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# **HOSPITAL WIDE ANNUAL MANDATORY EDUCATION**

**For any questions please contact your immediate Supervisor or Human Resources**

**December 2019**



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# OUR MISSION

New York Community Hospital is committed to provide:

- High quality care
- Skilled and compassion care
- Reliable Service
- Safe and Healing Environment
- Individualized attention and care
- Courtesy, privacy and respect



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# OUR VISION

We see ourselves as a center for excellence in Cardiac, Pulmonary, Ophthalmology, and Orthopedic Medicine focusing on individualized attention and care.

New York Community Hospital and Maimonides Medical Center have joined to provide the highest level of specialty care for patients in the communities we serve.



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# PATIENT BILL OF RIGHTS

- A patient rights information packet (English, Russian and Spanish) is given to every patient at the point of entry.
- Information on Advance Directives (DNR, Health Care Proxy), Bill of Rights and Responsibilities, HIPAA Privacy Notice, Pain Management, Hospital safety tips, “Speak-up” program, access to the Ethics Committee and Guest Relations are included in the packet.
- Patient's rights posters are posted on every patient unit and in public areas.
- Consent to care is obtained from patients.

# PATIENT BILL OF RIGHTS

## WHEN A PATIENT IS ADMITTED

The Registration Clerk will **verify** the patient's identification. The clerk will place an identification wristband on the patient after verifying that the full name and medical record number match supporting documents, by using our two (2) patient identifiers, the patient's **Name and Medical Record Number**.

### **Upon admission, the patient is given a copy of:**

- Patients Bill of Rights & Responsibilities.
- A packet containing the patient's financial obligations.
- A copy of “Planning in Advance for your Medical Treatment” and “Appointing your Health Care Agent- New York state’s Proxy Law”.
- An Admitting clerk obtains **ADVANCE DIRECTIVE** information if available.



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# IDENTIFICATION OF SUSPECTED ABUSE AND NEGLECT

- All health care providers have a responsibility to identify and intervene in cases of suspected abuse or neglect.
- For suspected child abuse/maltreatment, it is a **mandate** that doctors, nurses, social workers and other health care providers **must report any and all suspicions of child abuse or neglect to Administration for Children Services at 1-800-342-3720** .



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# IDENTIFICATION OF SUSPECTED ABUSE AND NEGLECT

## TYPES OF ABUSE

Any patient identified or suspected of being a victim of abuse or neglect will be evaluated and referred to the appropriate agency.

**Any NYCH employee who becomes aware of a reportable incident must ensure that it is immediately reported to their supervisor**

**Emotional Abuse:** Mental or emotional injury to the person which results in an observable and material impairment of growth, development, or psychological functioning.

**Physical Abuse:** Physical injury which results in substantial harm to the person, or the genuine threat of substantial harm.

**Sexual Abuse:** Any unwanted sexual contact, sexual intercourse, sexual conduct, practiced in the presence of a child or adult.

**Domestic Violence: Child Abuse, Elder Abuse**



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# CHILD ABUSE, ELDER ABUSE, DOMESTIC VIOLENCE

**The following behaviors may be suggestive that abuse has occurred:**

- Inappropriate laughing
- Lack of eye contact (May be expressive of fear)
- Crying
- Sighing
- Minimizing statements, vague, flippant responses





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# IMPROVING ORGANIZATION PERFORMANCE (PI)

**The Joint Commission (JC) - sets standards to ensure quality patient care and monitors improving organization performance.**

## **IDEAL:**

- **IDENTIFY:** Identify a problem or area that needs improvement.
- **DATA:** Data Collection
- **EVALUATION:** Evaluate and examine the data.
- **ACTION:** Act on the information.
- **LOOK BACK:** Look at and analyze the results



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# RESTRAINTS

## **Restraint can be defined as:**

- A drug or medication used as a restriction to manage the patient's behavior, or restrict the patient's freedom of movement.
- Is not a standard treatment or standard medication for the patient's condition.
- "The least restrictive form of restraint will be used only after it has been determined that the patient is at risk for harm to himself or others, never for punishment, discipline or for the convenience of the staff."
- Restraints are utilized only as a ***last resort***.
- Restraints are the direct application of any physical or mechanical force to a patient, that restricts freedom of movement.
- Restraints are used to prevent patients from hurting themselves or others, or to prevent the patient from taking off needed medical equipment.
- A patient placed in restraints **must** have an evaluation by a physician and ***within 1 hour*** of the initiation of the restraint **must have a written physician order**.
- An evaluation of the patient and the physician's **order must be rewritten every 24 hours**.

***It is the goal of New York Community Hospital to reduce the usage of restraints.***





# WHEN IS RESTRAINT USE JUSTIFIED

- Restraints may be used in response to emergent, dangerous behavior.
- Restraint use is limited to those situations with adequate appropriate clinical justification while balancing patient safety, rights, dignity and well being.
- Restraints are devices or Medications that may only be used upon a physician's order and/or with an approved protocol.



# WHEN IS RESTRAINT USE JUSTIFIED

## NURSING RESPONSIBILITIES

- Follow the Hospital's Restraint Policy & Procedures.
- Obtain a physician's order prior to the use of restraints, or within 1 hour of applying restraints in an emergent situations.
- In an emergent situation, the physician must conduct a Face to Face evaluation within 1 hour of applying restraints.
- Make sure the restraints fit properly, and that they are applied in a manner in which they are designed.
- Continually reassess the Patient's behavior justifying the continued use of the restraint.
- Ensure an early/trial release whenever the patient's condition or behavior allows.
- Collaborate with the physician whenever the ongoing need for restraints is prolonged.



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# NATIONAL PATIENT SAFETY GOALS

## **GOAL 1:**

- Use at least two patient identifiers when providing care, treatment, and services: i.e.: Taking Blood Samples ; Administering Medications; Administering Blood and blood products. For Correct Patient Confirmation; Correct Procedures; Correct Site (if applicable) to the start of any surgical or invasive procedure.
- At NYCH, the two (2) identifiers utilized are the **Patient's Full Name** and **Medical Record Number**.
- All containers used for blood and other specimens must be labeled in the presence of the patient with patient's **Name & Medical Record Number**.

## **Eliminate transfusion errors related to patient misidentification:**

At NYCH, we use the following process before initiating a blood or blood component transfusion:

- Match the blood/blood component to the order
- Match the patient to the blood/blood component
- Use a bedside two-person verification process

## **GOAL 2:**

### **Report critical results of tests and diagnostic procedures on a timely basis:**

- At NYCH, there is a protocol for the identification and reporting of critical results of tests from the laboratory and other diagnostic areas to the health care practitioner.



## NATIONAL PATIENT SAFETY GOALS (continued)

### **GOAL 3:**

#### **Improve the safety of using medications - all medications, medication containers, and other solutions that are not immediately administered must be labeled:**

In the OR and other procedure areas both on and off the sterile field, label :

- All medications and solutions that are not immediately administered.
- All medications and solutions transferred from original container to another.
- Label includes: Name; Strength; Amount; Diluents Name and Volume ; Expiration Date if not used within 24 hours; Expiration Time when expiration occurs less than 24 hours.
- Two individuals verify all medications or solutions both verbally and visually.
- Label each medication as soon as it is prepared.
- Immediately discard any medications found unlabeled.
- Remove all labeled containers and discard at the end of the procedure.
- All medications, on and off the sterile field and labels are reviewed by all entering and exiting staff responsible for the meds.

