, physical, vocational, legal, and living conditions.

Prescription opioid analgesics now surpass marijuana as most commonly used drug for new initiates. Surprisingly for most individuals, their initial source is often family and friends. Patients that would benefit from substance use disorder may present initially with a variety of other symptoms, may be ashamed or embarrassed about their use.

### **How is Addiction/Dependency Diagnosed?**

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM), dependency is identified as a problematic pattern of substance use leading to clinically significant impairment or distress manifested by at least two of the following over a 12 month period:

- When the opiate/drug is taken longer and in larger amounts than intended
- When there is a persistent desire or unsuccessful efforts to cut down or control use
- When a great deal of time is spent on activities necessary to obtain the opiate/drug or use and/or recover from the effects of the substance uses a great deal of time/day

- Craving for the opiate not associated with pain
- When there is failure to fulfill major role obligations at home, work, or school
- When an individual continues to use despite persistent social problems caused by use
- When important social, occupational, or recreational activities are given up due to use
- Use of the opiate/drug in situations that are physically hazardous
- Continued use of the opiate/drug despite knowledge of harm
- Tolerance to a dose
- Withdrawal symptoms from decreasing or stopping the opiate/drug

### **Screening Pregnant Patients for Chemical Dependency and Drug Use**

There are several straightforward screening tools including the 4Ps:

- **Parents** (did either of your parents have a problem with drugs or alcohol)
- **Partner** (does your partner have a drug or alcohol problem)
- **Past** (Have you ever drank beer, wine, or liquor)
- **Pregnancy** - In the month(s) before you knew you were pregnant, how many cigarettes did you smoke? How many beers, how much alcohol did you drink?

### **Substance use Disorder in Pregnancy: Compassion without judgment**

When a pregnant woman using opioids gives birth to a baby, it is highly likely (but not 100%) that the baby will go through withdrawal. This is called Neonatal Abstinence Syndrome (NAS) or Neonatal Opioid Withdrawal (NOW). CH is an expert provider in care and support for moms impacted by opioids during pregnancy, during her delivery and we are working collaboratively with many agencies, grants and providers for even more support for moms and babies. Our updated toxicology policy (REF POLICY & PROCEDURE) reflects our intent for nursing, providers and the patient to communicate and huddle before any call to Child Protective Services is made. If the mom is an active recipient of medication assisted treatment, it is best practice to coordinate care with her MAT program. CPS should not be called for the opioid use alone if the mom is receiving treatment and care in a medication assisted treatment program.

Stopping opiates “cold turkey” while pregnant can cause miscarriage. Based on studies at this time, acute withdrawal from opioids during pregnancy should be avoided. It is preferable for the individual to be enrolled in a program to help the patient manage her disorder with a medication approved by the FDA to provide relief from cravings and withdrawal for mom and get her the treatment she needs. Use of an opioid agonist is called Medication Assisted Therapy (MAT). The MAT certified obstetricians and internists, NPs and counselors promote healthier lifestyle changes and enable a family to have the opportunity to focus on a healthy pregnancy and healthy baby. Nursing while receiving MAT is also recommended.

Neonatal Abstinence Syndrome should be anticipated but not expected in all cases. Patients should be educated about the possible issues with a baby born to a mom with a substance use disorder. Additionally, all pregnant moms in this situation would benefit from working with our prenatal care teams before delivery, getting a tour of the hospital, meeting the compassionate, non-judgmental nursing and care team that is delivering and caring for their baby so her family can be more comfortable with what is ahead.

## Why bring this to all CH Associates?

All of our WNY Community is at risk – substance use disorders impact everyone. It means all patients prescribed opiates who may become dependent or those identified as illicit substance users must be provided the opportunity to receive care. Any contact with an individual suffering from a substance use disorder should be treated with unconditional positive regard and compassion. Most individuals with this condition already feel shame and guilt, often hesitate to seek treatment or pre-natal care for fear of being stigmatized. Kindness helps all of our patients and each other. Please do not hesitate to call our STAR or Pathways programs if you have questions.

## **STROKE**

Catholic Health has accreditation from Joint Commission as a Primary Stroke Center at Kenmore Mercy Hospital and Mount St. Mary's Hospital. Buffalo Mercy Hospital is a Joint Commission accredited Advanced Comprehensive Stroke Center. A stroke can happen anytime, anywhere and everyone should know how to spot a stroke. We are committed to providing education to all associates, volunteers and vendors on how to recognize and react to the symptoms of stroke.

If you think someone is having a stroke anywhere in the hospital, activate a Rapid Response.

## BE FAST

how to spot a stroke

**B** Balance: Does the person have a sudden loss of balance or coordination? 

**E** Eyes: Is your loved one experiencing double vision or are they unable to see out of one eye? 

**F** Face: Is one side of the face drooping? Ask the person to smile. 

**A** Arms: Does one arm drift downward? Have the person raise both arms in the air. 

**S** Speech: Is he or she slurring their speech or having difficulty getting the word out right? Have the person repeat a simple phrase. 

**T** Time: Time to act! Call 911 and get the person to a certified stroke center immediately. 

If you have any warning signs, call 911  
**Go to nearest stroke center.**

Kenmore Mercy Hospital  
Mercy Hospital of Buffalo   Mount St. Mary's Hospital  
Sisters of Charity Hospital   Sisters Hospital, St. Joseph Campus  
Home & Community Based Care