#### **Reduce the likelihood of patient harm associated with the use of anticoagulant therapy:**

At NYCH, we follow the following patient safety practices:

- Use of oral unit dose products, prefilled syringes, and premixed infusion bags
- Use approved anticoagulant protocols



## NATIONAL PATIENT SAFETY GOALS (continued)

### **GOAL 3 continued:**

- Use only programmable ‘Smart Pumps’
- Utilize baseline and ongoing laboratory tests for monitoring
- Evaluate for potential food – drug interactions
- Provide patient and family education regarding anticoagulant therapy
- Evaluate anticoagulation safety practices, improve practices and measure effectiveness of those actions
- Assess baseline coagulation status before starting warfarin.

### **Medication Reconciliation**

- Obtain information on the medications the patient is currently taking and document.
- Define type of medication information to be collected.
- Compare the medication information the patient brought to the hospital with the medications ordered by the hospital and resolve discrepancies.
- Provide the patient / family with Written Information about medications patient should take home after discharge.
- Explain the importance of managing medication information when discharged.



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## NATIONAL PATIENT SAFETY GOALS (continued)

### **GOAL 6**

#### **Reduce the harm associated with clinical alarm systems**

- Alarm Priorities have been established.
- Identify the most important Alarm Signals
- Hospital Wide Procedures to be followed in force January 1, 2016.

### **GOAL 7**

#### **Reduce the risk of Healthcare-Associated Infections**

- Comply with the CDC or WHO “Hand Hygiene Guidelines”
- Implement evidence-based practices to prevent health care associated infections due to multidrug resistant organisms
- Implement evidence-based practices to prevent arterial line associated bloodstream infections.
- Implement evidence-based practices for preventing surgical site infections.
- Implement evidence-based practices to prevent indwelling catheter associated urinary tract infections (CAUTI)





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# NATIONAL PATIENT SAFETY GOALS (continued)

## **GOAL 15:**

### **Identification of Safety Risks Inherent to the Patient Population**

- Identify patients at risk for suicide
- Address immediate safety needs.
- Provides suicide prevention information at discharge.

### **Universal Protocol: To Prevent Wrong Site Surgery**

Process used to verify the correct procedure, for the correct patient, at the correct site

- Pre-procedure Verification
- Procedural Site is marked before the procedure
- Invoke patient and or family when possible
- Conduct a “Time Out” immediately before starting the procedure.



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# TEAM BUILDING

## WE ARE A TEAM!

- We should listen and learn from each other
- If you have a good idea share with your department.
- If you feel that a procedure can be improved upon, please “speak up”; tell your supervisor.
- Try to help co workers by sharing your knowledge; do not keep your expertise a secret.
- **YOUR KNOWLEDGE WILL HELP THE HOSPITAL TO IMPROVE THE SERVICES AND THE QUALITY OF CARE PROVIDED TO OUR PATIENTS!**



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# ERGONOMIC SAFETY

## Ergonomic Safety Defined:

- It is an applied science concerned with designing and arranging things people use so that the people and things interact most efficiently and safely.

## Tips:

- Plan the move.
- Check for tripping hazards.
- Adjust your position, stretch, and change your pace of work regularly throughout the day.
- Assess the object by checking it for sharp edges and ascertaining its weight.
- Move objects as close to your body as possible.





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# EMERGENCY PREPAREDNESS

**DISASTERS:** Internal and External: Nuclear, Biological, Chemical (NBC)

- NYCH's Emergency Management Plan is located on each nursing unit, in each department and in the Nursing Office.
- NYCH utilized the **Incident Command System** in the event of a disaster.
- **Incident Commander (IC):** Senior Administrator (Administrator-On-Duty)
- The Nursing Supervisor, during off hours, assumes the role of the IC until a Sr. Administrator arrives
- Sr. Administrators will report immediately to the **Incident Command Center (ICC)** for briefing.
- Ongoing communication with Incident Command Center on departmental duties regarding staffing, interruption in service, etc.
- Ongoing communication and frequent updates from the Incident Command Center to departmental staff.



# EMERGENCY PREPAREDNESS

## Staff Responsibilities:

- Remain in your assigned area until given further instructions.
- Do not leave the building until authorized by your supervisor, even if your shift is completed, others may not have arrived yet.
- Do not report to work if you are not scheduled, call the Nursing office to see if you are needed. If you are scheduled to work, you must come at your assigned time.
- Carry your ID at all times. You must wear your ID at ALL TIMES while in the hospital.
- Prepare a plan for your family ahead of time, in case the Hospital is in LOCK DOWN and communication capabilities are unavailable.



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# EMERGENCY PREPAREDNESS (continued)

## Overhead paged Alarms for DISASTERS: Condition D

### SHOWER for Decontamination (level B Protection) for

- Nuclear, Biological, Chemical (NBC) patients is located on the *ramp* leading to the ER.
- All SUPPLIES needed for the NBC disasters are located in Apartment 1-N

### Communication Systems available:

- Telephones
- Public Phones (ED Office and Operators Booth)
- Walkie Talkies (Locked in ED Security Cabinet)
- Cell Phones
- Pagers
- 800 mghtz radio (Located in the Incident Command Center/CNO Office)
- HPN: Hospital Provider Network (secure internet system)

**The Incident Command Center** is located in the CNO's office.  
If this location is not available, use 2523 Kings Highway.



# EMERGENCY PREPAREDNESS (continued)

## Evacuation Staging Areas:

- Lobby: Ambulatory and Wheelchair Patients
- ER: Critical Patients
- Ambulatory Surgery and ED Holding Area: Stretcher Patients

## Responsibilities of Management:

### Follow Directions from the Incident Command Center

- Follow Individualized Departmental process for Emergency/Disaster Response
- Mobilize the ED staff and hospital staff to prepare for:
  - Triage and treatment of all “Walking Wounded”
  - The possible arrival of additional patients
  - The possibility of staff present in hospital having to stay for an extended period of time (sleeping arrangements, food, showers, clothes)



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# INFANT/CHILD ABDUCTION RESPONSE

To insure timely and appropriate response to an infant/child abduction at the hospital. Operator will Page Overhead **CODE PINK** along with specific incident location of origin.

Staff will follow the response program **STORK**

## **S-T-O-R-K**

S = **Search** the unit for infant/child and Secure the scene

T = **Telephone** notification of appropriate staff by calling the operator (333) and stating: "**CODE PINK**" Name of employee reporting incident and location. Last known location of the infant child. OPERATOR will notify the NYPD

O= **Obtain** pertinent information and protect the scene until, NYPD arrives.

R = **Respect and Reassign** the mother/family to a different room for security purposes

K = **Keep** all staff and visitors on the unit until law enforcement arrives. Law enforcement will release staff and visitors at their discretion.





# INFECTION PREVENTION

- **Standard Precautions** are the practices used to prevent transmission of infectious diseases and protect health care workers and patients from exposure to infectious materials.
  - Standard precautions are used with **ALL** patients, regardless of their diagnosis. **All body fluids must be treated as infectious materials and we must protect ourselves accordingly.**
  - These practices include: hand hygiene, the use of gloves and gowns, cleaning of patient care equipment, environmental cleaning, linen handling and disposal, occupational health and bloodborne pathogens, and patient placement.

## **TRANSMISSION BASED PRECAUTIONS**

These precautions are used in addition to **Standard Precautions** and are used for patients known or suspected to have a highly transmittable infection for which additional precautions are needed.

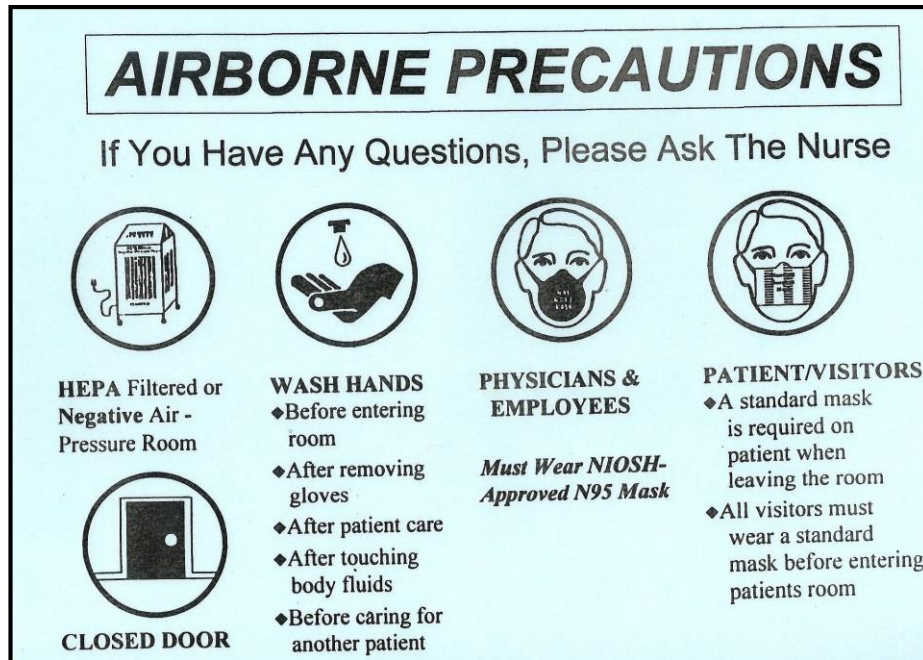
### **They divide into three categories:**

- **Airborne Precautions:** for diseases that can be spread through the air in small particles. An N-95 mask must be used and patients should be placed in a “Negative Pressure Room”
- **Droplet Precautions:** for diseases that can be spread through the air in large particles. Regular mask must be used within 3 feet of the patient.
- **Contact Precautions:** for diseases that can be spread by contact; direct or indirect. Gloves must be used, gown if contamination of clothing or skin is anticipated.

# INFECTION PREVENTION (continued)

## Airborne Precautions:

- All patients on precautions will have a sign similar to the illustration below. Follow the directions on the sign before entering the room.



- Note that door(s) must remain closed at all times even if the patient is not in the room.
- **ALL STAFF MUST BE FIT TESTED FOR THE N-95 MASK.** (suspected/confirmed tuberculosis Must wear N-95 masks), Employees who will have direct patient contact will be fit tested upon hiring.
  - This is done to ensure proper fit, determine your proper size, and educate staff members on how to put on and use the N-95 mask properly.
- **The Negative Pressure Rooms at NYCH are:**
  - Rooms 251,351,433,PCU 233 Bed-1, ICU Bed 1 and 7 and Two (2) inside the ED.


# INFECTION PREVENTION (continued)

## Droplet Precautions:

- All patients on precautions will have a sign similar to the illustration below. Follow the directions on the sign before entering the room.


## ***DROPLET PRECAUTIONS***

If You Have Any Questions, Please Ask The Nurse



**VISITORS, PHYSICIANS, & EMPLOYEES** must wear a **Standard Surgical Mask** to enter this room

**Patient** must wear a **Standard Surgical Mask** when outside their room



**WASH HANDS**

- ◆ Before entering room
- ◆ After removing gloves
- ◆ After patient care
- ◆ After body fluid contact
- ◆ Before next patient care

**STANDARD PRECAUTIONS AT ALL TIMES!**

- Standard masks must be worn when contact with infected patient is within 3 feet.

# INFECTION PREVENTION (continued)

## Contact Precautions:

- **Direct contact transmission:** Involves skin to skin contact and physical transfer of the infected matter. This can occur when personnel turn, bathe patients, or perform other direct patient-care activities. Patient to patient transmission is also possible (e.g. by hand contact).
- **Indirect contact transmission:** Involves contact of a susceptible patient with an infected object ( i.e. contact with infected garbage, linen).
  - You must wash your hands vigorously with soap and water for at least 20 seconds to remove any harmful bacteria from your hands, or with an alcohol based hand sanitizer (unless the patient has C. diff.) until the solution dries.
  - Wear gloves when entering the room and when exiting. Wear gown if contact with infected material is anticipated to prevent contamination of your clothing or skin. Questions regarding Inf. Cntrl. Please Call Ext 5359 for Ms. Ruby Devine, Dir of Infection Control.

**CONTACT PRECAUTIONS**

If You Have Any Questions, Please Ask The Nurse



**WEAR GLOVES**  
in room



**WEAR GOWN**  
in room  
If contact with infective material is anticipated



**WASH HANDS**  
◆ Before entering room  
◆ After removing gloves  
◆ After patient care  
◆ After body fluid contact  
◆ Before next patient care

Clean all reusable objects with a hospital approved disinfectant before leaving the room

**STANDARD PRECAUTIONS AT ALL TIMES!**

Barriers must be worn when in direct contact with patient, environmental surfaces, or patient care items



# INFECTION PREVENTION (continued)

## HAND HYGIENE

- **Hand hygiene, the most important Infection Control practice to prevent the spread of infections via the hands.**
- **Wash hands: BEFORE PATIENT CONTACT –BEFORE DONNING GLOVES**
  - When coming on duty.
  - When hands are visibly soiled.
  - In between care of patients.
  - Before and after procedures.
  - When moving from a dirty site to a clean site on the same patient.
  - After personal use of the toilet.
  - After blowing or wiping nose.
  - After handling used dressings, urinals, bedpans, specimen containers, indwelling catheters, or soiled equipment or supplies.
  - Before and after eating and/or feeding patients.
  - Before entering an isolation room.
  - AFTER REMOVING GLOVES
  - On the completion of duty.
  - ***Remember, hand hygiene is one of the National Patient Safety Goals.***



# INFECTION PREVENTION (continued)

## HAND HYGIENE TECHNIQUE

### Soap and water:

- Wet hands and wrist thoroughly holding hands downwards.
- Take a generous portion of soap from the dispenser.
- Scrub hands using friction paying attention to the front, back, wrists, under the nails, the cuticles and web spaces.
- Scrub hands for at least 20 seconds (sing the ABCs song).
- Rinse thoroughly under running water keeping arms and hands downwards.
- Dry hands completely with a paper towel.
- Turn off faucet with the paper.
- Discard the paper towel in the container provided for that purpose.

### Hand sanitizer:

- Take a generous portion of the alcohol-based hand sanitizer solution (Alcohol based hand sanitizer) in the palm of one hand.
- Rub hands vigorously paying attention to the front, back, wrist, between the fingers, and under the fingernails ***until the solution is dry.***

### Gloves (sterile or non sterile):

- Must be worn when contact with blood or body fluid is anticipated.
- Gloves must be changed from patient to patient.
- Gloves must ***not*** be worn in the hallways or common areas.
- Perform HAND HYGIENE ***AFTER GLOVES ARE REMOVED.***



# INFECTION PREVENTION (continued)

## BARRIER PROTECTION

### Gloves (sterile or non sterile):

- Must be worn when contact with blood or body fluid is anticipated.
- Gloves must be changed from patient to patient.
- Gloves must not be worn in the hallways or common areas in order to prevent the spread of bacteria and germs .
- Hands *MUST* be washed *AFTER THE REMOVAL OF GLOVES*.

### Masks:

- N-95 PFR masks must be worn during all contact with patients on Airborne Precautions (MTB, Measles, Chicken Pox).
- *Surgical masks must be worn for patients on Droplet Precautions (meningitis, influenza)*

### Gowns or Aprons:

- Must be worn when there is a risk of contamination or soiling clothing or skin, or when splashing or splattering of blood or body fluids are anticipated.

### Face shields:

- Must be worn when splashing, splattering, or spraying of blood or body fluids toward the face may occur. Acceptable eye protection includes goggles, face shields, or glasses with solid shields on the sides.
- Ordinary glasses are **NOT** acceptable.



# INFECTION PREVENTION (continued)

## NEEDLE STICK: WHAT TO DO:

- Wash area **immediately** with enough soap and water.
- Go to the Emergency Department immediately
- Notify your supervisor.
- Assessment for HIV prevention will be conducted and medication offered if indicated.
- Prevention for HIV must be initiated within the first 2 hours after exposure (preferably in 1 hour).
- Supervisor will complete an incident report
- Hepatitis B vaccine strongly recommended for all clinical staff.





# INFECTION PREVENTION (continued)

## PREVENTION OF MULTI-DRUG RESISTANT ORGANISMS (MDROs)

### What is a Multi-Drug Resistant Organism (MDRO)?

- An organism is considered multi-drug resistant when it is resistant to many of the antimicrobials commonly used to eradicate it.

### Examples of Multiple Resistant Organisms are:

- Methicillin resistant *Staphylococcus aureus* (MRSA), vancomycin resistant *Enterococci* (VRE), multi-resistant *Acinetobacter baumannii* (MRAB), extended spectrum beta-lactamases producing organisms (ESBL), CRE and *Candida auris*.

### Individuals Most Likely to Get Multi-Drug Resistant Organisms.

- Patients with a history of previous treatment with antibiotics.
- Patients with a history of previous stays in hospitals or nursing homes.

### Measures to Prevent Multi-Drug Resistant Organisms.

- Hand hygiene is performed with soap and water or alcohol-based hand sanitizer before and after caring for every patient.
- Carefully clean hospital rooms, medical equipment.
- Use Contact Precautions when a patient with a MDRO is identified. This means: hand hygiene and the proper use and removal of gloves and gowns when caring for these patients. Visitors should be encouraged to perform Hand Hygiene and assisted with PPE.



# INFECTION PREVENTION (continued)

## PREVENTION OF CENTRAL LINE RELATED BLOOD STREAM INFECTIONS

### What is a Central Line Related Blood Stream Infection (CLABSI)?

- A central line related bloodstream infection is an infection that occurs in the blood on a patient with an IV line in one of the large veins that go directly to the heart.

### The Hospital Does the Following to Prevent CLABSI:

- Wash hands with soap and water or alcohol-based hand sanitizer before Inserting the central line.
- Avoid insertion of the central line at the femoral site.
- Use the custom made all inclusive central line insertion kit which allows the physician inserting the line to:
  - Wear a mask, cap, sterile gown, and sterile gloves during the procedure. The patient will be covered with a long sterile drape.
  - Chloraprep to prepare the skin before inserting the central line.
  - Use of a silver and chlorhexidine coated central line to help prevent infections.
  - Use of a Bio patch to cover the insertion site to reduce entry of bacteria or other germs into the blood.
  - Use of a transparent Tegaderm dressing to view the insertion site to identify possible early infections at the site.
  - Use of a Central Line Insertion Verification Form that describes all the above necessary steps
- Staff clean their hands, wear gloves, and clean the catheter opening with an antiseptic solution before using the line to draw blood or give medications and when changing the dressing and /or the biopatch.
- Staff assess the need for the central line on a daily basis so that it can be removed as soon as medically possible.



# INFECTION PREVENTION (continued)

## PREVENTION OF SURGICAL SITE INFECTIONS

### What is a Surgical Site Infection (SSI)?

- A surgical site infection is an infection that occurs after surgery in the part of the body where the surgery took place.

### Some Common Symptoms of SSIs are:

- Redness and pain around the area of the surgery, drainage of cloudy fluid or pus from surgical wound, fever.

### The Hospital Does the Following to Prevent SSIs.

- Administer antibiotics to the patients within 60 minutes prior to the surgery, and stop them within 24 hours after the surgery.
- Use electric clippers, never blue razors, for hair removal from the surgical site.
- Clean the skin at the surgery site with a special soap ( Chlorhexidine).
- Health care providers clean their hands and arms up to their elbows with an antiseptic agent just before the surgery.
- Surgical hair covers, masks, gowns, and sterile gloves are worn during surgery to keep the surgical area clean.
- Health care providers clean their hands with soap and water or an alcohol-based hand sanitizer before and after caring for each patient.
- Unnecessary traffic on the surgical suites is avoided.



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# FIRE SAFETY

## CODE RED

Follow the **RACE** procedures immediately.

- **R Remove/Rescue** Remove yourself and any patient in immediate danger.
- **A Alarm** Activate the fire alarm and call operator with location of fire. Count the number of bells to ascertain the location of the fire.
- **C Confine/contain** Close all doors ( all doors are fire rated for 11/2 hours).
- **E Extinguish/Evacuate** Extinguish a small fire with a fire extinguisher and move patients horizontally across the floor and stay with patients.

Proper Use of Fire Extinguishers:

- **P Pull** the pin, breaking the safety seal.
- **A Aim** at the base of the fire.
- **S Squeeze** the handle.
- **S Sweep** from side to side to cover the base of the fire.

Practice Good Fire Safety Habits at All Times:

**Keep corridors and Hallways clear so that people can get out and firefighters can get in.**

- Know where alarms and extinguishers are.
- Close all doors in the event of a fire alarm.
- Don't prop fire doors open.
- Know where fire exits and fire stairs are.
- **NEVER USE AN ELEVATOR DURING A **CODE RED**** The elevators will shut down **during a Fire.**



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# FIRE SAFETY (continued)

## EVACUATION POLICY

When patient evacuation is necessary, a **RED TAG** is placed on the door handle by the nurse after the room has been evacuated & searched. This is an indication to the Fire Department that the room has been searched. Red tags are located in the fire extinguisher cabinet.

- **Horizontal evacuation:** remove patients from rooms that are on fire horizontally behind the smoke doors on the floor. Close the door to prevent the spread of fire after the room has been searched and place red tag on door.
- **Vertical evacuation:** When a floor must be evacuated, patients should be evacuated to the floor below the fire. If that floor is on fire too, then evacuate to the floor above the fire. All NYCH Hospital floors are fire barriers.



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# PATIENTS/VISITORS WITH SPECIAL NEEDS

## Deaf and Hard Of Hearing Resources available:

**Sign Language Interpreter:** As per state law, an interpreter must be available within 20 minutes of request on the units. The ED has videoconferencing equipment to initiate sign language interpretation within 2-3 minutes and is required to do so within 10 minutes of request.

- We subscribe to a service that provides sign language interpretation.
- In order to get sign- language interpreter, please contact the Nursing Department at Ext 5360 or Page the Nursing Supervisor on evenings and weekends.

**TTY Phone:** A telephone used by a deaf patient to communicate with someone outside of the hospital, who also has a TTY phone.

## **TIPS FOR COMMUNICATION WITH DEAF OR HARD OF HEARING**

- Get the person's attention first!
- Face the person- have the light on your face.
- Speak up, but do not shout.



## Blind or Vision Loss:

- Pamphlets and documents in Braille are available in the Hospital.
- A Guide Dog is permissible, according to hospital policy.
- All documents that require patient signature, must be sight-interpreted ("read in full") to the patient prior to obtaining his/her signature.



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## PATIENTS/VISITORS WITH SPECIAL NEEDS (continued)

### PATIENTS WHO DO NOT SPEAK ENGLISH OR DO NOT SPEAK ENGLISH WELL

- Initially check for **competent bilingual staff members who speak the patient's language.** Competent to interpret bilingual trained staff members have a line on their ID badge that specifies their competency in providing interpretation and the language, for example “MEDICAL INTERPRETER, RUSSIAN.” It also identifies whether the interpreter is “Medical “ or “Non-Medical”.
- FOR ALL LANGUAGES USE: the **Language Bank** binder located at the Nurse's station on every unit to find out if there is a competent interpreter for this language available in the Hospital.
- **Transperfect Interpreters Language phone:** This system may be accessed by contacting the **Nurse Manager or AOD on duty.** In addition, phones are located at the nurse's station on the each floor and in the ED.
- **This option should be used only after all other options have been exhausted.**
- Telephonic interpretation services for 180 languages are available.

#### Transperfect Remote Interpreters



#### TTY Phone





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# CORPORATE COMPLIANCE

- NYCH Director of Corporate Compliance: Kristina Kofman at (718) 692-8757
- NYCH is committed to a Corporate Compliance Program that guides you with respect to basic expectations for personal and professional behavior that **ALL EMPLOYEES** must follow.
- We all have a responsibility to report concerns/issues regarding non-compliance. To maintain an effective compliance program, we must all cooperate willingly and participate actively.
- Areas of concern may include\*:
  - Possible Violations of the NYCH Code of Conduct
  - Possible Violations of Laws, Rules or Regulations
  - Possible Fraud or Abuse
  - Possible Conflicts of Interest issues
  - Any potentially non-compliant or illegal activity
  - Safety or quality of care provided by NYCH
- Employees have a responsibility to report compliance issues, problems or concerns. Employees are protected from retaliation or retribution for reporting in good faith.
- An employee should notify his/her supervisor regarding any safety and/or quality of care issue.
  - Unresolved safety and/or quality of care issues may be brought to the attention of the Corporate Compliance Officer.
- **Confidential Reporting Hotline is available 24/7 by dialing (888) 309-1565.**
- In the unlikely event that the safety and/or quality of care issue remains unresolved, you may bring it to the attention of the NYS DOH or JCAHO

**\* Please refer to the full “Code of Conduct” and “Compliance Plan” documents issued to you. It is the employee’s responsibility to review and comply with the Code of Conduct. Failure to adhere to the Code of Conduct will lead to corrective action up to and including termination.**





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# CORPORATE COMPLIANCE (continued)

- **Fraud, Waste and Abuse:** The Hospital is committed to preventing and detecting fraud in its operations and in Federal and State health care programs that it participates in. Any person that is found to have committed fraud against the Hospital will be subject to disciplinary action up to and including termination of employment.
  - **Fraud** is any deception intended to result in wrongful financial or personal gain, or which results or could result in the loss or devaluation of an asset or something of value to (NYCH). There are many types of fraud, but they all share the aspect of intent as opposed to something that occurs due to an error.
  - **Waste** relates primarily to mismanagement, inappropriate actions and inadequate oversight of Hospital resources.
  - **Abuse** involves behavior that is deficient or improper when compared with behavior that a prudent person would consider reasonable and necessary business practice given the facts and circumstances. Abuse also includes misuse of authority or position for personal financial interests, or those of an immediate or close family member or business associate.
- Incidents of known or suspected fraud should be reported to the Office of Internal Audit and Corporate Compliance at (718) 692-8757 or the Confidential Hotline 1-888-309-1565.



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# HIPAA

HIPAA is the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This is a Congressional Act that was passed in 1996 to address the need for a national patient record privacy standard.

## **Important HIPAA Privacy Patient Rights include:**

- Patient education on Privacy Protection
- Ensuring patient access to their medical records
- Receiving patient consent **BEFORE** information is released
- For further reference call Health Information Management at 718-692-5395 or Corporate Compliance at 718-692-8757.

## **HIPAA AND SECURITY OF DATA: COMPLIANCE CHECKLIST**

- Utilize HIPAA containers
- Shred documents with patient info.
- Keep patient documents out of public view
- Computers screens facing away from public
- Never discuss patients in public area
- If discussing patient, speak softly
- Know who you are speaking to on the phone
- On most occasions, patient information requests should be in writing and accompanied with a signed ROI.
- When providing patient information, ensure only the intended patient information is being provided
- Never share log-ons or passwords
- Always log off computers when leaving workstation
- Lock doors and desks
- Check if patient has given specific instructions regarding the release of his/her information
- Always exercise good judgment and discretion.



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# HIPAA: PROTECTED HEALTH INFORMATION (PHI)

- All NYCH Staff must report any suspected Breach of PHI either directly to the Privacy Officer/Compliance Officer
- Hospital staff is only permitted to access PHI for three reasons; treatment, payment or hospital operations. Examples of hospital operations include quality assurance reviews, patient services investigations, and other incident investigations.
- Examples of possible breaches of PHI include, but are not limited to:
  - Accessing medical records out of curiosity or without a legitimate work-related need to do so;
  - Telling a family member about the diagnosis of another family member or neighbor;
  - Faxing a patient's information to the wrong outside agency; or
  - Improper disposal of patient information in the trash– Patient information must be shredded.

There are three progressively serious categories of violations to breaches of confidentiality of PHI.

1. Carelessness
  2. Intentional Violation without Personal Gain or Malice
  3. Intentional Violation for Personal Gain or with Malice
- Each of these categories of violations holds levels of progressive disciplinary action up to and including immediate termination.



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# WORKPLACE VIOLENCE

New York Community Hospital's position on workplace violence is **“Zero Tolerance”**.

- The safety of NYCH employees, patients, clients, volunteers, attending physicians, visitors and others is an important concern to the organization.
- Threats, threatening behavior or acts of violence against employees, clients, visitors or others while on NYCH property, conducting business or receiving services from are not tolerated.
- Violations of this policy will lead to disciplinary action, possible dismissal, and criminal prosecution as appropriate.

## REPORTING VIOLENCE

- When an employee believes that he/she is a victim of workplace violence, or an act transpires which is clearly a workplace violence incident the following actions (s) shall be taken:
  - The employee shall immediately notify his/her supervisor, or manager. In extreme instances, the employee may want to refer the complaint to the Human Resources Department.
  - Employee's, clients, patients, visitors, attending physicians and others will notify security at 718 692-3318
  - Patients shall notify Nurse/Head Nurse/ Administrator on Duty. The Nurse/Head Nurse/Manager/Administrator on Duty will in turn notify Security who will assess the circumstances and severity of the incident and notify the departments listed below as deemed necessary. During non-business hours the Administrator on Call should also be notified.
  - You can also use the Corporate Compliance Hotline at **1-888-309-1565** where you can report violent behaviors anonymously.
  - Contact the Operator by dialing 333 and have her page code and location:
  - Code Silver - Active Shooter
  - Code Grey - Need for security personnel
  - **Call 333 from any phone.**



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# WORKPLACE VIOLENCE (continued)

## CODE GREY

**Purpose:** To ensure a quick response from security when a violent or combative situation exist in the hospital.

- Applies to any incident where hospital security personnel are needed. This may include, but is not limited to:
  - A violent and/or combative patient/person
  - Criminal Activity
  - Missing Person
  - Other situation where enhanced security is required.
- Hospital operator will provide as much information as possible in addition to the name and address of the hospital:

New York Community Hospital

2525 Kings Highway

Brooklyn, New York 11229

- Operator will direct NYPD to the code location when they arrive.



# WORKPLACE VIOLENCE (continued)

## CODE GREY PROCEDURE

- Staff person picks up any hospital phone and dials 3-3-3.
- When operator answers the phone, the person initiating the call states ie: “Code Grey’2<sup>nd</sup> floor”
- Operator will ask person placing the call if 911 NYPD is needed.
- The operator will page “Code Grey” 3x over loud speaker.
- If 911 is needed, the hospital operator will call 911 and notify the 911 police operator about the situation.

### Staff on duty who will respond to a CODE GREY location

- All Security Staff
- All Nurse Managers and Administrative staff on duty.
- A.O.D.
- All Transporters on Duty
- All Housekeeping on Duty
- Other staff on the unit.
- If the violent/combative person is a patient, call “Rapid Response Team”, The patient may require sedation and/or restraints



# WORKPLACE VIOLENCE (continued)

## HANDLING THREATS

**No bomb threat or arson threat call should be taken as a joke or disregarded.** Treat all such calls as real threats to safety and immediately contact the Security Department. This includes threats of death or bodily injury.

### In the event of a threat:

- Call the Security Officer
- Sound the fire alarm and evacuate the building immediately pursuant to the procedure **for a fire evacuation.**
- Notify the police in the case of a bomb threat “CODE B” or the fire department in the case of a fire threat “CODE RED”
- No one can re-enter the building until authorized by the appropriate police and/or fire authorities
- Threats of death or bodily injury should be reported to Human Resources, the Security Officer or department head/supervisor/manager immediately.

## SUSPICIOUS PARCELS OR LETTERS

- Do not try to open the mail piece
- Isolate the mail piece
- Evacuate the immediate area.
- Call a Postal Inspector to report that you’ve received a letter or parcel in the mail that may contain biological or chemical substances.”
- Provide a heads-up alert to senior managers when a situation deems watching.



# WORKPLACE VIOLENCE (continued)

## GOOD PRACTICES FOR COPING WITH AN ACTIVE SHOOTER SITUATION

- Be aware of your environment and any possible dangers
- Take note of the two nearest exits in any facility you visit
- If you are in an office, stay there and secure the door
- If you are in a hallway, get into a room and secure the door
- As a last resort, attempt to take the active shooter down. When the shooter is at close range and you cannot flee, your chance of survival is much greater if you try to incapacitate him/her.
- CALL 911 WHEN IT IS SAFE TO DO SO!

## HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

Quickly determine the most reasonable way to protect your own life. Remember that customers and clients are likely to follow the lead of employees and managers during an active shooter situation.

### 1. RUN

- If there is an accessible escape path, attempt to evacuate the premises. Be sure to:
- Evacuate regardless of whether others agree to follow
- Leave your belongings behind
- Help others escape, if possible
- Follow the instructions of any police officers
- Do not attempt to move wounded people
- Call 911 when you are safe





# WORKPLACE VIOLENCE (continued)

## HOW TO RESPOND WHEN AN ACTIVE SHOOTER IS IN YOUR VICINITY

### **2. HIDE**

- If evacuation is not possible, find a place to hide where the active shooter is less likely to find you
- Your hiding place should be out of the active shooter's view
- Provide protection if shots are fired in your direction... (i.e. an office with a closed and locked door)
- To prevent an active shooter from entering your hiding place lock the door where & when possible.
- Blockade the door with heavy furniture

### **IF THE ACTIVE SHOOTER IS NEARBY**

- Lock the door
- Silence your cell phone and or pager
- Turn off any source of noise (i.e. radios, television)
- Hide behind large items (i.e. cabinets, desks)
- Remain quiet



# WORKPLACE VIOLENCE (continued)

## IF EVACUATION AND HIDING OUT ARE NOT POSSIBLE

- Remain calm as possible
- Fight
- As a last resort, and only when your life is in imminent danger, attempt to disrupt and or incapacitate the active shooter by:
  - Acting as aggressively as possible against him or her
  - Throw objects in order to distract
  - Yell
  - Commit to your actions
  - Dial 911, if possible, to alert police to the active shooter's location. If you cannot speak, leave the line open and allow the dispatcher to listen

## HOW TO REACT WHEN LAW ENFORCEMENT ARRIVES

- Remain calm and follow officers' instructions
- Put down any items in your hand (i.e. bags, jackets)
- Immediately raise hands and spread fingers
- Keep hands visible at all times
- Avoid making quick movements toward officers such as holding onto them for safety
- Avoid pointing, screaming and or yelling
- Do not stop to ask officers for help or direction when evacuating. Just proceed in the direction from which officers are entering the premises.



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## SUMMARY OF CONDITIONS AND CODES THAT EVERYONE MUST KNOW

### New York Community Hospital Emergency “CODES”

|                            |   |
|----------------------------|---|
| <b>CODE RED</b>            | <b>Fire</b>   |
| <b>CODE GREY</b>           | <b>Combative and/or violent patient or person</b>   |
| <b>CODE PINK</b>           | <b>Abduction or attempted abduction of an infant or child from the facility</b>                                     |
| <b>CODE SILVER</b>         | <b>Person with a weapon such as an “Active Shooter”</b>   |
| <b>CONDITION RED</b>       | <b>Internal or external emergency incident or “disaster” that may negatively impact regular hospital operations</b> |
| <b>CODE YELLOW</b>         | <b>Infectious outbreak</b>  |
| <b>CODE 4</b>              | <b>Suspected or eminent Cardiopulmonary Arrest</b>  |
| <b>STROKE TEAM</b>         | <b>Patients with signs and symptoms of a stroke</b>   |
| <b>RAPID RESPONSE TEAM</b> | <b>Medical emergency for a patient, staff member or visitor</b>   |

**CODE B** – BOMB THREAT

**CONDITION –D** – DISASTER



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# RAPID RESPONSE TEAM

Designated team of clinicians who respond to early signs of acute deterioration and bring Critical Care expertise to the bedside BEFORE patients decline to a critical state.

## HOW TO ACTIVE THE “RRT”

- Dial “**3-3-3**”
- Ask Operator to page “Rapid Response Team”
- Give Patient Location/Room Number
- Operator Will Beep Team Members and Overhead Page “Rapid Response Room 222”
- Special Note: Do Not Leave Patient’s Bed Side, Call from Patient’s Phone



## MEMBERS OF THE “RRT”

- Critical Care Intensivist
- Respiratory Therapist
- House Physician
- Nurse Manager/Supervisor
- Nurse Caring for the Patient
- Physician’s Assistant

## BENEFITS OF THE “RRT”

- Decreased Cardiac Arrests
- Decreased Mortality Rates
- Decreased In-patient MI’s
- Decreased ICU Length of Stay
- Decreased Hospital Length of Stay
- Increased Cardiac Arrest Survivors



# WASTE MANAGEMENT

## Waste Management includes:

- Medical Waste
- Hazardous Waste
- Radioactive Waste
- Chemical Waste

### **MEDICAL WASTE DISPOSAL MUST BE IN RED BAGS: WHAT GOES IN?**

- Cultures & Biological Pathology
- All items saturated or dripping with blood or body fluids (for example - blood soaked gauze )
- Infected waste from surgery
- Infectious laboratory waste
- Dialysis waste and all disposables that are related to this procedure

### **THE 5 Cs ON CHEMICAL SPILLS**

- **C**lear the area of all staff, patients, visitors, etc.
- **C**ontain / confine the spill by closing doors or placing wet floor signs, drying, covering with a towel and if possible opening windows to ventilate.
- **C**ontact Housekeeping at extension 5365 during the day or during the off shift beeper # assigned and or operator may page. Advise them of what and how much of the chemical has been spilled.
- **C**heck material safety data sheets for (SDS) chemical information or if necessary first-aid requirements / clean up procedures, etc.
- **C**lean up of the spill must be done by trained Hospital Staff.



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# SHARPS DISPOSAL

- Dispose of all needles and / or sharps in the appropriate sharps container.
- Contaminated needles should not be recapped by hand, or purposely bent, broken, or otherwise manipulated by hand.
- Any sharps container that is full or  $\frac{3}{4}$  full, needs to be replaced. Call the Housekeeping at 5365.



# MATERIAL SAFETY DATA SHEETS

- Department specific MSDS (SDS) are located in each department
- The master MSDS (SDS ) are located in The Emergency Room, Safety Officer's Office in Apt 2G in 3619 Bedford Avenue, the Nursing Office and the Pharmacy Department.
- **For each chemical used the following data is listed:**
  - Identifiers and hazardous ingredients
  - Manufacturer information (name of chemical, name/address of manufacturer, emergency phone numbers)
  - Hazardous ingredients *and* physical/ chemical data
  - Fire and explosion hazard data, how to handle material, reactivity data, storage requirements.

## Hazard Communication Standard

- **The OSHA's Haz Com Standard (HCS) has adopted the UN's Globally Harmonized System of Classification (GHS) and Safety Data Sheet (SDS)**
- **Format for labeling products and providing chemical safety information. By **June 2015**, **manufacturers will change from MSDS to the new SDS format .****
- (see next slide)

# GLOBALLY HARMONIZED SYSTEM FOR SDS SHEETS

## Container Labels and Safety Data Sheet (SDS) Hazard Communication Standard Pictograms and Hazards

As applicable, specific hazard descriptions appear below:



Health Hazard



Flame Hazard



Corrosion Hazard



Oxidizers Hazard



Environmental  
Impact Hazard



ACUTE



Gas Cylinder  
Hazard



Explosion Hazard



Acute Toxicity  
(Lethal) Hazard





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# GUEST RELATIONS

## Remember your behavior towards a patient can either have positive or negative ramifications for NYCH.

### ➤ **Smile**

- Greet all Patients
- Introduce yourself
- Never raise your voice or argue with patients or their family members.
- Always treat a patient's or a loved one's question as if it were the most important question ever asked to you.
- Don't say I don't know; rather try to find the answer to the question posed to you.
- Before leaving patient's room, ALWAYS ask:
- "Is there anything else I can do for you?"

### **PHONE ETIQUETTE**

- Keep a smile in your voice
- Be mindful of your tone and volume
- Answer the phone clearly and state your name and unit.
- Calls should be answered by the FIFTH ring.
- Don't rush the person on the phone
- Example: **Answering the Telephone**
  - "Good morning/evening. This is (unit name). My name is \_\_\_\_\_. How may I help you?"



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# PUBLIC REPORTING OF HEALTHCARE QUALITY DATA

The public reporting of healthcare quality data promotes transparency in the delivery of care by:

- Increasing the involvement of leadership in healthcare quality improvement
- Creating a sense of accountability
- Helping to focus organizational priorities
- Providing a means of delivering important healthcare information to consumers

Public Reporting Programs:

- Hospital Inpatient and Outpatient Quality Reporting (IQR and OQR) Program
- Hospital Value-Based Purchasing (VBP) Program
- Hospital Readmissions Reduction Program
- Hospital-Acquired Condition (HAC) Reduction Program

The Program measures, performance periods used, domain scores, total scores, and payment reduction status for public display can be viewed on the [Medicare.gov](https://www.medicare.gov).

In addition: Sepsis Bundle and Stroke are reportable to the NY Department of Health and the data is Publicly Reported.



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# PUBLIC REPORTING PROGRAMS AND MAXIMUM PENALTIES

Reporting and compliance is required in order to receive full reimbursement for patients treated in the hospital.

## ➤ **Inpatient and Outpatient Quality Reporting (IQR and OQR) – 2%**

CMS to pay hospitals that successfully report designated quality measures a higher annual update to their payment rates. For hospitals that did not **successfully** report the reduction is 2.0 percentage points.

## ➤ **Value- Based Purchasing (VBP) – 2%**

The Hospital VBP Program is funded by reducing hospitals' base operating MS-DRG payments by 2.0 percent. Any leftover funds are redistributed to hospitals based on their Total Performance Score.

## ➤ **Hospital-Acquired Conditions (HAC) Reduction – 1%**

The HAC Reduction Program reduce applicable IPPS payment by 1% to all hospitals that rank in the worst performing 25 percent of all eligible hospitals.

## ➤ **Readmissions Reduction Program (HRRP) - 3%**

CMS measures hospital performance in the HRRP by calculating excess readmission ratios. The payment reduction is capped at 3% (i.e. a minimum payment adjustment factor of 0.97). Payment reductions are applied to all Medicare FFS base operating DRG payments for the fiscal year.



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# ADVANCE DIRECTIVES

**DNR: Do Not Resuscitate:** A form is signed by the patient or the Health Care Proxy that would prevent CPR (Cardiopulmonary Resuscitation) to be performed on the patient should their heart or breathing stop.

**DNI: Do Not Intubate:** A form is signed by the patient or the Health Care Proxy that would prevent the patient from being intubated (for ventilation) should their breathing stop.

**Health Care Proxy:** This document allows the **patient** to appoint someone they trust (family member or close friend) to decide about treatment if they lose the ability to decide for themselves.

**Living Will:** A document which contains specific instructions concerning an adult's wishes about the type of health care choices and treatment that they do or do not want to receive.



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# WHAT IS HCAHPS?

- **H**ospital **C**onsumer **A**ssessment of **H**ealthcare **P**roviders and **S**ystems
- Federal program sponsored by CMS (Centers for Medicare and Medicaid Services) to ascertain the patient's **perception of the care** received in the hospital. Known as **“Patients Experience of Care”**
- An organization's **patient satisfaction performance data is now publicly available** for all hospitals nationwide. **www.Hospitalcompare.gov**
- HCAHPS is a component of the federal government's
- Value Based Purchasing (VBP) Program.
- The results of this survey will have significant financial impact on hospitals.
- Most discharged patients receive a survey by mail, asking for their evaluation of the care they felt they received during their hospital stay
- The responses are returned to our HCAHPS vendor “Press Ganey”, and are processed with the scores being submitted to us and CMS

**ONLY “ALWAYS” COUNTS!!!**



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# HCAHPS: PUBLIC REPORTING

## ➤ 10 (TEN) Domains

- Communication with Doctors
- Communication with Nurses
- Responsiveness of Hospital Staff
- Pain Control
- Communication about Medicines
- Hospital Environment Cleanliness of the Hospital &
- Quietness of room and halls
- Discharge Information
- Rating of the Hospital on a “1-10” scale
- Transitions of Care



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# FINANCIAL AID FOR PATIENTS

## "NYCH provides financial aid to patients who cannot afford to pay."

- We never turn anyone away from our Emergency Department because of inability to pay.
- If asked whether New York Community Hospital has a financial aid service, answer **"YES"**, and refer them to the ***Patients Account Office*** at **(718) 692-5334/5335**.
- Offsite telephone numbers are: **Inpatient – (866) 822-5576/ Outpatient – (866) 252-0101**.
- Also, please be aware that there are signs posted that provide patients and/or families with information to contact a financial counselor.
- When speaking with patient/family member, please AVOID terms like "Charity Care" – could be offensive.



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# PAIN MANAGEMENT

- It is the policy of New York Community Hospital that all patients have the right to the appropriate **assessment** and **management** of pain.
- Every employee has a responsibility to assist a patient who complains of pain by reporting patient's complaint to the nurse.
- At NYCH, we use a numerical scale of 0-10 in pain evaluation. (0 indicates the absence of pain, 10 represents the most intense pain possible).
- All patients are assessed for pain initially upon admission to the Hospital / ED and reassessed there after.





# ORGAN DONATION

- Organ donations save lives
- Patients have the right to document their wishes concerning organ and tissue donation
- New York Community Hospital participates in the organ and tissue donation program as required by State and Federal Law.
- The hospital reports all deaths and "imminent death" to **LiveOnNY** at 1-800-GIFT4NY
- The hospital liaison is the Nursing Supervisor
- The contact with the family of a potential donor will be done by specially trained individuals from the Organ and Tissue Donation Program.

## **DO NOT SPEAK TO THE FAMILY ON YOUR OWN!!!**

- Detailed procedures are outlined in Policy CON-2
- For additional information call ext. 5395

## **AGE SPECIFIC GUIDELINES**

### **Young Adult: Age 19-40 Years:**

- Explain all procedures in simple terms.
- Consider stress level related to multiple roles and responsibilities: i.e. children, job.
- Instruct importance of follow-up care/ appointments.

### **Middle Age: 41 -64 Years:**

- Answer all questions openly.
- Provide information about advanced directives.

### **Geriatrics: 65 Years and older**

- Explain Procedures in simple terms.
- Involve patient in care.
- 'Respectfully' address patient by proper name.
- Speak slowly and face patient while talking.

### **Young Adults:**

- In the Young Adult category ( 18-29) the major causes of death are suicide, homicide, other traumatic accidents, and motor vehicle accidents

### **The Elderly:**

- Most older people are not senile and are not miserable.
- Care should be taken to prevent falls because the elderly suffer from brittle bones due to Osteoporosis.
- When approaching an elderly stroke victim, you should approach them from the unaffected side.



# REGULATORY COMPLIANCE

## Sentinel Events

- A sentinel event is a patient safety issue (not Primarily related to the natural course of the patient's illness) that reaches a patient and results in any of the following:
  - Death
  - Permanent Harm
  - Sever Temporary Harm
- An event is also Sentinel if it is one of the following:
  - Suicide within the hospital or within 72 hours of discharge including ED discharge
  - Unanticipated death of a full-term infant
  - Discharge of an infant to the wrong family
  - Abduction of any patient receiving care.
  - Any elopement, including ED, that results in death.
  - Hemolytic Transfusion Reaction
  - Rape, assault, or homicide of staff members or a vendor or visitor while on site.
  - Wrong patient-wrong site-wrong procedure.
  - Unintended retention of a foreign object.
  - Prolonged Fluoroscopy with a cumulative dose >1500 Rads.
  - Fire, flame smoke, occurring during an episode of patient care.
  - "Sentinel Events" must be reviewed by the hospital and are subject to review by the Joint Commission.



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# REGULATORY COMPLIANCE (continued)

## Root Cause Analysis (RCA)

Root cause analysis is the process used to investigate and review a sentinel event in order to identify the underlying cause(s) that may have contributed to the occurrence of the event. (Reactive Process)

## Failure Modes Effect Analysis (FMEA)

Failure Modes Effect Analysis is a process used to design safer systems/processes by identifying potential problems before they occur. (Proactive Process)

## Incident Reports



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# EMTALA

## Emergency Medical Treatment and Labor Act

- All patients presenting to the Emergency Department will be triaged upon arrival and have a timely Medical Screening exam performed by the ED Physician.
- Under no circumstances should the patient be transferred to another hospital or doctor's office before receiving a medical screening and stabilization treatment.



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# NEVER EVENTS

## **Avoidable Hospital Complications and Medical Errors that are Identifiable, Preventable, and Serious in Their Consequences to Patients**

- An occurrence that should never happen in a hospital
- Falls with Injury
- Pressure Ulcers
- Catheter Associated Urinary Tract Infections

Starting October 1, 2008, Medicare & Medicaid will not pay the hospital for any additional care associated with those conditions if occur during the hospital stay. Medicaid has a similar list of serious adverse events.



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# NYPORTS

## New York Patient Occurrence Reporting and Tracking System

- Statewide **ADVERSE EVENT** reporting system
- Hospitals are mandated to submit the data 24 hours from the date of awareness of the event
- Root Cause Analysis (RCA) must be submitted to DOH within 30 days of the organizations awareness of the event
- Staff members are encouraged to report to the supervisors if they suspect that an adverse event had occurred
- Working as a team – **The Hospital promotes a Culture of Patient Safety**

### **REPORTABLE ADVERSE EVENTS**

- Patient or staff death or serious injury associated with a burn incurred from any source
- Patient death or serious injury associated with a fall
- Patient death or serious injury associated with a medication error
- Wrong Patient, Wrong Site, Wrong Surgical Procedure
- Unintended retention of a foreign object in a patient after surgery
- Malfunctioning of Equipment Resulting in Death or Serious Injury to Patient or Personnel
- Patient Suicide or Attempted Suicide with Serious Injury
- Elopement from the Hospital Resulting in Serious Injury
- Intra-operative or immediate post-operate death in an ASA Class I patient
- Patient death or serious injury associated with unsafe administration of blood products
- Sexual abuse/sexual assault of a patient or staff member
- Death or serious injury of a patient or staff member resulting in a physical assault
- Strike by hospital staff



# MEDICAL EQUIPMENT MANAGEMENT PLAN

## Some facts:

- All Medical Equipment must be inspected, and safety tags placed on the equipment.
- Bio MED must be notified of all new Bio Medical Equipment, Rental Equipment, Leased Equipment before they enter the Hospital and are used on patients. During the off-shift Engineering must be notify and vendor inspect records must accompany equipment if rental or leased and must provide a safety test. PM records must accompany rented equipment and be given to the Nursing Supervisor for evaluation.
- To report broken medical equipment, call BIO-MED (extension 6874) or Engineering at 5390.
- Staff should use only equipment they have been trained to use.
- All rental equipment is tracked with inspection record.
- NOTE: **Un- Inspected rental medical equipment should never be used**



NYCH

New York Community Hospital  
We are a caring place.

# MEDICAL GASES

Medical gas shut-off valves are located throughout the hospital where patients who may need oxygen are located.

Oxygen shut valve are located on each floor. 4 to 8 rooms per valve and all are labeled.

It is the responsibility of the *Respiratory Therapists* and the *Nursing Personnel* to shut off the Medical Gas Valves in case of a fire.

**Oxygen dependent patients** must be provided with an alternate means of receiving before the oxygen valve is shut off.







## THE TEST

- Answer ALL the questions
- Give your answer sheet to your manager/supervisor
- Make sure to ask your manager whether you PASSED the test
- In case you received a FAILING score, you can re-take the test. Please arrange the test re-take with your manager.
- You MUST PASS the test in order to be able to continue working at NYCH.

